

**AN ANALYSIS OF REPORTING OF SEXUAL VIOLENCE AMONG FEMALE
SURVIVORS IN KENYA**

WANJIA NOEL HAZEL

M10/7932/2019

**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN WOMEN,
LEADERSHIP AND GOVERNANCE IN AFRICA, UNIVERSITY OF NAIROBI,
KENYA**

NOVEMBER 2019

DECLARATION

This research project is my original and work and has not been turned in to any other university for any academic degree.

Signature:..... Date:

Wanjia Noel Hazel

M10/7932/2019

This project has been submitted for examination with our approval as the University

Supervisors:

Signature:..... Date:

Dr. Jane Wambui

Signature:..... Date:

Dr. Grace Nyamongo

DEDICATION

First and foremost, I appreciate my supervisors Dr. Jane Wambui and Dr. Grace Nyamongo for the guidance they gave me throughout the period of conducting this study. I also thank Professor Kabira, Dr. Ochieng Omia and Dr. Lanoi Maloiy for the academic expertise you have accorded me in different stages of the study. I acknowledge my classmates and the entire African Women Studies Centre faculty for the support all along.

I also thank the Kenya National Bureau of Statistics team for the support in providing access to the data that has been used in this study. Moreover, I thank the UN Women team for giving me an opportunity to participate in the “Making every woman and girl count” project. The immense learning opportunities contributed to the completion of this study. It is truly an honour to have been part of this project.

I dedicate this work to my family. Mr. Francis Musee Wanjia (dad), Dr. Brigitte Wabuyabo (mom), my brothers Martin Wanzetse and Armstrong Wanjia and my darling niece Gigi Wanjia. Your emotional support, the assistance you gave me throughout this exercise and the material you helped me acquire is overwhelming. The time you took to cheer me on and lightening me up is highly appreciated.

To everyone else who contributed to the success of this study, in one way or another, thank you!

ABSTRACT

Sexual violence has been on the rise over the years with women being the most affected. In 2014, the Kenya National Bureau of Statistics reported that 21% of all the women in Kenya had experienced sexual violence and one in every three women in this situation are not able to access justice. Despite this, the frequency of reporting of sexual violence by survivors is still low. Furthermore, there is a belief that sexual violence has to be committed by someone unknown to the victim or survivor and in a location strange to them. This study sought to analyse the prevalence of reporting of cases of sexual violence, analyse the relationship between perpetrators and female survivors of sexual violence in Kenya and examine the factors affecting the ability of reporting the occurrence of sexual violence by female survivors in Kenya. The study was guided by the radical feminist theory. It used secondary data collected by the Kenya National Bureau Statistics through the Kenya Demographic and Health Survey (2014). It used the collation and analysis research design where data collected was analysed using descriptive statistics to answer the research questions. The findings were presented through tables and figures. The findings from data analysis revealed that only 33.9% of survivors of sexual violence report their experiences and that the most common channels of reporting were informal. It also established that most of the perpetrators of sexual violence were known to their survivors. It was also found that older women, those with basic level of education, women with a high economic status and those with no religion were more likely to report the occurrence of sexual violence. Based on the findings, the study recommends that organizations conducting surveys on sexual violence should have provisions for qualitative surveys to explain the figures gathered. There is also need to expedite the development of shelters for survivors of sexual violence and provide basic education for younger women in Kenya to improve the rate of reporting of sexual violence. There is an opportunity for further study on other forms of sexual violence besides intimate partner violence and rape such as sexual violence against older women above the age of 45. There is also an opportunity to conduct further study on the factors that prevent the reporting of sexual violence by survivors of sexual violence.

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LIST OF ABBREVIATIONS

The following abbreviations were used in this study:

ACHPR – African Charter on Human and People’s Rights

CEDAW – Convention on the Elimination of all Discrimination Against Women

GOK – Government of Kenya

IPV – Intimate Partner Violence

KNBS – Kenya National Bureau of Statistics

NGEC – National Gender and Equality Commission

PEV – Post Election Violence

SOA – Sexual Offences Act 2006

STD – Sexually Transmitted Diseases

SV – Sexual Violence

UN – United Nations

UNDP – United Nations Development Programme

UNICEF – United Nations Children’s Fund

VAW – Violence Against Women

WHO – World Health Organization

DEFINITION OF TERMS

These terms have been defined according to the context in which they have been used in this study.

Husband is a man who is legally married to a woman

Partner is someone with whom an individual is romantically involved with, either sexually or non-sexually, but is not legally married to

Perpetrator is someone who sexually assaults another person

Prevalence is the frequency or commonness of reporting of sexual violence

Reporting in the context of this study means disclosing the occurrence of sexual violence and getting help

Sexual Offences Act is an Act of Parliament passed in 2006 as a provision for sexual offences. It includes the definition of sexual offences, ways to prevent and protect all persons against it.

Sexual Violence is any sexual act or an attempt to get sexual activity by using force or coercion against a victim or survivor

Survivor is a woman who has experienced sexual violence but was not killed during the ordeal

Unwanted Sexual Act is any activity that is sexual in nature including advances, touching, groping, kissing and speech that has not been consented to by either party

Unwanted Sexual Intercourse is any attempted or completed contact of sexual organs that has not been consented to by either party

Victim is a woman who was killed during sexual violence

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Sexual violence may affect anyone across the globe regardless of their age, sex, race, sexual orientation, political preference, financial class or religion. While it can affect either men or women, the incidence is higher in the female population. Globally, for example, 30% of women who have had a partner have experienced physical and/ or sexual intimate partner violence while 7% of women who ever had a partner experienced non-partner sexual violence (WHO, 2013). This figure has been on the rise over the years to 35% of women who have ever had a partner experiencing physical and/ or sexual intimate partner violence globally (WHO, 2017).

This increase in the occurrences of sexual violence has occurred despite there being instruments put in place to fight sexual violence. The Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) is an international instrument that pushes for the removal of all types of discrimination against women. It upholds that everyone is born free with the same rights and dignity hence women are eligible for all rights and freedoms provided by the law. In Article 6, CEDAW explicitly prohibits the exploitation of women through prostitution. Regionally, The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, popularly referred to as the Maputo Protocol. It calls on all States Parties to fight all forms of violence against women including sexual violence. Locally, The Constitution of Kenya (2010) states that all laws and treaties endorsed by Kenya shall form part of the Kenyan law. It has provided for the development of Acts of Parliament to address societal issues under which the Sexual Offences Act (2006) and the National Gender and Equality Commissions Act (2011), which gave rise to the National Gender and Equality Commission. The Sexual Offences Act (2006) defines sexual offense

and the punishment for each form of offense while the National Gender and Equality Commission is charged with the role of providing for the equality and freedom from discrimination on the basis of gender under which sexual violence falls.

While there is slow growth towards eradicating sexual violence across the globe, there have been a few positive strides made in different parts of the world. In the United States, for example, there has been an introduction of very strict laws such as the Violence Against Women Act (1994), that gave rise to the Office of Violence Against Women in the Department of Justice . This law among others was developed to guard women against domestic violence under which sexual violence lies. It has ensured officers and those working with women recovering from violence have been trained on how to handle survivors. The Violence Against Women Act (1994), has enhanced collaboration among stakeholder institutions across the US which in turn has reduced victimization of survivors and allowed a platform for open discussion .

In Kenya, issues around sex are not openly discussed due to traditional practices . While there were punishments put in place in traditional societies for perpetrators of sexual violence, they would be administered quietly and were extremely lenient compared to the crime committed; men guilty of rape would be required to offer a sacrifice, usually an animal to appease the ancestors . Survivors of sexual violence were forbidden from talking about it since it was an abomination to the community. For this reason, most women did not come forward to report sexual violence . Little has changed over the years. Survivors of sexual violence are often blamed and shamed for the incidence creating a hostile environment for them with questions like "*why were you in his house*", "*why were you drunk*", "*why were you out late*" and "*why were you dressed like that*" among others being asked. This results in most survivors preferring to keep the ordeal to themselves .

The following section discusses sexual violence in detail. This includes the worldwide definition, forms, effects and laws relating to sexual violence.

1.2 Sexual Violence

United Nations Human Rights Office of the High Commissioner (2014) describes sexual violence as:

any sexual act or attempt to obtain a sexual act, sexual comments that are not welcome, unwanted advances, activities to traffic the sexuality of another person by employing threats of harm, coercion or the use of physical force by any person regardless of their relationship to the victim in any setting including but not limited to home and work (Ibid at 1).

Sexual violence is a desecration of the rights of a human being and is condemned across the world. There are several forms of sexual violence including but not confined to rape (whether by a spouse, partner or a stranger), defilement, female genital mutilation, forced marriage, childhood marriage, unwanted sexual advances and sexual slavery or trafficking . Of importance to this study are rape and defilement.

The Sexual Offences Act of Kenya (2006), describes rape as any act committed intentionally, unlawfully and without consent that leads to partial or whole penetration of a person's genital parts including the anus hence encompasses sodomy. Defilement, on the other hand, is described as any form or partial or whole penetration of the genital organs of a minor who is anyone below the age of eighteen. Both rape and defilement are forms of sexual violence.

Sexual violence in Kenya has increased over time. While this could be credited to an increase in population and reporting, the number of emerging cases, however, cannot be ignored. At

least 21% of all Kenyan women have, at one point in their lives, experienced sexual violence (KNBS, 2014). The Moi Teaching and Referral Hospital (MTRH), has recorded a consistent increase in the quantity of sexual and gender-based violence cases that were treated at the facility. There were 250 cases in 2007 and more than 900 cases in 2010. Kitale District Hospital in the Western part of Kenya, on the other hand, recorded 547 cases of sexual and gender-based violence between May and December 2010 out of which 69% were cases of defilement, 18% domestic violence, 8% sodomy and 4% rape . In Nairobi, Nairobi Hospital received 9,130 survivors of sexual violence between 2001 and 2008 (Gender and Recovery Centre Records, 2008). The same hospital received 2,525 survivors of sexual violence in 2011 out of which 78% were women and girls recording a 20% increase from the cases reported the previous year (Gender Recovery Centre, 2011).

There are several myths associated with sexual violence (WHO, 2003). While it is believed that sex is the motive for sexual violence, control, dominance, and power are actually some of the motivating factors for the commission of sexual violence. There is also a myth that only certain women are raped and often by a stranger. This is not true since any woman, including sex workers, can be raped and the most common offenders of sexual violence are known to their victims and survivors (WHO, 2003). Furthermore, contrary to the belief that sexual violence involves the use of physical violence and weapons and leaves an injury on the survivor, only a third of survivors sustain physical injury from sexual violence (WHO, 2003).

A report by WHO (2017) highlights various risk factors associated with sexual violence. Some of these factors include a lower level of education, past exposure to childhood and family violence, antisocial personality disorder, the use of drugs or alcohol, community beliefs that give a higher status to men as compared to women and weak legal actions for sexual violence. Additionally, WHO (2003) highlights that women living and walking alone, those who are heads of households, children in foster care, minors and young adults, the

mentally and physically disabled and women in prostitution among others are also at a higher danger of sexual violence. The report further proposes that alcohol is among the most popular drugs used to propagate sexual violence. It, however, notes that, over the years, 'date rape' drugs have been used by offenders with the most popular one being Rohypnol (WHO, 2003). These drugs make the victim unconscious and unaware that they have been drugged and sexually violated.

While alcohol and drugs could be used or abused by either the survivor or the perpetrator, WHO (2003) points out that society applies double standards by victimizing survivors of sexual violence for being under the stimulus of alcohol while excusing and justifying offenders of sexual violence for the same. A survivor of sexual violence violated while on drugs or alcohol may have several signs that will help determine sexual violence (WHO, 2003). These signs include consciousness and speech that is impaired, unexplained signs of trauma and rearrangement or loss of clothing and a non-alcoholic intoxication that can be seen.

Sexual violence may have several effects on a survivor including physical and psychological effects. Some of the physical consequences of sexual violence include but are not confined to acquisition of sexually transmitted diseases and HIV/AIDS, unwanted pregnancy, bleeding, tears, redness, bruising, abrasions and soreness of the genitalia, broken or dislocated bones, unsafe abortions, sexual dysfunction, pelvic pain, infertility, pelvic inflammatory disease, and urinary tract infections (WHO, 2003). The psychological effects include rape trauma syndrome, substance abuse, depression, post-traumatic stress disorder, social phobias, anxiety, and suicidal thoughts. Long-term effects of sexual violence may comprise chronic headaches, sleep and eating disorders, recurrent nausea, fatigue, sexual difficulties and menstrual pain .

Survivors of sexual violence need to be handled with sensitivity and care. The report by WHO (2003) states that the main priority when it comes to handling a survivor of sexual violence is their health and welfare. It further states that survivors should be handled at a location where they can access the full range of facilities and services needed. In terms of timing, survivors of sexual violence should be handled as soon as the patient presents themselves to ensure a speedy recovery. The report also indicates that with appropriate training and knowledge any health worker can handle a survivor of sexual violence. On the matter of ethical issues, the report points out that survivors or guardians in case the survivor is a minor should have the ability to exclusively make decisions on their own behalf. It further highlights that it is the duty of the health worker to act in the best interest of the survivor, avoid harm to the survivor, give what is rightfully due to the survivor and be objective, impartial and free from prejudice in their dealings. The report also encourages service providers to follow local laws and policies to avoid compromising investigations and court hearings (WHO, 2003).

This study focused on the reporting of the occurrence of sexual violence by female survivors in Kenya. The following section contextualizes Kenya as the study site.

1.3 The Study Site

Kenya is a country situated in the eastern part of Africa whose capital city is Nairobi. It lies on 582,000 km² of land. The Indian Ocean and Somalia border Kenya to the East, South Sudan to the North West, Ethiopia to the North, Tanzania to the South and Uganda to the West. It is known for glaciated and volcanic mountains, the Great Rift Valley escarpments, lakes, forests, coral reefs and a coastal line that is 536 km long with sandy beaches among others. It is divided into seven regions including Nairobi, North Eastern, Central, Nyanza,

Coast, Eastern, Rift Valley, and Western. After the enactment of the Constitution of Kenya (2010), Kenya was divided into 47 counties and 210 constituencies

As at the population census conducted by KNBS (2009), Kenya had a population of 38,610,097 which was a 35% increase from 2009 . Out of this, 19,417,639 were female while 19,192,458 were male. Kenya has a young population. The majority age group of the Kenyan population is below 30 years old (KKDHS, 2014). The table below shows the population distribution by regions from the most to the least populated .

Region	Population
Rift Valley	10,006,805
Eastern	5,668,123
Nyanza	544,271
Central	4,383,743
Western	4,334,282
Coast	3,325,307
Nairobi	3,138,369

Table 1: Population of Kenya by region

Kenya is primarily an agricultural country. Women provide 80% of the labour used in Kenyan farms and manage about 40% of small farms in the country. The manufacturing sector of the country has been growing over the past few years. It contributes to about 14% of the Kenyan GDP (KNBS, 2010). Infrastructure in the country has also improved over the years. At least 68.4% of urban dwellers and 13% of rural inhabitants have access to electricity. Sanitation and water sources have also been improved (KNBS, 2014).

The Demographic and Health Survey (2014), shows that most households in urban areas are in the highest wealth quintile while most households in rural areas are in the lowest wealth quintile. The wealth quintile indicates the living standards of households where the lowest wealth quintile signifies a low standard of living while the highest signifies a high standard of living. From the same study, it was revealed that the main source of information in the

country was the radio. About 68% of the total population owns a radio while 35% own a television set. Mobile phones and internet penetration are also noted to have increased. As at 2014, 86% of Kenyans owned a mobile phone. This indicates improved communication in the country (KNBS, 2014).

1.4 Statement of the Problem

Sexual violence has been an area of concern globally for many decades. In Kenya, there have been numerous incidences of sexual violence, covered almost daily by mainstream media. Sexual violence includes cases of defilement, incest, rape and sexual assault at home, at work and sometimes even on the streets. There was a 5% increase in the global occurrence of sexual violence around the world (WHO 2017). Despite this, however, there is a low frequency in the reporting of sexual violence compared to the cases of sexual violence globally. This is the same in Kenya where few cases of sexual violence go unreported.

While factors such as the fear of repercussions and stigma from society may influence the failure to report, there is a stereotypical belief that for an incident to be classified as sexual violence, it has to have been committed by someone not known to the survivor and in a place that is strange to them. This belief may affect the way women perceive sexual violence in society as well as the perpetrators of the violence.. This is more so because they may be oblivious of the fact that sexual violence may be committed by people well known to them such as family members, friends, and colleagues. There is therefore need to investigate the exact rate of reporting sexual violence in Kenya, as well as the relationship of the relationship of the perpetrator to the survivor.

This study thus sought to establish the prevalence in reporting sexual violence in Kenya and also to establish the relationship of the perpetrator to the survivor. It also sought to identify the factors that affect the ability of female survivors in reporting of cases of sexual violence..

1.4 Broad Objective of the Study

Analyse the reporting of cases of sexual violence against female survivors in Kenya.

1.4.1 Specific Objectives of the Study

The specific objectives of the study are to:

- i. Analyse the prevalence of reporting the occurrence of sexual violence by female survivors in Kenya
- ii. Analyse the relationship of perpetrators to female survivors of sexual violence in Kenya
- iii. Examine factors that affect the ability of female survivors in Kenya to report the occurrence of sexual violence

1.5 Research Questions

The research questions for this study were therefore be:

- i. What is the prevalence of reporting of sexual violence among female survivors in Kenya?
- ii. What are the relationships of perpetrators to female survivors of sexual violence in Kenya?
- iii. What factors affect the ability of female survivors in Kenya to report the occurrence of sexual violence?

1.6 Justification and Significance of the Study

There is a continuous increase in the cases of sexual violence in Kenya with reports recorded almost daily on rape and defilement. The Kenya National Bureau of Statistics collected and

presented data on sexual violence (KDHS, 2014). This data has, however, neither been analysed to explain the figures nor examined identify gaps that may have arose during collection and reporting. There is a need to analyse the frequency in the reporting of these cases, demystify the belief that sexual violence only occurs with a stranger in an insecure location by identifying and analysing the common perpetrators and establishing what factors may affect the ability of survivors to report an occurrence.

The findings will benefit governments, human rights bodies, and organizations that seek to achieve equality and eliminate violence against women. It will enable them to understand where and how to invest resources on the sensitization of the importance and avenues through which survivors can access justice. Academically, the study will contribute to the pool of knowledge and provide insights for scholars and other researchers into the areas that require further research.

1.7 Scope of the Study

This study concentrated on the incidence of sexual violence against female survivors in Kenya and their behaviour when it comes to disclosure, reporting and seeking help. The study used secondary data from the Kenya Demographic and Health Survey (2014), conducted by the Kenya National Bureau of Statistics. The Kenya Demographic and Health Survey is a national survey carried out every five years.

1.8 Limitations and Delimitations of the Study

The data collected on sexual violence lacked certain variables required to complete the study such as access to information and literacy levels by survivors of sexual violence. These limitations slowed down the process of collecting data for analysis. To deal with this limitation the questionnaires were carefully analysed and the questions relevant to sexual

violence identified and noted. The study then concentrated on the variables that had been covered in the KKDHS (2014), report. These variables include the reporting of occurrence of sexual violence, age, level of education, economic status, cultural background and religion of the survivor,

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter focuses on the literature review based on the objectives of the study. It analysed previous work and studies related to the objectives so as to provide a foundation for the study, discussed the theories that support the study to identify the gaps of the study. It was organized into themes based on the three objectives of this study. The themes are reporting of sexual violence, perpetrators of sexual violence and the characteristics of female survivors and reporting of sexual violence.

2.1 Reporting of sexual violence

Reporting the occurrence of sexual violence, also referred to as disclosure, is often the first step to justice for a survivor of sexual violence. It is only through opening up, talking about the experience and seeking help that a survivor will receive help and receive justice. UNICEF (2017), conducted a study to determine the disclosure, reporting and help-seeking behaviours on two data sets in different parts of the world on 18 to 24-year-olds and 13 to 17-year-olds. It revealed that reporting of sexual violence may be divided into formal, and informal reporting. Former reporting included disclosure of the ordeal to official institutions such as police stations, non-governmental organizations, hospitals, churches and social organizations. Informal reporting, on the other hand, involved disclosure to the survivor's own family, their family of their partner, their former husband or boyfriend's family, their friends or neighbours.

Additionally, UN ESCWA et al. (2017), conducted a study on what was at stake in the status of Arab women and sexual violence. The study contained data gathered from 13 Arabic countries including Bahrain, Egypt, Jordan, Kuwait, Lebanon, Mauritania, Morocco, Oman,

Palestine, Saudi Arabia, the Syrian Arab Republic, Tunisia and Yemen . The report showed that 11 of the 13 countries considered courts as formal channels of reporting, 8 considered departments within Ministry of Interior while 6 considered other channels including ministries of social development tasked with family affairs or security as formal channels of reporting. The report revealed that non-governmental organizations, health care centres and private hospitals were considered as informal channels of reporting. The report also brings out the aspect of who could report occurrence of sexual violence. All 13 countries indicated that the survivors themselves could report the occurrence of sexual violence, 8 countries stated that lawyers could report on behalf of their clients while 7 countries were of the opinion that public prosecutors could report on behalf of the survivors.

There is an argument as to whether the age of a survivor affects their ability to report the occurrence of sexual violence. In the study conducted by UNICEF (2017), 32% to 69% of girls between 15 and 19 years old across the world did seek help after experiencing sexual violence. In South Africa, only 20% sought help out of which 14% received it. In Kenya, a higher percentage of survivors sought formal help compared to informal help . A survey was conducted to determine the characteristics of and implications of post-traumatic stress disorder among African American and Caucasian survivors of sexual violence (Jacques-Tiura, Tkatch et al., 2010). The report on this study found that 59% of the survivors of sexual violence among the African American and Caucasian communities disclosed the experience. About 96% of the survivors reported to at least one informal channel while 24% reported to at least one formal channel.

Additionally, Das (2019), conducted a study on the support seeking behaviour of survivors of sexual violence in the Indian-American population. The report revealed that 25% of survivors in his study admitted to never having sought help after experiencing sexual violence. This was 12% higher than that of the respondents in Ullman & Filipas (2001). They conducted a

study on the relationship between informal and formal channels of seeking help by victims of sexual violence. From the study, it was revealed that only 13% of the survivors confessed to never reporting their ordeal. In Australia, a study conducted on the perpetrators of sexual violence 46% of the female survivors that were sexually assaulted reported the ordeal to the police .

A study was conducted by Katiti, Sigalla, et al., (2016), in Moshi Municipality, Tanzania to establish the factors that influence disclosure of women experiencing intimate partner violence while pregnant. The report showed that only 23% of pregnant women who experienced intimate partner violence during pregnancy disclosed the ordeal. Out of those who disclosed, 69% disclosed to their birth families, 14% to friends while 11% disclosed to their partner's families. There are, however, several factors that may affect the reporting of sexual violence by a survivor including shame and stigma, feeling helpless, self-blame, fear of repercussions, financial restrictions, lack of social support and lack of awareness among others.

The next sub-section discusses the characteristics of perpetrators of sexual violence and their relationship with survivors.

2.2 Perpetrators of sexual violence

A perpetrator is someone who carries out a harmful, immoral or illegal act. Perpetrators of sexual violence may be male or female. This study will concentrate on the perpetrators of sexual violence against females. The general view of sexual violence that it occurs outside the home. On the contrary, sexual violence can occur in the victim's or abuser's home .

A study on the behaviours and characteristics of perpetrators of sexual violence (Greathouse et al, 2015) found that some researchers associated certain characteristics with perpetration of sexual violence. Research conducted on men jailed for sexual assault shows that at least 25%

to 75% of them report having experienced sexual violence as children (Simons, Wurtele and Heil, 2002 as cited by Greathouse et al., 2015). Studies also show that adult sexual assaulters are more likely to have been physically abused as children when compared to child molesters (Jespersen, Lalumière, and Seto, 2009 as cited by Greathouse et al., 2015). The same authors further point out that when compared to adult sexual offenders, child molesters turned out to have experienced sexual violence as children. Some study on the role of empathy on perpetration of sexual violence (Bandura, Underwood, and Fromson, 1975 as cited by Greathouse et al., 2015) found out that the trauma and inhumane treatment that comes with child abuse, both sexual and physical, reduced the ability of an individual to empathize with their adult victims hence contributed to the perpetration of sexual violence.

A study by WHO (2003) to provide procedures for medico-legal care for victims of sexual violence, certain factors could increase the threat of men committing rape. These factors were divided into individual, association, communal and societal factors. Individual factors that would increase the risk of a man to commit rape include the use of drugs and alcohol, coercive sexual attitudes and fantasies that support sexual violence, antisocial and impulsive behaviour, a preference for sex that is not personal and a history of childhood and family violence. Relationship factors include interaction with peers who were sexually aggressive, a family that exhibits physical violence, has inadequate resources, is patriarchal in nature and is not emotionally supportive. Lack of employment opportunities, poverty, general tolerance of sexual assault, weak laws against offenders of sexual violence and lack of support from the police and judicial systems are some of the community factors identified. Societal factors, on the other hand, include customs that support sexual violence and male superiority, high level of crimes in the society and weak laws and policies related to gender equality which encompasses sexual violence (WHO, 2003).

Likewise, Hartney (2019) highlighted ten reasons that sexually abused children may end up in abusive relationships or end up as abusers. They may have related the abuse they went through as children with love hence find abusive relationships familiar. Also, children who experienced sexual violence may try to heal their wounds by trying to get it right with their adult abuser. They may also feel like they are not good enough to deserve a partner who genuinely cares for them. Child survivors of sexual violence sometimes feel better than others which may prevent them from getting into a relationship with an equal partner and may end up being abusive. She further explains that they may feel angry at their childhood experiences, get sexually aroused by abusive behaviour hence search for intensity from abuse and may try to hurt others before getting hurt. All these factors contribute to their abusive behaviours as adult perpetrators.

The report by Hartney (2019) also categorized perpetrators of sexual violence to strangers and acquaintances. Stranger perpetrators are people who are not known to the survivor while acquaintances are known to the survivor. Additionally, to determine the existence of violence in sexual assault where the victim or survivor and the assailant were familiar with each other, Stermac, Mont & Dunn (1998), conducted a study in Toronto. It was found out that 31% of the perpetrators were strangers, 14% were acquaintances for less than 24 hours, and 40% were associates for more than 24 hours while 15% were current or former partners of the survivor. These figures indicate that at least 69% of perpetrators of sexual violence are familiar with their survivors.

A study conducted to determine statistics on family violence revealed that sexual violence accounted for 4% of all crimes that were violent both family and non-family (Durose et al., 2005). The study revealed that 4.7% and 4.8% of all violent crimes were sexual offenses where the survivor was the spouse and son or daughter of the offender respectively. The study further indicates that for non-family violence, 9%, 6% and 3% of the total violent

crimes were sexual offenses where the survivor was a girlfriend or boyfriend, friend or acquaintance or a stranger to the offender respectively. This suggests that sexual violence is mostly committed by people known to the victim.

Moreover, it has been established that different perpetrators use different means to attack their victims. Stranger perpetrators tend to use surprise attacks or kidnap their victims and are more likely to use physical violence or weapons during the attack. Acquaintance perpetrators, in contrast, use opportunistic means such as preying on drunk, drugged or sleeping victims or employ trust tactics to get the victim or survivor to comply (Woods & Porter, 2008). A survey to predict coercive sexual behaviour in the life span of Canadian men was undertaken by Senn (2000). It had a sample of 195 Canadian men. Out of the selected sample, 9% admitted to having used verbal coercion, 3% used alcohol and drugs to weaken their victim or survivor while 1% used bodily strength to get sexual acts. In another survey consisting of 115 men from Washington D.C., Davis et al. (2008), sought to establish whether offenders of sexual violence used alcohol or condoms during the violence. It was found that 17% had used verbal compulsion, 22% had sexually assaulted persons who were too drunk to consent while 8% used physical violence to acquire sexual activity.

In Kenya, Mwangi et al., (2015), conducted a study on sexual violence against children under 18 years old involving two data sets, those between 13 and 17 years old and those between 18 and 24 years old, both male and female. Among the younger female survivors, the main agents of unwanted sexual touching (UST) were friends and classmates at 27%. For the older female survivors, 32% of the offenders were intimate partners and the highest incident recorded at 25% was observed in schools. The key agents of unwanted attempted sex (UAS) among the younger female survivors were relatives (29%) while for the older female survivors 33% of the perpetrators were intimate partners. Unwanted attempted sex often occurred in the evening or afternoon for both sets of female survivors. Most first incidents of

the older female population occurred in the offender's home (Mwangi, et al., 2015). This survey showed that the most common agents of sexual violence were people familiar with the survivors. It also revealed that sexual violence is mostly perpetrated in places familiar to the survivor contrary to societal expectations.

Lenore Walker established a sequence of violence in 1979 (*The Cycle of Violence*, n.d.). It explains why and how the behavior of perpetrators change over a period of time. The cycle begins with the build-up phase, moves to the stand-over phase, then the explosion phase, followed by the remorse phase, pursuit phase and finally the honeymoon phase. In the first phase of the cycle, the perpetrators of violence begin to pick fights over small issues and may start being jealous of their partner's relationships. In this stage, tension begins to build up and verbal, emotional or financial abuse may begin to be seen. In the stand-over stage, the behavior of the perpetrator gets out of hand and they can no longer resist releasing the tension that has built up in them. In the explosion phase, the perpetrator releases tension by engaging in violence which may be addictive. The perpetrator may start feeling guilty and may withdraw from the relationship while in the remorse phase. In the pursuit stage, the perpetrator may apologize to his survivor and promise never to repeat the offense. The survivor may then feel upset but also feel relieved that the situation is over. In the final stage, both parties may be in denial that the violence actually occurred and may disregard the possibility that the violence may reoccur. The author further explains that some perpetrators of sexual violence go through all the six stages while some may skip some stages.

The next sub-section discusses factors that may affect the ability of a female survivor of sexual violence to report their experience.

2.3 Characteristics of Female Survivors and Reporting of Sexual Violence

Literature has presented many factors that may affect whether or not a survivor reports having experienced sexual violence. This study examined some of the factors that may affect the ability of women in Nairobi to report sexual violence. The factors that were looked into include age, level of education, cultural background, religion, and economic class female survivors of sexual violence in Nairobi.

2.3.1 Age

Age, in this study, refers to the length of time a human being, in this case, a female survivor of sexual violence, has lived. Young women are generally more at danger of sexual violence when compared to older women (WHO, 2002; WHO, 2012). A study to analyse violence against children was conducted in 21 countries by UNICEF (2014). The study exposed that in 18 out of the 21 countries that took part in the study, the age at which girls first experienced sexual violence was between 15 and 18 years old. Additionally, in a study conducted in Moshi Municipality on pregnant women experiencing intimate partner violence (IPV), 31% of pregnant women who had experienced IPV were aged between 21 and 25 years old followed by 26% who were between 26 and 30 years old and 19% who were between 31 and 35 years old. This suggests that age is directly proportional to the occurrence of sexual violence. Younger survivors are less likely to report an ordeal as opposed to older ones .

In addition, UNICEF (2017), conducted a study to determine the disclosure, reporting and help-seeking behaviours of survivors. It was revealed that children between 13 and 17 years old were less likely to seek help compared to those between 18 and 24 years old hence received less help. Some of the main reasons for not seeking help were highlighted by the younger survivors. The perception of not being able to control or change the situation was cited by 24% of the survivors. About 33% of them did not report due to the fear of shame and

stigma from society while 19% did not report for the fear of the outcomes. The older survivors were more afraid of the repercussions where 45% of them revealed this as the reason for not reporting. Shame and stigma came in second at 24% and the feeling that they could change nothing came in third as 12% of the older survivors cited this as the reason for not reporting the occurrence of sexual violence.

Generally, children and younger adults have less experience, maturity and knowledge compared to their older counterparts which put them at a higher threat of facing sexual violence . These factors may also be attributed to why younger people are less likely to seek help after an ordeal of sexual violence when compared to the older generation. It was necessary to establish the influence of level of education on reporting of sexual violence.

2.3.2 Level of Education

Education is the gaining of knowledge whether formal or informal while literacy is the capability to read and write . For this study, education encompasses formal channels only. There are several benefits of education both to an individual and the society at large including reduction of poverty levels, promotion of health, reduction of the gender gap and provision for financial growth . Additionally, McMahon & Oketch (2013), state that increased democratisation, reduction of crime and lower prison costs are benefits of education in the society. Education is crucial in the journey to women empowerment with knowledge, abilities and self-confidence required for development. Empowerment is defined as the shift from imposed powerlessness to a point of power .

A study conducted in Moshi Municipality, Tanzania on intimate partner violence against expectant women indicates that 63% of the women who had experienced intimate partner violence had primary level education and below as opposed to the remaining 37% that had secondary level education and above . This suggests that women with higher stages of

education are less probable to experience sexual violence as opposed to those with lower levels of education.

A worldwide survey on health and violence by the World Health Organization (2002), highlighted that South African women that were more educated were more expected to experience sexual violence than women who were less educated. The World Health Organization attempts to explain this phenomenon. It suggests that an educated woman is empowered hence resistant towards what is seen as normal in a patriarchal society. Their partners then result to using sexual violence as to try and reclaim control. The study further reveals that empowered women are more probable to experience physical violence up to a certain point after which their empowerment protects them. There is, however, no discussion of the same when it comes to sexual violence leaving a gap that this study attempted to fill. The survey, however, did not qualify whether the plateau effect applies to sexual violence as well but based on other studies, it can be concluded that it does.

Additionally, Arends-Kuenning and Amin (2001) point out that since women with a lower level of education and normally economically dependent, they have less bargaining power and feel inferior to their husbands in the home. Cultural values and patriarchal norms in the society especially in emerging countries reduce the chances of attending school for women (Kimani, 2007). He further highlights that women with higher levels of education are often less vulnerable due to the knowledge and information they access.

The Asia South Pacific Association for Basic and Adult Education (ASPBAE) also conducted surveys to establish the relationship between literacy and the empowerment of women. They conducted Demographic Health Surveys in several countries including the Philippines in 2003, Bangladesh in 2004, Cambodia in 2005 and India in 2006. From these surveys, it was

established that education, and in turn literacy, affected several areas of the lives of women in these four countries .

In India, 48% of illiterate women admitted to experiencing one form of control from their husbands while only 37% of literate women held the same sentiments. It was also found that literate women were more at the front in making decisions concerning themselves and the households they led as opposed to illiterate women who left decision-making to their partners. In Cambodia, it was found that illiterate women held on to traditions more than literate women and that the former thought it was the responsibility of the man to make decisions in the home. Moreover, in Bangladesh, illiterate women could not go anywhere by themselves regardless of whether it was out of town or to a healthcare centre. Literate women in the same country were free to make decisions . This control affected the social and family interactions of these women, their mobility and self-esteem. A survivor who is not free to move, lives with such restrictions and is not able to make decisions on their own is not likely to report the occurrence of sexual violence.

2.3.3 Economic Status

The economic class of a survivor includes their employment status and wealth. In the study in Moshi Municipality concerning intimate partner violence perpetrated against expecting women, it was found that 16% of those that experienced sexual violence were employed, 52% were self-employed in small businesses such as selling agricultural produce and items for household use while 32% were not employed . This proposes that survivors with a higher economic class were less probable to experience sexual violence. The study further reveals that survivors who depended on someone else financially were less expected to report occurrence of sexual violence. It indicated that 35% of those who revealed having experienced sexual violence did not rely on the family of their partner for finances. On the

other hand, only 23% of those who reported depended on their birth families financially. Additionally, Chitashvili, et., al, (2010), observed that women who were financially or economically independent generally disclosed more as opposed to those who were economically dependent on someone. Likewise, employed women in Zimbabwe were more likely to report incidences where they had been forced into sex as opposed to jobless women (WHO, 2002).

Furthermore, for prosecution of a case of sexual violence to take place, forensic and DNA analysis has to be conducted. These tests and analysis are expensive, a factor that may put off pursuing legal aid for survivors of sexual violence . In a report by National Gender and Equality Commission (2016), to determine the economic burden of sexual and gender-based violence on survivors, it was discovered that survivors spend an average of about KES 23,500 to report of sexual violence to community structures such as chiefs, churches and elders. This amount included transport, accommodation and food. A survivor who has to request for this money from someone else since they do not have access to it may refrain from reporting sexual violence as opposed to one who has this amount at their disposal.

A research conducted by Syombua (2014), on sexual violence in Kibera slums found out that 25% of the respondents cited lack of resources as a barrier to accessing justice. Likewise, the UNDP (2004), highlights prohibitive costs as one of the barriers of access to justice. This usually occurs at all stages of the process of acquiring justice especially during court proceedings where fees for the legal council is required. Survivors of sexual violence who are economically liberated are at an advantaged position when it comes to reporting sexual violence as opposed to those who are financially supported either by their spouses or families.

2.3.4 Geographical Background

Cultural norms shape the attitudes and behaviours of individuals . For example, during the apartheid time in South Africa, only sexual violence against white females was prosecuted while that against black ones was seen as normal . The social beliefs of an individual, which arise from their community greatly affects the occurrence of sexual violence. How deeply rooted the beliefs of a community, hence an individual are, in male authority affects the possibility of sexual violence to occur .

In pre-colonial times, informal education was conducted mainly to transfer knowledge, attitudes, skills and beliefs to the younger cohort. Boys and girls were mostly separated to be taught skills that relate to their gender. With the onset of the colonial period, formal education was introduced. It, however, favoured the boys in the community as girls were still left to take care of the home . Boys would be taught English, religious studies and trade among other things putting them at an advantage when it came to getting jobs, travelling the world and engaging in mission work. In the modern society, although girls are still not as enrolled in schools as boys, the number of girls in classes has gone up. It is believed that the adherence to cultural views, values and myths is associated inversely proportional to levels of education . The more an individual is learned, the more they are exposed to other cultures both from Africa and the west. This shifts the way they think. The authors go further to explain that female sexuality was a taboo which made the discussion of sexual violence with male authorities difficult. They also highlight that women risk a lot when they speak up about sexual violence against them including losing their husbands, their status in the community and even being killed. For this reason, they stayed away from discussing sexual violence in public.

About 78% of women, as seen in the study conducted to determine domestic violence against women in Georgia, think domestic violence should be retained inside the family (Chitashvili

et al., 2010). Moreover, 52% think that the 'outside world' should not interfere when a man mistreats his wife while 31% think the law should not intervene. Additionally, the study found that 16% of women in Georgia think that it is the responsibility of a wife to have sexual relations with her spouse even if she doesn't want to. Women who thought their husbands were the heads of the family and therefore should be obeyed would not qualify acts of sexual violence as violence. The study further reveals that 36% of women have experienced acts from their partners that are aimed at controlling them. The act with the highest percentage was being restricted to see their family where 29% of women admitted to have experienced it. This was followed by 12% of women being required to seek permission before seeking health care. Another act of control was anger from a partner when a woman spoke to another man where 11% had experienced this. Additionally, 5% of men had suspected their wives/ partners of infidelity, 4% tried to keep them from their friends, 4% treated them indifferently or completely ignored them, 3.8% did not want them to work while 2% insist on knowing their whereabouts at all times. Such control affects the way a woman reacts to situations and her ability to report the occurrence of sexual violence.

According to Sobania, (2003), Kenya is generally a patriarchal society in nature. He also notes that Africa has traditional belief systems which to outsiders are referred to as witch doctoring, spirit mediums among others. In Africa, and Kenya, terms such as diviner and healer are preferred since they bring out the skills of traditionalists such as the healing powers they had. He also highlights that Kenyans have a communal way of looking at the world. Most things are done in family groups, both nuclear and extended. When it comes to gender roles, Sobania highlights that culturally, women in Kenya have been given both productive and reproductive roles. These include activities such as looking for firewood, tilling land, cooking and taking care of and raising children among others. He raises a concern that women, due to cultural beliefs and practices, have accepted these roles despite the additional

hardships. He highlights these hardships as poor infrastructure, environmental changes and the fact that despite men being the heads of the family and breadwinners, they rarely contribute to the development of the home leaving the woman to fully make ends meet.

Nairobi is the capital city of Kenya. It is a metropolitan city with a mixture of all the Kenyan tribes. It is known for business since it hosts most of Kenyan company headquarters. The 2009 population census revealed that only 14% of the population in Nairobi had completed primary school while 24% had completed secondary school (KNBS, 2010). Central Kenya is known for dairy farming and has some of the richest counties in Kenya including Kiambu. The region is densely populated. It was noted that 10% and 18% of its residents had completed primary and secondary school respectively (KNBS, 2010). The coastal part of Kenya is mainly known for tourism due to the sandy beaches and warm weather. About 15% of the coastal population and 13% had completed primary and secondary school respectively (KNBS, 2010). On the other hand, the North Eastern part of the country is predominantly made up of pastoral communities which, over the years, have maintained women as subordinate to men. The region is sparsely populated and has a very low level of education. Only 1.7% and 1.3% of its population completed primary and secondary school respectively (KNBS, 2010).

According to culture in Kenya, for example in the Luhya community, women are viewed as the preservers of family virtue and their dignity is enclosed in tradition . These authors go further to explain that female sexuality was a taboo which made the discussion of sexual violence with male authorities difficult. They also highlight that women risk a lot when they speak up about sexual violence against them including losing their husbands, their status in the community and even being killed. For this reason, they stayed away from discussing sexual violence in public. These aspects of culture influence the way a survivor reacts to

sexual violence and eventually affects their ability to report their experience with sexual violence.

2.3.5 Religion

The religion of a survivor may affect whether or not they decide to report the occurrence of sexual violence. In a study conducted by Sojourner and IMA World Health (2014), to analyse the perception of pastors on sexual and domestic violence, it was found that majority of pastors did not consider sexual violence crucial to general religious themes such as a society that is peaceful, families and pursuing godliness. The study further notes that only 65% of pastors in Protestant churches spoke about sexual violence one time or less annually. It also highlights that 33% of the pastors rarely speak about sexual violence while 10% never talk about it. Some of the reasons cited as influencing the conversation in Protestant churches included the underestimation of the extensiveness of sexual violence.

IMA World Health (2014) found out that 72% of those who preached about sexual violence did so because they found it an issue in their local communities while only 25% thought a member of their congregation had experienced sexual violence. Another reason raised was lack of knowledge on the local resources. It was found that only 43% are familiar with resources to help survivors of sexual violence while 8% had no idea on the available resources. Finally, it was uncovered that 62% of the pastors had dealt with sexual violence by counselling the couple, about 42% provided counselling for the offender while 70% referred the survivor to a specialised agency.

Some scholars, have discussed issues around sexuality of women and religion including what should and should not be acceptable. For example, Gudorf (1994), uses scripture, modern sources and natural law to reconstruct sexual ethics in the Catholic setting. She observes that although violence against women is a private and domestic issue, it is also a problem that

affects the public. She further notes that such violence is tolerated and kept alive by traditional religious writings that promote the subordination of women to men. She also provides a solution to help eradicate violence against women perpetuated by religion where she suggests that traditional Christian beliefs of justice and charity should consider the modern challenges that women face for them to be fair. Additionally, feminist Reuther (1983), concurs that anything that reduces the humanity or dignity of women must be assumed to be ungodly.

In the same breath, Bayes and Tohidi (2001), while discussing on the interpretation of Islamic texts, said that this has gained shape in India, they remain dormant in Bangladesh owing to the low level of literacy among its citizens that prevent these discussions. The beliefs in Bangladesh are hence mixed with traditional patriarchal beliefs that continue to submit women to Islamic activities such as unequal division of property and non-Islamic activities such as honour killing. This is attributed to the section of Islam that took modernity positively with all its vices including but not limited to sex tourism, sex trafficking, sexual promiscuity and excluded positive components especially women's rights.

In addition, the Christian Universities Online (2019) website conducted a study on roles of women in world religion and found out that 55% of the Catholic population is made up of women who are allowed positions in the church such as teaching, preaching and missionary roles. Their main duties, however, revolved around raising and teaching children, maintaining religiousness in their homes, informing their husbands in matters regarding the family and religion and maintaining social groups in their churches. Muslim women in the other hand occupy 35% of the total Muslim population. Unlike Christian women, they are given political roles in their organizations. Their responsibilities included taking care of the children, passing on customs to the children, serve their husbands in the home, help their husbands and male family members in political and religious decisions and take care of family assets. It is clear

from the above revelations that Muslim women are mostly tied to their husbands by their religion which requires them to be subordinate to their husbands. Additionally, Seguino (2011), argues that religion has a negative relationship with impartial attitudes about gender.

The factors discussed above were personal characteristics of a survivor that may affect their ability to report the occurrence of sexual violence. There are other factors including structural and systemic factors that may affect the ability of a survivor of sexual violence to report their experience. The next sub-section discusses some of these structural and systemic factors.

2.4 Structural Factors that affect the Reporting of Sexual Violence

While the above characteristics of a survivor may affect the decisions they make when it comes to reporting cases of sexual violence, there are structural and policy issues that may also influence these decisions. They include access to legal systems, resources owned by law enforcement centres, sufficient and conclusive evidence by the lawyers of the survivor, the attitudes the police or investigators have towards survivors of sexual violence, the stereotypes and prejudice by judges and councilmen and the ease of the survivor to access information.

2.4.1 Access to Legal Systems

Women living in villages and rural areas may find it difficult to physically access police stations or court houses due to their distances from the village . The writers further explain that the consideration of the amount of money that would be spent every time survivors tried to get to the points of access of the legal system would bar them from trying to access them hence hindering the initial attempt of accessing justice.

While access to justice may easily be taken to mean access to police, lawyers and court houses, the respondents of a study conducted by Farrow (2014) highlighted that it should

include a fair process, fair penalty, everyone's ability to be heard and access to the society among others. Farrow further that access to justice is associated with access to the police, lawyers and courts and not the efficiency of legal systems which affects the process of survivors getting justice. The respondents of the study also pointed out that the wealthy and those of a higher class got justice reflecting the negative view of justice – with this view, very few survivors would be willing to compete with the wealthy to try and acquire legal solutions for their cases.

In cases where the perpetrator is a law enforcer or a superior to the survivor, accessing legal systems may be a challenge owing to the collateral the perpetrator may have over the survivor. Some survivors of the 2017 PEV in Kenya told Odhiambo (2017) that they took at least two weeks to report their cases to the police out of fear of retaliation or being ignored since they had been raped by police men who had told them “you cannot report the government to the government”. Reporting sexual violence to colleagues of the perpetrator may be devastating for the survivors who are sometimes turned away and humiliated without the police or the persons in charge taking their statements and no statement meant no court proceeding therefore no justice.

2.4.2 Resources of Law Enforcement Centres

In order to effectively report sexual violence, availability of law enforcement centres is necessary. In Kenya, most police stations do not have a gender desk exclusively dedicated to handling survivors and where these desks exist, they either have one person who cannot always be there or has staff who are not trained and sensitized on SGBV and end up dealing with survivors without the compassion, privacy and confidentiality they require . Poor pay and overworking of the officers may lead to situations where they ask for bribes from

survivors in exchange of services UN Women (2018) which affects the implementation of the law.

2.4.3 Sufficient or Conclusive Evidence

To prosecute an offence in a court of law, availability of compelling evidence is a standard requirement – cases of sexual violence are no exception. There are, however, restrictive guidelines when it comes to evidence collected to expedite the prosecution of cases of sexual violence. Evidence must be collected within a period of 72 hours from the incident for it to be valid and may be lost when the survivor showers or uses a toilet . Those who deal with the survivors at first impact may not collect medico-legal samples that are required for prosecution to commence which may force the survivor to undergo another forensic exam for these samples to be collected as indicated by Seelinger, Silverberg and Mejia (2011). They also highlight that in underfunded forensic laboratories or where there is limited or no trained personnel, the capacity of forensic analysis may be minimal or unreliable. The complicated process and restrictive requirements of evidence collection, multiple times the evidence may have to be collected, the insensitive nature of the handlers may put off survivors from reporting.

Evidence from a witness especially when it comes to the survivor and the accused and in the context of sexual violence is, in most cases, not enough to sustain a criminal case. Additional evidence such as photographs of the injuries, videos of the survivor at the point of impact with the police, recordings of emergency calls to the police and witness statements are required . In the confused state of a survivor who has just been violated sexually, and requires privacy and compassion this is an addition to the trauma they have gone through. It is an insensitive activity that may make most survivors shy away from reporting the offence to the

police. Institutions that carry out investigations after a report on sexual violence has been made do not prioritize these cases. They delay to do what is required for the case to move forward. Untimely evidence undermines the process of investigation.

Health facilities may also lack resources such as kits to check for rape, reagents to be used in laboratories and DNA analysing machines affecting the collection and analysing of samples from a survivor which in turn leads to unreliable evidence that may not be admissible in a court of law hence affecting the process of prosecution.

2.4.4 Attitudes of the Police or Investigators

Several authors piloted a study to find out the experiences of deaf people and hearing service providers on the outcome of sexual persecution . Most of the respondents in this study said that their experiences with the police were frustrating hence, very few of them called the police after sexual abuse. According to one respondent, the police did not take into consideration their disabilities and were not willing to even write down their sentiments on a notebook to try and communicate with the survivor. While this may be seen as just a problem for the deaf, lack of effective communication with a survivor at the point of first interaction with the police hinders the police from providing a fair entry into the legal system for a fair trial – there is disjointed communication affecting the quality of a recorded statement which in turn affects the chances of the cases getting to a court of law.

2.4.5 Judicial Stereotyping

The prior views of the police, medical handlers, prosecutors, lawyers and even judges about a survivor may affect the implementation of the law during a trial of a case on sexual violence. In his paper on eliminating judicial stereotyping, dives into the ways in which judicial

stereotyping could influence the legal result of a trial. He expounds that stereotypes may lead to insinuations about the character of a survivor by the presiding judge. It may distort the outlook of a judge on what occurred, affect their vision on who the plaintiff is, sway the perspective they have on the responsibilities of the offender, lead them to allow prejudicial evidence to be acceptable in court, affect how they think about the credibility of witnesses, influence how the presiding judge guides his jury and may also cause them to misinterpret or misapply the law all which may contribute to an unfair legal result of the case.

The term “good victim” in the context of sexual violence means a survivor who doesn’t drink, smoke, go to clubs and bars, fight their perpetrator, is not a sexual worker among others as discovered by . She discovered that the most compelling cases were those of innocent survivors who were attacked by malicious offenders. In her article, Merry also points out legal systems insist that the women they help are good victims. This prejudicial way of looking at survivors may lead to the down-playing of the survivor and may even cause them to place blame on the survivor with questions like “but why were you drunk” or “why did you invite him to your house” or “why were you in a group of men” or “why were you dressed that way” being asked. This affects the way the prosecutors, judge and jury perceive a survivor during the court proceedings which may cloud their judgement resulting in an unjust ruling of the case.

2.4.6 Access to Information

The main sources of information in this day and age are TV, print media, radio and social media. The inability to access these avenues hinders the acquisition of information on any matter including sexual violence and where to seek help or access justice in its event. Majority of the women who went through sexual violence during the post-election period in

Kenya in 2017 did not report the occurrences to since they had been informed by the police and those around them that they had to recognise their attacker . Such misinformation stems from the lack of awareness and/ or information about what to do when sexually violated, where to seek help and how to take care of yourself but at the same time not destroy evidence.

Survivors at the community level are not aware that sexual violence is illegal and should not be settled out of court as reported by . The report further highlights that they are also are unaware that they need to visit a health centre immediately or within 72 hours of the ordeal for forensic evidence to be collected and to be treated for any possible STDs and given drugs meant to prevent HIV infection.

2.5 Gaps in Literature

Studies and surveys conducted in the past have mostly concentrated on determining the prevalence of reporting of sexual violence among the younger population and among survivors of intimate partner violence. For example, the UNICEF (2017), report concentrated on women between 15 and 24 years old. Furthermore, these surveys have not provided explanations as to why the younger female population is not likely to report having experienced sexual violence. Additionally, prior studies such as the one conducted by Syombua (2017), in Kibera slums have concentrated on sections of Nairobi and not on Kenya as a whole. This study sought to fill these gaps by analysing the prevalence of reporting of sexual violence against female survivors in Kenya and tried to explain the reasons behind the behaviours of different age groups concerning the reporting the occurrence of sexual violence.

In the matter of perpetrators of sexual violence, previous studies such as the one conducted by Katiti et al. (2016), concentrated on partners as the perpetrators of sexual violence. This left out the fact that sexual violence could be perpetrated by family members, friends, colleagues or even strangers. This study sought to examine the characteristics of perpetrators of sexual violence against female survivors in Kenya.

Some studies like the UNICEF (2017), survey on disclosure, reporting and help seeking among child survivors of violence have tried to explain the behaviours of survivors when it comes to reporting. These studies, however, concentrate on external factors that affect the ability of a survivor to report having experienced sexual violence. There are also very limited studies on the impact of religion on the decision-making abilities of survivors of sexual violence. This study sought to establish and discuss personal factors that affect the ability of survivors to report having experienced sexual violence. It concentrated on age, level of education, economic class, culture and access to information and whether these factors affect the ability of a survivor to report having experienced sexual violence.

The study adopted the radical feminist theory which provided a feminist lens against which the findings were discussed. The next sub-section discusses the radical feminist theory and highlights the role of this theory in the study.

2.6 Theoretical Framework

The Radical Feminist Theory was used in the study. Radical feminism emerged from private conversations amongst women on vast issues including child bearing, menstruation, menopause, the emotional and sexual needs of men being fulfilled by women and domestic work. These discussions gave rise to the realization of gender inequality which came about whenever women and men interacted whether in private or in public . Radical feminists associated women's discrimination with the patriarchal nature of the society where men

benefit from the marginalization of women . Firestone further notes that the focus of radical feminists on patriarchy as the source of oppression for women gave rise to cultural feminism and other schools of thought that dealt with the economy and social class as oppressors of women. Some of the areas of focus of radical feminists included women's reproductive rights including the capacity to make decisions on abortion and birth control methods. Radical feminists also evaluated and deconstructed gender roles both in private and public spaces, critiqued motherhood, families and sexuality and critiqued the patriarchal practices of other institutions including the government and churches with regards to women.

Radical feminists argued that there were certain characteristics that were considered favourable in a patriarchal and male-dominated society which included objectivity, distance, aggressiveness and control. However, according to radical feminists, these attributes contributed to the domination of women by men including the use of physical violence against women . Some of the forms of violence and oppression of women by men as identified by radical feminists included rape, wars, poverty, murder and incest among others . Radical feminists note that eradication of male domination is difficult due to the deep roots that patriarchy has in the community. Men perceive themselves as superior to women. This perception, radical feminists argue, could be attributed to the social construction of masculinity and femininity wherein being masculine is considered superior to being feminine. Women's oppression happens both in private and public spaces .

Radical feminists have been known to use several methods to pass their message. In the past, they staged protests and used small groups to raise consciousness about the issues facing women. In 1968, for instance, radical feminists, led by Carol Hanisch, staged a protest against the Miss America beauty pageant with the aim of deconstructing sexist beauty ideas and the expectations for women in the society and also the pageant's antiquated, misogynistic attitudes toward women and beauty

. They removed their bras and other feminine items including wigs and eye lashes and threw them into a “freedom trash can” to show that they did not agree with society’s definition of beauty.

In 1971, Alice Schwarzer, a German journalist spearheaded a project to fight the ban on abortion which radical feminists supported . She published an article titled “we’ve had abortions” on the front page of Stern, a weekly German magazine. The article featured 374 women, some, but not all, of whom had a high public profile, confessed to having had abortions. Alice further convinced 329 doctors to confess to having performed abortions. She also had a woman agree to undergo an abortion on camera through vacuum aspiration . Thereafter, supporters of abortion rights set up centres that conducted counselling for women who had gone through abortions which were however shut down by police severally.. The abortion debate is important to this study mainly because women who suffer sexual violence often seek abortions. Radical feminist are generally convinced that all women, including survivors of sexual violence, have the right to make decisions concerning their bodies such as whether to keep a pregnancy or not.

Radical feminists are known to have set up small social groups and organizations to raise awareness about women’s issues with a focus on expanding reproductive rights and deconstructing societal definitions of masculinity and femininity. They insisted that reproductive rights not only included women having the ability to make decisions on the use of contraceptives and whether to give birth but also the right to make these decisions without interference from men, doctors and the society .

Radical feminists believed that prostitution and pornography amounted to sexual violence . This is more so because women from disadvantaged backgrounds are the ones who are mostly affected. Mackinnon points out that women in prostitution and pornography have sex

with men they otherwise would not have considered having sex with. To her, women who participate in pornography are often coerced to take part through physical, psychological and emotional means.

Radical feminists laboured to protect survivors of rape, physically assaulted women and condemned pornography, sexual harassment and sexual coercion. They suggested that to eliminate the power and control men had over women, there was need to create women-only spaces that would provide an environment free of constant sexism, sexual harassment and the risk of rape and violence against women. This would include health facilities that concentrate on women, safe residences for battered women, as well as counselling and legal services for survivors of rape.

The theory is applicable to the study since it demonstrates the origin of oppression and exploitation for women through patriarchy. Radical feminists condemn activities that contribute to sexual violence including pornography and exploitation of young girls for prostitution. It echoes findings from literature that sexual based violence can occur anywhere whether in private or in public and can be committed by anyone whether known to the survivor or not. The radical feminist theory provided a feminine lens under which the data collected by KNBS through the Kenya Demographic and Health Survey (2014), was analysed.

It is worth noting that although useful, the radical feminist theory only concentrates on men through patriarchy as being the source of oppression for women including sexual violence. However, masculinity cannot be said to be the single source or terrain of power. The theory fails to pay attention to other causes women's oppression such as age, class, race and religion among others.

The next chapter presents the methodology used in the study. This includes the research design, target population, the source of data and data analysis and presentation.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter discusses the methods of research that were employed to collect data for the study. They include the research design, target population, sources of data, data analysis and presentation and ethical consideration.

3.1 Research Design

Creswell (2014) describes a research design as a set of procedures to gather and scrutinize variables identified in the problem statement. This study employed secondary data collation and analysis research method. The main source of data was a national official data set collected by KNBS in 2014. The data set was analysed through descriptive method of analysis. The findings were presented both qualitatively and quantitatively. The study also reviewed relevant literature on the topic.

3.2 Target Population

Population, as described by Ngechu (2007), is a definite set or group of persons, services, households or groups being studied. In statistics, the target population is the group whose information is required. The target population for this study was strictly female survivors of sexual violence who reside in Kenya. Out of 5,658 female respondents across the country, only 148 women indicated that they had experienced sexual violence .

3.3 Source of Data

This study's data was retrieved from the Kenya Demographic and Health Survey (2014). This is a report released every five years by the Kenya National Bureau of Statistics which is the

main representative of the government that collects, analyses and releases national data in Kenya. A Demographic and Health Survey is released every four years.

KDHS (2014) was a collaboration between by 21¹ national and international organizations. KNBS was, however, the implementing organization. KNBS oversaw daily operations including the recruitment, training and supervision of field and office staff, planning as well as conducting field work and data processing.

The sample design used in collecting data during the Demographic Health Survey (2014), was the Fifth National Sample Survey (NASSEP V) which had 5,360 clusters drawn by stratified probability. The clusters were further divided into four sub samples each with 1,340 clusters. The KDHS (2014) used two sub samples developed in 2013 by the NASSEP V frame. The survey was planned to produce representative estimations for national, regional and county levels. During data collection, only households that had been pre-selected were visited by the interviewers and replacements were not allowed.

3.4 Research Instruments

Data was collected by the KNBS through questionnaires that were developed based on the pre-existing KDHS questionnaires and the national data needs in Kenya. An analysis of the Kenya's data needs showed that there was need to include data that was representative of county level since counties had been introduced in 2013, four years after the last KDHS that was conducted in 2009. The need to collect data representative of all 47 counties raised

¹ Kenya National Bureau of Statistics (KNBS), Ministry of Health (MOH), National AIDS Control Council (NACC), National Council for Population and Development (NCPD), Kenya Medical Research Institute (KEMRI), Ministry of Labor, Social Security and Services, United States Agency for International Development (USAID/ Kenya), ICF International, United Nations Population Fund (UNFPA), Department for International Development (DFID), World Bank, Danish International Development Agency (DANIDA), United Nations Children's Fund (UNICEF), German Development Bank (KfW), World Food Programme (WFP), Clinton Health Access Initiative (CHAI), Micronutrient Initiative (MI), U.S. Centers for Disease Control and Prevention (CDC), Japan International Cooperation Agency (JICA), Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO).

concerns on the quality and general managing of the survey. This was because the data to be collected would have increased the sample size from 9,936 to 40,300 households. To manage these concerns, shorter questionnaires were thus developed for the households and for women.

The development of shorter questionnaires resulted in a total of five questionnaires including: (1) full Household Questionnaire², (2) short Household Questionnaire³, (3) full Woman's Questionnaire⁴, (4) short Woman's Questionnaire⁵ and (5) a Man's Questionnaire⁶. The developed questionnaires were then translated into sixteen⁷ YOU HAVE LISTED 15 local languages. The full questionnaires were designed to be representative of national, rural/urban and regional levels while the short questionnaires were designed to be representative of county levels. The full questionnaires, for both women and men, had questions on domestic violence including sexual violence. Since this study sought to analyse the reporting of sexual violence by female survivors in Kenya, data was retrieved from the full woman questionnaire. The study specifically concentrated on answers to questions on sexual violence.

3.5 Data Analysis and Presentation

Data retrieved from KDHS 2014 report was analysed through mixed methods. This involved a brief illustration of variables identified from the KDHS (2014), full woman questionnaire. The variables identified from this questionnaire include the reporting of sexual violence, age, level of education, cultural background, religion and economic status of the women. The

² Full household questionnaire was issued to every third household during the survey. It contained questions on domestic violence.

³ Short household questionnaire was issued to every first and second household during the survey. It did not contain questions on domestic violence.

⁴ Full woman's questionnaire was issued to one woman in every third household during the survey. It contained questions on domestic violence.

⁵ Short woman's questionnaire was issued to one woman in every first and second household during the survey. It did not contain questions on domestic violence.

⁶ Man's questionnaire was issued to one man in every household during the survey

⁷ Borana, Embu, Kalenjin, Kamba, Kikuyu, Kisii, Luo, Maasai, Maragoli, Meru, Mijikenda, Pokot, Somali, Swahili and Turkana

dependent variable was analysed against the independent variables to show whether there is any relationship between them. The qualitative data was analysed descriptively and presented thematically while quantitative data was presented through frequencies and percentages based on the objectives of the study.

3.5 Ethical Considerations

The study adhered to research ethics by obtaining informed consent from KNBS to analyse the KDHS (2014) data set. It has also cited and acknowledged all sources of data used.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION OF RESULTS

4.0 Introduction

This chapter presents results from the analysis conducted on the data presented from the Kenya Demographic Health Survey (2014). The initial data was collected by the KNBS through questionnaires issued to households and completed by both men and women across the country. This study analysed data collected from questionnaires issued to and filled by female survivors of sexual violence living in Kenya. The purpose of the study was to achieve the set objectives by answering the following research questions:

- i. What is the prevalence of reporting of sexual violence by female survivors in Kenya?
- ii. What are the relationships between perpetrators and female survivors of sexual violence in Kenya?
- iii. What factors affect the ability of female survivors to report the occurrence of sexual violence?

The findings are presented in form of tables and figures and organized thematically according to the objectives with the three main themes being the prevalence of reporting of sexual violence, the relationship between perpetrators and survivors of sexual violence and factors that affect the reporting of the occurrence of sexual violence.

4.1 Prevalence of Reporting of Sexual Violence

To identify survivors of sexual violence, the full woman questionnaire used by the Kenya Demographic and Health Survey (2014), required eligible respondents to say whether they had ever experienced sexual violence from their husband/ partner or from anyone else other than their husband or partner.

The Demographic and Health Survey indicates that only 34% of women who had experienced sexual violence disclosed and looked for help to stop the violence. On the other hand, 10% of the survivors of sexual violence disclosed the occurrence of sexual violence but did not seek help. The highest proportion of female survivors of sexual violence which is 53% of the 148 women who said they had experienced sexual violence neither sought help nor told anyone about their experience.

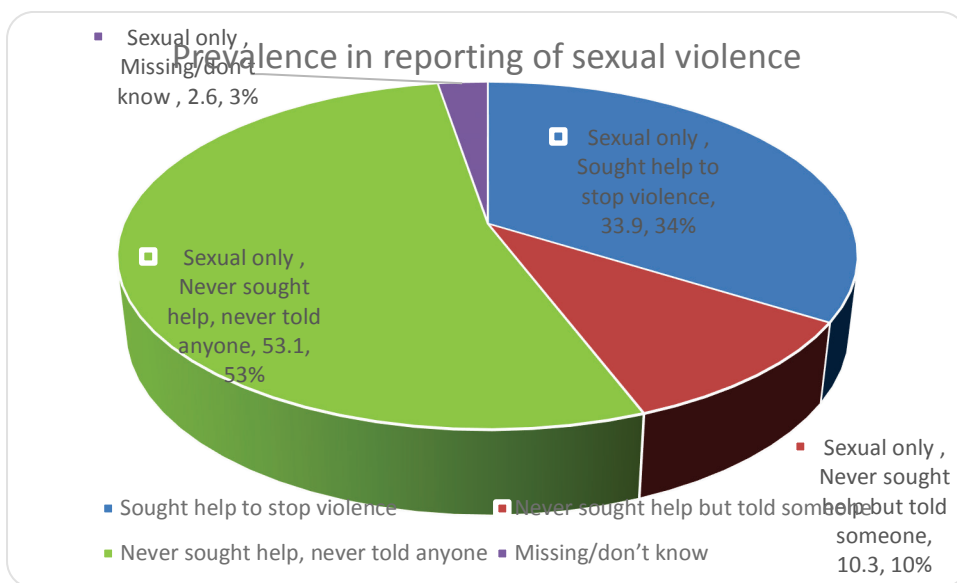


Figure 1: Prevalence in the reporting of sexual violence

The prevalence of reporting of sexual violence appears to be low from the data collected by KNBS through KDHS (2014). This phenomenon agrees with the findings from several studies and surveys including a study to determine the behaviour of seeking support of survivors of sexual violence in the Indian-American population by Das (2019), and the study by Katiti et al. (2016), on violence against pregnant women by their intimate partners. Both studies found that there was a low level of reporting of cases of sexual violence. Research indicates that there are various reasons for not reporting including fear of repercussions, lack of finances, lack of knowledge on where to report and fear of stigma among others (UNICEF, 2017).

As for survivors who sought help to stop the sexual violence, the demographic and health survey questionnaire required them to list the sources from which they sought help. The findings are as shown below.

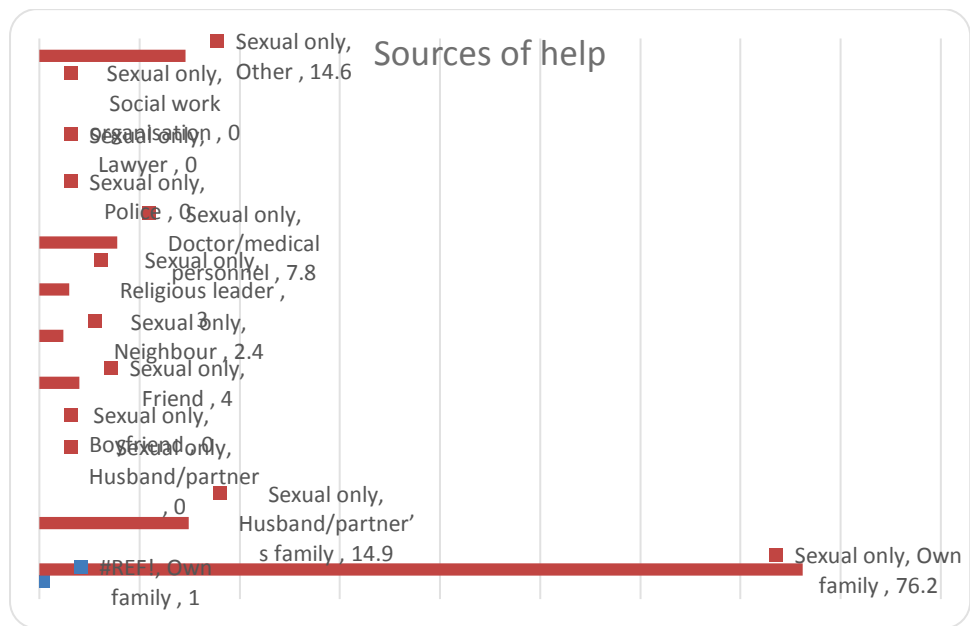


Figure 2: Sources of help for survivors of sexual violence

Seemingly, most of the female survivors of sexual violence in Kenya sought help from informal channels with the highest percentage of 76% consulting family members. The second most popular source of help was the family of a survivor’s spouse or partner followed by a doctor or medical personnel. Although further study was not conducted to determine the ages of the survivors that turned to their own families, UNICEF (2017) shows that child survivors of sexual violence mostly sought help from informal channels. This is more so because those are the channels they may have access to.

Radical feminists propose mechanisms for dealing with survivors of sexual violence. They recommend provision of safe environments free from men and their judgement for women who had gone through sexual violence . They suggest that spaces free of men would provide women with the security and comfort they need to open up about their experiences with

violence. Unfortunately, in many developing countries including Kenya, little investment has been channelled towards provision of safe houses for female survivors of sexual violence . Furthermore, since radical feminists prefer the use of small groups to assist female survivors of sexual violence, they would find interventions such as setting up of gender desks in relevant institutions in developing countries to assist survivors of sexual violence unacceptable. Problem with gender desks are compounded by lack of progressive training of staff at the gender desks, little or no embrace of these desks in police stations as well as limited or no staff at the said desks (UNFPA, 2015). In fact, many women are said to shy away from reporting instances of sexual violence to for example police stations, because they are not treated humanely.

4.2 Perpetrators of Sexual Violence

The KDHS (2014), sought to find out who committed sexual violence against female survivors in Kenya the first time the survivors experienced sexual violence. There were 697 respondents who were married or living with a partner and 99 respondents who had never been married nor lived with a partner. Married women or those living with their partners listed their current husbands/ partners as the most common agents of sexual violence followed by former husbands/ partners. On the other hand, survivors who had never been married nor lived with their partner listed strangers as the most common assailant. Notably, 44% of sexual violence among single women is attributed to strangers, 44% is attributed to people known to the survivors. The results are shown in the table below.

Person	Ever married	Never married
Current husband/partner	55.2	na
Former husband/partner	28	na
Current/former boyfriend	3.9	8.2
Father/step-father	0.1	4.7
Brother/step-brother	0	1.1
Other relative	3.2	1.6
In-law	0.5	na
Own friend/acquaintance	4.3	14.4
Family friend	2.3	6.9
Teacher	0.7	5.8
Employer/someone at work	1.4	0
Police/soldier	0.2	1.3
Priest/religious leader	0.9	0
Stranger	5.6	43.8
Other	2.6	12.2

Table 2: Perpetrators of sexual violence

From Table 2 above, it is clear that most offenders of sexual violence are familiar to their survivors. This is consistent with findings from a study conducted by Stermac, Mont & Dunn (1998) on sexual assault where the assailant was known. This study revealed that 69% of the perpetrators of sexual violence were known to their survivors.

While the Kenya Demographic and Health Survey (2014) did not analyse the characteristics of offenders of sexual violence, several studies in the past have developed possible profiles of offenders of sexual violence. Some of the highlighted characteristics include previous exposure to physical and family violence, the use of alcohol and/ or drugs and attitudes that support violence against women among others (WHO, 2003).

This finding is in line with observations by radical feminists that sexual violence can be perpetrated by anyone as long as they are male . The radical feminists argued that sexual violence, including but not restricted to rape, was a tool used by men to dominate the women

in their lives. For this reason, radical feminists have always fought for women’s reproductive rights.

4.3 Factors that affect Ability to Report

The study analysed some of the factors that may affect the ability of a survivor to report their experience in regard to sexual violence including the age, level of education, cultural background, religion and economic status of the survivor. The findings are discussed in the following sub-sections.

4.3.1 Age of Survivor

During the Demographic and Health Survey, respondents were required to fill in the year and month they were born. In the full woman questionnaire, respondents were asked to indicate how old they were when they first experienced sexual violence. There was a total of 148 respondents as shown in table 3 below.

Age	Number of women
15-19	26
20-24	28
25-29	31
30-39	39
40-49	24
Total	148

Table 3: The age of respondents

From table 3 above, most of the respondents were in the 30 to 39 age group followed by the 25 to 29 age group. This shows that most of the respondents were relatively young. The results of the age at which the respondents first experienced sexual violence is as shown in table 4 below.

Exact age of first experience of sexual violence in percentages					
Age at first experience of sexual violence	10	12	15	18	22
Age of survivors as at the survey time					
15 – 19	0.3	1	4.1	na	na
20 – 24	0.1	0.1	1.5	4.4	na
25 – 29	0.2	0.5	1	3.2	6.7
30 – 39	0.2	0.3	1.9	4.7	7.6
40 – 49	0.2	0.2	1.1	3.7	6.9

Table 4: Age at first experience of sexual violence

It was found that most survivors first experienced sexual violence between the ages of 15 and 22 as shown in the table 4 above. This concurs with what earlier studies such as the UNICEF (2017) on disclosure, reporting and seeking help among child survivors of sexual violence. The survey by UNICEF indicated that younger women were more vulnerable to sexual violence.

To determine whether the age of a survivor affects their ability to report, the ages of the survivors who reported and those who didn't report were analysed and the results are presented in figure 3 below.

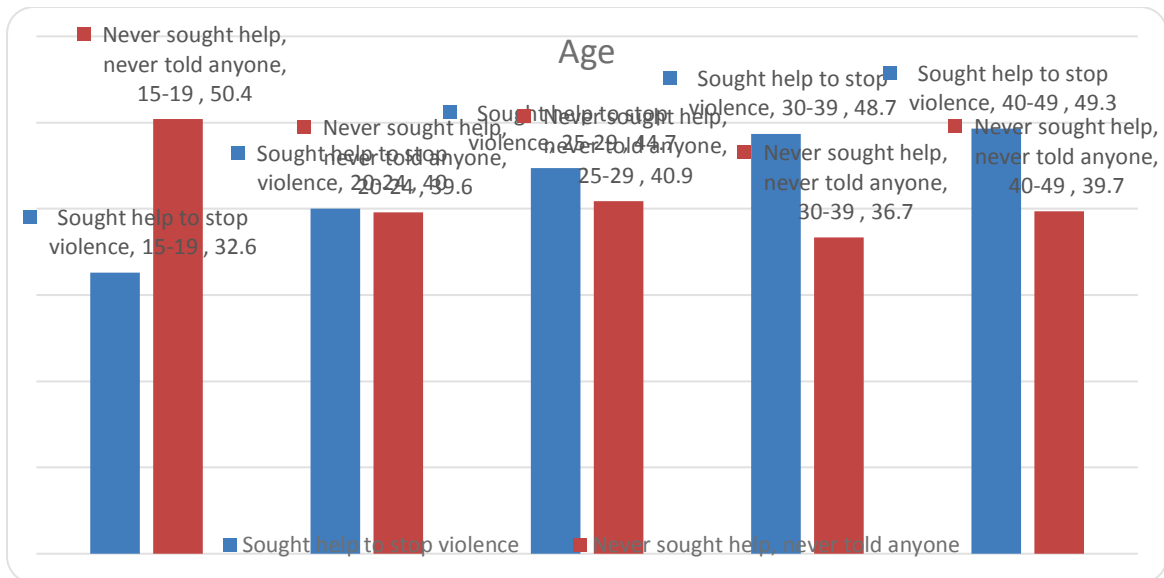


Figure 3: Age and the reporting of sexual violence

From figure 3 above, it is clear that older survivors of sexual violence are more likely to seek help to stop the violence as opposed to younger survivors. Survivors in age group 40 to 49 years recorded the highest percentage (49%) of survivors who sought help. They were closely followed by those in the age group 30 to 39 years where 49% sought help then age group 25 to 29 years where 45% sought help. Evidently, survivors in the age group 15 to 19 years recorded the highest percentage (50%) of those who didn't seek help and didn't tell anyone. These results concur with findings by UNICEF (2017) on disclosure, reporting and help seeking among child survivors of sexual violence. The study found that younger survivors were less likely to report their experience of sexual violence compared to older women.

It is important to note that the figure between survivors who sought help and those who did not in the age group 20 to 24 years is almost the same as opposed to their older and younger counterparts, in the age groups 25 to 29 years and 15 to 19 years respectively. This could be attributed to the era of technology in which these survivors grew. They have access to technological devices such as mobile phones, tablets and computers. This may have improved their access to information and improved their communication. The younger age group of 15

to 19 year olds are still of school-going age hence may not have access to technological devices.

Technology has made learning, gathering information and communication easier. For survivors of sexual violence who have access to technological devices, it is easier to access information on sexual violence including what it entails, the laws that have been developed to protect women and girls against violence and where they can report or seek help. Technology has also brought about non-traditional ways through which women can come out and seek help. For example, survivors have in the past used social media to come out and talk about their experiences with sexual violence. This has been seen to provide a platform for well-wishers, prosecutors and other stakeholders to provide help for survivors. In 2019, a young Kenyan musician decided to report on social media the names of her sexual attackers. Her posts on Instagram and Twitter attracted attention from the media, NGOs and eventually prosecutors who arrested the two offenders who were sentenced to a 15 year jail term. It is however important to note that this may be the experiences of very few survivors as many survivors of sexual violence opt to remain silent.

4.3.2 Level of Education

Data collected from KDHS (2014), showed that 4% of women living in urban areas had never gone to school. It further revealed that 14% had not completed primary school level while 24% had completed. As for secondary school, the survey showed that 16% had not completed secondary school while 23% had completed secondary school. However, 19% had gone beyond secondary school. This shows that most of the women had gone beyond primary school. The number of women who had completed each level of education is as shown in table 5 below.

Level of education	Number of women
No education	11
Primary incomplete	40
Primary complete	35
Secondary+	62
Total	148

Table 5: Number of respondents and level of education

To determine whether the level of education affected the ability of survivors to report sexual violence, the level of education of survivors of sexual violence who sought help was analysed against that of those who did not seek help. The findings are presented in figure 4 below.

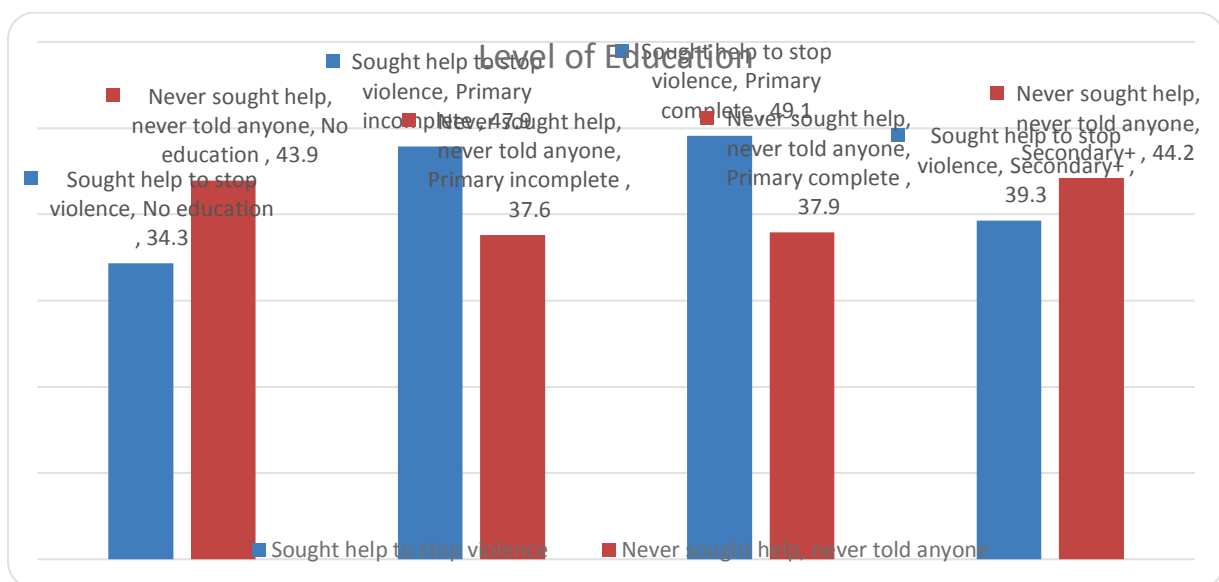


Figure 4: Level of education and reporting of sexual violence

Female survivors who had completed primary school but not gone beyond recorded the highest percentage (49%) of those that sought help to stop sexual violence. This was closely followed by women who had not completed primary school where 48% sought help to stop the violence. On the other hand, women who had attained more than secondary school education recorded the highest percentage of non-disclosure where 44% neither sought help nor told anyone. This was closely followed by women who had no education where 44%

neither sought help nor told anyone about the occurrence of sexual violence. This shows that basic education is crucial in the reporting of sexual violence since the highest percentage of survivors who reported the occurrence of sexual violence had the basic level of education which is primary school education.

While available secondary data points to the fact that women who are less educated are less vulnerable to sexual violence (Raya 2012; WHO 2002; Kimani 2007 and Katiti, et al., 2016). These studies also note that less educated women are less likely to report the occurrence of sexual violence. This is evident in the current study. It could be argued that less educated women are less likely to make decisions by themselves hence may not speak up about experiencing sexual violence. They let other people, especially the men in their lives take charge of decision making hence may not even view sexual violence, especially from their husbands/ partners as violence.

On the other hand, there are studies which show that educated women are more likely to experience sexual violence (WHO, 2002). This could be attributed to the fact that they do not strictly adhere to the patriarchal norms set out by the society which increases men's likelihood to sexually abuse women. While it would be expected that learned women would report the occurrence of sexual violence, the graph above shows that this is not the case. It can be argued that due to their high level of education, learned women are likely to hold high social positions which may make them reluctant to speak about their experiences with sexual violence for the fear of judgement.

4.3.3 Geographical Background

Culture in the context of this study focused on the county or geographical region where survivors of sexual violence live. The KDHS (2014) required respondents to indicate which

county they were from. The Table 6 below shows the number of respondents per county.or region?

Region	Number of women
Coast	15
North Eastern	3
Eastern	21
Central	19
Rift Valley	37
Western	17
Nyanza	20
Nairobi	16
Total	148

Table 6: Number of respondents according to regions

To determine whether the cultural practices and beliefs in the region from which a survivor of sexual violence is from affects their ability to reveal an event of sexual violence, the regions of survivors who sought help were analysed against those of survivors who did not seek help and the results were as shown in figure 5 below.

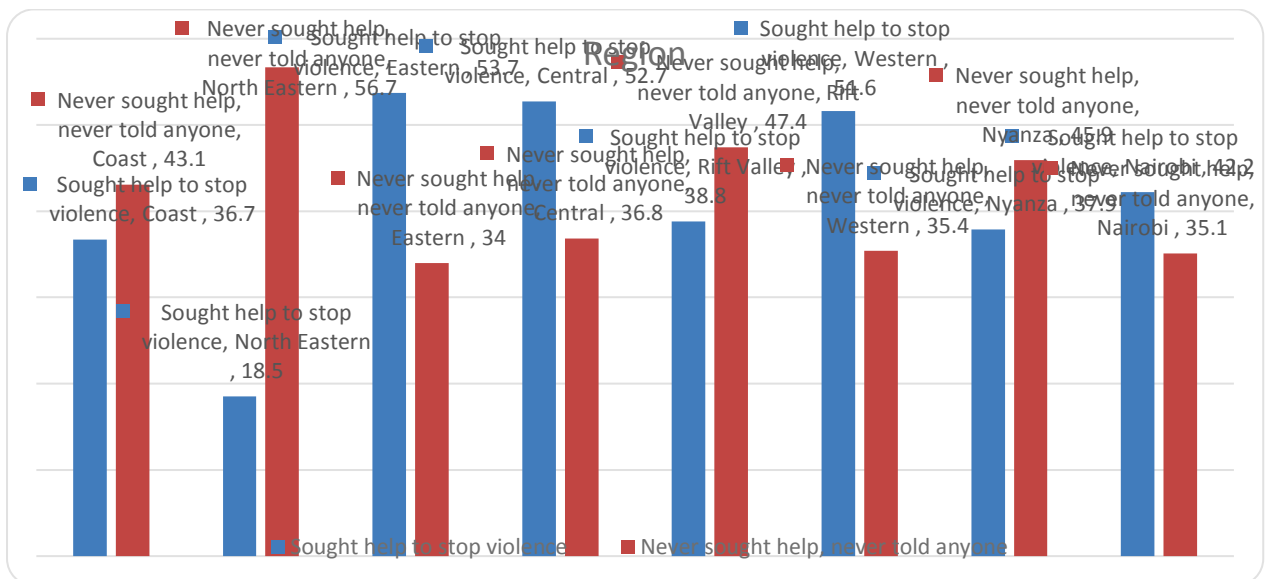


Figure 5: Region and reporting of sexual violence

The regions with the highest percentages of survivors who sought help were Eastern at 54%, Central at 53% followed by Western region at 52%. The regions with less reporting are generally less developed than those with higher reporting rates.. For example, the North Eastern region of Kenya does not have enough and/or accessible education centres, proper infrastructure and even decent living standards. It is therefore not surprising that the North Eastern region has the highest percentages of survivors who did not seek help at 57%. The region is followed by the Rift Valley region at 47% and Nyanza at 46%. These regions are often identifies as being amongst the poorest in the country. **FIND A REFERENCE.** I HAVE ASKED YOU BEFORE These regions are not only poor economically but also record poor levels of education.

The education level in a community plays a key role in breaking down patriarchal cultural practices that have been passed down through tradition and which may expose women to sexual violence. Women from regions with low levels of education are often ignorant about their rights hence are less likely to report the occurrences of sexual violence as opposed to women from regions with high levels of education.

4.3.4 Religion

Each female respondent in the KDHS (2014) was required to indicate their religion. The number of respondents in each religion is shown in table 7 below.

Religion	Number of women
Roman Catholic	30
Protestant/other Christian	105
Muslim	9
No religion	3
Other	1
Total	148

Table 7: Number of respondents according to religion

To determine the effect of religion in the ability of a survivor to seek help, the religion subscribed to by survivors of sexual violence who reported were analysed against the religion subscribed to by survivors of sexual violence who didn't seek help. The results are shown in figure 6 below.

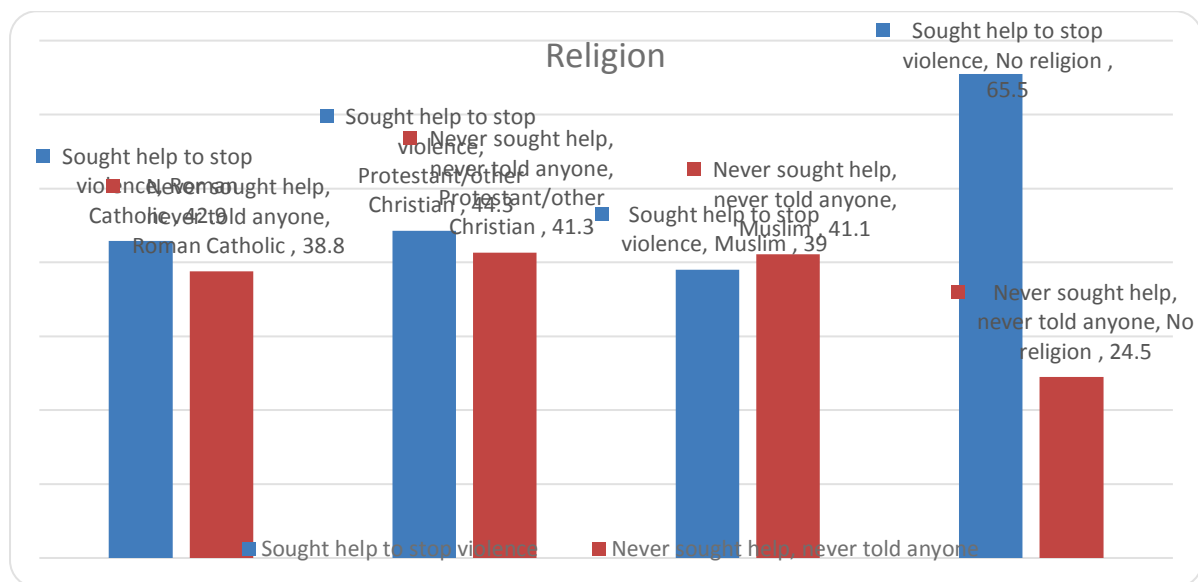


Figure 6: Religion and reporting of sexual violence

The highest percentage of those who looked for help was seen in survivors who stated that they had no religion. Of these survivors, 66% had sought help to stop sexual violence. At a distant second were Protestants or other Christians where 44% of the survivors who subscribe to this religion disclosed their experience with sexual violence. As for the Roman Catholics, 43% reported the occurrence of sexual violence while only 39% of the survivors who were Muslim reported. On the other hand, only 25% of survivors who stated that they had no religion did not report the occurrence of sexual violence out of which 41% of the survivors who were Protestants, 41% of the Muslim survivors and 39% of the Catholic survivors didn't

report. The variance in reporting on the basis of religious affiliation of the participants may be determined by the degree of reporting.

The religion of a person has been found to inform their beliefs and hence survivors' decisions on whether or not they report sexual violence . The teachings and beliefs inherent with religion affect the decision of a survivor on whether or not they report the occurrence of sexual violence. Since a survivor with no religion is not tied down by any beliefs, practices or teachings, they are free to report the occurrence of sexual violence and seek help as is illustrated by the graph above.

Religion in general, has put men in a superior position compared to women. According to Christian Universities Online (2019), the ability women who subscribe to the Muslim faith to report the occurrence of sexual violence may be by due to the shame, stigma, and lack of awareness associated with sexual assault. This is more so because at times, the survivor may be seen to have invited the violence herself. Radical feminists also critiqued religion and the patriarchal practices that come with it. They suggested a religion purely for women that would rid them of the male gaze and judgement .

4.3.5 Economic Status

The economic status in this study refers to whether a survivor was employed. It also refers to their wealth capacity at the time of the survey by the KNBS. The questionnaires used in the KDHS (2014) required respondents to state whether they were employed and also their wealth quintile. To determine the economic status of the respondents, their wealth was divided into five categories referred to as quintiles. From the lowest to the highest, the quintiles included lowest, second, middle, fourth and highest. The respondents per quintile are as shown in table 8 below.

Wealth quintile	Number of women
------------------------	------------------------

Lowest	24
Second	28
Middle	29
Fourth	31
Highest	36
Total	148

Table 8: Number of respondents to wealth quintile

To determine whether the economic status of an individual affected their ability to report, the wealth quintiles of survivors who sought help was analysed alongside that of survivors who did not look for help. The results were as shown in figure 7 below.

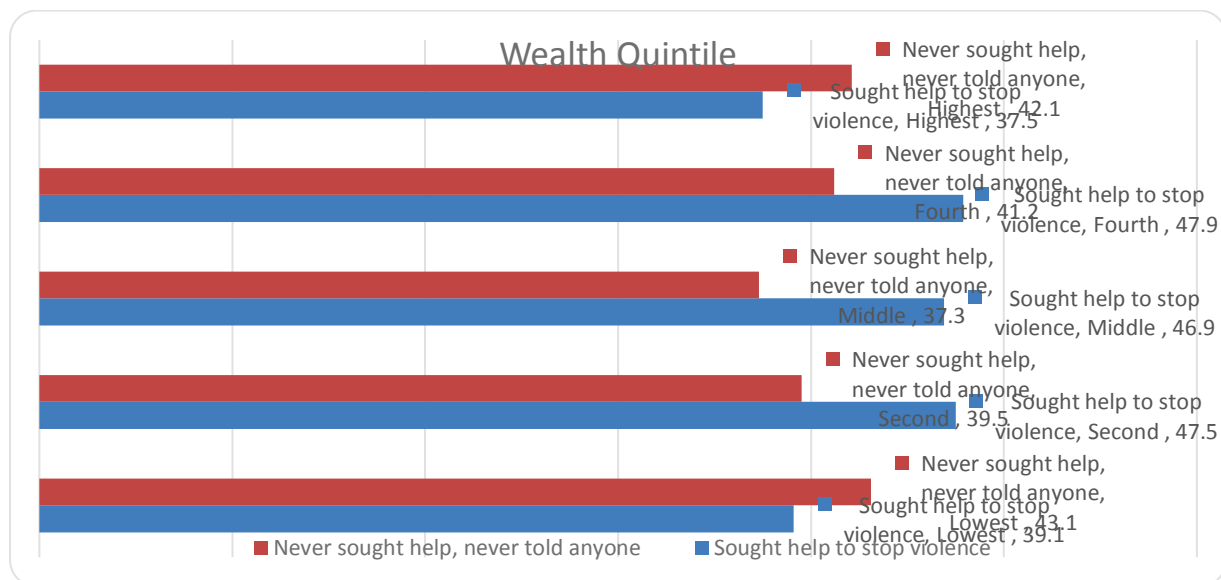


Figure 7: Wealth quintile and the reporting of sexual violence

The group that recorded the highest percentage of survivors who sought help to stop sexual violence was those in the fourth quintile where 48% sought help. This was followed by those in the second quintile at 48% followed by the middle quintile with 47%. On the other hand, those in the lowest and second quintiles recorded a higher percentage of survivors who neither sought help nor told anyone as opposed to the other quintiles.

Previous studies have shown that women of high economic status are more likely to report the occurrence of sexual violence (Katiti and Sigalla, et., al, 2016; Chitashvili, et., al., 2010 & Seelinger, Silverberg & Mejja 2011). This does not seem to be the case when it comes to wealth quintile in the current study. Although higher percentages of survivors that neither sought help nor told anyone are observed in the lowest and second wealth quintiles, the percentages of those who sought help is the same in all wealth quintiles. This implies that they may not be financially stable to report their offenders especially if these offenders support them financially.

Studies have shown that women are generally poorer than men in the society (KNBS, 2010). While some women may have recorded that they own certain property or assets, they may not be the sole owners of these properties hence may not be in control of the wealth . Some property or assets may be co-owned with their family members, husbands, partners and/ or women organizations/ groups. When property or assets are co-owned, they may not be readily accessible to a survivor which leaves them without readily available wealth. This may affect women's ability to report the occurrence of sexual violence especially where money may be required for this process to be effected since they may not have it. Furthermore, the positions wealthy women hold in society may place them at the centre of the attention of the public. For this reason, women in the highest quintiles may not be willing to tarnish their images by reporting that they had experienced sexual violence. They may prefer to remain silent to save themselves from public humiliation or stereotyping and backlash from the society.

The employment status of a survivor was also found to contribute to women's economic status. The table 9 below shows the number of respondents in every employment status.

Employment	Number of women
Employed for cash	79
Employed not for cash	20
Not employed	49
Total	148

Table 9: Number of Respondents on Status of Employment

To determine whether the employment status affected the ability of a woman to report the incidence of sexual violence, the employment statuses of women who sought help was analysed against the employment status of survivors who neither sought help nor told anyone. The results were presented in figure 8 below.

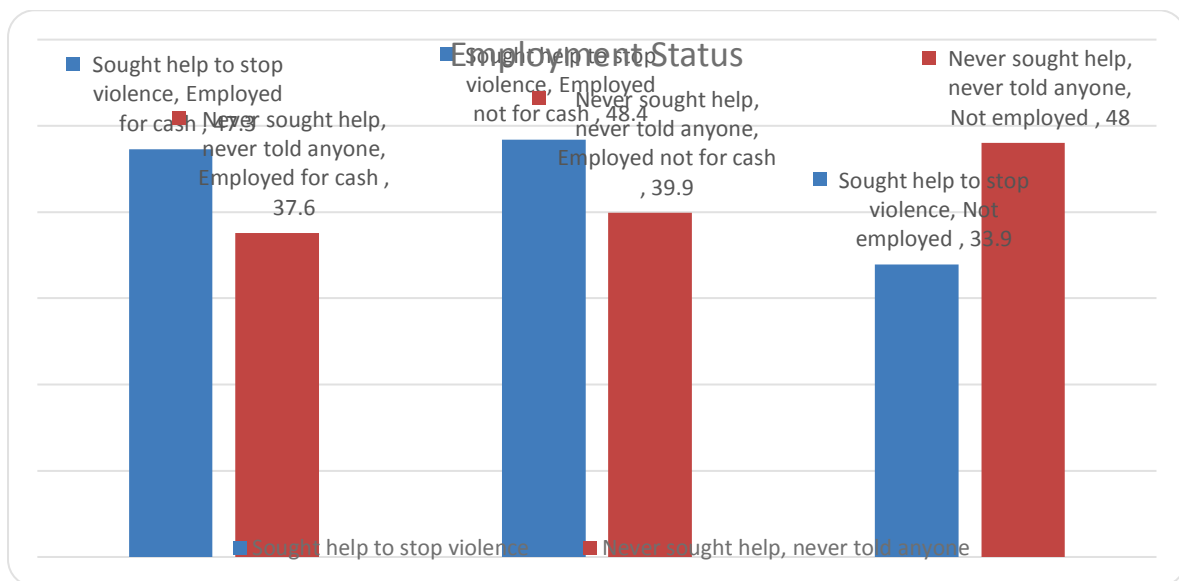


Figure 8: Status of employment and reporting of sexual violence

The highest proportion of those who looked for help was recorded among survivors who were employed but not for cash where 48% reported the event of sexual violence. This was followed by those employed for cash where 47% reported. For the unemployed survivors, the percentage in reporting was low at 34%. On the other hand, the percentage of those who neither sought help nor told anyone was higher in unemployed survivors at 48% followed by those employed but not for cash at 40% and finally those employed for cash at 38%.

These results are in agreement with previous studies (Katiti and Sigalla, et., al, 2016; Chitashvili, et., al, 2010 and Seelinger; Silverberg & Mejja, 2011). These studies show that survivors in the lower economic classes are less likely to report the incidence of sexual violence as opposed to those in higher economic classes. Survivors who were employed but not for cash may include volunteers, interns and those who work but receive items such as food in kind. These women do not have jobs to lose when compared to those employed for cash. For this reason, it may be easier for these survivors to come out and report the occurrence of sexual violence. Furthermore, when compared to unemployed survivors, those who were employed for cash may have a source of income and not depend on someone else economically. For this reason, they could easily report the occurrence of sexual violence without fear that their economic aid would be withdrawn. **DID YOU NOT EARLIER SPEAK OF FEAR OF STIGMA AND JUDGEMENT PREVENTS THEM-MAKE THIS CLEAR**

The next chapter presents summary, conclusion and recommendations based on the findings of the study.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter presents a summary of the findings and discussion, provides recommendations based on the findings and a conclusion of the study.

5.1 Summary of the Findings

The objectives of this study were to analyse the prevalence of reporting of cases of sexual violence among female survivors in Kenya, to analyse the relationship between perpetrators and survivors of sexual violence and to analyse the factors that affect the ability of female survivors to report the occurrence of sexual violence according to the KDHS 2014 report.

This study revealed that the rate of reporting the occurrence of sexual violence is low among female survivors in Kenya. Only 34% of the female survivors of sexual violence in Kenya reported having experienced sexual violence, 10 % disclosed but did not seek help while the majority, 53% neither disclosed nor sought help. This is despite at least 45% of women in the country having experienced sexual violence at one point in their lives (WHO, 2017). On the question on where these survivors sought help, most of them, sought help from family which is an informal source of help. The study also revealed that most perpetrators of sexual violence against women who were married were mainly people well known to the survivors. However, a significant percentage, 44% of the survivors of sexual violence who had never been married and never lived with a partner were attacked by strangers. It was also established that sexual violence occurred in places that were familiar to the survivor. The analysis of the factors that may affect the ability of a survivor to report the occurrence of sexual violence revealed that older, more educated, literate women who did not subscribe to any religion were more likely to report the occurrence of sexual violence.

From the analysis and findings, there are several recommendations that may improve the frequency of reporting of sexual violence, shed light on the circumstances under which sexual violence occurs and the factors that may affect the ability of a survivor to report the occurrence of sexual violence.

5.2 Conclusion

Reporting of sexual violence and assisting female survivors to get help is the responsibility of individuals, the community and the government at large. It is important to put in place and effect policies that protect women against perpetrators. These policies should be made clear to the public and frequently communicated to ensure women know where to get help. It is also important to train women on where to get information related to sexual violence to ensure they are well informed and are able to seek the help they need.

5.3 Recommendations

This section presents recommendations for the Kenya National Bureau of Statistics, stakeholders in the fight to eradicate violence against women and for survivors of sexual violence.

5.3.1. Recommendations for KNBS

The data collected for the KDHS (2014), are quantitative in nature. There are no explanations provided to accompany the figures collected in the survey. This presents a gap when it comes to analysis and understanding of the figures and making decisions and policies concerning sexual violence. For example, factors that made a survivor choose not to report the occurrence of sexual violence. This could be done through making open-ended questionnaires or following up with in depth or key informant interviews.

There were several gaps in the data presented in the KDHS (2014). The survey capped the age of respondents to the questions on sexual violence at 49 years old. The older population is locked out meaning there is no data on sexual violence against women beyond 50 years' old who are a considerable percentage of women in Kenya. Additionally, most of the questions on sexual violence concentrated on intimate partner violence whereas there are other forms of sexual violence perpetrated by people who are not husbands or partners including brothers, cousins, friends, colleagues, neighbours and other relatives of the survivor. There is need to set more inclusive questions to include offenders who are not husbands or partners of the survivor. HOW ABOUT THE PART FOR STRANGER, ACQUITANCE, FRIEND? I NOTED THIS IN EARLIER DOCUMENTS. PLEASE INDICATE

The survey needs to be conducted at more regular intervals and in smaller regions for it to provide the exact and updated figures of sexual violence on the ground. This can be achieved through smaller regional surveys conducted before the 5 years between the main Demographic and Health Survey have elapsed.

5.3.2. Recommendations for Stakeholders and Policy-makers

The study revealed that women with basic level of education which was primary school education were more likely to report the occurrence of sexual violence. This shows that basic education is crucial in the reporting of cases of sexual violence. The education level of women in Kenya is low REF OR WHAT LEVEL.THIS I HAD ASKED YOU EARLIER, ONCE YOU COMPLETE THIS, YOU CAN PRINT. Therefore the government should put measures to improve women's access to education. This could be done by establishing schools and education centres closer to villages and also initiate adult education programmes to ensure women and girls' access to education is improved. Additionally, initiating

programmes such as food for the family and small business set ups for women who go to school and complete certain levels of education or courses so as to help improve their level of education and status in society.

The study has noted that internet can be a useful tool for fighting violence. This study also revealed that traditional media such as print is losing popularity, radio followed by television remain popular and the internet is on the rise. Internet penetration in the world has been on the rise with the total number of users worldwide rising from 16% in 2005 to 48% in 2009 whereas that of users in the developing countries rose from 8% to 41.3% while that of the developed countries went up from 51% to 81% in the same period . For reduction of sexual violence to occur, it is important for women to know what sexual violence is, where and from whom they can seek help in the event that they experience it. To ensure that information is widely spread, it is important that the most effective channels are used to provide this information. There is an opportunity for organizations working to provide justice and help for female survivors of sexual violence to use emerging media such as social media platforms including Facebook, Twitter, Instagram and WhatsApp and the internet as large to communicate information about sexual violence. These new media platforms are cheaper and have wider reach hence are fit to communicate to large masses.

The community at large needs to be sensitized on sexual violence and be trained on how to deal with survivors. Some survivors are scared of reporting their sexual violence experiences for fear of how the community will react. Training and sensitization can be done at community level through leaders and influential members. This will go a long way in ensuring the community is at the forefront in fighting sexual violence and ensuring they provide safe spaces for women to speak up and seek help. As advocated by radical feminists, smaller groups would be better when it comes to educating the survivors and the public on matters involving sexual violence.

There is need to expedite the provision of shelters and safe spaces for survivors of sexual violence. This will promote discussions, healing and growth for survivors when they can open up without judgement. In Kenya, for example, there are insufficient shelter houses which are often not equipped with the resources including health facilities and staff to attend to survivors of sexual violence. More and better equipped shelter houses will contribute to the protection of survivors as well as provision of information and skills to prevent sexual violence. All these will work towards the eradication of sexual violence.

5.3.3. Recommendations for Further Research

This study makes various recommendations for further studies. When it comes to identifying factors that increase the risk of a woman to experience sexual violence, the study recommends further research on how personal factors of a survivor affect their ability to report sexual violence. While studies have been conducted to identify factors that increase the risk of an individual to experience sexual violence, there is need to conduct further research on factors that prevent survivors from disclosing their experiences. There is also need to conduct further research on the prevalence of other forms of sexual violence such as sodomy.

On the issue of perpetrators of sexual violence, the study recommends further research to identify factors that contribute to perpetration of sexual violence.

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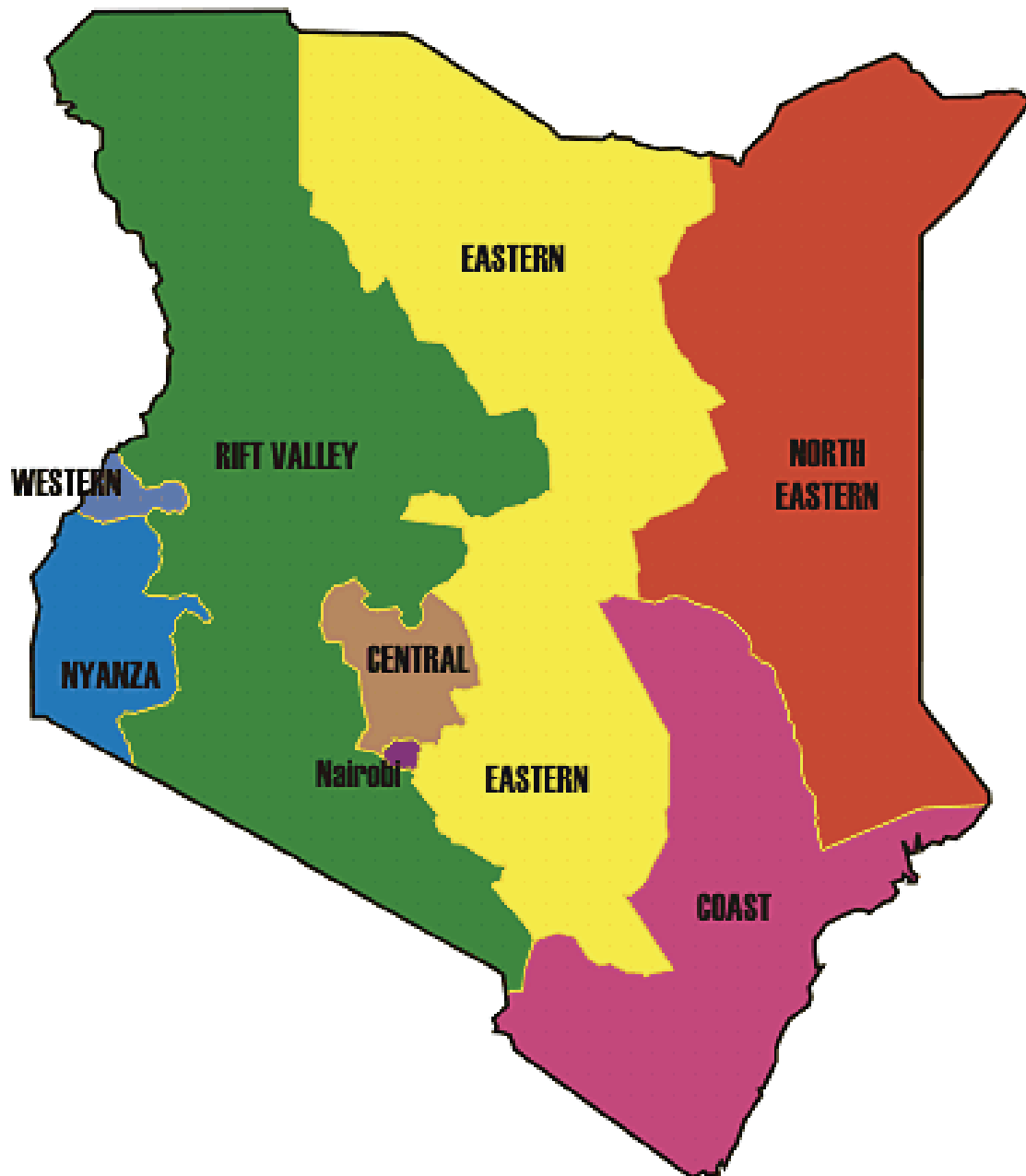
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APPENDICES

Appendix I: Map of Kenya illustrating the seven regions



Appendix II: Cover page for the report on the Kenya Demographic and Health Survey

2014



Appendix III: Extract of KKDHS 2014 full woman questionnaire with questions on sexual violence

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1418	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1419	CHECK 201, 226, AND 230: EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230) <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/>		→ 1422
1420	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1422
1421	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK N POLICE/SOLDIER O OTHER X (SPECIFY)	
1422	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 1422B
1422A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1423 → 1424A
1422B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1426
1423	Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 CURRENT/FORMER BOYFRIEND 03 FATHER/STEP-FATHER 04 BROTHER/STEP-BROTHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER 96 (SPECIFY)	

W-72

Appendix IV: Extract of KKDHS 2014 full woman questionnaire with questions on sexual violence

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1424	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to?</p> <p>b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1425
1424A	<p>CHECK 1405A(h-j) and 1415A(b)</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1426
1425	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner?</p> <p>b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	<p>AGE IN COMPLETED YEARS . <input type="text"/></p> <p>DON'T KNOW 98</p>	
1426	<p>CHECK 1405A (a-j), 1415A (a,b), 1416, 1420, 1422A, AND 1422B:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1430
1427	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	<p>YES 1</p> <p>NO 2</p>	→ 1429
1428	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY ... B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND ... D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL ... H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION . K</p> <p>OTHER _____ X (SPECIFY)</p>	→ 1430
1429	Have you ever told any one about this?	<p>YES 1</p> <p>NO 2</p>	
1430	As far as you know, did your father ever beat your mother?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

Appendix V: Operationalization of Variables

Objective	Variable	Type	Indicator
I	Reporting of cases of sexual violence	Independent	<ul style="list-style-type: none"> a) Prevalence of sexual violence amongst women in Kenya b) Prevalence in reporting of cases of sexual violence amongst women in Kenya
ii	Perpetrators of sexual violence	Independent	<ul style="list-style-type: none"> a) Characteristics of perpetrators of sexual violence
iii	Factors affecting the ability of reporting of sexual violence	Independent	<ul style="list-style-type: none"> a) Age b) Level of education c) Cultural background d) Religion e) Economic status

