

**EFFECTS OF SEXUAL VIOLENCE ON YOUNG GIRLS' SELF ESTEEM IN
MAKUENI COUNTY**

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DECLARATION

This research project is my original work and has not been presented to any other university for examination.

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This research project has been submitted for examination with my approval as University Supervisor.

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Signature: Date:

Dr. Dalmas Omia

DEDICATION

I dedicate this work to my loving family; My lovely mother Mrs Regina Mbaluka, my siblings Sam, Katush and Vickie, as well as my adorable nieces Pendo and Zuri, as a constant reminder that all dreams are valid. To my late Dad Mr Paul Mbaluka Kisowe, it was never in vain. I also dedicate my work to the victims and survivors of child sex abuse in Makueni County.

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LIST OF ABBREVIATIONS

CSA	Child Sex Abuse
GBV	Gender Based Violence
GBVRC	Gender based Violence Recovery centre
KNBS	Kenya National Bureau of statistics
KHDS	Kenya Health Demographic survey
SOA	Sexual offences Act
SV	Sexual violence
SVAC	Sexual violence against children
UN	United Nations
UNICEF	United Nations Children Fund
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Population
WHO	World Health Organization fund

ABSTRACT

This is a cross-sectional study on the effects of Sexual Violence on young girls' self-esteem in Makueni County. Specifically, the study set to establish the types of sexual violence that young girls' experience, the influence that those types of sexual violence have on the young girls' self-worth and the mitigation strategies to counter the effects of sexual violence on the self-esteem of young girls' in Makueni county. Survey questionnaires, Key informant interviews and case narratives were used for data collection. The findings indicate that Incest at (39%) was the most common type of sexual violence, followed by Defilement (27%), Oral sex (25%) was also reported a common type of SV and Others (9%). The study also established that the girls feel heavily stigmatized by family, peers and the community at large hence withdrawal from normal life activities which in most cases leads to; post-traumatic stress disorder, depression, suicidal tendencies, anxiety among others. All these lead to a negative effect on the self-esteem of the girls, meaning they have low self worth. The study recommends that Addressing community stigma is vital for any interventions at the community level to be effective. Mass awareness campaigns should be carried out in the community among groups such as women groups, churches and schools. Local administration, the police and the courts should aim at ensuring social justice, legal justice and harsh punishment be used to address sexual violence. There is need to involve men and let them take the lead in advocacy campaigns on addressing Sexual Violence and ensuring the wellbeing of the survivors. Also, it is vital to train paralegals and community health workers on sexual violence cases to enable them to bring the services at the one stop GBVRC closer to the people.

CHAPTER ONE

INTRODUCTION

1.0. Introduction

This chapter looks into the background of the study, statement of the problem, objectives of the study, assumptions as well as justification and scope of the study.

1.1. Background of the Study

Sexual Violence Against young girls transcends racial, economic, social, regional, age and sex boundaries (Fergusson et al., 2008; Akmatov, 2011; Collin-vezina et al., 2013). It is therefore, not an isolated, sporadic or distant reality, but a complex and universal problem resulting from the interaction of the individual, family, social and cultural factors (Cohen et al., 2006). Moreover, SVAC has the potential for medical complications and it is associated with myriad of adverse educational, psychological and social outcomes with both short (Zinzow et al., 2009; Danielson et al., 2010; Scott-Storey, 2011) and long term effects (Irish et al., 2010; Cutajar et al., 2010; Fergusson et al., 2013; McElroy et al., 2016)

Recently, sexual violence has been viewed as a crucial problem related to public health and human rights and a worldwide concern. SGBV relates to gender based violence resulting to suffering of women or threats (WHO, 2013). These occurrences happen throughout a girl's life and they range from sexual abuse of children, female genital mutilation, domestic abuse and early marriages. According to the United Nations, women and girls are the most recipients of gender-based violence. They are viewed to be subordinates of men hence there is occurrence of power imbalance (Krantz and Garcia-Moreno, 2005).

According to the WHO, about 35% of women in the world have undergone all forms of violence. However, some studies indicate that approximately 70 percent of women go through violence from sexual partner (s) (WHO, 2013; Amaya et al., 2016).

Sexual violence is a serious and widespread global problem that affects the lives of millions of men, children, and women (WHO, 2015). It is estimated that more than 1.3 million men, women and children aged between 15-44 years die each year as a result of SGBV (UN, 2016; WHO, 2014 & 2016). Used narrowly SGBV covers incidents of physical beating such as punching, stabbing, slapping, throwing acid and setting on fire and choking that may result in injuries ranging from minor bruises to killing (UNFPA, 2016 ; WHO, 2013). Used broadly also consists of repeated episodes of verbal abuse, harassment, confinement, threats, coercion or arbitrary deprivation of liberties and denial of freedoms (Humanitarian Practice Network 2014; UNFPA, 2013). Although the manifestations and forms of SGBV experienced vary from place to place, there is no doubt that women are over-represented among the victims of SGBV perpetrated throughout history, have been subjected to physical, psychological and sexual abuse by the men in their lives whether brothers, boyfriends or husbands within the family and home settings (UNICEF, 2000; Ondicho, 2000). Normally, SGBV starts as minor attacks and escalates both in intensity and frequency with time

Sexual violence against women in Africa is estimated to be high. At least 36% of women in Africa have also experienced sexual violence by their intimate partners (WHO, 2013). In Africa a woman is part of the man's property hence there is no issue of sexual violence

since a man is entitled to have sex any time he demands. This power relations and control has promoted the increase of sexual violence in Africa (WHO, 2013).

The available data shows that, in Africa, approximately half of the women aged between 15 and 49 (48%) in Zambia and 39% of women in Kenya have experienced physical violence, and one in five (21%) in both countries reported sexual violence (Keesbury et al., 2012). The roots of violence against women originated from the long term discrimination against women which resulted from not only biased cultural practices and societal attitudes but also gendered policies and laws that failed to address gender equality issues or have some discriminative provisions (Human Development Trust (HDT), 2011). Violence itself and a threat to violence are the ultimate weapons used by most men to affirm their masculinity or to ensure continuing control and male domination on women (Bunch and Carrillo, 1991).

Tanzania is no exception; violence against women is widespread; at least 20% of Tanzanian women aged 15-49 years and about 14% of women in Kibaha district have experienced sexual violence in their lifetime respectively whereas 44% of ever-married women had been physically and/or sexually abused by an intimate partner (NBS, 2010; McCleary-Sills et al., 2012).

In Tanzania, nearly 75% of children under the age of eighteen as compared to 66% of girls in Kenya had experienced physical violence and about one third of adolescent girls (28%) and 13% of boys report forced sexual initiation in each year (NBS, 2011). Also, trafficking of women and girls for forced labor and sex is widespread as about 70 per cent of girls and

women together are trafficked every year and girls represent two out of every three child trafficking victims (United Nations Office of Drugs and Crime (UNODC), 2014). Violence against Women (VAW), sexual violence in particular has severe impact on physical and mental health of a victim

In Kenya, the prevalence of Sexual Violence Against young girls at (55%) among females is exceptionally high (Child-line, 2008). Sexual Violence Against young girls is the leading in terms of reported cases at the Gender Based Violence Recovery Centres (GBVRCs) of the Mental Health Department Kenyatta National Hospital, Nairobi, and The Nairobi Women's Hospital. According to "CRADLE" Child Rights Advisory Documentation and Legal Centre (2009), the children's foundation, 79 % of girls in Kenya aged between 13 and 15 years had been sexually abused. The National Survey on Violence against young girls (2010) concurs with this; it also reports that 32% of females and 18% of males experienced sexual violence during their childhood (National Survey on violence against children, Kenya, 2010). Sexual Violence Against young girls presents risks for Kenyan young girls. As a result of such abuse, many young girls live through feelings of confusion, guilt, anger, mistrust, sadness, psychological and emotional deprivation (Kenya Health Demographic Survey, 2010). Such abuses expose the young girls to PTSD and depression which interferes with their psychological functioning; low self-esteem which in turn interferes with the young girls' social functioning and poor performance in school (DSM V, 2013; Roberts et al., 2009).

Estimates show that 14 percent of the women of Kenya and 6 percent of their male counterparts who have ages between 15 and 49 have gone through issues of sexual violence even one time in their life. The female gender in Kenya goes through more violent cases than males. In numerous parts of the country, females and males are brought up differently. This creates an issue of power imbalance between them. Men are raised to prove their masculinity whereas girls are brought up to be compliant and calm.

In Kenya, it was noted that sexual violence limits the ability of girls and young women to achieve their educational potential, reduces opportunities to enhance family health by disempowering women's access to services, and limits their social and economic development (Garcia-Moreno et al., 2011). Other negative impacts of sexual violence include the increased risk for disease, reduced interest in school, and psychological trauma (Abuya et al., 2012).

In Makueni County, incidences of violence against women had become rampant. There are a lot of defilement and rape cases across the county. Gender-based violence is prevalent in Makueni County. GBV is embedded in prevailing societal norms and practices of clans. The acceptance of violence as a means of solving conflicts in families renders women disproportionately vulnerable to violence (Musau et al, 2017).

1.2. Statement of the Problem

A study by Kenya Demographic Health Survey (KDHS, 2014) shows an increase in cases of violence perpetrated on women in the age brackets 15-49 by men, (National Crime Research Centre NCRC, 2014). For example studies by Ondicho (1993), Olungah (2006),

indicate that Kenya recorded an increase in the number of criminal cases, on bodily harm, inflicted on women by men. Gender Violence Recovery Centre at Nairobi Women's Hospital (2012) recorded 2,532 cases of gender-based violence, the number of which shows an increase in violence against women. The vice of sexual abuse among the children in Kenya, especially defilement of girls has become a menace which calls for vigorous means of dealing with it. Nearly one in three Kenyan girls experience sexual violence before the age of 18 (UNICEF 2010).

Sexual Violence Against young girls poses danger to the growing processes thus affecting learning outcomes as girls live in fear of sexual molestation by their elders. Over the years a lot of focus has been placed on statistics of abused girls at the expense of the factors catalyzing this vice. It is believed that parents are important actors in protecting the girl child from any kind of violence including sexual abuse. Knowledge, attitudes and practices with responsible teaching are instrumental in prevention of girl sexual abuse. However, despite the numerous studies conducted in Kenya on this subject, sexual violence and the role it plays in affecting girls self-esteem is lacking. Therefore, a need to conduct a thorough research on assessing how sexual violence impacts on girl's self-esteem. It is for this reason that the current study aimed at investigating the effects of sexual violence on young girl's self-esteem: a case study of Makueni County.

1.3. Objectives of the Study

1.3.1. Overall Objective

To assess the effects of sexual violence on young girls' self-esteem in Makueni County.

1.3.2. Specific Objectives

The study was guided by the following specific objectives:

- i. To examine the types of Sexual violence among young girls' in Makueni County
- ii. To establish the influence of sexual violence on young girl's self-worth in Makueni County
- iii. To examine the mitigation strategies to counter the effects of sexual violence on young girl's self-esteem in Makueni County

1.3.3. Research Questions

- i. What are the types of sexual violence meted on young girls' in Makueni County?
- ii. How do the types of sexual violence in (i) above affect the young girls' self-worth?
- iii. What mitigation strategies have been put in place to address the effects of sexual violence on young girls' self-esteem in Makueni County?

1.4. Assumptions of the Study

- i. The study assumed that there exists sexual violence among young girls' in Makueni County.
- ii. Sexual violence affects young girl's self-worth in Makueni County.
- iii. There are mitigation strategies to deal with the sexual violence and its effects on young girls' self-esteem.

1.5. Justification and Significance of the Study

The study will be instrumental in dealing with sexual violence that young girls in Makueni go through at the community level and in higher levels. This will ensure that the long-term effects like low self-esteem will be addressed adequately or prevented altogether.

Findings of this study may be used to influence policy makers in Makueni County to devise mechanisms which can help in reducing sexual violence and rehabilitating the girls who are affected and stigmatized as a result of sexual violence. For instance, the Gender Based Violence Recovery Centre (GBVRC) can be put up in sub-county hospitals and health centres to ensure victims have quick access to services.

The study will contribute to knowledge in the area of sexual violence and its effects. Also the study will act as a reference point to the future researchers who are interested in studying sexual violence among young girls’.

1.6. Scope of the Study

The study was conducted in three sub-counties in Makueni County; Makueni, Kibwezi West and Kaiti sub-counties. The study aimed at establishing the effects of sexual violence on young girl’s self-esteem. Specifically, the study focused on the types of Sexual violence among young girls’, effects of various on Sexual violence on young girls’ self-esteem in Makueni County and mitigation strategies to counter Sexual violence among young girl’s self-esteem in Makueni County. The population for this study consisted of the young girls aged between 13-17 years in Makueni County.

1.7. Limitations and Delimitations of the Study

Some respondents were reluctant to provide information that they viewed as confidential. Respondents were also reluctant to offer information for fear that it could be used against them. The researcher handled the problem by carrying an introductory letter from the university.

Due to the nature of the study, there was a lot of emotional reactions especially by the survivors of sexual violence which made it difficult for the researcher to get full narratives in some cases. This was overcome by taking more time with the respondents and allowing them space to recap the sad incidences. Also, I empathized with the victims and offered some words of encouragement.

1.8. Definition of Terms

Young Girls’: in the context of this study, it refers to girls aged between 13 and 17 years

Sexual Violence: Range of specific acts that may or may not involve actual physical contact including: rape, incest, exposure to sexual materials, exposure of child to sexual act deliberately or unknowingly and uncomfortable or intrusive touching of a child. It can also be defined as any violence, physical or psychological act, carried out through sexual means or by targeting sexuality (Baker, Campbell & Straatman, 2012).

Self-esteem: This study is specific to Rosenberg scale of self-esteem which uses perception and self-worth as the measures of self-esteem. Rosenberg describes self-esteem with a 10 item scale that aims at measuring how people feel and think about themselves (Rosenberg, 1965).

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

This chapter provides the literature review of the study. It relates previous research and studies and their findings. This chapter mainly focuses on the sexual violence and its influence on young girl's self-esteem and also looks into the strategies used to counter the sexual violence. Further it explores the theory that guides the study, conceptual framework, and chapter summary.

2.1. Types of Sexual Violence

Sexual violence refers to a sense of touch or forced sexual encounters regardless of the existing relationship (Saltzman et al., 2012). Sexual violence is mostly influenced by power relations and control, and often involves using dominance over another individual. SV can be experienced by people of all ages, and can occur as a single incident or as a continuous form of abuse. Sexual violence can be encountered through friendships, include a friend/acquaintance, a current or former spouse or partner, a family member, or a stranger. There are myths in African as well as other parts of the world that sexual violence occur between strangers, takes place in dark alleys or other remote locations, involves physical brutality and is provoked by women who are perceived to act promiscuously or who dress in a particular style of clothing, or walk alone at night (Maddowall et al., 2013).

Sexual violence based on the sexual abuse lens includes direct physical contact, such as unwanted touching or any kind of rape, which is also known as “defilement” for young people under the legal age of consent. According to the United Nations Children’s Fund (UNICEF, 2014) sexual violence comprises any sexual activities imposed by an adult on a child for which the child is entitled to protection by criminal law. UNICEF (2014) also includes sexual exploitation for commercial purposes in its definition of sexual violence. It also includes utilizing children in audio or visual images of sexual abuse and using children for prostitution, sexual slavery, sexual exploitation in travel and tourism, and trafficking for purposes of sexual exploitation (within and between countries). Sexual violence also includes the sale of children for sexual purposes and forced marriage. Sexual activities are also considered to be abuse when an act is committed against a child by another child and if the offender is significantly older than the victim or uses power, threats, or other means of pressure to coerce a sexual act.

Sexual violence based on the sexual harassment lens is defined by Meyer (2008) as any behavior that acts to shape and police the boundaries of the traditional gender norms of heterosexual masculinity and femininity, including sexual harassment, sexual orientation harassment, and gender nonconformity harassment. Some examples of this type of behavior include suggestive comments, suggestive gestures, teasing or other invitations of a sexual nature. The literature is a reflection of a range of behaviors considered sexual harassment. This can be verbal in nature e.g. (body shaming, sexual rumors, uttering sexual remarks and accusations, dirty jokes and stories). Sexual harassment can be physical in nature e.g. (grabbing and rubbing of body parts, touching and pinching parts like the Sexual

assault. Harassment can be visual e.g, (displaying nude pictures of obscene nature and watching pornography). Both girls and boys can be victims of sexual harassment, and sexual harassers can be fellow students, teachers, principals, janitors, coaches, and other school staff. Sexual orientation harassment is any hidden or obvious behavior that reinforces negative attitudes toward gay, lesbian, bisexual individuals, and transgender populations. Gender nonconformity harassment occurs when students are targeted because of their gender expression or their public performance of masculinity or femininity (Meyer, 2008).

Sexual violence affects millions of people, brutally shattering the lives of both women, men and children. Establishing the prevalence of sexual violence can be challenging, mainly because only a small portion of all victims actually file a police report or seek medical assistance. Victims of sexual abuse refrain from seeking help and treatment because of stigmatization and shame. Specifically, it is estimated that less than 10 percent of sexual assaults are reported to the police (Baker et al., 2012).

Violence against girls is a global social, economic, human rights and public health issue, with significant negative health and social impacts. The Convention on the Rights of the Child states that all children have the right to be protected against all forms of violence, exploitation and abuse, including sexual abuse and sexual exploitation (Young, Grey & Boyd, 2013). The short- and long-term effects of such violence and exploitation are severe, not only for the victims, but also for families and communities, and constitute a serious societal concern. Violence against and the exploitation of children include all forms of

physical or psychological abuse, injury, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

Lack of data and reliable records regarding sexual violence at the community level related cases hinders efforts to combat it. Sexual violence can impact negatively on the health of an individual as it leads to physical, psychological and emotional disorders such as pregnancy, STIs including HIV, shock, anxiety, depression and post-traumatic stress disorder or rape trauma syndrome (Ashbaugh & Cornell, 2012).

2.2. Effects of Sexual Violence on Young Girl's Self-esteem

Stigmatizing attitudes could have a negative effect on sexually abused children especially if the SVAC incident was known among other pupils in the school. Experiencing childhood trauma and adversity, including SVAC, is a risk factor for depression, anxiety, and other psychiatric disorders, therefore multiple co morbid diagnosis in sexually abused children is a reality (Nyaga, 2009; Khasakhala et al., 2013). Merikangas et al., (2010) found high comorbidity of mental disorders among the American adolescents. Children who experience stigma from abuse develop both guilt and shame. Some studies have investigated negative self-esteem as a possible outcome of SVAC. For instance, SVAC could trigger difficulties such as emotional distress, lack of confidence and low self-esteem (Sperlich & Seng, 2016).

Antoinette (2010), reported that as many as 84% of the sample study group in South Africa indicated that they had suffered from depression at some point in time as a result of SVAC. Gelaye et al., (2009) demonstrated that Students in Ethiopia who reported experiences of

any sexual violence were nearly twice as likely to be classified as having moderate depression as compared with non-abused students. Similarly, Sumner et al., (2016) in their study among 1456 boys in Kenya aged 13-24 years who had experienced sexual violence, 90% had depressive symptoms and the range of experiencing sexual violence before age 18 year was 14.8%.

Sexual violence towards the girl child has been persistent because of certain reasons. One factor which has contributed to the situation is that the female gender has certain viewpoints and a mindset that they low societal status and is an expectation that the society has for them to conform to their duties and roles (Duffy et al., 2014).

Sexual violence comes with social and emotional issues such as esteem issues and depression (Williams, & Finkelhor, 2013). In order to lessen the effects of sexual violence, it is important for parents to make reports to child protection or to law enforcers.

Parental willingness to report sexual abuse cases indicates their importance in child development and protection. Furthermore, the understanding of parental cognizance of sexual abuse cases towards their baby girls and reporting them is crucial. Failure to report the cases puts the girls in harm's way; which may cause self-esteem issues (Berliner & Elliot, 2012). Failure to report leads to serious repercussions towards the community.

Craig and colleagues (2010) suggested that parents' attitudes and beliefs concerning some aspects of victimization can contribute to understanding the severity of the situation and reflect their willingness to intervene. Little research has been done examining parents attitudes regarding sexual violence and the influence it has on their willingness to respond

to young girl's disclosures of sexual victimization. Therefore, investigating the association between attitudes and readiness to intervene is of particular importance since these attitudes will later determine the effectiveness of parent's ability to address the matter effectively.

A study was conducted by Wondie et al., (2011) and the findings showed that by the use of the Rosenberg scale, among 318 children abused felt self-worth to a lesser degree compared to children who had not undergone any form of abuse. A similar study discovered that emotional response behavior was witnessed from children who had undergone sexual abuse (Lewis et al., 2015). Swanston et al., (2013) found that children who went through sexual abuse had self-esteem issues in comparison to the other children.

Acts of sex abuse violates the victim's physical integrity and psychological makeup, which is why sex abuse is identified as one of the most dehumanizing offenses. SGBV abuse is associated with psychological problems such as posttraumatic stress disorder, anxiety, depression and low self-esteem that can lead to victimization; as well as reduced ability of a woman to work, care for her family and contribute to society and her life in general (UNFPA, 2008).

As a huge destruction with regards to gender based violence, sexual violence involves harassment, sexual assault and rape as well as discrimination. In schools, this is a concern that the world in general needs to give importance to. It affects children's emotional and societal stability (UNESCO, 2015). Teachers and care givers are instructed to give a watchful eye to any physical or behavioral changes in the children in order to combat any possible repercussions. According to Deveney (2013), child abuse has an effect on children

not only when they are young but also when they progress to their older years of life. This interferes with the child's normal growth and development process.

Not only do girls fall victims to gender based violence. Boys do but it is crucial to understand how the two circumstances may differ. According to findings brought forward, girls fall at higher risks of falling into victims of sexual violence while boys undergo physical violence in most cases. Boys bully one another while girls verbally abuse each other (Pinheiro, 2016).

Forms of violence cause insecurities and self-esteem issues, putting the victims at huge risks of developing mental health issues and depression (Jewkes, Sen, & Garcia-Moreno, 2012). Sexually abused persons may even attempt to end their lives. They fear the opposite in most cases hence, sexual abuse has been depicted to cause psychological issues in the long run. The immediate repercussions of sexual abuse involve acquisition of dreadful diseases such as sexually transmitted infections or HIV. The other effect would involve lack of concentration in school hence diminishing performance (Bott, 2010).

Psychosocial outcomes related to SV demonstrate that its impact on young girls is deleterious and has far reaching negative consequences on young girls (Jewkes et al., 2010; Jaffee & Christian, 2014), and the economic burden of SVAC in any society is substantial (Corso & Fertig, 2010; Fang et al., 2012; Florence et al., 2013; Raghavan et al., 2014). Although little is known about the magnitude of the psychosocial outcomes of SVAC in the African Region, authoritative information is scarce (Finkelhor et al., 2009). Research shows that the global estimate of prevalence of SVAC among females is 7-36% and 5-10%

among males (Callender & Dartnall, 2010). Globally one billion young girls were exposed to violence during the year 2014 and two billion young girls in 2013 experienced physical, emotional or sexual violence (Hillis et al., 2016).

2.3. Strategies to Counter Sexual Violence

There is growing awareness that systems in the society, by virtue of their accessibility to girls and expertise in girl's development, are in a unique position to identify possible sexual abuse cases and intervene on behalf of the young girls (Riggs, 2012). There has been introduction of sexuality education in various factions of the society to address the issue of sexual violence among young girls. According to UNESCO (2009), the most fundamental role of giving understandable sexual education to young girls is to accord them the information that would help them sieve out their actions and partake in activities which wouldn't put them in harm's way. It is also important to provide sexual education as nothing is better than to have well educated girls.

Many schools have adopted the need for provision of sex education. Teachers should be properly trained and guided on the topics of conversation with the girls. It is only highly trained teachers who can provide the necessary educational support to the young peers just like professional and health workers (UNESCO, 2007). It is important to begin sexual education at primary school level rather than providing it at secondary school level. This is because in primary schools, sexual abuse cases are also reported (Williams, & Finkelhor, 2013).

Some of the impediments of sex education include lack of adequate finances, lack of political support, opposed communities and unreliable authorities (Ajzen, 2015). It is very important to understand that school attendance itself poses a huge risk of risk behavior not just for girls but for boys as well. It is therefore important to work on the vulnerability of the situation by allocating the required resources and political/ authoritarian support that is needed.

While there exists barriers to how parents report, such as fear or misreporting and consequences of reporting, parents with training on reporting have shown more confidence recognizing indicators, they are more knowledgeable about reporting procedures and ready to follow reporting guidelines (Matthews, 2011). A recent review of approaches to pre-service girl's child protection education at three Australian universities suggests that content can be positioned as a separate entity or integrated within a related unit of work such as Family Studies (Walsh et al., 2011). While there were advantages and disadvantages identified for both approaches, to develop deep, rather the surface level, the subject matter and expertise, there is a need for in-depth content delivered by sex educators with robust child protection knowledge (Walsh et al., 2011).

The elimination of the risk and reduction of vulnerability should be considered while preparing the goals of sex education. Programs seeking to completely reduce risks in entirety through discouragement of premarital sex should be well understood (Shakeshaft, 2012). Risk reduction relates to reduction of issues pertaining pregnancies and STIs.

Parental role in preventing sexual violence is as important too. They have the responsibility of nurturing their children with the right values and enabling them develop the right virtues which would enable them to avoid any cases of violence that is inflicted on them. Parental support, education and encouragement is very important for the protection of the girl child as well as the boy child. More so, the mothers spend a lot of time with their children hence, they are at more liberty to understand their children well and to instill important knowledge and skills which would prove to be beneficial to the children when they step out (Trudginer & Crawford, 2014).

Some of the identified negative impacts from sexual harassment, include; trauma, depression and other psychological consequences (Rahimi & Liston, 2011). When teachers fail to recognize such sexual labeling as an act of violence and accept this as part of the normal school experience, the options for girls to report, be supported, and receive guidance on how to handle the behavior are limited and the behavior is further perpetuated.

Parents and various members of the society require understanding of what constitutes relevant and effective sexual violence prevention initiatives (Trudginer & Crawford, 2014).

While professionals have a significant role to play, the parents role in prevention is critical as they are in charge of the wellbeing of the children especially the girl child who is considered to be delicate in the society. Women witness the social and emotional indicators, inappropriate behaviours and academic consequences (Cromer & Goldsmith, 2012) and are in a position to implement prevention strategies as part of their daily routine and practice. Significantly, parents who have knowledge, skills and positive attitudes towards girl child protection can contribute to the safety and the wellbeing of their young girls.

Reilly (2009) describes how focusing solely on acts of violence and on individual perpetrators and victims often leads to interventions focused on protecting victims or punishing perpetrators. Adopting a broader notion of sexual violence as a social behavior, including acts and verbal forms of sexual violence, leads to research and interventions that seek to understand the social conditions that produce and maintain it and interventions are directed toward transforming those precipitating conditions. The notion that violence is inextricably related to power acknowledges the global relationship that women have had with men and reinforces the perspective that focusing on the prevalence or acts of violence ignores the gendered dimensions of violence and the workings of power that underpin violent acts.

2.4. Theoretical Framework

2.4.1. Social Ecological model

This model is applicable in understanding the complex nature of violence. It was introduced in the 1970's and was used in studies involving child abuse (Garbarino, 1978). New era researchers have used the model in intimate partner violence studies (Dahlberg et al, 2002). The ecological model uses a four-level model to understand violence and the effects it has on victims as well as the prevention strategies. Besides, the model suggests violence prevention strategies which involve multi-dimensional action which is sustainable as opposed to a single intervention. The first level is the individual which identifies biological and personal history factors like; age, income, education. The prevention strategies at this level promote attitudes, beliefs, and behaviors that prevent violence like; education and offering life skills training. Secondly is the relationship level which

examines how close relationships between people may increase the risk of becoming a victim of violence. Close people like family members, peers and close friends have influence in behavior and attitudes of those they are related to. Strategies to counter violence at this level include family-based initiatives like good parenting, and mentorship programs, programs to foster problem solving skills and to promoting healthy relationships.

Thirdly, there is the community level which explores institutions, such as schools, neighborhoods and workplaces. Social relationships are built in those settings which could lead to violence of one kind or the other. Prevention strategies could include policies within those institutions that discourage violence and addressing socio-economic factors that contribute to violence. The last and fourth level looks at the broad societal factors considered to encourage violence. Some of the societal factors include socio-cultural factors which propagate and push for inequalities between different groups in the society. Prevention for this level may be through policies that push for the equality and inclusivity agenda (Dahlberg, 2002).

2.4.2. Traumatogenic Dynamics Model

This study could not be extensively explained by the radical feminist theory. It is for that reason that the traumatogenic dynamics model has been used to address the general objective; Effects of sexual violence of young girls' self-esteem.

Abuse of children sexually has four outcomes as explained by this model. The first outcome associated to this act is trauma in sexualization as a result of negative image. As a result

the young girls may end up become promiscuous by engaging in several partners sexually (Senn et al., 2012; Walsh et al., 2013). Secondly, children who have experienced sexual assault feel much betrayed since they will feel deceived. Later in their life, they may lose trust to partners which may force them to even reject relationships which are very suitable (DiLillo and Long, 1999).

Stigmatization comes at the third stage and it involves sentiments of prohibition and being distant from everyone else and unique. This is a direct result of the event of unsafe examples of conduct as the individual feels explicitly unique, notwithstanding feeling disgrace and blame (Feiring et al., 2001). In conclusion, Finkelhor and Browne (1985) offer reference to control misfortune seeing someone because of the inclination that control of accomplices would not be possible (Gwandure, 2007).

Obviously, CSA and traumatogenic elements are connected. Also, the model's four builds have been credited to poor capacity with reference to mental examples. Injury to a more significant level may prompt sentiments of tension and seclusion just as low regard levels (Hazzard, 1993; Matorin and Lynn, 1998). Disloyalty and belittling may prompt sentiment of absence of intensity and discouragement (Hazzad, 1993. In this way, the Traumatogenic Dynamics model gives desperate clarification of the considerable impact of CSA which relates both sexual and mental results (Walsh et al., 2013).

2.5. Conceptual Framework

The conceptual framework in Figure 1 demonstrates the relationships that exist between the dependent and independent variables under investigation. The dependent variable is girl's self-esteem while the independent variable that will be investigated to establish its level of influence on the dependent variable is sexual violence.

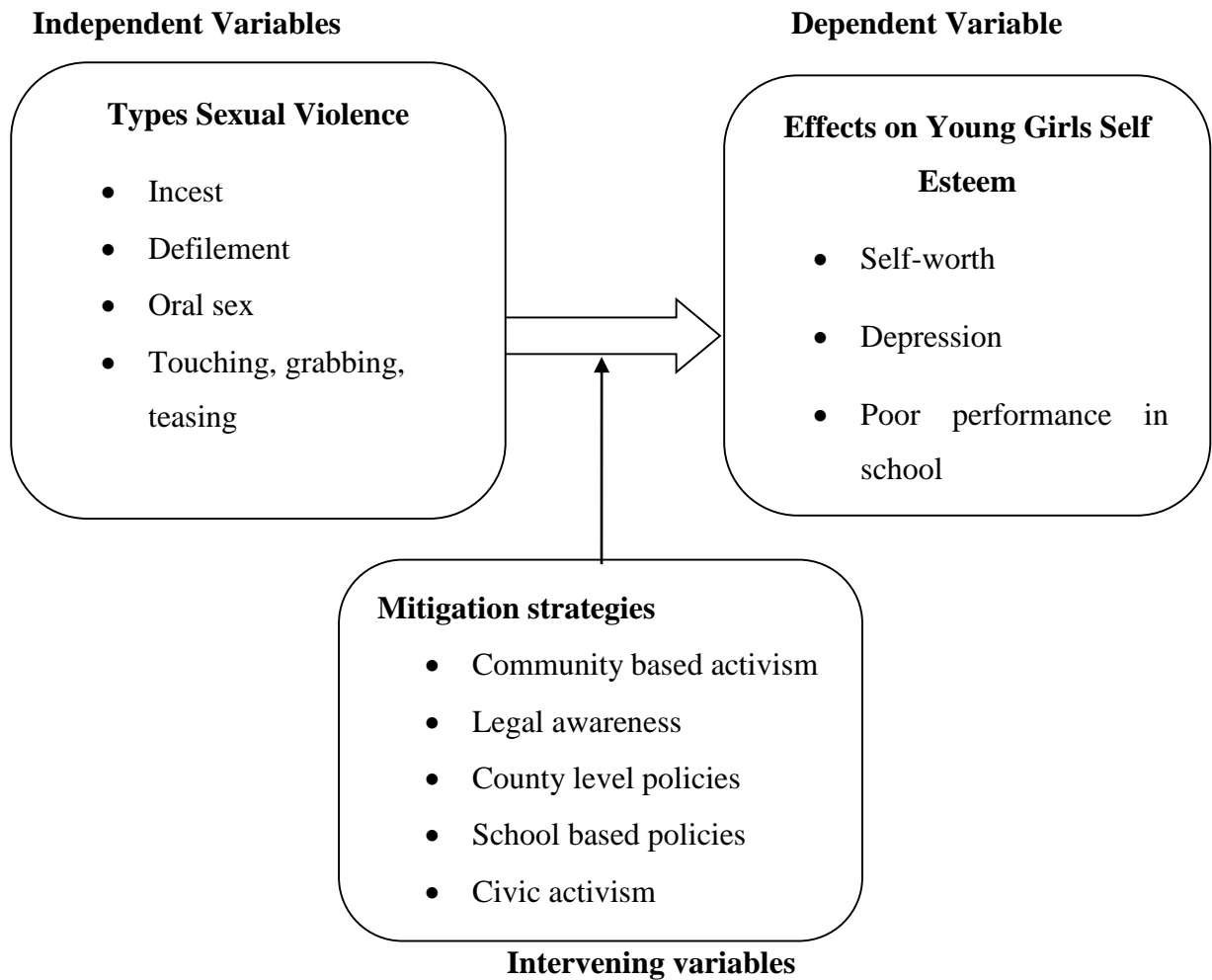


Figure 2.1: Conceptual Framework

2.6. Chapter Summary

A summary of selected empirical studies based on objectives has been presented and clearly highlighted their focus of study, findings and conclusions, the knowledge gaps and how the current study addresses them. The chapter has summarized the theory anchoring this study and empirical literature. It has clearly highlighted the various contributions by the social ecological model and the Traumatogenic Dynamics Model. It also presented a conceptual model in a diagrammatic relationship with variables of the study. The next chapter discusses Research methodology for this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0. Introduction

This chapter presents the research design, the target population, the sampling design, the sample, data collection instruments, techniques and the data analysis techniques that were used in the study.

3.1. Research Site

This study was carried out in Kaiti, Kibwezi West and Makueni Sub-Counties of Makueni County which were randomly sampled. Makueni County is a county lying on the south Eastern part of the country and is part of the larger Eastern region as was referred to until 2010. The county borders Taita Taveta county to the south and Machakos county as well as Kitui county and Kajiado county. It comprises of six sub-counties namely; Makueni, Kibwezi West, Kibwezi East, Kilome, Mbooni and Kaiti (refer to sketch map in Appendix V). People in Makueni County speak Kikamba language. The county is mainly a Christian with other religions such as Muslim and Hindu as well. The region is semi-arid which means low amounts of rainfall are experienced. Agriculture followed by small and large scale trading of commodities are the main economic activity in the region.

Makueni County covers an area of 8,170km² and has a population of 987,653 (KNBS, 2019) with 497,942 being female while 489,691 are male. The county hosts a good number of primary and secondary schools. Tertiary education institutions like colleges and universities exist in the area too i.e) Lukenya University and SEKU university. Makueni

County has a high prevalence of sexual abuse. According to National Crime Research Centre (NCRC, 2018), sexual crimes reported were 34.3% of all crimes. The county government of Makueni has established a one stop centre Gender Based Violence Recovery centre (GBVRC) in conjunction with Nairobi women's hospital which has been quite helpful in attending to victims of sexual violence.

3.2. Research Design

Research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in the procedure, Orodho (2002). Kothari (2001) defined research as an arrangement of conditions for collecting, analyzing and interpreting research findings. In this study, a descriptive survey method was used to investigate the effects of sexual violence on young girls' self-esteem in Makueni County. This research design is probably the best method available to social scientists and other educators who are interested in collecting original data for the purposes of describing a population which is too large to observe directly, (Mugenda and Mugenda, 2003).

The proposed method was appropriate since it focused on collecting information from respondents on their experiences, in order to describe the current characteristic of the sample (Wambugu, Kyalo, Mbii, and Nyonje, 2015).

3.3. Study Population

A target population describes the accessible population from where a study sample is drawn and upon which the results of the study will be generalized, Mugenda and Mugenda (2003). A population is a well-defined set of people, elements, events or group of things that are under scrutiny by the researcher. Bhattacharjee, (2012) describe a target population as a group to which the researcher intends to generalize the results of the study. The population for this study consisted of the young girls aged between 13-17 years in Makueni Sub-county, Kibwezi West Sub-county and Kaiti Sub-county in Makueni County. The three sub-counties have a population of 126,634 young girls aged between 13-17 years (KNBS, 2018) which made a total target population of 126,634 respondents. The unit of analysis was the young girl aged between 13-17 years in Makueni County

3.4. Sampling Procedure and Sample Size

According to Kothari (2003), sample size refers to the number of items to be selected from the target population. The sample size should be optimum to fulfill the requirements of efficiency, reliability, representation and flexibility. A sample size as described by Kothari, (2004) is a representative section of the entire population. A sample is a group of relatively small participants under investigation selected from a larger population. The process by which the sample is selected is the sampling procedure

Stratified random sampling technique that was used to select respondents from a target group (strata). The reason for the choice of the sampling method was because it enabled the researcher to representatively sample even the smallest and most inaccessible

subgroups in the population. This allowed the researcher to sample the rare extremes of the given population.

In addition, the study used the following formula proposed by Using Yamane (1967) to determine the sample size;

Using Yamane (1967) formulae

$$n = N / (1 + N * e)^2$$

Where

n = sample size

N = the population size

e = the acceptable sampling error (10%) at 90% confidence level

Thus;

$$n = 126,634 / (1 + 126,634 * 0.1)^2$$

$$n = 100$$

Therefore, the sample population size (n) was 100 girls aged between 13-17 years in Makueni County. Sampling error 10% was used in order to reduce sample size for ease of data collection

From the table below, most (40% of the respondents were residents of Makueni Sub County, 30% were residents of Kibwezi West Sub-county while 30% were residents of Kaiti Sub-county. The community health workers in the above sub-counties, with the authorization of Chief Officer in the department of Gender and her colleague in the

department of Health services, helped with leads to getting to the respondents. Availability, willingness and reliability as well as convenience was considered in this distribution. The distribution of the respondents is shown in the table 3.1 below.

Table 3.1: Distribution of respondents by Place of Residence

Place of Residence	Frequency
Makueni Subcounty	40
Kibwezi West Subcounty	30
Kaiti Sub county	30
Total	100

3.5. Data Collection Methods

3.5.1. Survey Questionnaire

A structured questionnaire was used to collect primary data from the girls aged 13-17years. The semi-structured questionnaire comprised of questions, which sought to answer questions related to the objectives of this study. The questionnaire sought to find out the level of awareness of the young girls on types of sexual violence, their understanding of the effects the SV has on their self-esteem as well as establish their knowledge on any mitigation strategies that exist. The Questionnaire targeted the young girls(100) who were the primary source of data. The study was done in the between September 15th to October 10th.

Out of the sampled population, 88 questionnaires were returned duly filled in making a response rate of 88.0%. The response rate was representative and was adequately used to answer the research questions. A Response rate above 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent (Kothari, 2009). Findings on filled in questionnaires and unreturned questionnaires are presented in Table 2.

Table 3.2: Questionnaire Response Rate

Response	Frequency (n)	Percentage (%)
Filled in questionnaires	88	88.0
Un returned questionnaires	12	12.0
Total Response Rate	100	100

3.5.2 Key informant interviews

Ten (10) key informant interviews were conducted with people who include a police officer in charge of the Gender Desk at Makueni Police Station who gave an account on the types of sexual violence mostly reported on their desk and their response mechanism. A legal officer at the Makueni Law Courts was interviewed on the types of SV that are mostly prosecuted and on the legal mitigation strategies, a Programme Coordinator at the Women’s Rights and Development Advocacy organization (WRDA) at Wote Town provided information on the mitigation strategies that are in place and their suggestions on

others. Also, a Clinical officer at Makueni level five hospital who is in charge of the one stop GBVRC provided information on types of SV they handle frequently on their desk and the efficiency of the one stop GBVRC, the Chief officer in the department of Gender in Makueni county gave an account of the statistics of reported cases of SV among young girls' within the county and the policy that the department has put in place to address the issue; and 5 guardians who spoke about the SV meted on their children, how the SV affected their self-esteem of those children and the coping mechanisms on the same. The KII participants were purposely selected on based of their expert knowledge, know-how and professional experience in the field of SV in Makueni County. The KII's are basically conducted to gain in-depth understanding of SV issues and provide the necessary backing knowledge to fill the gaps not adequately covered by data from the other methods. A guide was developed to assist in the Key Informant Interviews (Appendix III)

3.5.3. Case Narratives

Eight (8) case narrative interviews were conducted to give additional information on their individual experience to support the main questionnaire and get more information on effects of sexual violence on young girls' self-esteem. Participants for case narrative were purposely selected based on the reports made in the police stations in Makueni County. They gave their detailed accounts on their experiences and how their self-esteem has suffered as result. Particularly this tool was instrumental in answering the general objective of the study from the perspective of the victims.

3.5.4. Secondary Data

Secondary data was collected from various sources including project proposals, baseline surveys, progress academy reports, articles, internet, journals, Training manuals, published and unpublished research report. Data will also be collected from books on Sexual and Gender-based violence in Kenya, surveys, from Kenya Demographic Health Survey (KDHS), Kenya National Bureau of Statistics (KNBS), United Nations Development Fund (UNFPA), United Nations (UN), World Health Organization (WHO), UN-Women, World Bank, Federation of Kenya Women Lawyers (FIDA-Kenya), United Nation Development Programme (UNDP), National Gender Recovery Centre (NGRC), MDG's-SDG's to get the statistics, prevalence and other studies carried out on gender-based violence

3.6. Data Processing, Analysis and Presentation

The data for the study was analyzed both qualitatively and quantitatively. The Quantitative data collected was keyed in and analyzed with the aid of SPSS. The Quantitative data generated was subjected to the descriptive statistics feature in SPSS to generate mean, and standard deviation which have been presented using tables, frequencies and percentages, while qualitative data consist of words and observations, not numbers. For qualitative data, data was transcribed, translated, coded and then subjected to thematic analysis in line with the study objectives. This helped to organize, analyze and find insights in unstructured or qualitative data interviews with open-ended responses in a short time. Verbatim quotes were used in the final text to support core arguments.

3.7. Ethical Consideration

Ethics are the norms or standards of conduct that distinguish between right and wrong i.e. acceptable and non-acceptable behavior. Ethical standards prevent falsification and fabrication of data hence imparting authentic knowledge and truth which is primary objective of the research (Makau, 2016). The researcher adhered to research ethical standards by citing all the sources to ensure validity and reliability of the data. Relevant written permission to collect data was obtained from the University of Nairobi and local authorities where the research was conducted. Respondents were informed that the information to be collected was treated confidentially and was used for research purposes only. Respondents were also not required to write their names in the questionnaire. Any names that are used are pseudonyms to protect their identity. They were informed of their right to disqualify themselves or withdraw at any stage of the study. Their privacy was guaranteed throughout the study and confidentiality/ anonymity was maintained throughout the data collection, analysis and dissemination stages of the study. Due to the nature of the study, participants were allowed to suggest a venue of their choice to protect their privacy and ensure their comfort and convenience. The next chapter focuses on this study's data analysis, interpretation and presentation.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.0. Introduction

This chapter presents the data analysis, the presentation and the interpretation of findings on the types of sexual violence, effects of sexual violence on young girls' self-esteem and the mitigation strategies put in place for the above in Makueni County. The chapter concludes with a discussion of the findings based on the objectives of the study.

4.1. Demographic Characteristics of the Respondents

The respondents' personal information included age, level of education, place of residence, and religious affiliations.

4.1.1. Distribution of Respondents by Age

The study sought to establish the age of the respondents. From the findings majority (78%) of the respondents were aged 13-15 years while 22% were between 16-17 years. This depicts that the respondents were within the age bracket to which the researcher targeted and thus got the required information in relation to the subject of the study. The findings established that girls between 13-17 years old are vulnerable to sexual violence since they are young and may not know how to protect themselves from the perpetrators especially when approached with threats. The researcher therefore analyzed the respondents' level of education to establish if the literacy of the girls. The findings are as shown in figure 4.1 below.

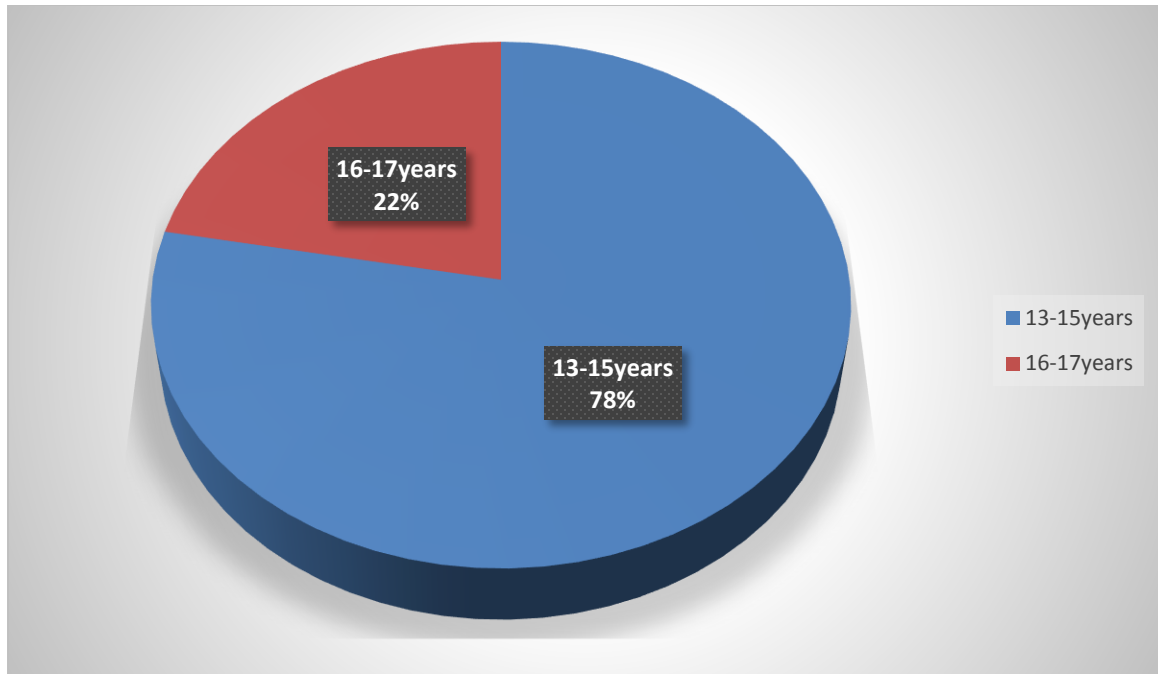


Figure 4.1: Distribution of Respondents by Age

4.2.2. Distribution of Participants by Level of Education

The respondents were requested to indicate their level of education. From the findings, majority (61%) of the respondents had primary school level of education, while 39% had secondary school level of education. This implies that respondents had basic knowledge to express themselves and hence higher chances of getting reliable data. The findings are an indication that there is a lower transition from primary to secondary school which could be caused by teenage pregnancies or early marriages. The researcher then sought to find establish the religious affiliations of the respondents to help in getting an understanding of whether religion was a major contributor to the objectives of the study. The findings on analysis of respondent's level of education have been presented on figure 4.2 below.

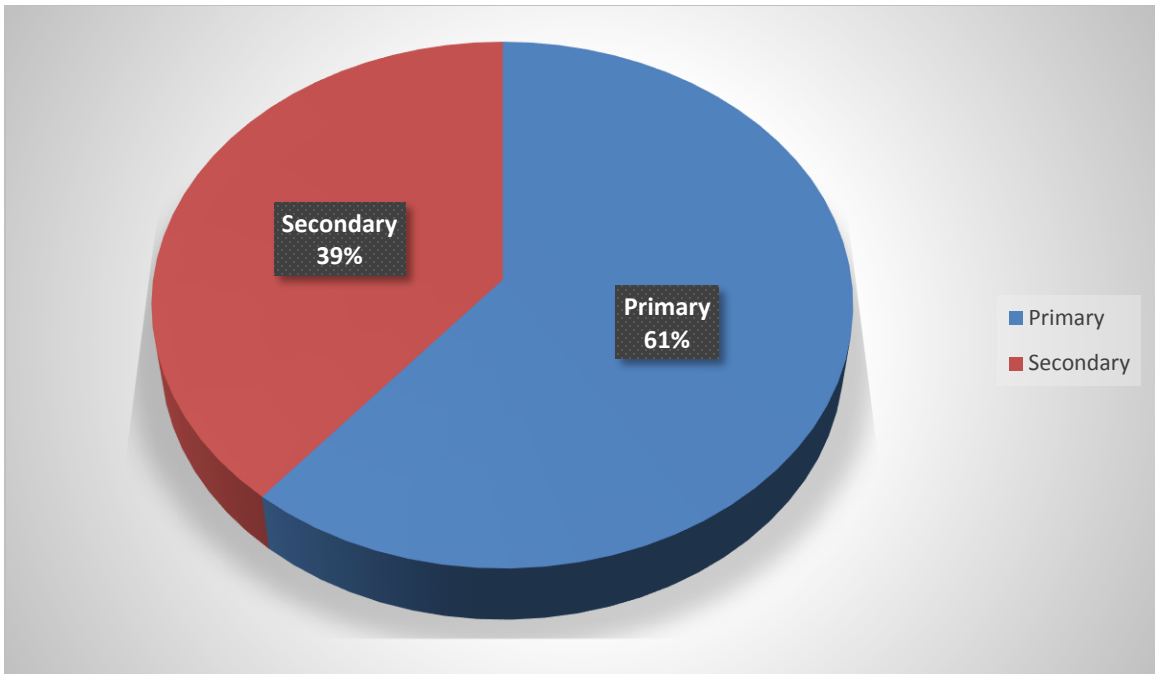


Figure 4.2: Distribution of participants by Level of Education

4.2.3. Religious Affiliations

From the findings majority (96%) of the respondents were christians while 4% were muslims. This depicts that majority of the respondents were christians which is a true reflection of the dorminant religion in Makueni county. The findings show that the sexual violence is rampant among the christians. This is not in accordance to the Bible teachings which christianity preaches. The church seems to have let the vice slip into its following. The findings are presented in figure 4.3 below.

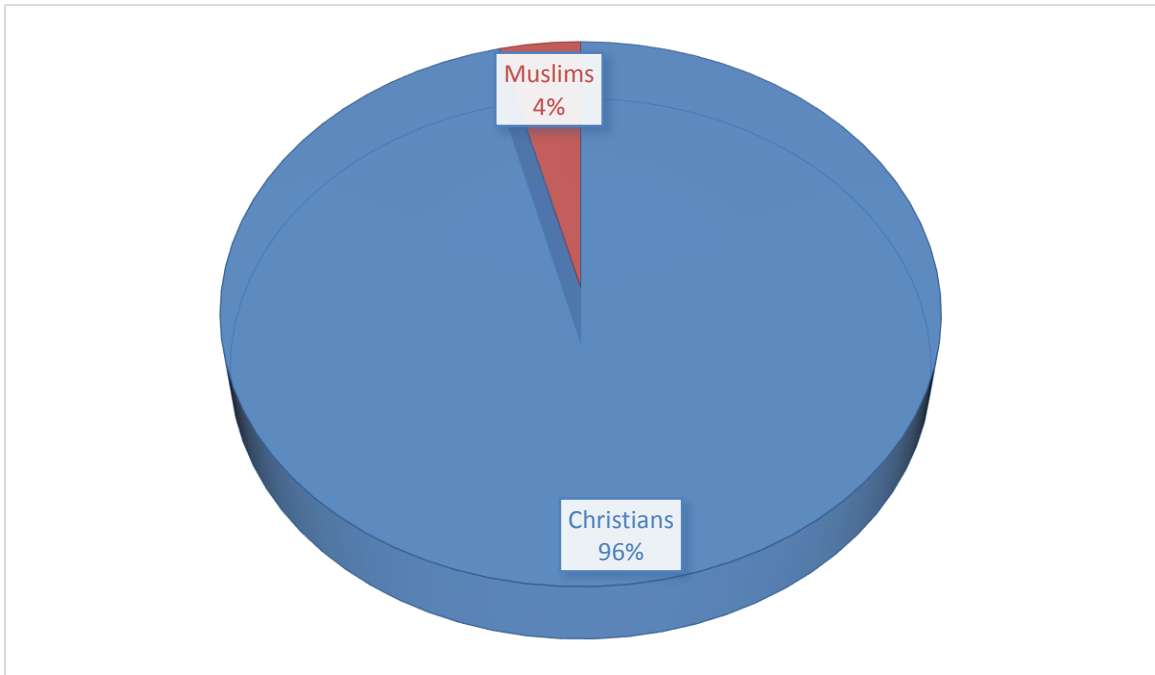


Figure 2.3: Religious Affiliations

4.2. Types of Sexual Violence

The respondents of the study, were requested to indicate the ways in which they experienced sexual abuse. To achieve this objective, survivors of sexual violence were asked to talk about their own experiences. The forms of violence were categorized into the most common and their manifestations. The types of sexual violence are shown in figure 4.4 above. According to the young girls' in the area, incest (39%) which was classified as sexual violence with people who are involved in their lives on a daily basis, defilement (27%) which included attempted rape and penetration, oral sex(25%) which included different forms of oral sex was also reported a common type of SV and others(9%) which include inappropriate touching of private parts and suggestive teasing were also reported. The findings are presented in figure 4.4 below.

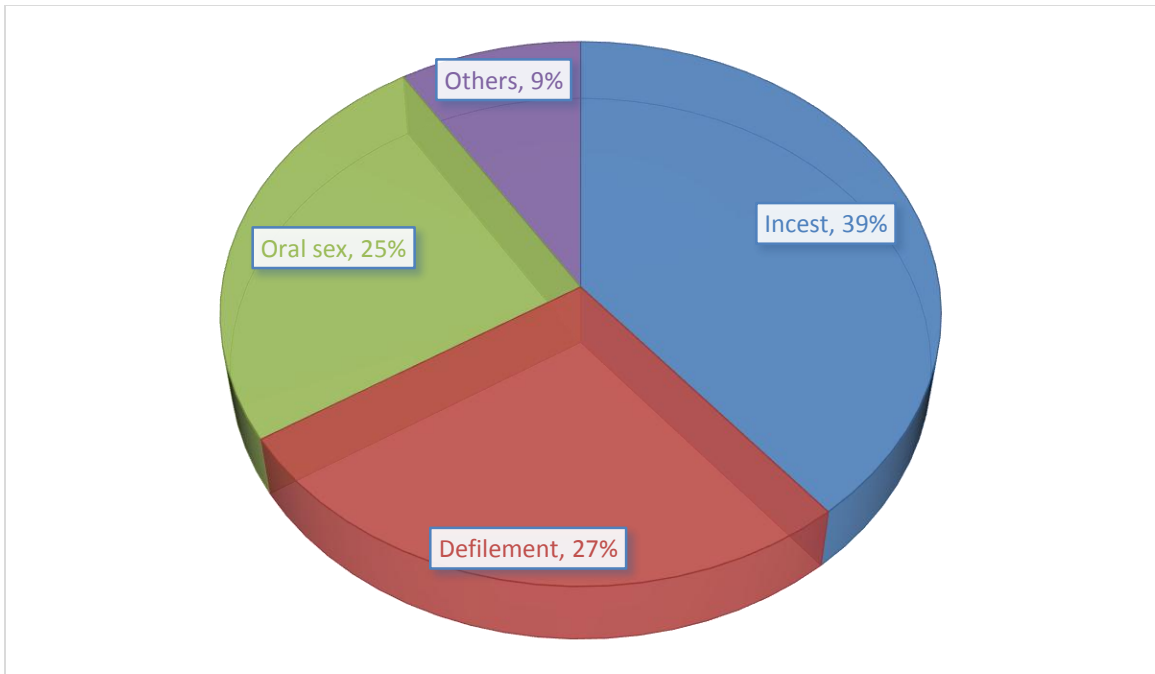


Figure 4.4: Types of Sexual Violence

Each one of these types of sexual abuse are discussed in the preceding sub-sections.

4.2.1. Incest

This study established that young girls’ in the area suffer from Incest (39%) which was classified as sexual violence with people who are involved in their lives on a daily basis. Such people include Fathers, legal guardians, cousins, uncles and other family members.

One of the girls stated that.....

I have experienced sexual violence since I was six years. The act was being done by my relative who threatened me that he is going to kill me if I ever reported the matter to anyone. I have been staying in a children’s home for a duration of 5 years because I consider my family non-existent.

According to the KIIs the most common prevalent SV in the area were incest, attempted rape and general sexual exploitation.

The most prevalent cases that are reported on our desk are those of children who have been defiled within the family and the neighbourhood. It is even more shocking because quite a good number are defiled by their biological fathers, uncles and cousins as well as well known. [key informant 1]

Although the manifestations and forms of SGBV experienced vary from place to place, there is no doubt that women are over-represented among the victims of SGBV perpetrated throughout history, have been subjected to physical, psychological and sexual abuse by the men in their lives whether brothers, boyfriends or husbands within the family and home settings (UNICEF, 2000; Ondicho, 2000).

Feminists have been central to virtually every era of activism around child sexual abuse, from moral reformers in the 1800s and early 1900s, to the 1980s survivors' movement (Breines and Gordon 1983; Freedman 2013; Sacco 2009; Whittier 2009). Secondly is the relationship level which examines how close relationships between people may increase the risk of becoming a victim of violence. Close people like family members, peers and close friends have influence in behavior and attitudes of those they are related to. In the recent feminist analysis of child sexual abuse, it was discovered that the rate of CSA grew in the 1970s together with rape. A shocking discovery was that many of the victims were children and the perpetrators were relatives and close family members.

4.2.2. Defilement

The other type of SV experienced was Defilement at (27%) which included attempted rape and sexual penetration. The response from the questionnaires showed that this form of SV was indeed prevalent.

One of the girls stated....

I was defiled by an unknown person who operated a boda boda but nobody in our area knew him.

The KII also agreed with the prevalence of defilement in the area. The Case narrative accounts revealed the same as well.

A Key informant stated.....

Defilement is covered in the SOA because it has been known to be one of the forms in which our young girls suffer the most. In our courts, it is evident that defilement is still on the higher side. We hope that the activities we are seeing here in our Makueni, Makindu and Kilungu courts are going to help curb the defilement.[key informant 2]

Sexual violence based on the sexual abuse lens includes direct physical contact, such as unwanted touching or any kind of rape, which is also known as “defilement” for young people under the legal age of consent. According to the United Nations Children’s Fund (UNICEF, 2014) sexual violence comprises any sexual activities imposed by an adult on a child for which the child is entitled to protection by criminal law. UNICEF (2014) also includes sexual exploitation for commercial purposes in its definition of sexual violence. It also includes utilizing children in audio or visual images of sexual abuse and using children for prostitution, sexual slavery, sexual exploitation in travel and tourism, and trafficking for purposes of sexual exploitation (within and between countries). Sexual violence also includes the sale of children for sexual purposes and forced marriage. Sexual activities are also considered to be abuse when an act is committed against a child by another child and if the offender is significantly older than the victim or uses power, threats, or other means of pressure to coerce a sexual act.

4.2.3. Oral Sex

Oral sex at (25%) was also reported a common type of SV in the area by the respondents.

This category includes any other form of oral sexual violence. One of the girls' said....

I was not aware something wrong was being done to me because my cousin who was in the university used to force me to kiss him. It was until one girl in our school reported our classmate for trying to kiss her that a number of girls from our class came out to report that they have been forced to kiss different men in different occasions.

This shows that due to ignorance, naivety and young age some girls might be abused without knowing the fact. This kind of ignorance also shows that SV may not be reported regularly by the victims thinking that the act is normal or its just usual friendship or liking. The study established that apart from kisses and oral sexual activities, there also other types of SV which the girls could easily assume to be normal yet this may lead to more serious cases of SV.

4.2.4. Others

Others forms of sexual violence were reported at (9%) which include inappropriate touching of private parts and suggestive teasing, body shaming as well as exposure to pornographic films.

Another girl stated.....

My class teacher used to call to the office and delay me until very odd hours. He would then start touching my breasts and inserting his fingers in me.

A key informant stated....

Our girls were being stopped on the road by men who at times attempted to grab their body parts while on their way to school or when they went to the market. [key informant 8]

Romantic touching without permission is a form of SV and can lead to rape, defilement and incest. When such an act is performed frequently the perpetrator may advance his sexual urge and finally rape the victim. In many occasions when such advances are tried on a young girl she may not be able to interpret its meaning and end result. These types of sexual abuse could lead to early pregnancies, all sorts of STDs, psychological trauma and early school drop-out. These findings agree with a study by Ashbaugh & Cornell, (2012) who stated that sexual violence can impact negatively on the health of an individual as it leads to physical, psychological and emotional disorders such as pregnancy, STIs including HIV, shock, anxiety, depression and post-traumatic stress disorder or rape trauma syndrome. Victims of sexual violence may also experience disturbed sleep, low self-esteem, sexual dysfunctions behavioral and eating disorders. Psychological and emotional trauma can manifest itself in physical reactions such as stomachaches, headaches and back problems. Children are at times chased away from their home by their parents and at times are regarded as outcasts especially when they refuse advances of their parents. Some of the girls who reveal sexual harassment by their fathers are chased and regarded as outcasts.

4.3. Effects of Sexual Violence on the Young girls' Self-worth

The respondents were requested to indicate effects of sexual violence on their girl's self-esteem. The findings were presented on a five likert scale where 1= strongly disagree; 2=disagree; 3=Neutral; 4=agree; 5=strongly agree. The findings are shown in table 4.1 below.

Table 2.1: How Sexual Violence affects the young girls' self-worth

Statements	Mean	Std. Dev
How a girl feels about themselves is affected after she has been assaulted	4.22	0.1976
The relationship with family members, school mates and peers change	4.14	0.1189
There is loss of interest in what was previously enjoyed	4.39	0.1238

From the findings the respondents agreed that sexual violence has caused them to lose interest in activities they used to enjoy (mean=4.39, followed by a change in how the girls feel about and view themselves (mean=4.22), young girls find it more difficult to mingle with their peers, have close relationships with their families and also to maintain a social life (mean=4.14). This means that the social, mental, psychological and physical lives of the victims suffer negatively.

This section presents findings on effects of sexual violence on young girl's self-esteem which are presented in the subsequent sections. The respondents were requested to indicate the consequences of sexual violence among young girls they are aware. According to the respondents the effects of sexual violence are depression and low self-worth, including prolonged sadness, feelings of hopelessness, unexplained crying, weight loss or gain, loss of energy or interest in activities previously enjoyed. Also poor academic performance and distorted social relations were discussed.

4.3.1. Self-worth

From the responses in the key informant interviews it was apparent that the information regarding SVAC incidents became known both within neighborhoods where the affected children reside and in the schools they attended soon after the incidents. This was related to caregivers' reports that schools attended by children were close to their residence. As a result there were reports of stigma both at school and home and in the caregiver's view these resulted in low self-esteem among sexually abused children. Caregivers reported cases where adults within neighborhoods questioned victims of sexual violence to obtain information around the incident while in schools sexually abused children were taunted by colleagues impacting on their self-esteem

A KI stated;

*Whenever we have visitors, she locks herself in the room. If I send her to the shop she will use long routes to avoid meeting people who know her. She has lost confidence in facing people completely[*key informant 6*]*

The KIIs indicated that a girl who has been assaulted will display tendencies of low self-worth.

One of the parent stated.....

My child has been acting withdrawn and has lost interest in school, peer related activities and she has even changed how she dresses. This means that she hardly leaves the house and when she does she is fully covered in a bid to conceal identity[key informant 8]

According to the case narratives, it is impossible to describe the value or lack of it that the girls have after sexual violence in different forms have been meted on them. It leaves a permanent ugly mark in their lives and that is why cases of worthlessness and suicidal thoughts are highly noted.

According to Mary, not her real name.....

Sexual violence has affected my self-worth. I see myself as a worthless person who has no use in the society. I see myself as dirty person who cannot serve even in church. I cannot be able to stand in front of a congregation as I view myself as outcast who does not have a place in the society.

Janet, not her real name stated.....

I consider myself as a warrior because I still lived with my father in the same house and had to pretend that nothing was happening for 4 years. But that was the worst mistake I ever made because I lost my self-value and it happened again with a teacher and then with my cousin. Every time my father made advances, I could not even cry, I was resigned to the fact that am his object and he used me however he pleased. All that is now behind me and that is why I can afford to sit here and talk to you. I have actually taken up the role of a peer educator in my school and I hope to recover fully although I don't think self-worth is something you can recover

This response shows the level of effect of SV on a victim's self-worth. It clearly indicates that the damage caused by SV continue to haunt the victim psychologically for her entire life. Hence, any attempts of SV should be discouraged at all costs because the effects are long lasting. The study findings are consistent with a study done in India among rural adolescent girls who had average and low self-esteem Nagar et al., (2008) and self-esteem

was correlated with educational status of the girls. Similarly, Pullmann & Allik (2008) found that Estonian students had low and average scores of self-esteem. Also, Kim & Cicchetti (2006) found that physical and emotional abuse including SVAC predicted initial levels of self-esteem. These findings are consistent with study findings that show that females who had experienced child sexual abuse had negative appraisals of themselves and had developed PTSD (Dyer et al., 2013).

There is significant association between low and average self-esteem and change of attitude towards school in the current study, however previous studies have not reported significant associations between low and average self-esteem and change of attitude towards school. The significance could be explained by the fact that the environment of the child after experiencing sexual abuse could be source of stigma hence affecting the child especially if the sexual abuse is known among her or his fellow students. The current study finding concurs to study findings by (Syengo et al., 2008). In their study the prevalence of depression among children who had experienced sexual violence was (46%). The difference could be due to the time the two data were collected. Data collection for the current study was done one month after the incidence of sexual violence while in Syengo et al. (2008) study, data was collected at different stages of the participant's recovery. Ndeti et al., (2009) also found that the prevalence of depression among children was at 41.3%. Some of the after effects of SV are depression and loss of social relationships among others.

4.3.2. Depression

The responses of key informants showed a clear impact of SVAC on the emotional wellbeing of children and depression. Despite the absence of formal assessment for or probing specific signs of depression in children during the interviews the caregivers mentioned signs that pointed to depression in children following SVAC. Depression was manifested through parental or guardian reports of anxiety, hopelessness and depressive symptoms like anger, irritability, sleep changes and loss of interest in daily activities in the affected children. The children also had difficulties functioning and enjoying life the way they did before the incident.

One of the KI stated

...after she was sexually abused, my daughter started showing signs of deep thoughts and at one time she attempted to throw herself into the river where I had send her to bring water. She is not mentally alright. [key informant 9]

A KI stated.....

My daughter has been constantly emotionally disturbed by the SV incident. She has attempted suicide once. She cries most of the time [key informant 7]

The clinical officer stated.....

At the hospital, one of the victims showed signs of forgetfulness and she was erratic which forced us to give her anti-depressants to calm her. [key informant 4]

The depression was aggravated in victims who apart from suffering SVAC either contracted STDs or STIs and also in those who conceived as a result of the SVAC. There were cases in which sexually abused children contracted HIV and also conceived despite receiving post exposure prophylaxis and emergency contraception. A participating mother

reported a previous suicide attempt in a child who contracted an STD, and also conceived following SVAC, dropped out of school and manifested signs of depression.

Children who have experienced sexual violence have very high incidence of depression. The incidence of severe and moderate depression found among the children in the current study is comparable with study findings by (Mugambi & Gitonga, 2015 & Sumner et al., 2016) where 80% & 90% of the children and adolescents had varying degrees of depression due to sexual abuse. Gelaye et al. (2009) found that students who had experienced sexual violence were twice more likely to experience depression than non-abused students. Munzer et al., (2016) found that children who have experienced sexual violence had an elevated risk of developing depression. The findings of this study that sexually abused children develop depression after the incidence of sexual violence is consistent with study findings by (Teicher et al., 2010 & Mizenberg et al., 2008). Trauma in children changes the chemistry and even the structure of the brain consequently the child's brain becomes damaged by the abuse bringing with it the vulnerability to depression.

Antoinette (2010), reported that as many as 84% of the sample study group in South Africa indicated that they had suffered from depression at some point in time as a result of SVAC. Gelaye et al., (2009) demonstrated that Students in Ethiopia who reported experiences of any sexual violence were nearly twice as likely to be classified as having moderate depression as compared with non-abused students. Similarly, Sumner et al., (2016) in their study among 1456 boys in Kenya aged 13-24 years who had experienced sexual violence, 90% had depressive symptoms and the range of experiencing sexual violence before age

18 year was 14.8%. The study found that sexual violence has led to young girls to avoid activities or people, or places that remind of the event.

Such kind of situation is likely to affect the young girls' academic performance. It can even to high school dropout rates among the victims of SV due to depression

4.3.3. Academic Performance

Poor performance emerged as a major impact of SVAC on academic progression of school age children and this manifested through deteriorating school grades, repetition of academic year, absenteeism or dropouts. Parents reported below average performance in school examination. Indeed in one case a child who had been sexually abused attempted the final national examination after being absent from school for a prolonged period following the SVAC, and was unable to attain the points required to proceed to high school within the formal educational system. As a result the mother opted to enroll the child in a vocational training institution where her performance continued to be poor. One of the respondents said.....

My daughter was in class 8, she has since not been able to go to school but she went to do the (national) exam and got 197 (out of a possible 500) marks in Kenya Certificate of Primary Examination. My son is still in school and his performance was affected by the SVAC. I have taken my daughter for catering course. The SVAC has affected her school performance ... I would have taken her to form 1 (secondary school).[key informant 10]

The poor performance in school work was perceived by both parents who reported having taken action to stem the deteriorating performance. The remedial actions included making school visits to discuss performance and in a specific case the parent and teachers organized remedial out-of hours lessons to help the child keep up with the academic requirements

while adjusting to the impact of SVAC on academic performance. Both parents and teachers were convinced that deterioration in performance was linked to SVAC based on their assessment of the child performance prior to the SVAC and immediately after the SVAC.

One of the KI said.....

We have records showing that girls performance tend to drop in school due to the sexual violence they suffered. There has been outcry by their parents to see the county government consider pay for extra tuition fees for the victims. [key informant 5]

This study found that sexually abused children performed poorly in school as a result of the sexual abuse incidence and this poor performance in school impacted on their self-esteem. This is consistent with study by Gachungi (2005) among secondary school students who noted that low self-esteem was a risk factor for poor academic performance among school going children. Fathi-Ashtiani et al (2007) & Aryana (2010) in their study among adolescents and students found that positive self-esteem had an impact on academic achievement and increase in self-esteem was related to decrease of anxiety and depression. Seka (2012) in her study noted that a psychological problem is another problem that sexually abused children experience which undermines their self-esteem.

This study found that SVAC was associated with low and average self-esteem in children. The study findings are consistent with findings by Burack et al., (2006) who found that maltreated children had lower self-worth than their peers which could lead to self-harm, risk taking Behavior and poor performance in school. This is also comparable to a study by Wondie et al., (2011) among child sexual abuse survivors in Ethiopia that showed that

sexually abused children had a lower degree of self-worth compared to non-abused children.

4.3.4. Social Relationships

SVAC came with significant strain on social relationships and family wellbeing. The most drastic changes in family and social relations were reported when the perpetrator was a family member. Such cases ended up in marital breakup, loss of financial stability especially when the perpetrator happened to be the main provider for the family, and also impacted on the relationships between the defiled child and other family members who commonly reported strained relations with victims related to his/ her adjustment to the SVAC experience. One of the girls' stated.....

I can no longer play with my classmates or even go to the river together. Everytime they are making jokes about boys or the changes on their bodies, I feel like they are attacking me. One day my best friend told me that her mother warned her against spending time with me. What do I do when my friends avoid me? I actually wish I could run away and go to start a fresh life where nobody knows me.

According to Hannah, not her real name.....

My mother hates me since my father was sent to prison. She has incited my siblings towards me and my brother blames me for the financial instability our family has been facing ever since. I am now staying with my aunt for fear of being around my family members because they can be violent towards me.

A girl by the name Pauline, not her real name stated that.....

Since I suffered from sex violence, I have had fear and anxiety once I see a man near me. I tend to see them as perpetrator of the action and I don't like them near me. Even my father I don't see him as a protector anymore because I have that generalization of that all men are the same.

The respondents further stated that the victims may have dissociation, including not being able to focus on work or on schoolwork, as well as not feeling present in everyday situations. Other consequences are that the victim may suffer from post-traumatic stress disorder, including flashbacks, nightmares, severe anxiety, and uncontrollable thoughts.

The KIIs indicated that girls who felt that SGBV was not tolerated in the community were significantly more likely to express a favorable attitude towards seeking help for SGBV compared to those who felt otherwise. The perception of sexual violence as a normal act negatively influences the attitudes towards seeking help, which could hinder full utilization of SGBV intervention services directly or indirectly. The prevailing attitudes and beliefs around SGBV have important implications for how girls respond to the practice either as victims or witness.

According to a KI.....

My child had a problem staying in the plot (residential area) since other children could tease her and they knew about the sexual violence incident and this affected her. The adults as well keep asking her about the incident and that makes her want to stay away from everyone.[key informant 9]

Mwangi (2013) in her study noted that sexually abused children experience psychological problems including running away from home which may predispose children to being violent later in life particularly boys. In her study 67% had psychological problems. The study found that young girls perceive their elders as unresponsive and ineffective in responding to dangerous and intrusive situations, which further reinforces their reluctance to report sexual victimization. The study also found that girl's agreement with gender inequitable statements did not translate to a diminished concept of self, in contrast being

surrounded by peers who adhere to norms that devalue girls such as sexual violence resulted in lower self-concept.

Acts of sex abuse violates the victim's physical integrity and psychological makeup, which is why sex abuse is identified as one of the most dehumanizing offenses. SGBV abuse is associated with psychological problems such as posttraumatic stress disorder, anxiety, depression and low self-esteem that can lead to victimization; as well as reduced ability of a woman to work, care for her family and contribute to society and her life in general (UNFPA, 2008). Sexual violence comes with social and emotional issues such as esteem issues and depression (Williams, & Finkelhor, 2013). In order to lessen the effects of sexual violence, it is important for parents to make reports to child protection or to law enforcers.

Stigmatization involves sentiments of prohibition and being distant from everyone else and unique. This is a direct result of the event of unsafe examples of conduct as the individual feels explicitly unique, notwithstanding feeling disgrace and blame (Feiring et al., 2001). In conclusion, Finkelhor and Browne (1985) offer reference to control misfortune seeing someone because of the inclination that control of accomplices would not be possible (Gwandure, 2007). It was therefore important for the researcher to establish the strategies to Counter Sexual violence and the effects on self-esteem of young girls'.

4.4. Strategies to Counter Sexual Violence and the Effects on Self-Esteem of Young Girls

This section presents findings on mitigation strategies to counter Sexual violence, discussed as follows;

The respondents were requested to indicate some of the measures that can be taken by parents to protect young girls from sexual violence. According to the respondents the parent should be involved in the child's life as well as encouraging the children to speak up. When someone knows that their voice will be heard and taken seriously, it gives them the courage to speak up when something isn't right. A parent can start having conversations on sexual violence with the children as soon as they begin using words to talk about feelings or emotions. The respondents indicated that being actively involved in a child's life can make warning signs of child sexual abuse more obvious and help the child feel more comfortable coming to you if something isn't right.

One of the girls noted.....

I received treatment after I had been defiled, the person who defiled me was sentenced but what good is that if I have to carry the burden of the act all my life? You are expected to get back to your normal life and they use you as a statistic of beneficiaries of their services. I have never received counselling, I have never been told to go back to the hospital for checkup and I have never had anyone try to ask me of my well-being thereafter.

Another young girl stated.....

I feel like there has not been enough done to prepare us for such thing when they happen. We need to be equipped with information on how to protect ourselves from perpetrators and also how to seek help incase the incidence happens. That will go a long way into building our confidence and giving us power to face the perpetrators as well as heal faster.

The respondents were asked to state which of the available reporting channels they had preferred to use. The findings are presented in table 4.2 below.

Table 4.2: Reporting of Sex Abuse

	Frequency	Percentage
Report to the local chief	25	28.4
Report to the police	46	52.3
Take the child to the hospital	11	12.5
Inform the neighbor	6	6.8
Total	88	100

From the findings in table 3 above, majority (52.3%) of the young girls indicated that reported to the police once their young girls were sexually abused, 28.4% reported to the chief, 12.5% took the child to the hospital while 6.8% informed the neighbor. This was necessary in establishing if the reporting mechanisms are helpful to the victims of SV. This depicts that majority of the respondents reported to the police once their young girls were sexually abused. There seems to be more trust when reporting to the police because the victims fear victimization and stigmatization if they report to the chief or neighbours.

One of the young girls' stated....

It is very hard to tell anyone after the act has been done to you because it is very embarrassing. I never told my parents until they noticed my change of behavior and on further inquisition, I told my mother. We then decided to go to the police. [key informant 6]

It then emerged that there exists a lot of stigmatization from within the communities and that is why victims of SV opt to report to the police where they feel more safe. One of the respondents stated.....

if you report to the chief or neighbor or teacher, they might tell the other people around you and that makes you carry the shame of your child which might affect your life negatively[key informant 7]

Sexual violence affects millions of people, brutally shattering the lives of women, men and children. Establishing the prevalence of sexual violence can be challenging, mainly because only a small portion of all victims actually file a police report or seek medical assistance. According to Medecins Sans Frontiers (MSF), No available statistics on sexual violence paint a true picture of the problem or its prevalence. Shame, stigmatization, fear, and many other known obstacles prevent many of victims from seeking and receiving, treatment. And yet getting immediate medical care after sexual assault is critical in order to limit the potential consequences. In 2017, our teams treated over 18,800 victims of sexual violence (MSF, 2018). Specifically, it is estimated that less than 10 percent of sexual assaults are reported to the police (Baker et al., 2012). It is therefore important to assess the effects of sexual violence on young girls self esteem

The KIIs indicated that some of the mitigation strategies to address SGBV included increasing access to a comprehensive and well-coordinated GBV response services including livelihood support for survivors, increasing awareness and enhance systems for the prevention of GBV through mitigating risk factor and strengthening community protection strategies, and mainstream GBV into all humanitarian response and maintain

the updated comprehensive data needed to inform advocacy, planning, implementation and monitoring and evaluation of interventions.

The KIIs further indicated that on the ways through which the problem of sexual violence could be addressed would be through the probing the causes of the violence and devising the best mitigation strategies that would wipe the probe once and for all. In addition, equal rights for both genders should be enhanced to ensure that girls are not discriminated against the boys. This would act as a way of sister brother keeper that would ensure individuals mind about one another whereabouts and wellbeing.

A KII stated that.....

I think the perpetrators of sexual violence should be prosecuted irrespective of their status. The numbers I have on my desk are not looking good but there is only so little we can do as the county government. We have response units and we try to respond to all distressful cases that get to us. Our GBVRC in conjunction with Nairobi women's hospital is fully operational. I agree there is need to do more especially to address the effects the young girls' suffer which end up affecting their self-esteem.[key informant 5]

The coordinator at WRDA stated that.....

There should be laws put in place to safeguard the wellbeing of the victims especially to avoid bullying, shaming and intimidation of any kind in the school environment, families and the community at large [key informant 3]

The case narratives brought out strong points on the coping mechanisms which are in place and those that are lacking. The respondents emphasized on the need for rescue centres, accessible recovery centres and free counselling centres. One of the girls' stated.....

I could not report my father since he was the breadwinner of the family and I had to be considerate about my entire family at the expense of my well-being. We need to be told early in advance that the police have centres for us victims to sleep and

eat. We need to be told that once we report the perpetrators they will be locked up even for life. It is also important that our fathers and uncles and teachers are made aware of the consequences that await them. Lastly, it should be made clear that these things don't happen to us because we caused them but we are just victims. This would reduce victimization and isolation in the society and that would be an ingredient to a faster recovery.

The respondents were requested to indicate the areas they think the government should improve in the community in order to fight sexual violence. According to the respondents the government ought to present sex training in the educational plan to guarantee kids are instructed on issues of sex. This would guarantee that they know about what is best for them and when they ought to take an interest. Also, the government should put in place mechanisms of ensuring the well-being of the victims is taken care of until full recovery is achieved. One of the girls said.....

I have been able to resume school after I gave birth as a result of being defiled. But that is not enough because I need to take care of my child and even do odd jobs after school and over the weekends. If the government could provide material support to victims like me so that we can give full attention to our studies.

The government should introduce and implement policies that aim at preventing SV, ensuring the victims of SV get a chance to recover and live a full life accordingly and lastly to ensure the perpetrators get the punishment they deserve.

According to Janet, not her real name.....

I want to feel protected and safe. I want to feel like I have a chance to live a full life again. Taking the person who defiled me to prison is not enough. My peers at school need to be told not to stigmatize my situation, people in the community need to be told not to view me as an outcast, teachers need to be taught how to be involved in offering counselling, our families need to be taught the importance of embracing us as survivors.

The study found that the parent should be involved in the child's life as well as encouraging the children to speak up. It is important to reassure the victims that their voice will be heard and that increases the confidence in reporting in case of an assault. A parent can start having conversations on sexual violence with the children as soon as they begin using words to talk about feelings or emotions.

The study found out that the existing Sexual offences Act (2006) in Kenya is the law responsible for ensuring perpetrators of sexual violence of any kind are convicted. It is in use and many victims are receiving justice. The victims however need a policy to ensure their wellbeing throughout their lives.

This study compares to Omondi (2014) & Ndungu et al. (2014) who found that the victims of SVAC who sought justice were confronted with a legal system that ignores, denies and at times condones violence against child victims while protecting the perpetrator. One of the legal guardians noted the following.

“It took 4 years of in and out of court, in and out of hospital for my child to ever get justice. Our case was always being dismissed as lacking evidence [key informant 8]

The study borrows from Reilly (2009) describes how focusing solely on acts of violence and on individual perpetrators and victims often leads to interventions focused on protecting victims or punishing perpetrators. Adopting a broader notion of sexual violence as a social behavior, including acts and verbal forms of sexual violence, leads to research and interventions that seek to understand the social conditions that produce and maintain it and interventions are directed toward transforming those precipitating conditions. The

notion that violence is inextricably related to power acknowledges the global relationship that women have had with men and reinforces the perspective that focusing on the prevalence or acts of violence ignores the gendered dimensions of violence and the workings of power that underpin violent acts.

In Makueni county, a GBVRC has been established which serves as a one stop centre for victims to report, get treatment, get legal help and get counselling. That centre is however at the county headquarters which makes it hard to access by people from the six sub-counties.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0. Introduction

This chapter presents summary, conclusion and recommendations on effects of sexual violence on young girls' self-esteem in Makueni County. The study aimed at investigating the effects of sexual violence on young girl's self-esteem: a case study of Makueni County

5.1. Summary

The study sought to study the effects of sexual violence among young girls' self-esteem in three sub-counties (Makueni, Kibwezi-West and Kaiti)in Makueni county. The study targeted 100 young girls aged between 13-17 years. The study had three study objectives; to examine types of sexual violence, to establish effects of sexual violence on young girls' self-worth and to examine the mitigation strategies that are used to counter those effects. The study used survey questionnaires, Key informants and case narratives as tools of data collection. The study established that Incest was the most commonly reported form among the girls, followed by defilement, Oral sex and forced hugs inappropriate touching of the body parts, body shaming and suggestive teasing were found to be the major types of sexual violence among young girls in Makueni County.

The study revealed that the consequences of SV are complex and numerous. SV survivors' mental health outcomes are adversely affected; those who experience SV are at a greater risk for exhibiting post-traumatic stress disorder, depression, suicidal tendencies, anxiety, insomnia, and substance abuse. These lead to a low sense of self-worth in the victims which

leads to poor performance in school and disassociation from peers and lack of interest in social activities. All these are due to the stigma that surrounds the victims and the close relatives of the victims as well.

The study found that the parent should be involved in the child's life as well as encouraging the children to speak up. When someone knows that their voice will be heard and taken seriously, it gives them the courage to speak up when something isn't right. A parent can start having conversations on sexual violence with the children as soon as they begin using words to talk about feelings or emotions. The study also found that sensitizing girls, parents, police and local communities to the nature and extent of sexual violence, and giving permission to discuss it, are essential steps in tackling it.

The study also found that the government ought to present sex training in the educational plan to guarantee kids are instructed on issues of sex. This would guarantee that they know about what is best for them and when they ought to take an interest.

5.2. Conclusions of the Study

The study concludes that, sexual violence is prevalent in Makueni violence with young girls as the victims. Incest is the most experienced type of sexual violence among young girls' in Makueni County. Furthermore, Acts of sexual violence such as incest, defilement, Oral sex and inappropriate body touching, which often occur together and with other forms of violence, range from direct physical contact to unwanted exposure to sexual language and images.

The study concludes that the information regarding SV incidents in Makueni County became known both within neighborhoods where the affected children reside and in the schools they attended soon after the incidents. This was related to caregivers' reports that schools attended by children were close to their residence. As a result there were reports of stigma both at school and home and in the caregiver's view these resulted in low self-esteem among sexually abused children. Caregivers reported cases where adults within neighborhoods questioned victims of sexual violence to obtain information around the incident while in schools sexually abused children were taunted by colleagues impacting negatively on their self-esteem.

Poor performance emerged as a major impact of SV on academic progression of school age children and this manifested through deteriorating school grades, repetition of academic year, absenteeism or dropouts. Parents reported below average performance in school examination. Indeed in one case a child who had been sexually abused attempted the final national examination after being absent from school for a prolonged period following the SVAC, and was unable to attain the points required to proceed to high school within the formal educational system. As a result the mother opted to enroll the child in a vocational training institution where her performance continued to be poor.

The study also concludes that SV came with significant strain on social relationships and family wellbeing. The most drastic changes in family and social relations were reported when the perpetrator was a family member. Such cases ended up in marital breakup, loss of financial stability especially when the perpetrator happened to be the main provider for the family, and also impacted on the relationships between the defiled child and other

family members who commonly reported strained relations with victims related to his/ her adjustment to the SV experience.

The study concludes that there are coping mechanisms like legal frameworks to deal with the sexual violence eg) Sexual offences Act (2006) and Children protection Act (2001) which ensure victims are protected from unlawful sexual activities and that perpetrators are reported and prosecuted accordingly. At the county level a GBVRC one stop centre has been established by the Makueni County in conjunction with Nairobi women hospital. The centre helps in forensic collection of sexual violence evidence, offering treatment, legal services including preparation for court proceedings, providing counselling services to the victims as sensitizing the community on GBV at the county level. The centre is however set up at the headquarters which is not easily accessible by victims from various part of the county due to challenges like cost, distance and urgency of the matter. There is however no particular initiative of dealing with ensuring the well-being of the survivors long after suffering sexual violence. That means that the effects of sexual violence on a survivor's self-esteem are the responsibility of the survivor either to conquer or succumb to.

The study concludes that young girls aged 13-17 years' experience different types of sexual violence. These types of sexual violence negatively affect their self-esteem which means they have low self-worth which leads to poor performance in schools, depression and disassociation from their normal lives. There exists legal frameworks to address sexual violence and protect the victims both at the national level, in schools and at the county government level.

5.3. Recommendations for the Study

Based on the findings the following recommendations are made:

Culturally informed male led advocacy against sexual violence should be encouraged.

Creating a team of paralegals and community health workers should be adequately trained and equipped to deal with sexual violence cases.

Multi-dimensional counselling centres should be established in different areas of the county and survivors offered free services until full recovery.

The clan leadership (Mbai) should be involved in advocacy aimed at addressing stigma towards the victims and instead advocate for support towards the victims of sexual violence.

5.3. Areas of Further Study

It is necessary to continue research on the subject, not only empirically, but also coming up specific theoretical models that can explain the effects of sexual Violence and how it influences the victims' self-esteem.

REFERENCES

- Ajzen, W. (2015). *Sex and Relationship Education; a Step-by-Step Guide for Parents*. London: David Fulton publishers
- Ashbaugh, K. & Cornell, W. (2012). AIDS Knowledge and Attitudes of Pupils Attending Urban High Schools in Israel. *Patient Education and Counseling*, 36,271-278.
- Austigmatization, B. A., Baker, J. & Short, M. B. (2012). 'Changing Emphasis in Sexuality Education in U.S. Public Secondary Schools, 1988-1999', *Family Planning Perspectives*, 32 (5), pp. 204-11 and 265
- Basile KC, Smith SG, Breiding MJ, Black MC, Mahendra RR. *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements*, Version 2.0. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2014.
- Berliner, L. & Elliot, D. (2012). Knowledge, Attitudes and Behaviors Related to sexual violence Among Chinese Adolescents in Hong Kong. *Journal of Adolescence*, 21, 657-665
- Bhana, W. (2012). The Role of Academic Discipline and Gender in High School Teachers' AIDS-Related Knowledge and Attitudes. *Journal of School Health*, 71(1), 3-8
- Bott, J. P. (2010). *Exploring sexuality and the overburdened parent; a participatory approach in a rural school in Kenya*. Pastoral Care, Blackwell Publishing Ltd. U.K

- Casey, E. A., & Lindhorst, T. P. (2009). Toward a Multi-Level, Ecological Approach to the Primary Prevention of Sexual Assault: Prevention in Peer and Community Contexts. *Trauma, Violence, & Abuse*, 10(2), 91–114.
- Craig, L. & Mullan, K. (2011). 'Looking at Gender', in C. McLaughlin, C. Lodge and C. Watkins (eds), *Gender and Pastoral Care. The Personal-Social Aspects of the Whole School*. London. Basil Blackwell Ltd, pp.5-12.
- Cromer & Goldsmith, (2012). *Study into the Attitudes, Knowledge and Behavior of Students at Higher Institutions of Learning*. Paper presented at the 3rd Zambian AIDS NGO Conference, Lusaka, Zambia.
- Cromer, Lisa & Goldsmith, Rachel. (2010). Child Sexual Abuse Myths: Attitudes, Beliefs, and Individual Differences. *Journal of child sexual abuse*. 19. 618-47. 10.1080/10538712.2010.522493.
- Dahlberg L.L, Krug E.G. *Violence-a Global Public Health Problem*. In: Krug E, Dahlberg L.L, Mercy J.A, Zwi A.B, Lozano R, eds. *World Report on Violence and Health*. Geneva, Switzerland: World Health Organization; 2002:1–56.
- Devaney, J. (2013). Chronic Child Abuses and Domestic Violence: Children and Families with Long Term and Complex Needs. *Child & Family Social Work*, 13(4), 443-453

- Duffy, C. M., Kumar, B. S. & Aggarwal, O.P. (2014). Perceptions of parents regarding sex education in National capital territory of Delhi, Indian *Journal of Pediatrics*, 66:527-531
- Esuabana, S. (2017). Perception of Parents towards Sex Education on Primary School Pupils in Calabar Education Zone of Cross River State, Nigeria. International. *Journal of Scientific Research in Education*, 10(2), 176-190.
- Jewkes, S.& Garcia, M. (2012). *The Attitudes of Parents towards the Introduction of Sexuality Education in Schools*. (Unpublished Thesis), University of Nairobi, Kenya
- Macdowal, B. Macpherson, P. (2013). Training Parents to safeguard children: Developing a consistent approach. *Child Abuse Review*, 14, 317-330
- Mathews (2011). Child sexual abuse prevention: Research review and recommendations. *Social Work Research & Abstracts*, 28(4), 6-15.
- Muhwezi, W.W., Katahoire, A.R., Banura, C. (2015). Perceptions and experiences of adolescents, parents and school administrators regarding adolescent-parent communication on sexual and reproductive health issues in urban and rural Uganda. *Reprod Health* 12, 110
- Musau J. M., Jackson M. Musau, Leonard M. Kisovil and Warkach K. Tonui (2017). *The Demographic, Socio-Economic and Cultural Factors Influencing Non-Marital Fertility in Makueni District, Kenya*, Kenyatta University, Kenya, 1 (4), 126 135

- O'Toole, B. I., Oates, R. K., Lynch, D. L., Stern, A., & Cooney, G. (2013). Child sexual abuse in Henan province, China: Associations with sadness, suicidality, and risk behaviors among adolescent girls. *Journal of Adolescent Health, 38*, 544-549.
- Pinheiro, R. (2016). Prevalence of childhood sexual abuse among 2508 college students in 6 provinces of China. *Zhonghua Liu Xing Bing Xue Za Zhi, 31*(8), 866-869.
- Riggs, N. R. (2012). Parents Experience with Reporting Child Abuse in Taiwan. *Child Abuse & Neglect, 34*, 124-128.
- Saltzman et al., (2009). Prevention of Sexual Abuse Through Educational Programs Directed Toward Children. *Pediatrics, 120*, 640- 645.
- Senn, T. E., Braksmajer, A., Urban, M. A., Coury-Doniger, P., and Carey, M. P. (2017). Pilot Test of an Integrated Sexual Risk Reduction Intervention for Women with a History of Childhood Sexual Abuse. *AIDS Behav. 21*, 3247–3259.
- Shakeshaft, C. (2012). Child Sexual Abuse Reporting Behaviour by Counsellors and their Need for Further Education. *Health Education Journal, 64*, 302-322.
- Trudginer, S. & Crawford, K. (2014). The Parents' Role in Child Sexual Abuse Prevention Programs: Implications for Sex Education. *Australian Journal of Sexuality Education, 37*(11), 6.
- UNESCO, (2012). *Reproductive Health Strategy to Accelerate Progress towards the Attainment of International Development Goals and Targets*, Geneva

UNESCO, (2015). School-related Gender-Based Violence is Preventing the Achievement of Quality Education for All. *Policy Paper 17 March 2015*

Yuko, M. Naren, W., Elizabeth, S. & Kishor, N. (2012). The Relationship between Sexual Abuse and Risky Sexual Behavior among Adolescent Boys: A Meta-Analysis. *Journal of Adolescent Health, 51*, 18-24.

Williams, B. & Finkelhor, D. (2013). Childhood Sexual Abuses among 1307 Adult Girls And Analysis on Results of Symptom Checklist-90 Test. *Zhonghua Er Ke Za Zhi, 44*(1), 21-25.

APPENDICES

APPENDIX I: INTRODUCTION LETTER FROM THE UNIVERSITY



UNIVERSITY OF NAIROBI
AFRICAN WOMEN STUDIES CENTRE
P.O Box 30197-00100
Tel: 0204918217
Email: awsikenya@yahoo.co.uk
Website: <http://awsc.uonbi.ac.ke>
Nairobi, Kenya

Date: July 15th, 2019 **Ref:** UON/CHSS/AWSC/8/3

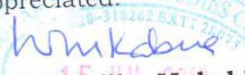
From: Director,
African Women Studies Centre
University of Nairobi

TO WHOM IT MAY CONCERN

SUBJECT: INTRODUCTION LETTER FOR MS. EVERLYNE MWIKALI MBALUKA

This is to confirm that **Ms. Everlyne Mwikali Mbaluka (M10/10692 /2018)** is a registered Master of Arts student at the African Women Studies Centre, University of Nairobi. She is currently working on her research project entitled, **“Effects of Sexual Violence on Young Girls’ Self Esteem in Makueni County”**.

Any assistance accorded to her during her research period is highly appreciated.


Prof. Wanjiku Mukabi Kabira

Director, African Women Studies Centre
University of Nairobi

APPENDIX II: QUESTIONNAIRE

My name is Everlyn Mwikali and I am a Master of Arts Degree in Women in Leadership and Governance in Africa student at the University of Nairobi. I am carrying out a research on the Effects of Sexual Violence on Young Girls' Self Esteem: A Case Study of Makueni County.

Kindly provide correct and useful data and fill appropriately as logically guided (This questionnaire has been provided as a word document that can be filled out in soft copy and returned via e-mail; or printed, filled out and mailed). This information will help me to contribute to policy and strategies with relevant stakeholders. The information you provide will remain confidential, for research and educational purposes only. Participation in this discussion is purely voluntary and there is no penalty for refusing to respond to any question. There is also no compensation, money or gifts, for participating in the study.

Section A: General Information

1. Age

a) 13-15 [] b) 16-17 []

2. Education Level

a) Primary education [] b) Secondary Education []

3. Religious Affiliations

Christianity []

Islam []

Hinduism { }

Section B: Types of Sexual violence

4. Have you experienced sexual violence?

Yes [] No []

5. (a) List down the types of Sexual Violence you are aware of?

i.

ii.

iii.

(b) Which one of the above happened to you?.....

.....
.....

6. Who did you tell first after the assault and what did you do?

Report to the local chief []

Report to the police []

Take the child to the hospital []

Inform to the neighbor []

SECTION C : Effects of sexual violence on young girl's self-esteem

7. Using a scale of 1-5, where 1= strongly disagree; 2=disagree; 3=Neutral; 4=agree; 5=strongly agree, please indicate the extent to which you agree with the following statement on effects of sexual violence on young girl's self-esteem.

Statements	S.D	D	N	A	S.A
How a girl feels about themselves is affected after she has been assaulted					
The relationship with family members, school mates and peers change					
There is loss of interest in what was previously enjoyed					

1. What other consequences of sexual violence among young girls you are aware of?

.....

.....

.....

Section D: Mitigation Strategies to Counter Sexual violence

8. What are some of the measures that can be taken by parents and members of the community to protect young girls from sexual violence?

.....

.....

9. What areas do you think the government should improve in the community in order to fight sexual violence?

.....

.....

APPENDIX III: KEY INFORMANT INTERVIEW GUIDE

My name is Everlyn Mwikali and I am a Master of Arts Degree in Women in Leadership and Governance in Africa student at the University of Nairobi. I am carrying out a research on the Effects of Sexual Violence on Young Girls' Self Esteem: A Case Study of Makueni County. As part of my research, I am therefore requesting you to assist me by providing information as accurately and honestly as possible. The data I will collect will be used purely for academic purposes and maybe used to influence policy and will be treated confidentially.

1. What are the types of sexual violence that are most experienced and reported here?
2. What are the effects of SV on young girls' self-esteem?
3. What are the mitigation strategies adopted to counter the effects of SV on young girls self-esteem in this County?
4. How best could the problem be addressed? (Probe on their own thinking on the issue, attitudes towards the existing Laws on SV etc).

Thank you for participating in this study

Everlyn Mwikali

APPENDIX IV: CASE NARRATIVE

My name is Everlyn Mwikali and I am a Master of Arts Degree in Women in Leadership and Governance in Africa student at the University of Nairobi. I am carrying out a research on the Effects of Sexual Violence on Young Girls' Self Esteem: A Case Study of Makueni County. As part of my research, I am therefore requesting you to assist me by providing information as accurately and honestly as possible. Thankyou for agreeing to discuss your experience of sexual violence on young girls' self-esteem in Makueni County and get into details that will benefit this study. The data I will collect will be used purely for academic purposes and maybe used to influence policy and will be treated confidentially.

1. Please describe how you have experienced sexual violence
2. How have these experiences affected your self-esteem; how you perceive yourself and your self-worth?
3. In your own opinion which mechanisms do you feel can be put in place to curb sexual violence and the effects it has on the self-esteem of the victims?

Thank you for participating in this study

Everlyn Mwikali

APPENDIX V: MAP OF MAKUENI COUNTY

Source, (IEBC 2017)

