

**UNIVERSITY OF NAIROBI**

**FACULTY OF ARTS**

**DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK**

**CHILD SEXUAL ABUSE: AN EXPLORATION OF KNOWLEDGE,  
PERCEPTIONS AND PRACTICES IN NAIROBI WEST DISTRICT**

**By**

**Kahuria Grace Wangechi**

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partial fulfillment of requirements for the award of the degree of Master of Arts in  
Sociology, specializing in rural sociology and community development.**

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# DECLARATION

I hereby certify that this is my original work and has not been submitted in any other university for the award of a degree.

**Kahuria Grace Wangechi**

Signed..........

Date.....9-11-2009.....

This thesis has been submitted for examination with my personal approval as the university supervisor.

**Dr. Paul N. Mbatia**

Signed..........

Date.....11/11/09.....

## **DEDICATIONS**

**This thesis is dedicated my very special daughters Nyaguthii and Nyakio for inspiring this work, and standing with me throughout the research. As I “burned the midnight oil”, a lot of times they kept saying, “you will get through it Mum”.**

**I also dedicate this work to my MUM, Mary Kahuria for her strength and great wisdom over the years, and to my wonderful friends-my 4 sisters Wanjiru, Muthoni, Maggie and Wangari who have been the pillars of my strength.**

**Finally this work is also dedicated to the great child of this world, out there who faces several challenges; worst of all sexual abuse and those who are dedicated to kick child abuse out of Kenya.**

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# **ABSTRACT**

**Child Sexual Abuse (CSA) is a silent epidemic in society in that it is rarely discussed within homes and schools and at the larger community, yet it takes place daily in those same environments.**

**A lot of studies have been undertaken on CSA but not many actually look at the child and her/his environment, and the factors that predispose them to this vice.**

**Child Sexual Abuse in Kenya continues even though the government together with several other stakeholders, interested and affected parties have put up a spirited fight to rid such vices out of the society. There seems to be no coordinated efforts and collaboration to ensure that the issue of CSA is history in Kenya. Several factors have contributed to this behavior in the society and the sooner it is checked the better for the growth and development of the nation.**

**The government has put in immense efforts to try and weed out this behavior including legislation amongst others yet it still is being reported to be happening and actually rampant in the society. What then is the gap? In order to understand how complex the whole issue is we conducted a study in Nairobi.**

**The study used both qualitative and quantitative approaches to collect data from the field. Semi structured questionnaire with both open and closed questions were used in the field to interview 150 respondents and 12 key respondents who were interviewed by the use of an interview guide. The key informants included chiefs, government representatives, police and representatives of non governmental organizations involved in child rights issues and other community members with information on this topic. Quantitative data was analyzed by the used of Statistical Package for Statistical Scientist.**

The study revealed that child sexual abuse is rampant in Nairobi and several factors contribute to this behavior. Some of these causes include use of drugs and alcohol, immorality, poverty and poor parenting. A total of 101 respondents representing 67% of the respondents noted that most cases of CSA are reported to authorities. However, from the Key informants, who are persons with expert knowledge on CSA, there is still under reporting of CSA cases. The effects of CSA are categorized into physical, social and psychological effects and include exposure to STIs, HIV/AIDs, trauma, unwanted pregnancies and physical harm. The main custodian over protecting the child, in this case the parent also emerged as the key perpetrator and this is a very sad situation for Kenya. 63% of the respondents reported CSA to be taking place at home, yet this is supposed to be a safe haven for children.

To mitigate against CSA, respondents recommended interventions at three levels, being at individual, community and Government levels. At the community level, creating awareness on CSA and teaching children about the vice to protect themselves were key, while at the community level, being vigilant and advocating against CSA came first. The respondents urged the Government to pass stiff penalties against the perpetrators and at the same time, create awareness on CSA. Knowledge on preservation of evidence was a key recommendation by most expert organizations.

There is need therefore to emphasize on awareness, severe punishment of child sexual abusers and the strengthening of the reporting mechanism of CSA incidences. Support to the survivors of the abuse should be enhanced.

Further areas of study should address child sexual prostitution, impact of the sexual offences act on CSA since its enactment, and on the capacity of the Judiciary to handle CSA cases.

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## List of abbreviations /acronyms

<b>AIDS</b>	<b>Acquired Immune Deficiency Syndrome</b>
<b>ANPPCAN</b>	<b>African Network For the Prevention and Protection against Child Abuse and Neglect</b>
<b>CBO</b>	<b>Community Based Organization</b>
<b>CLAN</b>	<b>Children Legal Advisory Network</b>
<b>CRADLE</b>	<b>Child Rights Advisory Legal Center</b>
<b>CSA</b>	<b>Child Sexual Abuse</b>
<b>CSEC</b>	<b>Commercial Sex Exploitation of Children</b>
<b>GVRC</b>	<b>Gender Violence Recovery Centre</b>
<b>HIV</b>	<b>Human Immunodeficiency Virus</b>
<b>ILO</b>	<b>International Labor Organization</b>
<b>NGO</b>	<b>Non governmental Organization</b>
<b>SPSS</b>	<b>Statistical Package for Social Scientists</b>
<b>STDs</b>	<b>Sexually Transmitted Diseases</b>
<b>UK</b>	<b>United Kingdom</b>
<b>UN</b>	<b>United Nations</b>
<b>UNICEF</b>	<b>United Nations Children's Fund</b>
<b>USA</b>	<b>United States of America</b>

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# **CHAPTER ONE: INTRODUCTION**

## **1.0 Background to the study**

Child abuse has for a long time been recorded in literature, art and science in many parts of the world. Reports of infanticide, mutilation, abandonment and other forms of violence against children date back to ancient civilizations. The historical record is also filled with reports of unkempt, weak and malnourished children cast out by families to fend for themselves and of children who have been sexually abused. Thus children have been extremely vulnerable in the society.

Notably, there is a global consensus on the definition of a child as anyone below eighteen years, Children play a crucial role in the society and thus need to be protected. According to the United Nations Convention on the Rights of the Child (UNCRC: article 1), a child, by reason of his physical and mental immaturity, needs special safeguards and care (CRC 2003). Indeed, being comparatively “voiceless” children normally do not have the political platform available to adults to articulate and claim the rights (Media Concern Initiation Paper, 2007)

Traditionally, the African family was expected to offer social cushioning for the children. The social welfare of children was a primary prerogative of the family and the community at large (Locoh 1988, Kilbride and Kilbride 1997). Other than the family, the community offered supportive mechanisms for socialization and protection of children. Many sociologists have argued that the norms of the day in the traditional African families made it impossible for children to be exposed to vulnerabilities of sexual abuse.

The forces of social change and the inherent desire to embrace modernity have considerably weakened traditional mechanisms of social support and protection of the children. Currently, the basic needs of children are also enshrined in the constitution of Kenya and other International Charters in child rights. However, with the dynamics and

**complexities of our society, the children have become even more vulnerable to the social vices in the society of which child sexual abuse is part.**

**Children have been exposed to threatening environments of neglect and abuse, by people deemed as guardians of children. Despite the enactment of laws, charters and international agreements to protect children, statistics reveal that more and more children are abused daily worldwide. Recent media reports across the world suggest an increase in incidences of abuse, or an increase in reporting of the vice. Almost each local daily newspaper reports a case of CSA each day.**

**According to the National Commission UK in CLAN:2003:7, “child abuse consists of anything which individuals, institutions, or processes do or fail to do which directly or indirectly harm children or damages their prospects of safe and healthy development in adulthood.”(CLAN: 2003) Child Sexual Abuse (CSA)**

**Child sexual Abuse (CSA) is a more worrying form of abuse due to its nature. According to (Flinn: 1995), sexual abuse in children occurs in rural, urban and suburban areas and among all ethnic, racial and socio-economic groups. This implies that CSA permeates in all sectors of the society. In Kenya, based on the local newspaper, reports of CSA indicate that cases come from across the country, cutting across the socio-economic divide. The central characteristic of any abuse is the dominant position of an adult that allows him or her to force or coerce a child into sexual activity. This means that all children, regardless of their race, social or economic backgrounds are at risk of CSA.**

**CSA can be defined as any social activity whether it be ongoing or a single occurrence ranging from sexual overtones to sexual intercourse between sexually mature persons and an un-consenting or consenting child who is cognitively and developmentally immature (Sepel.et.al 1990:213).CSA includes and is not limited to the following; rape, incest, prostitution, child pornography, indecent assault, sodomy, exposure to genital organs and masturbation. Stop the silence charitable organization calls CSA “a silent epidemic”**

throughout the world that creates social havoc for the children, adult survivors and society (stopcsa brochure). In the African context and more specifically in Kenya, the most common forms of CSA are rape, defilement, incest, prostitution and most recently sodomy.

Many experts believe that CSA is the most underreported form of maltreatment because of the secrecy or “conspiracy of silence” that so often characterizes these cases. (Media concern Initiative: 2007). These issues point out to the fact that there is still inadequate knowledge on factors that are increasing children’s vulnerability to sexual abuse despite of the existence of legal frameworks prohibiting the same.

### **1.1 Statement of the Problem**

Prevalence rates of CSA around the world range from 7% to 35% for girls and 6% to 29% for boys, with most abuse reported in the higher ranges (Pine: 2007, 1). According to the United Nations, more than 200 million children worldwide have suffered sexual abuse. The vast majority of these crimes occur not through prostitution but at the hands of someone the child knows, perhaps at home, in the community or at school (The Washington Post August 27, 2007). This makes the issue of CSA very complicated in that majority of the perpetrators are people well known to the child, and this may hinder reporting, or exposure of the perpetrator.

Nearly 70% of all reported sexual assaults occur to children ages 17 and under (Snyder, 2000). More alarming statistics indicate that 1 in every 4 girls is sexually abused before the age of 18, while 1 in 6 boys is sexually abused before the age of 18

Globally, the prevalence rates of CSA range from, 7 % to 35 %for girls and 6% to 29% for boys (Pine: 2007, 1). In Africa, a survey of nine countries by the World Health Organization (WHO) found the highest incidence of child sexual abuse in Namibia, more than one in five women there reported being sexually abused before age 15. Relatives are frequent perpetrators in Africa, as in much of the world. But this continent’s children face

added risks, especially at school. Half of Malawian schoolgirls surveyed in 2006 said male teachers or classmates had touched them in a sexual manner without their permission (LaFraniere in International Herald Tribune: 2006). This is just an example of the level of abuse and the added risk in that the power relations (teacher-pupil, Child-parent) make reporting very difficult.

In Kenya, there is minimal information in the prevalence rates. Different organizations and institutions have unpublished reports of studies they have undertaken and therefore may not reflect the true magnitude of CSA. However, going by both media and public outcry, we do know that the prevalence of CSA must be relatively high. According to The African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN, 2000: 13) surveyed 501 children, in both rural and urban areas, regarding child abuse and children's rights. A total of 7.6% of children were reported as having been "sexually" abused. However, the report does not further discuss the children's actual experiences, and real circumstances leading to such abuse.

Further insight to adolescent sexuality in Kenya is provided by the Population Studies and Research Institute (1991). Again, respondents were asked about their age at first coitus. Respondents from a sample of 454 reported experiencing first coitus at less than 10 years, and 69 respondents were aged only between 11 and 14. Thus, it is evidential that first coitus begins at a young age for many Kenyan adolescents and that a degree of force, trickery, or material exchange is not uncommon in sexual relations (Lalor, 2004:839). It is important to note that "the issue of consent is irrelevant because the survivor is a child and he/she cannot consent to abuse" (ECPAT, 2007:5)

Out of 2348 survivors of gender based violence, at the Nairobi Women's Hospital, 2049 (87%) were sexual violence cases. Out of these 2049 survivors, 1285 (63%) reported that they were sexually abused by people known to them including husbands, neighbors and close relatives (GVRC Annual report, 2007:4). On average GVRC treats 150 survivors of rape and domestic violence per month (GVRC brochure).

We note that, none of these studies examines the prevalence rates of CSA and the situational factors that increase children's vulnerability to sexual abuse. This is one of the gaps that this study will attempt to address. It will be of great sociological interest to know the situational factors that make children vulnerable to sexual abuse. Despite the legal framework, the problem appears to persist, thus the need to determine what would be the other options for addressing the phenomenon. Based on the earlier noted gaps, this research was guided by the following questions

1. What are the situational factors that predispose children to sexual abuse in Nairobi West District?
2. What are the effects of CSA in Nairobi West District?
3. What are the factors that would mitigate CSA in Nairobi West District?

## ***1.2 The objectives of the Study***

On one hand, the general objective of this study was to investigate factors that increase the vulnerability of children to child sexual abuse in the District .On the other hand the specific objectives were:

1. To establish situational factors that predisposes children to CSA.
2. To investigate the effects of sexual abuse.
3. To explore means of addressing CSA.

## ***1.3 Rationale/Justification for the study***

Child sexual Abuse as has been previously discussed is a very sensitive agenda amongst children, families and communities. CSA happens in almost every community, and continues to happen albeit increasing public awareness and efforts to curb it. In the recent past, bizarre forms of CSA have been reported as described in the statement of the problem. This calls for urgent and coordinated efforts to stem out CSA.



This study was therefore deemed by the researcher as necessary in order to collate different statistics from specific studies done, to give a more comprehensive research on situational predisposing children to CSA, documenting effects of CSA, and suggesting mitigating factors for CSA.

Given the above, a first step towards combating CSA was the establishment of the extent of the violence, analysis of the prevalence rates, trends and patterns and an understanding of the plausible causes of the abuse. In the recent past, there has been a heavy debate amongst child protection experts and practitioners, who have been asking themselves one core question. "Do we have an increase in the number of cases of CSA, or is it that we have an increased reporting on CSA? This is an important area of focus for the research, which will aid in designing effective child protection programs. Without accurate and current reports that give the facts and figures described above, it is not possible to design successful child protection programs, nor is it possible for agencies to advocate for relevant and adequate child protection policies. In Kenya we have limited research in this area and therefore not able to authoritatively design strategies to address the root causes of CSA.

Equally, an understanding of the effects of CSA would provide child rights experts, counselors, health care providers, parents as well as other professionals that have contact with children adequate skills and knowledge to deal with the sexually abused children. This would enable the children survivors of CSA to cope with the trauma and enable them lead fulfilling and meaningful lives.

This study also established the situational factors that create opportunities for CSA in Nairobi west District. With this understanding, children and caregivers will work at designing preventive strategies that enhance child protection. CSA is a very sensitive issue, and not openly discussed in most African communities. Infact, various studies have indicated that CSA is underreported in that the child is often intimidated and or

threatened, while the child's family is either bribed to withdrawal or keep silent on the case. At other times, the child's family is threatened. Given that majority of the perpetrators are known to the child, the study findings will aid in early detection of CSA, and also facilitate public awareness and proactively in preventing CSA.

In the past, most studies by UN agencies such as United Nations Children's Fund (UNICEF) and the International Labour Organization (ILO) have focused on the commercial sexual exploitation of children. Not much focus has been given specifically in the area of CSA as highlighted above in this section and it would be critical to have this insight.

The results of the study will therefore be helpful to first and most importantly the children themselves, parents and the larger community, civil society and Government as these stakeholders continue to discern better child protection measures. The study findings also could be used as a base for further research in the area of child protection, and also act as a source of reference for future. Finally the findings have the potential of contributing largely to scaling up efforts of enhancing best practice child protection efforts not only in Nairobi, but in Kenya.

#### ***1.4 The Scope of the study***

This study focused on gauging factors that predispose children to CSA including establishing existing trends and incidents of CSA and established factors that create opportunities for CSA. The study also identified the effects of CSA on the child and keenly underscored; physical, psychosocial and social effects.

The study was undertaken in Dagoretti Division, Nairobi Province, with respondents sampled from Satellite and Kawangware areas. However, to a large extent and specifically through secondary data, the study looked at CSA across Kenya.

# **CHAPTER TWO: LITERATURE REVIEW**

## **2.0 INTRODUCTION**

The objective of this chapter is to review existing literature on factors that increase the vulnerability of children to sexual abuse around the world, in Africa (generally) and Kenya in particular. This will give an overview of the prevalence rates, trends and forms of Child Sexual Abuse (CSA), effects of CSA on children, as well as document factors that facilitate for CSA in Kenya. The last section of this chapter provides the main theories that will be employed in understanding the problem of CSA, namely structural functionalism and rational choice theory.

### **2.1 Overview of Child sexual abuse**

Until the early 1970's CSA was thought to be rare and centered among the poor. Experts now agree that CSA has always occurred and still exists in all socio-economic groups. It is suggested that increased public awareness has led to greater reporting. From 1970-1990, CSA reports increased more than other categories of neglect or abuse. (National Research Council, 1993)

The number of abuse cases is rising in South Africa, Zimbabwe, Zambia, Uganda, Kenya, Sierra Leone and other African countries. According to The South African Police Report, (SAPS, 2004), in Kolbe (2005), the media has emerged with shocking allegations regarding the underreporting of rape figures. An analysis of rape cases registered since February 2002 reveals that, "41% of all the cases were survivors aged 18 years and younger. 14.2% were 12 years old or younger (SAPS, 2004). For the year 2002/2003 of sexual offence cases against children 12 years and younger, it was found that, of the 3222 dockets examined, 52.7% of cases involved rape, 24.8% indecent assault, 11.4% incest and 5.2% cases of attempted rape. Nearly 90.0% of the offenders were known to their survivors before the sexual offence of which the breakdown was as follows: 41.8% were acquaintances, 21.4% were relatives (almost 50% were the survivors own parents or

guardians) 10.4% were known by sight while 9.4% were neighbors. This makes CSA a serious issue that requires urgent and coordinated strategies. Children are especially vulnerable given their undeveloped physical, mental and emotional status to handle sex related issues, but further worsened by the risks that children are exposed to that include, contracting sexually transmitted diseases including HIV/AIDS, dropping out of school meaning lower reduces opportunities to realizing their potential, poor parenting and its associated risks amongst others. CSA is most likely on the increase due to the way it takes place. Given the fact that the CSA survivor knows most perpetrators of CSA, it means that the pedophiles abuse the trust accorded to them by the children. The offenders go further to either intimidate or threaten the children so that the vice is not reported. This in essence contributes to the increase of CSA.

According to the Third National Incidence Study 1996, girls are sexually abused three times more often than boys, whereas boys are more likely to die or be seriously injured from their abuse (Sedlak & Broadhurst, 1996). Both boys and girls are most vulnerable to abuse between the ages of 7 and 13 (Finkelhor, 1994).

Globally therefore, the problem of CSA requires urgent attention. From a sociological perspective, we need to clearly understand the magnitude of the issue by having relevant and current prevalence rates; the question on the factors that facilitate CSA needs to be well researched on, as it will be the springboard for effective and efficient child protection programs. However, accurate statistics are difficult to collect and establish, due to the very nature of CSA being a very sensitive issue and the culture of silence around it.

## **2.2 Factors increasing children's vulnerabilities to CSA**

Kenya has a young population structure with majority being under 15. UNICEF estimates the population under 18 at 17,214,000, (UNICEF Webpage-2006) which accounts for slightly over 50% of the country's population. With an annual population growth rate of 2.5%, this population is set to increase thereby implying the need for specific focus on children in the country. This suggests that there is a big percentage of a population at risk of sexual abuse.

Sexual abuse in children presents itself in various ways. These include, verbal sexual abuse where young girls face vulgar comments about their body parts, abusers exposing their genitalia to the children and children forced to touch the genitalia of the abusers, exposure to pornography, touching and fondling, forced to perform oral sex, rape and sodomy. A child's exposure to the aforementioned social vices is detrimental to the child's social, psychological and physical well being. Not only do the social vices impart negatively on the child's socialization process but also predisposes the child to health threats such as sexually transmitted diseases (STDs) and HIV/AIDS that are known to have adverse effects. Thus, there is need for research on the problem of CSA to capture the trends and the situational factors that predisposes the children to the vices.

To exacerbate the matter, recent studies also show that the age of children being abused has dramatically reduced with instances of infants falling prey to the abusers. For instance, a research by ECPAT (2006) shows that, the age is decreasing to children as young as 6 years of age. This not only raises concern, but also prompts the researcher to question what exactly is happening to our society? Culturally in the African society, Kenya included, children aged 6 years and below are not expected to be targets of sexual engagement. Apparently, there seems to be breakdown in the social institutions and structures that are primarily expected to safeguard children against this vice. This revelation further points out the need for research to investigate the magnitude and causal factors of CSA.

Gender disparities are also evident in sexual abuse of children with girls being the major survivors. However, recent studies also show that many boys are increasingly being abused yet the cases are never reported. According to a report by Gender Violence Recovery Centre (GVRC), “a total of 920 children survivors of sexual assault received comprehensive medical examination and treatment at the hospital. Out of 920 survivors, 793 (86%) were girls and 127 (14%) were boys (GVRC, 2007)”. Another report indicated that during the period under review, a total of 605 children survivors of sexual assault received comprehensive medical examination and treatment at the hospital. Out of these survivors, 547 (90.41%) were girls and 52 (8.6%) were boys seeking the same respectively. 6 cases forming 0.99% who were below the age of 18yrs were not classified (GVRC, 2006). Therefore, clearly more girls are abused than boys. Some of the reasons we can deduce from this is that girls are perceived to be generally more weak than boys, they are also much more predisposed to situations and environments that enhance CSA in addition to easily lured and that most perpetrators are men. Additionally, the African societies, are inclined towards heterosexual tendencies compared to the developed countries where homosexual engagement are increasingly gaining recognition, this could further explain why the girl child is at risk of CSA compared to the boy child. However, to have a healthy society it is important to focus on both sexes whether male or female.

Notably, CSA cuts across all social strata, all races, and all gender and is common in both the rural and urban environments. A study conducted by GVRC (2006), revealed that out of the 2049 survivors of Sexual Assault received during the reporting period, 1236 (60%) of the survivors came from slum areas including Kibera and its surrounding villages of, silanga Gatwekira and Laini saba, other slums included Mathare, Korogocho, and Mukuru slums. 621 (31%) of the survivors came from middle class and up market areas including Karen, Nairobi west, Langata, East Leigh, Lavington and Kilimani areas. While 192 (9%) were from other Nairobi areas some of them include; Ngong, Kiambu, Naivasha, Rongai and Machakos. Although this report indicates that CSA cuts across all social strata, it is arguable that the poor are more vulnerable. As these statistics suggest, the children of poor people in slums are exposed to higher risks of CSA. The slums are

likely to be characterized by poverty, anarchy, dysfunctional community structures, and alcohol and drug abuse among others, which predisposes the children to CSA.

Generally, the most frequent explanations for CSA include the rapid social change. One of the major changes the African society has experienced is the rise and high prevalence rates of HIV/AIDS. The pandemic has prompted the unrelenting efforts amongst all social institutions (religious, family, education, political, civil bodies e.t.c) towards getting its cure and management. Notably, there is this belief that is emerging that those infected with HIV/AIDS can be cured when they have penetrative sex with a minor. This trend has particularly been observed in South Africa and Labour (2004) estimates that, approximately 0.6-1.8% of all children in high HIV incidence in Southern Africa will experience penetrative sexual abuse by an HIV/AIDS perpetrator before the ages of 18 years. Thus, it could be argued that there is a link between HIV/AIDS and the prevalence of CSA. In addition, CSA could be associated with the problem of HIV/AIDS in that the pandemic brings about poverty in its management and the breakdown of family and societal structures at the event that children lose their parents or guardians thus predisposing them to sexual abuse. Thus, there is need to explore the situational factors that make the children vulnerable to CSA, of which the prevalence of HIV/AIDS could be one of them.

## **2.3 Types of CSA**

There are several ways in which CSA could present itself in the society. These may include commercial sexual exploitation of children (CSEC), sex tourism, child pornography, child prostitution and child trafficking. The various types of CSA are discussed in the following sections.

### **2.3.1 Sex Tourism and Sexual Exploitation of Children**

In the Eastern and Southern Africa Region, the number of tourists from western countries has increased dramatically. While most of these travelers may not deliberately be seeking sex when they travel, the number of those who make use of commercial sex is considerable. Thus, domestic tourism could also contribute to commercial sex among

children. Various reasons have been advanced for the increase in the number of foreign visitors engaging of sexual exploitation of children in this region. First, when tourists come to these countries there is anonymity, which releases them from the usual restraints that determine sexual behavior in their home countries. Secondly, at their destinations, most tourists may not understand the cultural values of the host communities. This leads them to make assumptions, which are untrue, but which allow them rationalize their sexual exploits. For example, it is common for western tourists exploiting children sexually to rationalize that this is a way of helping poor children and their families get some money. They see it as a way of reducing poverty. Thirdly, tourism has also been known to reinforce prejudice. Some foreign visitors to Africa hold strong ethnocentric views, whether explicit or obscure, about the inferiority of others. These attitudes may lead them into exploiting children whom they consider to be inferior. Fourthly, the relative economic superiority of western visitors tempts them to sexually exploit and abuse children. Wealthy local tourists are also known to engage in the practice. Fifthly, Sexual exploitation of children by tourists in this region also persists because children are readily available. The ease with which tourists in some areas can obtain children as sexual partners is, in itself, a powerful incentive for some to try the novelty of a child sexual partner. Finally, because tourists are often willing to pay large sums of money for sexual services from children, the trade in children is becoming lucrative to criminals and therefore more commonplace in the region.

Drawing from the preceding discussion is apparent that the linkage between sexual tourism and other forms of commercial sexual exploitation in the region is increasingly becoming evident. Thus, Sex tourism and CSEC can be seen as type of CSA in which the children are sexually abused given that they are immature to make rational decisions when engaging in sexual activities. These further points out the need for documentation on the factors that predispose these children so appropriate policies and legal action can be drawn given that the family role in safeguarding children appears to be failing.



### **2.3.2 Child Pornography**

Child pornography is any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for primarily sexual purposes (ECPAT, 2001). This practice, which involves production of pornographic films, photos and video material of children or the exposure of such materials to children, is banned in most countries within the East and Southern Africa Region. However, the practice goes on clandestinely, especially in major cities because of the existence of technologies such as the Internet.

The production of child pornography in most countries within the East and Southern Africa Region is not well documented and pornographic materials are thought to mainly originate from abroad. However, there are reports of women and children being enticed into the production of pornographic materials in the region. Private, wealthy individuals import pornographic material illegally. This form of sexual exploitation has been found to be widespread in the coastal towns of Kenya and major tourist destinations in South Africa and many other towns in the region (Schurink, 1996). Cases of child pornography are rarely reported and examples are hard to come by because of its illegal nature.

Information on child pornography is therefore limited as it is hard to detect and is considered taboo in the region. In South Africa, child pornography involving both boys and girls is increasing and is also readily available. There have been incidences of pornographic films and photographs being sold by locals on the international market at the request of foreigners (Molo Songololo, 2000). Lack of information technology has also inhibited child pornography from spreading rapidly in the region.

Child pornography is the sexually explicit reproduction of a child's image. It is in itself a form of commercial sexual exploitation of children. Encouraging, forcing or fooling children (often with the use of drugs) to pose for pornographic photographs or to take part in pornographic videos is demeaning and designed to take away a child's dignity and self respect. It reduces the value of the child's body to nothing, teaching the child that

the body is for sale and has no other value. Consequently, it is usually a first step towards prostitution. Child pornography also involves coercion and violence, which are sometimes part of the story line of video or photo shoots and are regularly inflicted on the unwilling child to secure submission and co-operation. Some exploiters satisfy their sexual fantasies by producing child pornography, playing a part themselves. Images of children engaged in sex, or posing, whether still or video, are used to increase demand for child sex.

Child pornography is a foreign concept that is gradually infiltrating into the African society through the advent of social change occasioned by globalization. Children exposed to child pornography are likely to be negatively socialized especially where matters of engagement in sexual activities are concerned. Child pornography in itself is “unaffrican” and as much as the society is changing there is need to reinforce some of the African structures especially in the protection of children against their involvement in sexual activities. However, these vices could only be addressed if the magnitude and prevalence of CSA is well understood.

### **2.3.3 Child Prostitution**

Child prostitution generally refers to the use of a child in sexual activities for remuneration or any other considerations (ECPAT, 2001). The term prostitution is widely used but there is a growing concern that it obscures the nature of sexually abusive behavior, wrongfully focuses on the concept of informed consent and frames the children as offenders rather than the survivors. Child prostitution is an emerging phenomenon in Kenya and all the other countries in the region. There are an increasing number of young children entering prostitution as a means of survival. Many of the children in Kenya are exposed to sex at an early age, especially children from slum areas (CWSK, 1989; Okumu, 1992).

An overwhelming majority of children in Kenya are abused in the streets. They are either orphaned, destitute or from families facing conflicts or too poor to offer children the

necessities of life. The large numbers of child domestic workers are also likely to be abused as house servants. Due to peer pressure and influence, these children take off to the streets to hustle for money (Onyango, 1996). This trend has also been reported in other countries in the region (Molo Songololo, 2000; Nyonyintono, 1998; UNICEF, 2000).

A unique feature of child prostitution has been noted in Kenya: this is communal living of child prostitutes who cannot afford to live alone. Communal premises may be used for sexual purposes; otherwise the perpetrators usually take the children to other places such as boarding and lodging hotels. Adults also keep children in their own houses for sale and hire them out as prostitutes. People take in destitute children, but instead of taking care of them, they hire the children out from time to time as prostitutes. Some children are also kept in brothels alongside adult prostitutes. This is common in Mombasa, Malindi, and Nairobi. This kind of prostitution seems to occur unnoticed. Brothels in Mombasa are mainly located in residential areas and deal mainly in male children. In Nairobi, brothels are mainly registered as 'Bar and Restaurant', and deal mainly with female children (Onyango, 1996).

The border town trade between Kenya and Uganda has also contributed to child prostitution. As family members carry out business to earn a living along the boarder towns, with their children beside them, the children are exploited and become integrated into the business. This also increases the frequency of contact of young children with the older children as well as with the adults. After several years of contact and trade, many children learn to use sex as a means of crossing the boarders, attracting little suspicion from border authorities.

Prostitution for many children is one of the only survival options available to them and with the growth of sex tourism, more and more youngsters are attracted to the tourist areas in order to make money. Some parents also actively encourage their daughters to make money in this way with the ultimate hope the daughters may find a tourist who will marry them and provide them and their family with new financial and travel possibilities (Marsen, 1989). Among sex workers, it is the younger ones who have less experience and less bargaining power and are the most exploited.

Homosexual sex tourism in Kenya is a form of sexual exploitation particularly for the boy child. Although accurate data on this phenomenon is lacking, it is a feature of sex tourism in Kenya associated with coastal towns such as Mombasa, Malindi and Lamu. Tourist agents, both local and foreign, are reported to direct and guide tourists to special child prostitutes. For example, in Malindi, many European tour operators and tourists engage in this practice. Tour organizers normally employ children as traditional dancers and often the tourists request the sexual services of these performers (CWSK, 1989).

In South Africa and Zambia, child prostitution is apparent. In South Africa, there are reports of children who are involved in commercial sex work, either on the streets, in hotels or sex clubs in major cities such as Cape Town, Johannesburg, Pretoria and Durban. In Zambia, child prostitution exists throughout the country with the worst affected towns being Lusaka and Livingstone. High incidences of HIV/AIDS in the Southern Africa region have resulted in younger and younger children being prostitutes in South Africa and Zambia. In South Africa children as young as eight have been found in brothels while in Zambia ten-year-old girls are also reported (Molo Songololo, 2000). The child prostitution areas in Kampala, Uganda include slum areas in Katanga, Kisenyi, and around Owino market. In lodges and bars in these areas, girls are supposedly employed as workers, but in reality the bar owner gives them this 'front' to attract clients who pay for sex. The girl gives a commission to the bar owner and earns a living that way. The girls also provide such services as cleaning, bed making, fetching water and related hotel chores (Mwaka, 1998). This practice is also common in major cities in the East and Southern Africa Region. Notably, child prostitution is becoming a growing concern in African countries and this could be greatly compounded by the high poverty levels as well as the breakdown of the communal and societal structures that governed behavior of its people.

### **2.3.4 Child Trafficking**

Many children in the East and South African Region are increasingly being trafficked from rural to urban areas through intermediaries or by loosely organized crime networks. Trafficking of children for sexual purposes is a growing problem in the region. In the region, South Africa is one of the main trafficking centers and is also the main country to receive children who are trafficked. Young girls from both Zambia and Mozambique have been found to be working in the sex industry in major South African cities, including Durban and Johannesburg. Unconfirmed reports indicate that children from South Africa are sent to European countries for sexual purposes. It is thought that Zambian girls are trafficked to third countries such as USA, Israel and Russia via South Africa (O'Connell and Sanchez, 1996).

In South Africa the trafficking of children is predominantly an in-country phenomenon. Most children are trafficked within the vicinity of their place of origin. Girl children are the primary targets, although boy children have also been identified as survivors. Girl children range in age from four to seventeen years. Parents and local gangs are the primary traffickers of children and sometimes collude with each other. Traffickers in South Africa are predominantly locals (Molo Songololo, 2000).

In the cross-border trafficking of children the main traffickers are foreigners. They are mainly individuals and crime syndicates from Eastern Europe, Mozambique and Thailand. Trafficking usually takes various forms. First, a child is forced to submit to sexual exploitation by a family acquaintance or a person in authority. This may be done through abduction, deception or coercion. The child is used as a surrogate wife, to cook and to clean. She is raped and abused physically. The inclusion of this phenomenon as a form of trafficking draws on the voices raised by the Eastern and Southern African consultation to the Stockholm conference. The argument was for the broadening of the definition of commercial sexual exploitation to include all forms of sexual abuse against children (Friedman, 1996; Molo Songololo, 2000). This practice is in essence a non-commercial practice, but it is linked to a number of elements identified with trafficking. These elements include abduction and removal of a child from his/ her place of residence,

the use of the child as a surrogate wife, where the child is involved in domestic and sexual labor against her will. Secondly, trafficking of children into the sex industry by children already in the industry. In this instance children will either recruit their siblings or friends or will recruit children living on the street. This recruitment is not necessarily for street prostitution alone. Children have been trafficked in this manner and found themselves in foreign countries. Thirdly, new or relatively established business ventures advertise in national and local newspapers, for teenage girls of working age, to work in the hospitality or film industry. This work turns out to be work in the sex industry. The process by which the child is coerced into sex work appears to be similar to the manner in which syndicates and individual gangs operate. Fourthly, in some countries there is trafficking of children from rural to urban areas to work as domestic helpers for prosperous families. Finally, there are also cases where poor parents give their children for foster care to foreigners in good faith on the understanding that the children will be given free education overseas. Indications are that some of them end up being sexually exploited. It is apparent that there are various forms of child trafficking and these predisposes them to sexual abuses given that in most cases they are not in the hands of those who are to look for them but to exploit them domestically or commercially. This practice is detrimental to the child in that he/she is denied the basic rights of a child such as education, protection, provision among others.

## ***2.4 Effects of Child Sexual Abuse***

Child sexual abuse (CSA) constitutes a broad range of behaviors occurring along a continuum, usually over an extended period of time. It is occurring in pandemic proportions and causes grave physical and psychological trauma and social havoc. It is difficult to know the true impact of CSA: most CSA is never reported (due to shame, fear, and other factors). The report data is “filtered” by select survivors who were disclosed or found out; and authorities often minimize or dismiss the abuse report, blame the survivor, and /or protect the abuser (Falhberg and Kershner, 2003). Only one in 10 children in the U.S. tell (Russell, et al., 1986). This indicates that fear, guilt and psychological trauma are major effects of CSA that also lead to underreporting of the vice.

CSA has other extreme consequences including decreased school performance, delinquency, depression, anxiety, substance abuse, anti-social behaviors, incarceration, and promiscuity. Many sexually abused children exhibit physical, behavioral and emotional symptoms. Some physical signs are pain or irritation to the genital area, vaginal or penile discharge and difficulty with urination. Survivors of known assailants may experience less physical trauma because such injuries might attract suspicion (Hammerschlag, 1996). Teen pregnancy is also another consequence of CSA accounting up to 60% of teens who become pregnant were sexually abused as children (Briere, 1989). 95% of teen prostitutes were sexually abused (Jennings, 2001) while (Jannsen, 1994) reports that CSA is the greatest predictor of HIV in women). This implies that if CSA is allowed to permeate the Kenyan society unchecked, it is likely to have adverse effects to the society at large. Thus, there is every need to investigate the prevalence rate, the situational factors that promote the vice and how it affects the children that have fallen prey to CSA.

Exposure to CSA also prompts behavioral changes that often precede physical symptoms as the first indicators of sexual abuse (American Humane Association Children's Division, 1993). Behavioral signs include nervous or aggressive behavior toward adults, sexual provocative ness before an appropriate age and the use of alcohol and other drugs. "Boys are more likely than girls, to act out in aggressive and antisocial ways as a result of abuse" (Finkelhor, 1994). This implies that change in children's behavior is one of the possible effects of CSA. However, there is minimal data that reveals the behavioral effects of CSA particularly in Kenya. It is on these grounds that this study seeks to explore the effects of CSA on the children who are survivors of CSA.

Decades of research documents that, adults who were sexually abused as children have a higher likelihood of being negatively impacted in their adulthood by numerous types of psychological and physiological ailments and sociological pathologies. Post traumatic stress disorder, self-destructive and violent behaviors are major effects of CSA. Over 32% of convicted killers in the U.S. were sexually abused as children (Blake in Jennings,

2001). CSA also further severely negatively affects our society by being a precursor to and a part of the commercial sexual exploitation of children (Fahlbert and Kershner, 2001). CSA costs nations many billions of dollars each year (Dallam, 2001) for medical and psychiatric treatment, special education, and legal/judicial and incarceration costs. Thus, it would be important to explore the situational factors that predispose children to CSA in an effort to lay preventive measures not only to counter the economic implications of CSA but also safeguard the children's social, psychological and physical welfare.

Children who are abused or neglected are more likely to become criminal offenders as adults. The abused children get frustrated and aggressive leading them to engage in negative behavior contrary to society's expectations. A National Institute of Justice study found "that childhood abuse increased the odds of future delinquency and adult criminality overall by 40 percent" (Windom, 1992). Child sexual abuse survivors are also at risk of becoming ensnared in this cycle of violence. One expert estimates that forty percent of sexual abusers were sexually abused as children (Vanderbilt, 1992). In addition, survivors of child sexual abuse are 27.7 times more likely to be arrested for prostitution as adults than non-survivors (Windom, 1995). Some survivors become sexual abusers or prostitutes because they have a difficult time relating to others except on sexual terms and based on their past experiences. The children are likely to display the same vices because that was part and parcel of their socialization process.

Poverty has also been cited by researchers as one of causes of CSA. Poverty makes it harder for parents to keep children safe; a legacy of violent, oppressed societies, and cultural mores that allow offenders to escape criminal punishment, often by marrying their survivors or compensating their survivors' families (La franiere, in New York Times, 2006). Weak community structures, pressure for economic survival in most African countries also contribute to the vice as most parents are busy making ends meet, and therefore the children are often left on their own. Poverty could also prompt the perpetrators given that they may use CSA as an escape mechanism from reality and a means of gratification. Thus, there is need to investigate the contribution of poverty to



CSA both in the children's account and that of the perpetrators. In summary, there is minimal literature that reflects the socio-economic status of the perpetrators. This provides a basis for this study to investigate the gap identified

## **2.5 Theoretical Framework**

This study will employ two sociological theories in the attempt to understand the CSA phenomenon particularly in relation to its prevalence, situational factors that predispose children to CSA and its effects on the children. First, the study will use structural functional theory and rational choice theory.

### **2.5.1 Structural Functionalism Theory**

The primary proponent of structural functionalism theory is Talcott Parsons (1902-1979). From the functionalist perspective, society is regarded as a social system, that is, an entity made up of interconnected and interrelated parts. Each part of the system is seen in terms of its contribution to the maintenance of the whole system. The strength of structural functionalism theory lay in delineating the relationships among large-scale social structures and institutions. Talcott, tended to concentrate on structures of the society and their relationship to one another. His main emphasis was on how order was maintained among various elements of society. Parson's structural functionalism theory focused on four functional prerequisites of all actions (the social system, personality system and behavioral organism) these are, adaptation, goal attainment, integration and latency (Parsons, 1951).

Merton criticized the Parson's postulates viz. functional analysis, universal functionalism, and indispensability since not all societal forms and structures are positively functional or necessary for the society (Ritzer 1992; 237). Merton thus sought to develop a more adequate model for structural analysis. According to Merton, "structural functional analysis focuses on groups, organizations, societies, and cultures" (Ritzer 1992; 237). This implies that any object can be subjected to structural functional analysis not necessary large-scale social structures and institutions; to him the object must represent a standardized (that is patterned and repetitive) item (Merton 1963: 104).

This argument will be used as a basis for the analysis of Child Sexual Abuse (CSA) since it constitutes a repetitive or recurrent patterned behavior, that is, children are increasingly falling survivors of sexual abuse. In addition, functionalism is referred to as consensus structuralism because it emphasizes the central role that agreement between members of a society on morals play in maintaining social order. Durkheim urges that societies tend to be segmentary composed of equivalent parts that are held together by shared values and common symbols. Stability and internal cohesion of societies are necessary to ensure its continued existence over a time. Societies function like organisms with their various parts. Social institutions work together to maintain and reproduce themselves.

Families, communities, organizations and Government all should play a role in the process of child protection. Survivors of abuse are also members of the social structures that exist within a community all these parts should compliment each other for the well being of the Child. These structures should play very key and distinct roles in protecting the children from violation and thus the theory will be important to establish the roles and relationships between the different stakeholders. Do these roles hinder or enhance CSA, and ultimately do they in any way contribute towards the protection of children?

### **2.5.2 Rational Choice Theory**

Rational Choice theory is also known as rational action theory, which is a framework for understanding social and economic behavior. Models of rational choice are very diverse and they all assume that individuals choose the best action according to their preferences, knowledge and set of actions available to them. The theory often adopts individualism and the assumption that social situations or collective behavior is as a result of individual actions, and an individual has full perfect information about exactly what will occur under any choice. It also assumes that an individual has cognitive ability and time to weigh every choice against every other choice.

The fact that people act rationally has been recognized alongside other forms of action, seeing human action as involving both rational and irrational elements. Such action

recognizes the traditional and habitual action, emotional or effectual action and various forms of value oriented action alongside rational types of actions (Weber, 1920). Basically, the rational choice theory emphasizes the centrality of individuals in making rational choices.

In rational choice theories, individuals are seen as motivated by the wants or goals that express their preferences. They act within specific given constraints and on the basis of the information that they have about the conditions under which they are acting. The relationship between preferences and constraints can be seen in a purely technical terms of the relationship of a means to an end. As it is impossible for individuals to have all that they want, they must make choices in relation to both their goals and the means for attaining these goals. Rational choice holds that individuals must anticipate the outcomes of alternative courses of action and calculate that which is best for them. Rational individuals therefore choose the alternative that is likely to give them the greatest satisfaction. (Heath 1976, Carling, 1992,). It is expected that the perpetrators of CSA calculate the cost of engaging in the vice. However, they seem to be guided by the goal of gratification rather than preserve the moral sanctity of the society of protecting children from social vices such as CSA.

When people are provided with alternatives for different options, then they choose what they think is the best option for them. Thus this study will seek to establish whether perpetrators understand the consequences of their actions and what makes them choose to violate children.

# **CHAPTER THREE: RESEARCH METHODOLOGY**

## **3.0 Introduction**

This chapter presents a description of the study area, methodological design of the study that captures both quantitative and qualitative approaches that were applied to be able to make generalizations about the phenomenon under study. The chapter also presents techniques of data collection and methods of data analysis that the researcher applied in the study.

Nachmias and Nachmias (1996:13) define research methodology as a scientific system of explicit rules and procedures upon which research is based, and against which claims for knowledge are evaluated. They further argue that this system is neither unchangeable nor infallible. Instead the rules and procedures are constantly being improved as scientists look for new means of observation, analysis, logical inferences and generalization. The choice of research methodology is determined by a combination of several factors such as some external truth that needs discovering or to explore and unpick people's multiple perspectives in natural field settings (Gray, 2004: 25). Kothari (1990:10) concurs in other words that it is a systematic way to solve the research problem whereby a researcher adopts various steps to study the problem along with the logic behind them.

### **3.1 Site selection**

The study was conducted in Nairobi West, Dagoretti Division, in the two locations of Kawangware and Riruta. Respondents were drawn using both probability and non-probability sampling procedures. Nairobi West district has three divisions namely Dagoretti, Kibera and Westlands. Given the vast size of the district, the study only focused on Dagoretti Division, a division that comprises 11% of Nairobi's population of 2,143,245 as per the 1999 census. The inhabitants of this study area mostly belong to middle class and low-income groups. The table below shows the population distribution of Nairobi province.

**Table 1: Nairobi Province population data**

<b>Name of District and Divisions</b>	<b>Est. Population by Division</b>	<b>Number of households per Division</b>
Nairobi Province	2,143,254	-
<b>Nairobi West District</b> Dagoretti, Kibera Westlands divisions	240509 286739 207610	73670 89086 61258
<b>Nairobi East District</b> Embakasi Makadara	434884 197434	133437 58032
<b>Nairobi North District</b> Kasarani Central Pumwani	338925 234942 202211	109149 69958 54801

Source: Kenya National Census, 1999. Kenya Bureau of Statistics

Dagoretti Division covers an area of 38.7 Square kilometers and has 6 locations as follows.

- a) Waithaka with a population of 19,904
- b) Mutuini with a population of 14,513
- c) Uthiru/Ruthimitu with a population of 22, 995
- d) Kawangware with a population of 86,621
- e) Riruta with a population of 65, 829 and
- f) Kenyatta Golf with a population of 30, 219.

This site was therefore purposively selected for the study with the overriding consideration being the research knowledge of the study area by the researcher and the fact that extensive awareness campaigns on CSA and child protection issues have been undertaken in the area. Due to cost implications, the study was restricted to this site only. The area of the study though a high density residential place was noted to be inhabited by all cadres of people, high class, middle and low income groups can easily be accessed; this gives the researcher a good sampling framework because CSA affects all classes of people.

## **3.2 Research Design**

Research design is the plan of procedures for data collection and analysis that are undertaken to evaluate a particular theoretical perspective. The research design involves the entire process of planning and carrying out a research study (Miller, 1995). It is all the procedures or steps undertaken to ensure an objective test of the theory under investigations.

The research design is a “blue print” that enables the investigator to come up with solutions to these problems and guides him or her in the various stages of the research. The purpose here is to describe the processes involved in designing the study to help the scientist to structure the collection, analysis and interpretation of the data. (Nachmias, 1996: 99)

Research design was cross-sectional obtaining data from a cross-section of respondents, which represents a larger population gathered within the shortest time of the study the study targeted inhabitants of these areas. In addition to the survey key informant interviews were conducted to give detailed explanations to the data gathered in the survey.

This study adopted quantitative and qualitative methods to enhance the quality of data collected. Both the approaches were used in research design, data collection analysis and presentation. This methodology was preferred because the study also wanted to understand the effects of CSA and to come up with suggestions that can help this behavior. The quantitative approach, also referred to as the traditional, positivist, experimental, or empiricist approach, is “typically used to answer questions about the relationships among measured variables with the purpose of explaining, predicting, and controlling phenomena” (Leedy, 1997:102). He further posits that qualitative approach, which is also known as the interpretive, naturalistic, constructivist, or the post-positivist approach, “typically used to answer questions about the nature of phenomena with the purpose of describing and understanding the phenomena from the participants’ point of

view". Additionally, in seeking solutions to problems, qualitative methodology allows the researcher to "get close to the data" hence developing the analytical, conceptual and categorical components of explanation from the data itself (Weingand, 1993: 19).

### **3.2.1 Survey research**

The survey research was adopted as the primary research method for the study. Data was gathered from the inhabitants of the two areas of this study; Riruta and Kawangware. The sampling was purposive to ensure representation of all classes of respondents. The survey was used to explain/explore and may be explanatory, descriptive or a combination of both. According to Sharma (1999: 104) survey research is a fact-finding research technique dealing with the nature and problems of the community that may result in the formation of important principles of knowledge and the solution of scholarly problems. Additionally Mugenda (1999:165) opines that survey method is considered a conventional research method that will allow for the use of questionnaires to obtain information from the interviewees. The information the survey obtained from the respondents was regarded as description of the individual perceptions and due to its convenience in collecting comprehensive data from large samples in a short period of time.

### **3.3 Unit of Analysis**

According to Singleton et al (1988:69), "the units of analysis are the entities (objects or events) under study. They further note that, "the unit is simply what or who is to be described or analyzed." Abraham Kaplan and Nachmias (1996:53) called selecting the unit of analysis as the "locus problem". He described it as that of selecting the ultimate subject matter for inquiry in behavioral science. In this study, the unit of analysis is the incidence of child sexual abuse. The research examined perceptions, attitudes and even behavior regarding the elements of CSA. The study also explored the extent to which children are sexually abused and the situational factors that predispose them to the vice.

### **3.4 Sampling Technique**

In any scientific study, there is always a need to come up with an acceptable sampling design. Singleton et al (1988:137), define a sampling design as “that part of the research plan that indicates how cases are selected for observation”. The key concept in sampling is representative ness by generalizing ‘truthfully’ and ‘faithfully’ representing the population from which it was drawn (Mouton, 1996: 136). Additionally Busha and Harter, (1980: 59) argue that once the population has been defined, a sample is then drawn that adequately represents that population which then is used to generalize findings to the larger group-population.

Owing to the nature of this study, both probability and non-probability techniques were be used in sampling. In non-probability sampling there is no way of specifying the probability of each unit’s inclusion in the sample. The researcher used purposive sampling as a non-probability sampling technique, this allowance for application of expert judgment to select units that are ‘representative’ or ‘typical’ of the population in Kawangware and select a sample that reflects the variations. In this study, Dagoretti division, and in particular Kawangware and Riruta locations were selected purposively because the inhabitants cut across all the socio-economic and cultural classes and are inhabited by diverse ethnic communities. These two locations were also sampled due to extensive awareness creation by several non-governmental organizations and community based organization that have taken place on CSA, and the fact that the researcher works for an organization that undertakes community development initiatives in the district, and as such was cost effective.

The study targeted a sample of 150 respondents from the targeted population. The difficulty of getting a sample frame of the intended population made it imperative to use non-probability sampling techniques for the study as elaborated by Singleton et al (1998) and Nachmias and Nachmias(1996). The following steps will be used in sampling the respondents for the study.



- i) Purposive sampling was used to select the two locations viz Riruta and Kawangware study site. These locations were considered as the study clusters.
- ii) Respondents were disproportionately allocated to each cluster. According to Babbie (1995), you may sample subpopulations disproportionately to ensure sufficient numbers of cases from each cluster for analysis. Clustering of respondents in this study was done according to the sub-locations so as to ensure different cluster of respondents. Then a disproportionate allocation of respondents to each cluster: 75 from each location. 75 were interviewed and 12 were key informants who were individuals engaged in child rights issues, the police and those whose activities or occupations are mostly to deal with child rights or protection like NGOs sector, teachers and CBO leaders. In addition, purposive stratification of the respondents was done on the basis of age and gender to ensure that all were represented in the study.
- iii) Quota sampling of the specific respondents on the basis of given age and gender was done to ensure various categories were covered for this study. Elderly men aged 45 and above, young men ages 18- 44 years, and women within the same age brackets were also interviewed.

### ***3.5 Sources of data and methods of data collection***

Both secondary and primary sources of data were used in this study. The researcher and a team of selected assistants collected data directly from the respondents using the interviews and questionnaires. The research assistants were trained for the data collection techniques to equip them with necessary skills, and were also provided with an introductory letter for the same while secondary data was collected from records at the various offices of the Government officers, civil society organizations and at the provincial administration offices.

Due to sensitivity of the subject under study, careful selection of assistants was core as well as seeking the research assistants to submit to uphold all information in confidence.

### **3.5.1 In-depth interviews**

Interviews were conducted with selected key informants from the study site. This enabled the researcher to obtain data, opinions and perspectives on the topic of study. The in-depth interviews were conducted with people deemed as knowledgeable in the topic of study. The key informants included those in the civil service including district children's officer, teachers, provincial administrators and others were religious leaders, community leaders, community volunteers, volunteer children's officers and civil society leaders and workers. Each category provided one representative per location for the study. To enhance representation of data, the informants were of both genders.

The interviews were absolutely necessary in this study for they were used to generate in-depth information on the respondents' attitudes, opinions and perceptions on the discourse of child's sexual abuse. Unstructured interview guides were used to guide the in-depth interviews. The discussions with the participants were thus unstructured but also controlled to capture information on the key study variables. The discussions with key informants were not captured in tapes due to sensitivity on subject matter and need to treat this information in a confidential manner. The researcher thus heavily relied on the fair notes taken in the process of discussions.

### **3.6 Data Analysis**

Data analysis is the process of bringing order, structure and interpretation to the mass of collected data. It is a systematic process of sifting, charting and sorting material according to key issues and themes. Qualitative data analysis seeks to make general statements on how categories or themes of data are related (Marshall and Rossman, 1999; Bryman and Burgess, 1994).

The data obtained was highly unstructured because it was mainly text based, consisting of field notes or other written documents. Before sorting out the data, the researcher read

and re-read the field notes for familiarity with range and diversity, in order to gain an overview of the body of material gathered in the field. The researcher also noted key ideas and recurrent themes and issues as important to the respondents themselves.

The quantitative data was cleaned, coded, entered and analyzed using computer software; Statistical Package for Social Scientists (SPSS). Statistical methods were then applied to summarize and describe the data applying rules of descriptive statistics. In addition, patterns in the data were modeled in a way that accounts for randomness and uncertainty in the observations, and then used to draw inferences.

### ***3.7 Limitations of the study***

The study was conducted efficiently apart from certain set backs as was expected from the field during interview schedules with key informants and the survey. Due to the sensitive nature of the survey, a lot of respondents were initially shy to respond to the questions but eventually overcame it. Also, the Government officers, specifically the Children's officer and the Police had to consult before agreeing to share information on CSA to the researcher. This in essence meant making over three visits per KII. The data collection also incurred very high costs of telephone calls, emails, stationery and transport costs as well as the time taken. Respondents complained about the length of the questionnaire and the nature of some questions being repetitive, this questions were asked with the rationale for precision from the respondents

Rephrasing some questions in Swahili meant that the time it took to interview one respondent was longer.

Overall the fieldwork was so challenging given the sample size and limited resources yet this did not deter respondents from participating properly in this survey. They were generally responsive and willing to participate in the study owing to its importance in the society currently.

## CHAPTER FOUR: RESEARCH FINDINGS

### 4.0 Introduction

This chapter discusses the findings that emanate from qualitative and quantitative data collected by the study. The sources and type of data are depicted in Table 2. The study was carried out in two locations namely Kawangware and Riruta, of Dagoretti Division, Nairobi West District. The findings are based on responses from a total of 150 respondents who were interviewed in these two locations for the quantitative survey and 12 key informants for the qualitative study. The key Informant interviews were conducted with personalities and organizations that are knowledgeable in the area of this study and were relied upon to give substantial information. Key informant interviews were conducted with two teachers, two heads of CBOs, two chiefs, District Children's Officer, Police Officer and a representative each from Childline, Gender Violence Recovery Centre, The CRADLE, and CLAN. They were guided through several issues during the discussions.

*Table2: Areas of study and Key Informants interviewed*

Research Instrument	Locations	Number sampled
Quantitative	Kawangware	75
	Riruta	75
Qualitative	Kawangware and Muthangari Primary Schools	One teacher from each school
	CBO at Kawangware (Kamai) and CBO at Riruta (Kandusat)	Chairman of Kamai CBO and Chairman of Kandusat CBO
	Kawangware Chief and Riruta Chief	2
	Nairobi West District Children's Officer	1
	Officer from Kilimani Police Station	1
	Childline, Gender Violence Recovery Centre (GVRC), The CRADLE and CLAN	Chief Executive Officer of Childline and the CRADLE AND CLAN and the Programs Manager GVRC

Source: Primary data, August 2008.

The findings are presented in both table and graphic forms. The analysis of quantitative data is done by use of Statistical Package for Social Sciences (SPSS 15.0).

Statistical methods were used to summarize data applying rules of descriptive statistics. At this level of analysis descriptive statistics has been used. In addition, data collected and analyzed has been used to draw inferences about the process or population being studied.

This chapter is organized in sections. The first section addresses demographic characteristics of respondents; the second section addresses knowledge of respondents on CSA. This includes source of first knowledge of CSA, forms of CSA, a gauge of knowledge level of the vice in the two locations of study, cases of CSA, places where and times when the abuse takes place, most vulnerable age to the vice, causes of CSA, reporting of cases, and effects of the abuse on the survivor and his/her family and suggestions on ways of stopping the vice. The third section addresses practices and actual behavior – knowledge of perpetrators of CSA, places where they perform the vice at, action taken to perpetrators, problems faced by survivor after the vice and suggested actions to stop CSA.

## **4.1 *Demographic characteristics of respondents.***

Information on the demographic characteristics of those interviewed in this research is essential in understanding the findings of this research. The democratic characteristics of the 150 respondents interviewed in Kawangware and Riruta are presented in the sub headings that follow; gender, age group, level of education, religion, employment status, income levels and marital status.

### **4.1.1 Gender**

The study aimed at achieving parity in terms of covering males and females in a sample of 150 respondents in both Kawangware and Riruta locations. However, this could not be attained because of the rural urban migration pattern that has seen several men leave home for towns in search of greener pasture but in the process leaving their wives back home. The sample instead realized a fraction of 81, (54%) males and 69, (46%) females

indicating that there were more males than females in the two areas of study. This is explained by pattern of rural urban migration, where more men than women migrate to the cities. It is further supported by the study (KIHBS, August 2007) that considered rural urban migration by various age groups. This movement has contributed to a shift in gender distribution such that there are more males between ages 30 – 49 years. Age group 30 – 34 years registered 53.9% males and 46.1% females, age group 35 – 39 years registered 52.2% males and 47.8% females, age group 40 – 44 years registered 53.7% males and 46.3% females and age group 45–49 years registered 61.4% males and 38.6% females. Traditionally, the African family was to be headed by a man who was also to be the sole bread winner of the family. This ideology has not been completely wiped out by encroaching western lifestyle and as such contributed a lot to more males than females moving to urban centers in pursuit of better paying jobs.

#### **4.1.2 Age**

The study was keen to know ages of respondents as the interviews were only to be conducted among adults of 18 years and above. Most of the residents of the two locations who participated in the study were of young age of between 18 and 38 years. There were 130 respondents of this age accounting for 87% of the whole sample. This is an economically active group and it is also the age when young people shape their careers. Those aged 39 to 49 only made 3% of the total sample. There were also a few aged people (8 in number) who were above 49 years. They accounted for 5% of the total sample. Another 8, (5%) of the respondents did not answer this question.

#### **4.1.3. Level of education, employment status and income levels**

It is encouraging to note that 20 respondents being 13% had completed primary school, While 35 respondents (24%) have undergone post secondary school education (Middle Level college and University) as is shown in Table 3. An additional 59 comprising (41%) have completed secondary level of education. Those in graduate level accounted

for 19% being 28 respondents. This brings to a total of 100 respondents representing 69% who have gone through secondary school and/or tertiary college and university. With adult literacy defined as *'the percentage of population aged 15 years and above who can both read and write a simple statement in at least one language'*, the proportion of eligible population who can both read and write nationally stands at 79%.

Over 90% of urban dwellers can both read and write compared to 75.7 percent in rural population (KIHBS, August 2007). From this study, a total of 79% of respondents are literate which is the national literacy level. However this finding is not in tandem with the urban literacy cited above. This may call for further interrogation, as this was not part of the scope of this study.

**Table 3: Level of education and employment status**

<b>Highest level of education</b>	<b>Employment status</b>	<b>Frequency</b>	<b>Percent</b>
No formal education	Employed	5	20.0
	Unemployed	20	80.0
	<b>Total</b>	<b>25</b>	<b>100.0</b>
Completed primary	Employed	9	45.0
	Unemployed	11	55.0
	<b>Total</b>	<b>20</b>	<b>100.0</b>
Completed secondary	Employed	28	47.5
	Unemployed	31	52.5
	<b>Total</b>	<b>59</b>	<b>100.0</b>
Graduate level	Employed	24	85.7
	Unemployed	4	14.3
	<b>Total</b>	<b>28</b>	<b>100.0</b>
In school	Unemployed	5	100.0
Completed middle level college	Employed	3	42.9
	Unemployed	4	57.1
	<b>Total</b>	<b>7</b>	<b>100.0</b>

*Source: Primary data, August 2008.*

Elementary education in the two areas of study is reported at 59 that makes 39% of the whole sample. The figure is higher than the national one that is at 25%, but slightly lower than the urban one that is at 42.4% documented by KIHBS, August 2007.

Employment is a critical concern in Kenya with statistics indicating high unemployment levels. In 2007, UNDP estimates indicated that 61% of Kenyan youth were unemployed (Remarks by Elizabeth L, UNDP Country Rep. 25 Jan 2007). This can also be deduced from responses received from 150 respondents living in Kawangware and Riruta. It indicated that only 69, (46%) are in some gainful employment that can be again narrowed down to self employment at 31, (21%), employment in private sector at 20, (13%), civil servants at 11, (7%) and casual laborers at 7, (5%). This implies that only 25% of the respondents are in paid private or public employment. The specific groupings indicate that 24, (86%) of University graduates are employed. Of these, 12, (43%) are self employed whereas another 12, (43%) are employed in government, private sector and one does casual labor. 4, (14%) are unemployed. It continues to highlight that only 3, (43%) of those who have had tertiary training are employed. Of these, one is self employed while the other two are employed in private sector.

The question on income was only answered by a few respondents. The few (3 out of 25 with no formal education) who answered this question indicated that they received salary of KShs 5,000 per month, of those who had completed primary education, only six out of twenty answered this question. The lowest paid in their group received KShs 5,000 per month while the highest paid received KShs 20,000 per month. Mean income for this group was at KShs 7,500 per month. The other category is for those that completed secondary education. This had a total of 17 respondents to this question out of a total of 59 respondents. The minimum pay for this group was also at KShs 5,000 per month while the maximum was at KShs 20,000 per month. Their mean pay was at KShs 10,300 per month. The next category is that of those that have completed middle level colleges. In this group only two respondents gave a reply to this question with one of them earning KShs 5,000 per month and the other KShs 20,000 per month. The mean salary in this category was thus KShs 12,500 per month. The last category is that of university graduates that had a total of 16 respondents answering the question out of 28. Once again, the lowest paid was at KShs 5,000 per month whereas the highest paid was at KShs 20,000 per month. The mean pay in this category was KShs 12,300 per month. It is therefore clear that most of employers do not base salary payment on academic level as



the minimum payment is KShs 5,000 per month in each category. Despite the low payment, people continue to work because of high unemployment levels thus changing jobs for the better is a real challenge. This level of income clearly indicates that most respondents live in the informal settlements as they cannot afford a better lifestyle or living place.

Previous findings from a study conducted by GVRC (2006) revealed that 1236 (60%) of the survivors came from slum areas including Kibera and its surrounding villages of, silanga Gatwekira and Laini saba, other slums included Mathare, Korogocho, and Mukuru slums. With 60% of the survivors from slums, it is arguable that the poor are more vulnerable. As these statistics suggest, the children of poor people in slums are exposed to higher risks of CSA. The slums are likely to be characterized by poverty, anarchy, dysfunctional community structures, and alcohol and drug abuse among others, which predisposes the children to CSA.

#### **4.1.4 Religion**

Given that Kenya is basically a Christian country, it was not surprising to note that 126 respondents making 84% of the total number of respondents were Christians. The only other religion mentioned was Islam by 20, (13%) of the respondents. According to the most recent Kenyan Demographic and Health Survey, which presents statistics for a nationally representative sample of women between the ages of 15 and 49 and men between 15 and 54, approximately 88.5% of the population is Christian, including 62.6% Protestant and 25.9% Catholic. An additional 7% of the population is Muslim and 4.2% indicate no religion. The high percentage of Muslims reported by this survey could be attributed to the fact that one sampled village was predominantly Muslim and is actually known as “Muslim village”.

Religion plays an important role in shaping mankind behavior as it advocates for holiness. This is seen in the Holy Bible, King James Version, 1979 in the book of Exodus 20: 14 – 17 where the Israelites were given commandments by God through Moses. These commandments required that one should not commit adultery, should not steal, and

should not bear false witness against a neighbor and that one should not covet a neighbor's house, wife, male or female servant nor property. Given this background, the expectation would be that there would be few if any incidences of CSA. However, this is not the case. This means that religion is not necessarily deterrence to CSA.

#### **4.1.5 Marital status**

Marriage is an institution that is treated as holy/sacred not only in Christianity that most respondents prophesy to but also in traditional African context. In Kenya, most (74.7%) households have couples that may be into monogamous marriage, polygamous marriage or are living together (KIHBS, August 2007). It is however being threatened by lifestyle changes and the inherent desire to embrace modernity that has resulted into breakages of several marriages. This study has shown that only 42, (28%) of the respondents are married. This shows that a large number staying in the two areas of the study are still job seekers and as such have not settled down. Those who had either divorced or separated were at 8, (5%), widows and widowers made 5, (3%). The largest group in this study was the single at 59, (39%). This is understandable given that most of those interviewed were between ages of 20 to 38. The study as discussed later found that most CSA cases take place within households.

#### **4.2 Knowledge of Child Sexual Abuse**

CSA can be defined as “any social activity whether it be ongoing or a single occurrence ranging from sexual overtones to sexual intercourse between sexually mature persons and an un-consenting or consenting child who is cognitively and developmentally immature” (Sepel.et.al 1990:213). CSA includes and is not limited to the following; rape, incest, prostitution, child pornography, indecent assault, sodomy, exposure to genital organs and masturbation. Stop the silence charitable organization calls CSA “a silent epidemic” throughout the world that creates social havoc for the children, adult survivors and society (stopcsa brochure, 2007). In the African context and more specifically in Kenya, the most common forms of CSA are rape, defilement, incest, prostitution, sodomy and most recently pornography.

This study focused on measuring respondents' level of knowledge on CSA. The knowledge assessment included determining place where one first heard of CSA, known forms of CSA, knowledge of CSA in the area, knowledge of child who has experienced CSA, place where and time when abuse mostly happens, most vulnerable age to CSA, causes of CSA, reporting of CSA cases, effects of CSA and ways of stopping the vice. People's general perceptions were also solicited.

#### **4.2.1 Where one first heard of Child Sexual Abuse**

The study attempted to understand the first source of information on CSA. Respondents were therefore asked to state where they first heard of CSA and drawing from the responses it was noted that majority of the respondents first heard of CSA through the media (print-newspapers, and audio visual-TV and Radio). This accounted for 60, (40%) of the total number of respondents. This was then followed by information from friends 28, (19%), neighbors 27, (18%), at school 18, (12%) and at church 7, (4%). We therefore deduce the fact that the media is therefore a critical source of information in the area of study. "Private media, both print and broadcasting, provide coverage for both local and national issues, but people in the cities enjoy better access than in rural areas. In cities people can easily afford both print and broadcast media, but in rural areas very few can afford print media, hence depend more on broadcast media. This is because radio sets are very cheap and even poor families can afford to buy small sets costing KShs 100 (\$2). The only problem becomes batteries, though still a number of people can afford those too. Newspapers cost between KShs 20 and KShs 40 (less than \$1)". (IREX: 2008). This means both print and broadcast media plays an important role in creating awareness and enhancing access to information, and is easily accessible in the informal settlements.

All the key informants had in-depth knowledge of sources of information on CSA. The Riruta Chief strongly mentioned that video show halls encourage pornography and as such should all be closed down. A representative from CRADLE mentioned that soap

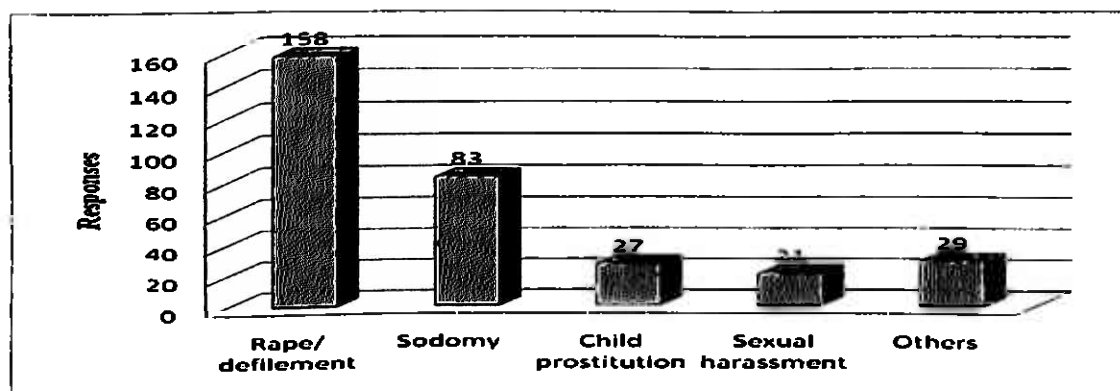
operas that attract large viewer ship in the country have some percentage of illicit pornography and as such is detrimental to children.

Despite the fact that CSA cuts across all social and income classes, case reporting has been a major problem. Many experts believe that CSA is the most underreported form of maltreatment because of the secrecy or “conspiracy of silence” that so often characterizes these cases (Media concern Initiative: 2007). According to The South African Police Report, (SAPS, 2004), in UNHCR (2005; 189), the media emerged with shocking allegations regarding underreporting of rape figures.

#### 4.2.2 Forms of Child Sexual Abuse

This study attempted to establish the extent to which respondents were knowledgeable to the forms taken by CSA vice. Each respondent was thus asked to name forms of CSA that he/she was aware of. The findings are illustrated in Figure 1. A total of 140, (93%) of the respondents were able to comfortably mention at least one form of CSA. One was given the opportunity of naming more than one form of CSA. Rape and defilement took the lead with 158, (50%). This was then followed by sodomy that stood at 83, (26%). The least reported is the use of vulgar language on children. A total of 10, (7%) of the respondents had never heard of Child Sexual Abuse before and had to be explained for before they could give their responses. Rape was most mentioned soliciting 9, (6%) and sodomy 1, (0.7%).

**Figure 1: Forms of Child Sexual Abuse**



Source: Primary data, August 2008.

For the year 2002/2003 of sexual offence cases against children 12 years and younger, it was found that, of the 3222 dockets examined, 52.7% of cases involved rape, 24.8% indecent assault, 11.4% incest and 5.2% cases of attempted rape (SAPS, 2004). At the first International Conference in Africa on CSA from 24<sup>th</sup> to 26<sup>th</sup> September, 2007 that was held at Inter – Continental Hotel, Nairobi, Kenya, the mentioned and discussed forms of CSA included; incest, child marriage, pornography, rape/defilement, non- violent forms (touching, fondling). This compares relatively well with the data presented in figure 1, where rape was noted as the key form of abuse.

When asked if they knew of any child who had experienced CSA, 110, (70%) of the respondents acknowledged. However, the few who had never had of CSA totaling to 10 and an additional 30 respondents did not know any child who had experienced CSA.

Although respondents said sodomy takes place, they argued that it happens but is not common as compared to the other reported forms of CSA. This indicates that neither of the sexes is spared CSA, the boy child is at equal risk like the girl child. However, it is important to note that respondents noted that it is not as common as compared to other *reported* forms of abuse. These findings indicate varying forms of abuse and compare well with secondary data and also with the key informant interviews perceptions as presented herein. Responses to this question during key informant interviews confirmed the survey findings, the cases repeatedly mentioned in the discussions included defilement, sodomy, indecent touch, exposure to pornography and attempted penetration. The District Children's Officer mentioned that common forms of abuse reported to her were defilement, early marriages, attempted penetration and sodomy in that order. One of the partners, GVRC reported of a sodomy case where some 6 boys had been lured by a proprietor of a video entertainment centre, and molested them in lieu of watching free movies. At the point of this study, the boys were undergoing trauma therapy, and had received medical support.

Most of the respondents stated that children are tricked into engaging into CSA. This constituted 81, (54%). These children are tricked by people close to them like relatives residing with them or acquaintances that they can recognize, mostly perceived to be

harmless. The other 69, (44%) stated that a child can only be abused sexually by use of force. This can be true because of the dominance of the offenders physically, economically, under threat of physical harm or otherwise. These children thus find it hard to resist or report whatever is being done to them. A representative from the Police indicated that their statistics show that most of the abusers are either family members or other people with regular interaction with the family and are thus well acquainted with the children. A representative from GVRC said that most of the survivors were disadvantaged physically or financially at the time the vice is committed.

The informants noted that limited time that working parents spend with their children make the children to easily drift away without immediate realization by parents or guardians. A representative from CLAN stated that most CSA in slums are fueled by the fact that the children are from poor families and as such can be easily lured by gifts.

#### **4.2.3 Level of Knowledge of Child Sexual Abuse in the Area.**

Having established the respondents' knowledge of forms of CSA, the study went a step further to solicit opinions on how much the residents of the two locations knew about CSA. Almost half of the respondents stated their undoubted opinions that residents are quite knowledgeable about CSA. This was stated by 49% of the respondents (a great deal 22, (15%) and a lot 51, (34%)). Another group of respondents totaling 39% of the respondents stated that people in the area do not know much about CSA (little 26.7% and very little 12.7%). 18, (12%) of the respondents did not have any idea how much other residents knew about CSA.

#### **4.2.4 Place and time when abuse takes place**

The study intended to identify and document dangerous places that are used by abusers and the times of the day-or periods when the vice occurs and also times of the day (day or night) when perpetrators orchestrate the vice most. Avoiding danger zones or taking necessary precautions and being extremely careful can in the short term lower the CSA incidences. It can work towards reducing the vulnerability of children to CSA in Kenya.

When asked about the most dangerous periods when most CSA cases occur, a total of 132, (85%) of the respondents answered this question. 77 respondents that accounts for

51% of the sample size reported CSA to be rampant during the school holidays. It was then followed by 27, (18%) of respondents, who stated that CSA mostly takes place over the weekends. Another group of 20, (13%) stated that CSA is most rampant during the school sessions. A few also stated that CSA takes place anywhere at any time. This summed up to 8, (5%). This implies that parents/guardians need to be alert during school holidays and weekends as these are the major times when CSA is committed.

Respondents also stated specific times and places when and where most CSA cases occur as tabulated in Table 5. A total of 52% of the respondents indicated that CSA mostly occur at home during day time, at night, any time, in the evening and when children are left un-attended to. CSA that takes place in school was mentioned by 25, (19%) of the respondents. These respondents also mentioned that these takes place mostly in the day, any time or at night for pupils/students who stay long in school after normal class hours. Some respondents totaling 20, (15%) mentioned streets as another risky place to be at during the night, in the day or at any time. Shopping centers and market places are also mentioned by 15, (11%) of the respondents as risky at night and even in the day.

**Table 4: Place where and time when CSA is most rampant**

Place where CSA mostly take place	Time when CSA is most rampant					Total
	At night	During the day	In the evening	Any time	When children are left unattended to	
Home	15	38	2	14	1	70
	11.1%	28.1%	1.5%	10.4%	0.7%	51.9%
School	2	18	0	5	0	25
	1.5%	13.3%	0.0%	3.7%	0.0%	18.5%
Church	1	0	0	0	0	1
	0.7%	0.0%	0.0%	0.0%	0.0%	0.7%
Shopping centre	5	9	0	1	0	15
	3.7%	6.7%	0.0%	0.7%	0.0%	11.1%
On the streets	11	5	1	3	0	20
	8.1%	3.7%	0.7%	2.2%	0.0%	14.8%
Isolated areas	2	0	2	0	0	4
	1.5%	0.0%	1.5%	0.0%	0.0%	3.0%
Total	36	70	5	23	1	135
	26.7%	51.9%	3.7%	17.0%	0.7%	100.0%

Source: Primary data, August 2008.

Also in Table 4, a number of responses summing up to 70, (52%) noted that it is in the day when most CSA takes place. It was then followed by the responses that noted night time that is convenient for relatives who may be staying in the same household with the survivors and strangers who may take advantage of late home return to get their prey in the streets or at shopping centers. This solicited 36, (27%) of the responses. The representative from CRADLE mentioned that perpetrators use any slight opportunity at their disposal to execute the vice. All it takes is some little time for the perpetrator to access the unsuspecting survivor who is then outdone by the authority that the perpetrator exercises over him/her. Traditionally, the African family was expected to offer social cushioning for the children. The social welfare of children was a primary prerogative of the family and the community at large (Locoh 1988, Kilbride and Kilbride 1997). Other than the family, the community offered supportive mechanisms for socialization and protection of children. Many sociologists have argued that the norms of the day in the traditional African families made it impossible for children to be exposed to vulnerabilities of sexual abuse. This has been weakened by the forces of social change and the inherent desire to embrace modernity.

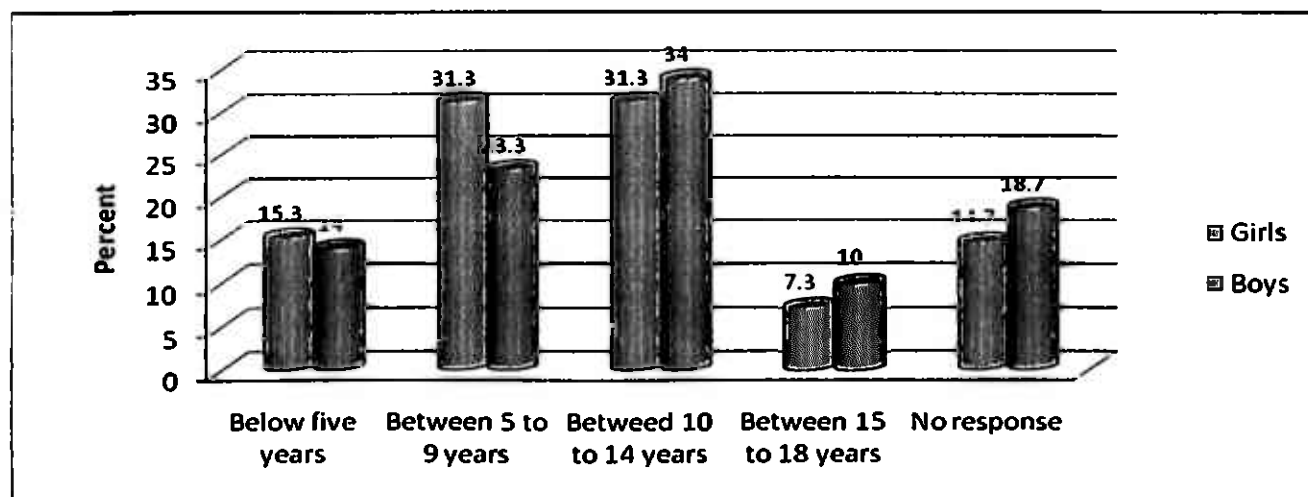
Table 5 presented earlier provides very interesting findings that society needs to be aware about. Whereas the home is believed to be the safest place for children, this study found out that children are twice at risk of CSA while at home during the day than while at home during the night. This is the same for children at school during the day, and it makes sociologists ponder on then, where should the children feel safe at? The parents and the teachers are primary care givers and the home and school environments are supposed to be the safest places for children, but have become the dark zones.

#### **4.2.5 Most vulnerable age to Child Sexual Abuse**

Notably, CSA cuts across all social strata, all races, and all gender and is common in both the rural and urban environments. This study set out to investigate the most vulnerable age for children that perpetrators of CSA are attracted to. Respondents were asked what child age is most vulnerable to CSA. The findings are presented in figure 2.



**Figure 2: Age when children are most vulnerable to Child Sexual Abuse**



**Source: Primary data, August 2008.**

Children are generally vulnerable at all ages but the study specifically indicates more vulnerability at ages five to fourteen as is illustrated by Figure 2. A total of 62.6% of all the responses received indicated that girls are highly vulnerable at between ages five and fourteen. The boys are even more vulnerable at age group ten to fourteen as stated by 34% in comparison to 23.3% level of vulnerability when they are between ages five and nine. Recent studies show that the age of children being abused has dramatically reduced with instances of infants falling prey to the abusers. For instance, a research by ECPAT (2006) shows that, the age is decreasing to children as young as 6 years of age. This is confirmed by the findings of this report where 15% of girls and 14% of boys below 5 years are sexually abused. Culturally, in the African society, Kenya included, children aged 6 years and below were not expected to be targets of sexual engagement. Apparently, there seems to be a breakdown in the social institutions and structures that are primarily expected to safeguard children against this vice. According to the Third National Incidence Study 1996, girls are sexually abused three times more often than boys, whereas boys are more likely to die or be seriously injured from their abuse (Sedlak & Broadhurst, 1996). Culturally, the fact that the Kenyan society is largely heterosexual may be the reason why girls are at higher risk.

Key informants from CRADLE, GVRC and Childline stressed that CSA is not the lack of or desire to get sexual satisfaction but a proof of dominance by those whose self esteem have been affected negatively.

#### **4.2.6 Causes of Child Sexual Abuse in the area**

To better handle CSA, it is important to know what causes the vice. This study therefore sought to know the root causes of CSA. Respondents were asked to state the main causes of CSA in their environs. Each respondent was at liberty to mention more than one response.

The responses that were received as causes of CSA are tabulated in Table 6. Several reasons came up as possible causes of child sexual abuse. Of these causes, the ones that stand out prominently include use of drugs and alcohol at 67, (35.3%), idleness/evil mind/ immorality at 58, (30.5%), low education levels of perpetrators at 23, (12.1%), poverty at 16, (8.4%) and poor parenting at 14, (7.4%) among others. The responses given during key informant interviews suggest that there was no consensus over the causes of the vice; hence the main reasons for CSA are not clearly understood by many people. Representatives from CRADLE, GVRC and Childline stressed that CSA is simply a crime committed by those who would want to prove dominance and reassure their self esteem. The two teachers and one CBO leader attributed the vice to drug abuse as cause of child abuse. On the other hand, poverty was cited as one of the reasons that encourage the vice as the survivor may get financial compensation for the abuse hence stop looking at it as an abuse but a way of earning a living.

Some respondents attributed CSA to breakdown of social norms such as exposure to pornographic material, peer pressure, early marriages, domestic violence and mode of dressing. This accounted for 6.3% of the responses given.

**Table 5: Main causes of Child Sexual Abuse**

<b>Main causes of CSA</b>	<b>Frequency</b>	<b>Percent</b>
Use of alcohol and drugs	67	35.3
Idleness/ Evil mind/ immorality	58	30.5
Low education levels	23	12.1
Poverty	16	8.4
Poor parenting/ Child sent to shop alone	14	7.4
Exposure to pornographic material	5	2.6
Peer pressure	3	1.6
Mode of dressing	2	1.1
Early marriage	1	0.5
Domestic violence	1	0.5
<b>Total</b>	<b>190</b>	<b>100.0</b>

Source: Primary data, August 2008.

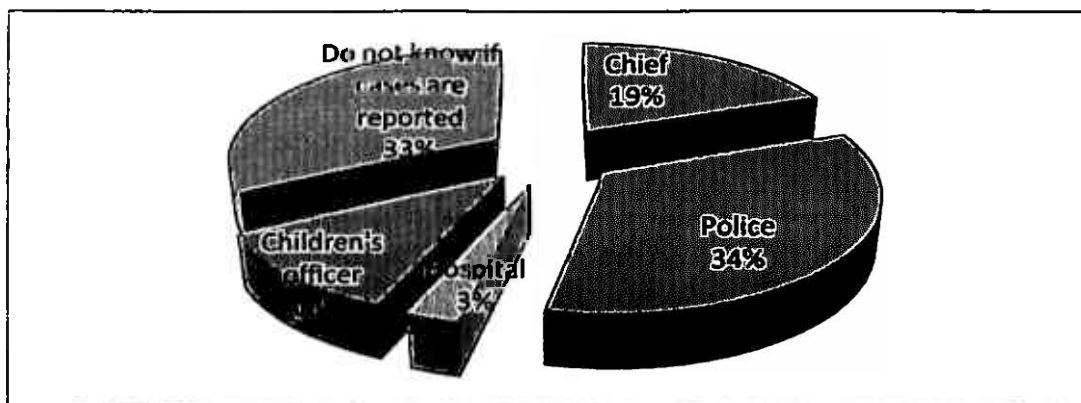
Notably, there is this belief that is emerging that those infected with HIV/AIDS can be cured when they have penetrative sex with a minor. This trend has particularly been observed in South Africa and Lalor (2004) estimates that, approximately 0.6-1.8% of all children in high HIV incidence in Southern Africa will experience penetrative sexual abuse by an HIV/AIDS perpetrator before the ages of 18 years. Thus, it could be argued that there is a link between HIV/AIDS and the prevalence of CSA. In addition, CSA could be associated with the problem of HIV/AIDS in that the pandemic brings about poverty in its management and the breakdown of family and societal structures at the event that children lose their parents or guardians thus predisposing them to sexual abuse.

#### **4.2.7 Reporting of Child Sexual Abuse cases**

Under reporting of CSA cases has been a major concern of many actors like researchers and media practitioners. This study was therefore keen to know from respondents if CSA cases are reported. Respondents were therefore asked if they were aware if CSA cases within their knowledge were reported.

Responses that were received pertaining to reporting of CSA cases as highlighted in Figure 3. A total of 49 respondents that makes 33% of the responses did not have any idea whether CSA cases were reported or not. A total of 101, (67%) noted that the cases were reported to authorities. The specific authorities included the police at 51, (34%), the chief at 29, (19%) and the children's officer at 17, (11%). This tells us that 101, (67%) of the respondents know that the cases were reported and even to whom the cases were reported. The cases are reported to those in authority, an indicator that people have faith in the authorities and they would want action taken against perpetrators. It further stresses the need for concerted efforts by child rights advocacy actors and the government to inform the general public where CSA cases can be reported for action.

**Figure 3: Reporting of Child Sexual Abuse cases**



Source: Primary data, August 2008.

Until the early 1970's CSA was thought to be rare and only happening among the poor. Experts now agree that CSA has always occurred and still exists in all socio-economic groups. It suggests that increased public awareness has led to greater reporting. From 1970-1990, CSA reports increased more than other categories of neglect or abuse (National Research Council, 1993).

On the basis of key informants' findings, there still exists under reporting of CSA cases though reporting is improving. It is hoped that the reporting indicates the awareness and willingness to come forward and denounce the vice. Of particular relevance is the fact

that all the Key Informants had at some level handled cases of CSA and derive their facts from the cases that they have handled before. The Kiruta chief who happened to be a lady has handled several CSA cases but one that hurt her most was that of a father who had defiled his own six year old daughter. *“There was this young girl aged about 6 years, who was brought to my office by a neighbor. They reported that the girl’s father had raped her. Upon further questioning, I referred the case to the police. Imagine my anger a when later in the day the person was released back home the same day? This kills me and I wonder what is can do?”*

The Childline Director expressed a lot of hope in that from the calls they receive, there is to some extent increased reporting. She stated that *“with the calls we receive, we are able to use the statistics to lobby the Government to set up child protection mechanisms. The reports also aid in giving support to the survivors of CSA”*. From the Childline quarterly report period January to April, 34, 47 and 38 sexual abuse cases were reported to the helpline. All the cases were provided with psychosocial support (telephone counseling) and other forms of support including medical treatment and legal support.

The GVRC quarterly report for the period January-March 2009 reports that there were 324 children survivors of defilement who received comprehensive medical care and treatment. Out of the 324 survivors, 292 (90%) were girls and 32 (10%) were boys.

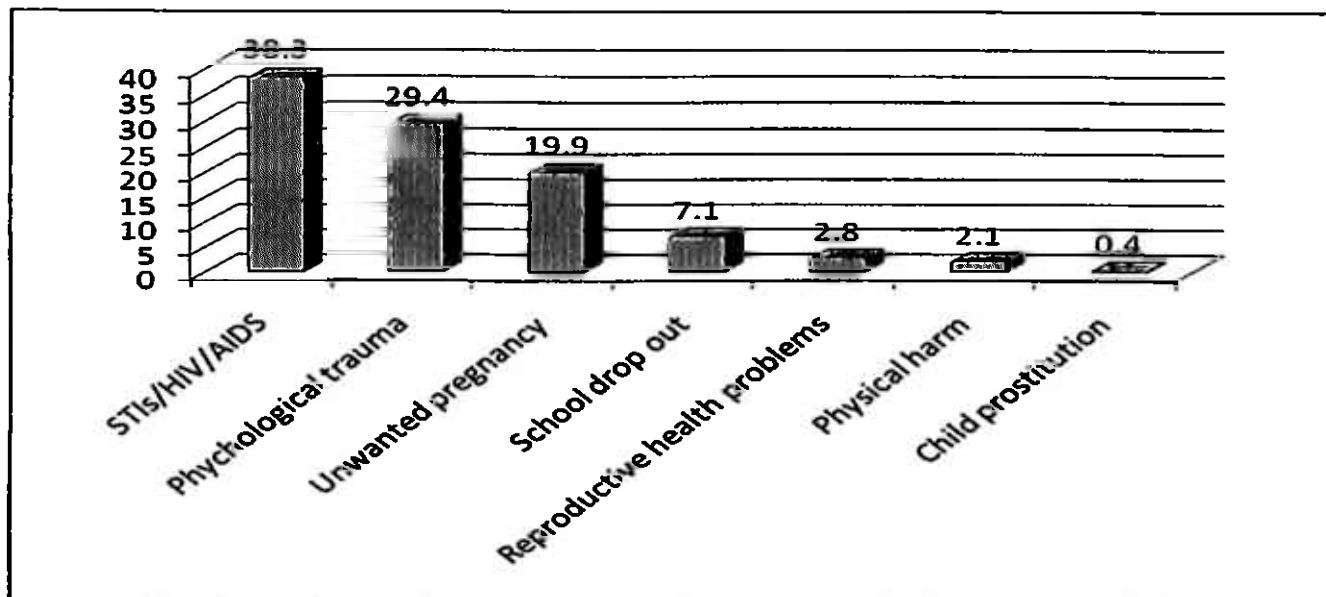
#### **4.2.8 Effects of Child Sexual Abuse on the survivors.**

Child sexual abuse (CSA) constitutes a broad range of behaviors that usually take place over an extended period of time. It causes grave physical, psychological and social havoc. This study therefore sought to know the repercussions of CSA to the survivors.

Each respondent was allowed to name more than one effect of CSA and the responses received were presented in Figure 4. Just to mention a few, the most pronounced included getting infections like sexually transmitted diseases, HIV/AIDS that was mentioned by 108, (38.3%) of the respondents, psychological trauma mentioned by 83, (29.4%) of the

respondents, unwanted pregnancy mentioned by 56, (19.9%) and has the potential of resulting in school drop out mentioned by 20, (7.1%). Others included physical harm/death, change of survivor's behavior that could lead to child prostitution and may also result to infertility or reproductive health problems.

**Figure 4: Effects of Child Sexual Abuse in percentages**



Source: Primary data, August 2008.

Key informants noted that psychological effects may not just be felt by the survivors alone but even close family members and therefore serious counseling lessons need to be offered to the survivor and his/her family to make them fit back in society. The District Children's Officer added that there are cases where those who are defiled develop a liking for the truancy at their early age and only make complete hate for the abuse when they grow up. At this point their attitudes on relationships change so much to the negative and usually demonstrate bitterness in their actions. One teacher mentioned that abused children develop fear and withdrawal from the normal social life. The performance of such children deteriorates and they tend to keep to themselves. This kind of action leads to trauma that takes a long time to reverse if ever. The children demonstrate psychological defect with a lot of mistrust for most people. Some of the survivors continuously blame themselves for shortcomings that were not theirs, at times completely losing their self esteem. This ends up having a bad effect on the whole family. The GVRC manager stated that *"at times the trauma is so bad on the family that we have to*

***do group counseling therapy for the whole family and not just the survivor of the abuse. At times the family members blame themselves more for not protecting their loved one and end up being more traumatized.”***

The Quarterly GVRC report for the period January to March 2009 reports that a total of 21 survivors of rape attended support group sessions. The presenting issues during discussions included uncertainty in regards to HIV/AIDs infections, low self esteem, self blame, and stigma from significant others including client’s relatives and close friends, fear of men, suicidal thoughts, helplessness, anger and bitterness. These resonate well with the study findings presented.

CSA has other extreme consequences including decreased school performance, delinquency, depression, anxiety, substance abuse, anti-social behaviors, incarceration, and promiscuity. Many sexually abused children exhibit physical, behavioral and emotional symptoms. Some physical signs are pain or irritation to the genital area, vaginal or penile discharge and difficulty with urination. Survivors of known assailants may experience less physical trauma because such injuries might attract suspicion (Hammerschlag, 1996). Teen pregnancy is also another consequence of CSA accounting up to 60% of teens who become pregnant was sexually abused as children (Briere, 1989). 95% of teen prostitutes were sexually abused (Jennings, 2001) while (Jannsen, 1994) reports that CSA is the greatest predictor of HIV in women. This implies that if CSA is allowed to permeate the Kenyan society unchecked, it will have adverse effects to the society at large. This poses a big challenge on the whole debate about children’s rights and specifically the fulfillment of the right to protection.

Exposure to CSA also prompts behavioral changes that often precede physical symptoms as the first indicators of sexual abuse (American Humane Association Children's Division, 1993). Behavioral signs include nervous or aggressive behavior toward adults, sexual provocation before an appropriate age and the use of alcohol and other drugs. “Boys are more likely than girls, to act out in aggressive and antisocial ways as a result of abuse” (Finkelhor, 1994). This implies that change in children’s behavior is one of the possible effects of CSA.

Decades of research documents that, adults who were sexually abused as children have a higher likelihood of being negatively impacted in their adulthood by numerous types of psychological and physiological ailments and sociological pathologies. Post traumatic stress disorder, self-destructive and violent behaviors are major effects of CSA. Over 32% of convicted killers in the U.S. were sexually abused as children (Blake in Jennings, 2001). CSA also further severely negatively affects our society by being a precursor to and a part of the commercial sexual exploitation of children (Fahlbert and Kershner, 2001). CSA costs nations many billions of dollars each year (Dallam, 2001) for medical and psychiatric treatment, special education, and legal/judicial and incarceration costs.

#### **4.2.9 Ways of stopping Child Sexual Abuse**

Admittedly, CSA is a major concern not just in Kenya but the whole world. It is therefore paramount to strategize on methods of reducing CSA if we are to have a sane and just society. This study was keen in identifying strategies that can be used to stop CSA. Several suggestions were made by respondents as is shown in Table 6.



**Table 6: Proposed actions to be taken to guard against CSA**

Institution	Action	Responses	
		N	Percent
Individual	Awareness creation of CSA	87	54.0%
	Teach children about CSA and how to avoid it	25	15.5%
	Help police by identifying perpetrators	21	13.0%
	Stiff penalty to perpetrators	18	11.2%
	Strict follow up of CSA cases	3	1.9%
	Report/ Expose perpetrators	2	1.2%
	Creating more jobs to avoid idleness	2	1.2%
	Encourage decent dressing	2	1.2%
	Converting people to Christianity	1	0.6%
	<b>Total</b>	<b>161</b>	<b>100.0%</b>
Community	Be more vigilant/ Advocate against CSA	101	63.5%
	Should be friendly with children	26	16.4%
	Report offenders to police	16	10.1%
	Create more jobs to reduce idleness	6	3.8%
	Take affected children to hospital	3	1.9%
	Do not send children to the shop at night	2	1.3%
	Warn children not to take gifts from strangers	2	1.3%
	Children should not play away from home	1	0.6%
	Ban illicit brew dens in the area	1	0.6%
	Clear bushes around	1	0.6%
	<b>Total</b>	<b>159</b>	<b>100.0%</b>
Government	Pass stiff laws and give stiff penalties	95	55.6%
	Create CSA awareness	28	16.4%
	Educate police on CSA	19	11.1%
	Have security lights by the road side and in dark public places	9	5.3%
	Offer free treatment and rehabilitation centers to survivors	9	5.3%
	Offer CSA education to children	5	2.9%
	Carefully and properly handle survivors of CSA	5	2.9%
	Don't know	1	0.6%
<b>Total</b>	<b>171</b>	<b>100.0%</b>	

Source: Primary data, August 2008.

Respondents were asked to give suggestions on what can be done to stop CSA since this is a growing concern for many families and there is a belief that at any level is it personal, community or government, a lot can be done to reduce it.

The outstanding suggestions made to be acted upon by individuals include; getting involved in aggressive awareness creation, teaching children about CSA and how to avoid it, helping police identify perpetrators and advocating for stiff penalty to perpetrators. The suggestions that were to be acted upon by community included; Maintaining vigilance and advocating against CSA, being friendly to children to allow them air their views to adults at times of need and report offenders to the police. The actions that should be taken by government included; passing stiff laws and rendering stiff penalties, getting involved in CSA awareness creation, educating police on prudent handling of CSA cases, installing security lights by the road side and in dark public places and offering free treatment and rehabilitation centers to survivors among other attributes.

Child Sexual abuse is a matter that calls for concerted efforts from everyone. The communities can act as the government eye and ensure all cases are reported to the relevant authorities. After the cases are reported, the police need to do thorough investigations and safely guard evidence as this is the only way that the legal process can be seen to be fair. The judges and other paralegal staff should also accord the weight that this crime demands to ensure a fair process. For all these activities to take place, Government must provide space and resources to facilitate the processes so that even the very poor in society are accorded justice.

CRADLE and GVRC representatives stated that that the country needs to create more awareness on evidence preservation to make the cases strong enough before a court of law. They proposed this to be done through soliciting funding from the government through Ministry of Gender and Youth Affairs, attracting donor funding and empowering the communities through facilitation of start up of income generating activities. CRADLE representative mentioned that the police poorly collect evidence leading to dismissal of cases in a court of law due to insufficient evidence. This has seen so many perpetrators

go without punishment by law. Part of these funds could also be used to train the police to be well equipped to collect and preserve evidence that can withstand the test of any court of law. This will see several perpetrators sentenced for their crimes. Both CLAN and GVRC advocated for the enactment and implementation of Njoki Ndungu's bill to the letter (Sexual offences Act) as a measure towards reducing the vice.

#### 4.2.10 Perceptions about Child Sexual Abuse

The perception of an individual is usually directed by the daily occurrences of the environs, therefore gauging people's perceptions creates a better understanding of the daily happenings in a given area. Respondents were given statements related to CSA to respond to by stating their level of agreement or disagreement. The results of their comments are listed in Table 7a, 7b and 7c. Presentation of the findings will start with Table 7a then proceed to Table 7b and lastly Table 7c.

In reference to Table 7a, the perception "Most parents are ignorant of the problem of CSA in this locality" is supported by 61% of respondents while 35% of the respondents disagree with that perception. This points to the fact that a lot still needs to be done to improve the level of CSA awareness in the two locations.

**Table 7a: Perceptions about Child Sexual Abuse**

Perceptions	Strongly agree (%)	Agree (%)	Indifferent (%)	Disagree (%)	Strongly disagree (%)
Most parents are ignorant of the problem of CSA in this locality	44.0	16.7	3.3	10.0	24.7
The worst perpetrators of CSA are close family relatives	62.0	22.7	4.7	4.7	4.7
Most people have the courage to report cases of CSA in this locality	26.0	27.3	28.7	12.0	3.3
Most cases of CSA occur unnoticed at home	57.3	22.7	7.3	8.0	2.7
Most cases of CSA are readily noticeable in schools	54.0	30.0	9.3	3.3	1.3
Villagers fear to report cases of CSA due to the stigma associated with it	38.0	27.3	12.0	12.0	9.3
No efforts have been made in this area to raise awareness on CSA	30.7	14.7	10.7	24.0	18.7
I am satisfied with the way police handle cases of sexually abused children reported to them	5.3	11.3	30.0	12.0	40.0

Source: Primary data, August 2008.

An overwhelming 85% of the respondents perceived the worst perpetrators of CSA as close family relatives. This perception received backing from all key informants. To quote from CRADLE representative *'Perpetrators of CSA are ordinary people like you and I, people who have trust of the survivor'*. Parents therefore need to be extremely careful with their children. With the statistics from this study already showing that most CSA cases are committed by close relatives, it is of no surprise that most CSA cases happen at home in the house and within the plot or compound of residence. A few cases are reported in schools, church and other public gatherings. *The Kawangware Chief gave an example of a seventeen year old girl who was residing with her father, was raped by her neighbor. This was only realized later by the father after the girl showed signs of pregnancy. An attempt to follow the due process did not take effect because the father to the lady was so poor to sponsor the process. The chief mentioned that the cost of case is not so much as in the legal fees, but also the cost of transport to the police station, to the courts and the many times one has to make these trips.*

The statement of case reporting drew mixed opinions as 53% of the respondents indicated that most people in the locality do not have the courage to report CSA cases. This could be because of silence that surround the vice or can be lack of seriousness by actors in handling reported cases that leaves the survivor with a demeaning feeling. The other 29% are indifferent in this issue. Police force being a key actor in collecting and preserving evidence needs to be thorough in handling CSA cases if survivors are to be encouraged to report cases. The perception that the police are not doing enough was also echoed by most of the key informants (NGOs, Chiefs, CBO leaders, Children's officer and teachers).

The perception "Most cases of CSA occur unnoticed at home" received overwhelming nod of 80% of the respondents. This also suggests the fact that most CSA cases are committed by close relatives. Most of the time it goes unnoticed because the perpetrators could be people residing in the same household and thus makes the child believe that it is the best thing that ever happened to him/her.

**84% of the respondents perceived most cases of CSA as readily noticeable in schools. The two teachers mentioned that it was easier to notice in school because children take a lot of time there and obviously behavioral change can not go unnoticed. This was also mentioned by the leaders of the two CBOs as they carry out most of their activities in schools.**

**Another 62% of the respondents agreed with the statement that said villagers fear to report cases of CSA due to the stigma associated with it. Only 21% disagreed with the statement. This is at times true if it involves close family member and the family image is at stake. The fear to report may also be as a result of fear of being made the laughing stock by other members of the society.**

**The respondents were almost split into half about the perception “No efforts have been made in this area to raise awareness on CSA”. This is seen when 45% of the respondents gave support to the perception. Another 43% of the respondents disagreed with the perception. Obviously this is the group that believes a lot has been done in the community to raise awareness about CSA.**

**The other perceptions are continued in Table 7b. The following outcomes were reached; Only 18% of the respondents were of the opinion that “GOK has not put efforts in controlling the problem of CSA in this locality”. Another 52% of those interviewed were of the opinion that “GOK has put efforts in controlling the problem of CSA in this locality”. 21% of the respondents were indifferent on Government action.**

**Table 7b: Perceptions about Child Sexual Abuse continued**

Perceptions	Strongly agree (%)	Agree (%)	Indifferent (%)	Disagree (%)	Strongly disagree (%)
The police have been very active in protecting children from sexual abuse in the locality	6.7	11.3	36.0	14.0	30.7
The GOK has not put efforts in controlling the problem of CSA in this locality	10.7	15.3	21.3	8.0	44.0
I am not satisfied with the way the police manage information on sexually abused children	24.0	31.3	24.7	2.7	12.7
CSA only occurs in urban informal settlements	33.3	10.0	4.7	7.3	38.7
CSA occurs across all social and economic classes	62.0	19.3	2.0	3.3	4.0
Most of the victims are lured into CSA for commercial gains	27.3	15.3	26.0	7.3	14.0
Most cases of CSA are not reported to authority due to threats by perpetrator.	56.0	22.7	6.7	4.0	6.7
People only commit CSA due to alcohol/dugs.	34.7	21.3	11.3	10.7	16.7

Source: Primary data, August 2008.

The government has put in place security measures to not only deal with CSA vice but also to ensure protection of all Kenyans from physical and mental abuse, protection of investments among others. The presence of police in each location in this country is an indicator that the Government considers security of its citizens as paramount. However, with all the effort that the Government has made in ensuring security, a lot more still needs to be done particularly in reference to Child Sexual Abuse.

The respondents were in consensus about the statement that “CSA occurs across all social and economic classes” with a total of 81% respondents in approval. They however seemed split almost in the middle on the statement “CSA only occurs in urban informal settlements” with 43% of the respondents supporting it and another 46% not supporting the opinion. The findings from this survey therefore acknowledge the opinion that “CSA occurs across all social and economic classes” though more pronounced but not exclusive to informal settlements.

The statement 'survivors are lured into CSA for commercial gains' received mixed reactions with 43.3% of those interviewed agreeing with the perception and 26% being indifferent. The other 21% were not in agreement with the statement. This perception was nonetheless supported by all key informants giving an example of material gifts like sweets, money, French fries and so on.

A large number of respondents totaling 79% had the perception that "most cases of CSA are not reported to authority due to threats by perpetrator". These threats can be to the survivor or even to the survivor's family. This means the perpetrator can be someone in authority or has advantage physical strength than that of the abused. The advantaged perpetrator may also opt for paying off the survivor's family in exchange for silence.

The perception that "people only commit CSA due to alcohol/dugs" was supported by 56% of the respondents. Another 27% of the respondents did not agree with the opinion. Though alcohol/drugs could be major reason to perpetuating the act, it is however not the sole reasons and as such ought to be looked at along side other reasons.

In reference to Table 7c, the following findings were noted; A large number being 89% of the respondents did agree with the opinion that "Perpetrators of CSA should be punished severely". Only 4% of the respondents did not approve of this opinion. This implies that the society is very clear on their stand concerning CSA and given an opportunity would go for the worst punishment that there is to the perpetrators. One of the chiefs went on to express the sentiments that if all decisions were vested on them, the perpetrators would not only worry about castration but even a more severe punishment of the whole penis being chopped off.

**Table 7c Perceptions about Child Sexual Abuse**

Perceptions	Strongly agree (%)	Agree (%)	Indifferent (%)	Disagree (%)	Strongly disagree (%)
Perpetrators of CSA should be punished severely.	78.0	10.7	0.7	0.0	4.0
Most of the Victims are lured into CSA by the perpetrators by way of using threats.	58.7	24.0	8.0	0.7	2.7
Most people who commit CSA are known to their victims	40.0	28.0	15.3	6.0	4.0
Most cases of CSA are not reported to authority due to traditional/cultural beliefs	36.0	16.0	22.0	14.7	7.3
Most cases of CSA are not reported to authority due to financial offers made to the victim's family by the perpetrator	41.3	16.0	14.7	15.3	9.3
Victims of CSA deserve it.	3.3	2.0	1.3	6.0	84.7
There is no harm done to a child by CSA.	4.0	2.0	0.0	5.3	86.0

Source: Primary data, August 2008.

The Statement “Most of the Survivors are lured into CSA by the perpetrators by way of using threats” was perceived by 83% of the respondents as true. This mostly takes the form of physical dominance. Committing CSA may also take financial dimension as highlighted by opinions from 57% of the respondents. This opinion was given in response to the statement that “most cases of CSA are not reported to authority due to financial offers made to the survivor's family by the perpetrator”. Although this is one of the factors hindering reporting, 24% of the respondents do not share that opinion.

The statement “Survivors of CSA deserve it” was dismissed by 91% and considered insensitive to the survivors. The key informant from CRADLE commented that “It does not matter the disposing factors. *“The fact that a house owner leaves the door open is not a reason for one to walk in and carry ones things away”*. A thief is a thief whether the door is locked or not”. There is no justification to CSA.

CSA is a horror experience and the opinion that “There is no harm done to a child by CSA” was disapproved by 91% of the respondents who said that there is so much harm done to the child when involved in Child Sexual Abuse. The psychological and physical harm are enormous as earlier stated in this study.



### 4.3 Practices and Actual Behavior

Having looked at the knowledge that people possess as pertains to CSA, this section attempts to understand the realities of the situation (practices and actual behavior). In this section, the study covers awareness of any CSA cases in the environs, knowledge of who committed the act, actions taken to perpetrators and suggestions on what should be done to stop the vice.

#### 4.3.1 Knowledge of perpetrators of child sexual abuse

This question sought to know if respondents knew of the perpetrators and the kind of CSA that was committed by this perpetrator. There were a total of 97 cases mentioned. The responses were collated and presented in table form as shown in Table 8.

**Table 8: Form of CSA by perpetrator as mentioned by respondents**

	Nature of Child Sexual Abuse						Total	
	Rape		Sodomy		Pornography		Count	%
	Count	%	Count	%	Count	%		
Parents	22	22.7	11	11.3	0	0.0	33	34.0
Relatives	25	25.8	2	2.1	1	1.0	28	28.9
Neighbors	17	17.5	7	7.2	0	0.0	24	24.7
Friends	6	6.2	1	1.0	0	0.0	7	7.2
Strangers	3	3.1	2	2.1	0	0.0	5	5.2
<b>Total</b>	<b>73</b>	<b>75.3</b>	<b>23</b>	<b>23.7</b>	<b>1</b>	<b>1.0</b>	<b>97</b>	<b>100.0</b>

Source: Primary data, August 2008.

The responses received were shocking as the main custodian that is the parent was reported as the key perpetrator with 33 respondents being (34%) mentioning them as abusers. The abuse that they are alleged to have committed included; rape by 22, (23%) and sodomy by 11, (11%). They were then followed by relatives at 28, (29%). The forms of abuse that the relatives inflicted on children included, rape at 25, (26%), sodomy at 2, (2%) and pornography at 1, (1%). Abuse from neighbors accounted for 24, (25%) and this encompassed rape at 17, (18%) and sodomy at 7, (7%). Rape as a form of CSA was most mentioned with a frequency of 73, (75%) followed by sodomy that was at 23, (24%).

These figures are shocking because the people to be depended on like parents and relatives make the largest percentage of abusers. It also explains why there is a lot of silence on the vice as the behavior puts family integrity on the line and has many implications for the family.

#### **4.3.2 Place of abuse, case reporting and action taken**

This study was keen to know the place where abuse mostly took place, if cases are ever reported and if so, actions that are taken against the perpetrator. This question was answered by 97 respondents who previously mentioned at least one survivor of CSA.

The information that was in 4.3.1 mentioned parents and relatives as most involved in CSA. No wonder, in Table 10, Respondents totaling 52, (63%) reported cases to have taken place at home. It was then followed by in the streets that was mentioned by 14, (17%) of the respondents. The other places that were mentioned include schools, shopping center's and churches. Apart from streets and shopping centres, the rest of the places can most likely be used by only those who are well known by the child. This therefore confirms the earlier statement by key informants and previous studies that Child Sexual Abuse is mostly done by those well known to the child and the child's family.

Though respondents have not been pleased by the way police handle CSA survivors and preserve evidence, it still remains the only reporting place in the country if any justice is to be secured. This is evident given that 45, (55%) of the cases were reported to the police. The other two reporting places that were mentioned by respondents include chief at 18, (22%) and Children's officer at 15, (18%). Other places include hospitals and churches. It is important to note that whichever the reporting avenue, all the cases for prosecution have to pass through the police.

Out of the 97 cases that were mentioned, only 82 were reported giving a reporting rate of 84.5%. This is encouraging given that case reporting has been a real issue. However, of the reported cases, 32, (39%) were jailed, 7, (9%) sentenced to community service, another 7, (9%) had their cases terminated whereas a large number of 36, (44%) never had anything done to them.

**Table 9: Place of abuse and of reporting case**

Place of abuse	Case reporting place					Total
	Chief	Police	Hospital	Children's officer	Church	
Home	11	27	2	11	1	52
	13.4	32.9	2.4	13.4	1.2	63.4
School	1	5	0	2	0	8
	1.2	6.1	0.0	2.4	0.0	9.8
Church	0	1	0	0	0	1
	0	1.2	0	0	0	1.2
Shopping centre	1	6	0	0	0	7
	1.2	7.3	0	0	0	8.5
On the streets	5	6	1	2	0	14
	6.1	7.3	1.2	2.4	0.0	17.1
Total	18	45	3	15	1	82
	22.0	54.9	3.7	18.3	1.2	100

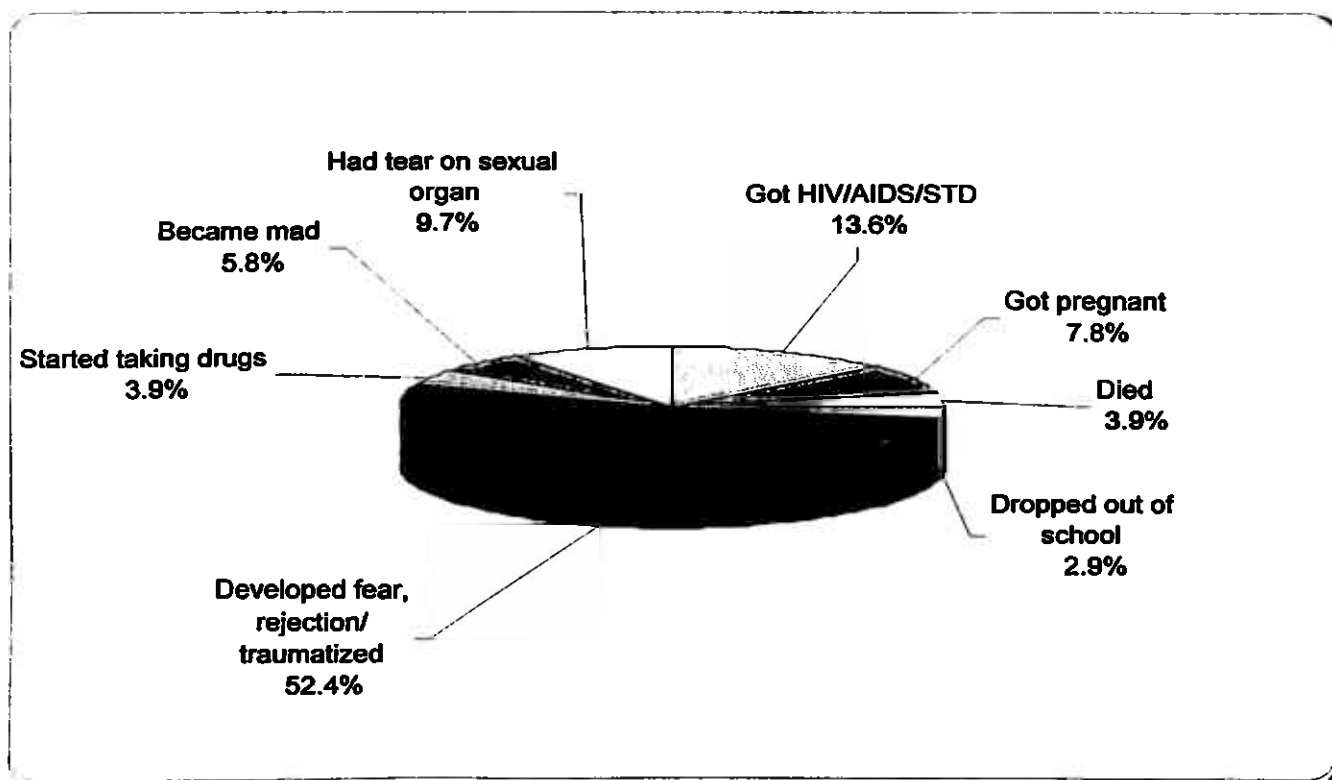
Source: Primary data, August 2008.

#### **4.3.3 Problems faced by the child after sexual abuse**

This study attempted to establish and document problems faced by children after they have sexually been abused. To obtain the relevant data, respondents were asked to state the problems that were faced by survivors that they had mentioned.

Respondents mentioned several repercussions of Sexual abuse and they mentioned that the vice leaves the survivors with very many problems. These problems are graphically presented in Figure 5 and include; development of fear, a feeling of rejection and getting traumatized at 54, (52.4%), getting sexually transmitted infections and worse off HIV/AIDS at 14, (13.6%) and tear of the sexual organ at 10, (9.7%) among others. A representative from GVRC mentioned that the survivors undergo serious physical and psychological torture and have to undergo several counseling sessions to learn to leave with effects of the vice. The numbers may not be that great but to realize that some children got pregnant, became mad, passed away, resorted to taking drugs and dropped out of school cannot be comprehended. Each person has right to life and no other human being should take that away.

**Figure 5: Problems faced by child after Child Sexual Abuse**



Source: Primary data, August 2008.

#### 4.3.4 What needs to be done to stop Child Sexual Abuse

This study attempted to establish from the respondents actions that should be taken to stop CSA vice in Kawangware and Riruta. Respondents were therefore asked to state what ought to be done to stop CSA. The responses received were presented in Table 10.

**Table 10: Proposed actions to stop Child Sexual Abuse.**

Proposed actions to stop Child Sexual Abuse	Frequency	Percent
Punish perpetrators to the book	79	52.7
Create CSA awareness	39	26
Stone to death/ castrate or cut private part.	7	4.7
Have street lights in dark public places	3	2.0
Create job opportunities to reduce idling	2	1.3
Pray for perpetrators	1	0.7
Have more health facilities to take care of CSA incidences	1	0.7
<b>Total</b>	<b>132</b>	<b>88</b>

Source: Primary data, August 2008.

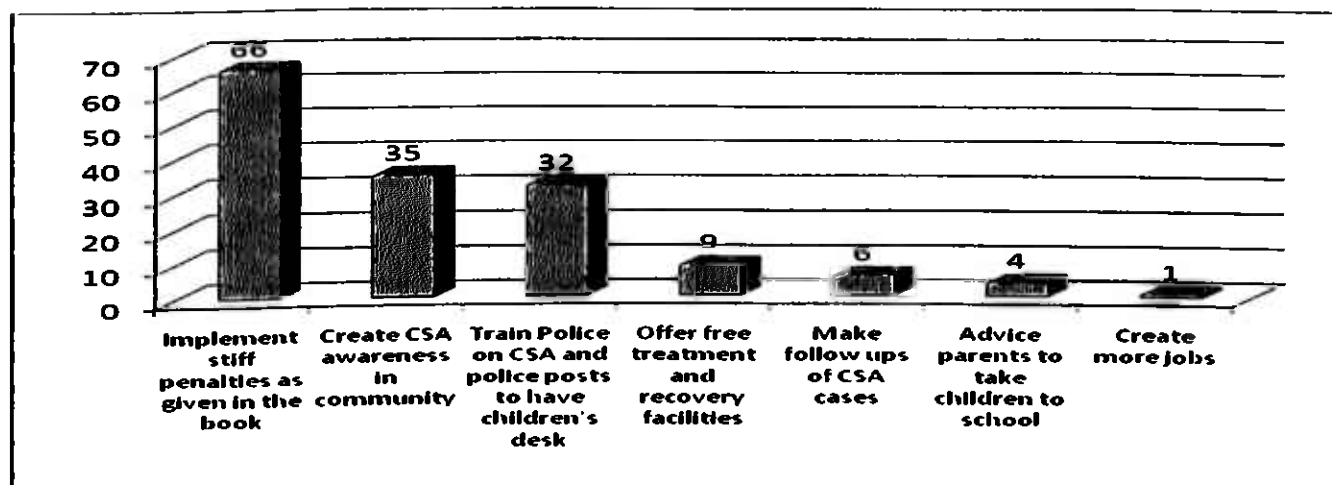
79 respondents totaling (53%) suggested extreme punishment to the offenders if proven guilty. The respondents also suggested aggressive creation of awareness to the communities so that people can know how to preserve evidence, the maximum period within which one should report the vice and other expectations after reporting. This was suggested by 39, (26%) of the respondents. A few members totaling 7, (5%) went to the extreme of suggesting stoning to death of perpetrators. Other suggestions included having street lights at dark public places, creating job opportunities to discourage idling, increasing the number of health facilities to take care of CSA survivors and lastly a suggestion of prayers to the survivor. Representatives from CLAN, GVRC and Childline are eagerly awaiting the implementation of sexual offences act as its full implementation will discourage CSA offenders.

#### 4.3.5 Role of key actors in controlling Child Sexual Abuse.

This section sought to establish the role of key actors like the Government of Kenya and NGOs in the fight against CSA. Respondents were asked the role which the Government should play in the fight against CSA. The responses that were received are presented in

**Figure 6.**

*Figure 6: Suggested role of Government in stopping CSA by the respondents*



Source: Primary data, August 2008.

The Government through the judiciary was expected by 66, (43%) of the responses to implement stiff penalties to the extremes of the law to discourage the vice. Apart from the stiff penalties, it is also expected to take an active role in awareness creation in communities. This it can do through working closely with NGOs whose core functions are centered on gender violence. This was mentioned by 35, (23%) of the responses. Another area that was critical to the respondents is that the Police need more training on issues related to Gender violence and specifically CSA so that their actions help the process as opposed to creating more problems to the process.

Apart from the work Government is doing, the respondents also mentioned that it needs to work closely with other actors like NGOs, CBOs and Church Based Organizations. This is mainly because the actors have root support among community members and are better understood as opposed to the government arms.

Since awareness creation takes so many dimensions, the respondents were asked what should actually be done as a way of raising awareness. Their suggestions varied as is seen in Table 11.

**Table 11: Ways of creating awareness as proposed by respondents**

<b>Proposed ways of Creating Awareness</b>	<b>Frequency</b>	<b>Percent</b>
Create more awareness on the issue	68	47.2%
Teach children CSA risks	24	16.7%
Media to help create awareness	18	12.5%
Have rescue centre	17	11.8%
Police should arrest and charge perpetrators	10	6.9%
Be responsible citizens	5	3.5%
Have severe punishment to perpetrators	2	1.4%
<b>Total</b>	<b>144</b>	<b>100.0%</b>

**Source: Primary data, August 2008.**

Asked about what needs to be done to raise awareness, several responses were given. These responses included; creation of more awareness on CSA which was proposed by 68, (47%) of the total number of responses. Children also need to be informed of the existence of CSA and the best ways to avoiding it. This was echoed by 24, (17%) of the

respondents. Print, audio and visual media is also cited by 18, (13%) of the responses as a tool towards achieving awareness. Creation of an awareness centre was proposed by 17, (12%) of the responses. Others included; arresting and charging perpetrators by the police, being responsible citizens and administering severe punishment to perpetrators.

#### **4.4 Conclusions of the chapter**

Chapter four set out to get findings on CSA in two locations of Kawangware and Riruta. The conclusions of these findings are summarized in the recap of the chapter.

This study found out that there were more males than females in the two areas of study. This was attributed to rural urban migration that has seen more males in urban areas than females. These respondents that were between ages 18 and 38 formed a total of 87% of the sample size. This was an indication of the energetic workforce though only a few are in either formal or informal employment. Slightly more than half of those interviewed had undergone secondary education. It is sad that most of those employed do not get a salary match for their level of education. Most of those interviewed were Christians and only 28 of the respondents were married.

Majority of the respondents first heard of CSA through the media (print and audio visual) with rape being cited as most heard of form of CSA. 49% of those interviewed knew at least one survivor of CSA. Most respondents mentioned that children are tricked into engaging in CSA. This vice is reported to be rampant during the holidays and weekends. It mostly takes place in the day. The most vulnerable age for girls was mentioned as between ages five and fourteen. The boys are even more vulnerable at age group ten to fourteen. The findings indicated that people engage into CSA mainly because of drugs, alcohol and immorality.

Slightly more than half of CSA cases were reported to authorities. The authorities included the police, the chief and the children's officer. Although there was a level of reporting, CSA is still grossly misreported. From the study findings, it is clear that both children and adults are not adequately supported to report the vice, neither is there

assurance that justice will be done. This demotivates the would be reporters. The civil society though has put in place mechanisms to aid in reporting and has began reaping some good fruits. This is demonstrated by the reports from Childline and GVRC. Child Sexual Abuse presents serious challenges to the survivors. A few of outstanding challenges include psychological trauma, early pregnancies, genitalia infection among others

CSA can be addressed if the community would join hands with Government and NGOs in aggressive awareness creation, teaching children about CSA and how to avoid it, helping police identify perpetrators and advocating for stiff penalty to perpetrators.

It is so sad that most of CSA cases take place within the homes which is supposedly the safest place for children. Since the abusers are people known and trusted by the children, the survivors are left with nothing but development of fear, a feeling of rejection and getting traumatized. For these children to be protected against this vice, the government should implement stiff penalties to the offenders if proven guilty. Apart from the penalty, there needs to be aggressive creation of awareness.

The Government through the judiciary was expected to implement stiff penalties and also take an active role in awareness creation in communities. Children also need to be informed of the existence of CSA and the best ways to avoiding it. Print, audio and visual media is an important tool that can be used to discourage CSA through campaigns and public education.



## **HAPTER FIVE:**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

This Chapter seeks to give a final summary of the study, identify recommendations and areas for further study, and finally draws some conclusions for the work.

#### **0 Summary**

It is evident that child sexual abuse in Kenya is still high in spite of the existence of a supportive legal policy framework. Most of these cases go unreported and the abused children suffer in silence. Various factors predispose children to sexual abuse including use of drugs and alcohol (35.3%), idleness, evil minds, immorality, and low education levels of perpetrators, poverty, cultural beliefs and poor parenting.

The study established various effects of Child sexual abuse on the victim including those which are noted to be severe to include contracting STDs or worse (38.3%), trauma, unwanted pregnancy, physical harm/ death, school drop out, child prostitution, infertility or reproductive health system problems. The effects of CSA are felt even by family members. In the long run those abused change and even hate the opposite sex or they become withdrawn and fearful.

The study established that to curb CSA the community should work together with relevant authorities and bodies in creating awareness of the vice and how it can be stopped (54%). The youth and women groups were identified as organized groups that can be used in this approach. Other suggestions are teaching children about CSA and how to avoid it, reporting and volunteering information to police by identifying perpetrators, responsible parenthood, severe punishment to be meted to perpetrators and having accessible hotlines to report CSA cases among other suggestions.

The survey also established that apart from the government, other organizations can complement the work of the government in promoting and fighting for the rights of children. These other organizations may include Community members – parents, teachers and relatives (88%), Church and Non Governmental Organizations and community based

organizations but the most viable would be through actors like government through the judiciary and police which need to implement stiff penalties in accordance to the law, create CSA awareness in community and train police on how to handle CSA cases and police posts to have functional children's desks.

### **5.1 Recommendations and areas of further study**

From the study findings, the following recommendations are made to address the issue of CSA. It should be noted though that only a concerted effort will help to curb the vice. No one person or department would address this issue.

1. Strengthen the reporting mechanism so that children and communities have confidence to report cases of CSA. This would only be effective though, if there is in place a process for ensuring immediate and thorough investigations on all reported cases. After the investigations, appropriate actions should be taken to support the survivor as well as seek redress against the perpetrator as provided for within the legal framework.
2. The Government and NGOs should create awareness and understanding on the rights of children. This should be very focused awareness so as to ensure that all children are protected and that the community knows what actions they should take if the children's rights are violated. There should be efforts to empower children to protect themselves against child sexual abuse through equipping them with knowledge and life skills on child rights in general but more specifically on causes, danger zones, signs and effects of CSA. Massive community campaigns against all forms of violence against children should be launched as a way of eliminating the violence.
3. Understanding and addressing the root causes of CSA is fundamental in rooting out the vice. The Government should commit to protect children within all environments, but also tackle the root causes of the vice. The Government needs to allocate resources towards both prevention and protection of children and

should start by understanding the real causes of the vice and then design appropriate programs to address it.

4. As a preventive measure, guidance and counseling for children should be made mandatory in all schools so that children have an opportunity to reach out to someone for support, in times of trauma as first point of contact.
5. Survivors of the abuse should be supported to access medical, psychosocial and even rehabilitation services as soon as is practically possible after experiencing CSA. This will in effect reduce the probability of STI/HIV/AIDs infections, and also support the child and family to start coping and dealing with the trauma early enough.
6. Justice delayed is justice denied. All cases concerning CSA should be prosecuted immediately and the legal instruments in place used to accord justice to the survivors. The implementation of the sexual offences Act to the letter is critical for the vice to be curbed. The act offers provisions for all victims of sexual abuse and also spells out minimum sentences for those found guilty of the offence. Severe punishment should be meted on the perpetrators to ensure that those who have committed the crime in the first place never repeat it and also to send a strong message to would be perpetrators that this is a crime that cannot be condoned.
7. The Police force needs to improve its public image by being true to their Motto "UTUMISHI KWA WOTE". Interviewees reported not knowing how they can approach the police; the police do nothing after the cases are reported and many other accusations. It is strongly recommended that the Police, Judiciary and other players reach out to the public to inform them on how exactly they support the different initiatives.

Future areas of study can focus on the issue of child sexual prostitution. An impact assessment on the sexual offences bill should be undertaken to determine rate of CSA in Kenya since its introduction. It would also add value to research on whether CSA has

increased or reduces since its introduction. For such a study to be undertaken, there needs to be well thought out and standardized mechanisms of collecting data on CSA. The way we collect information on CSA is critical so as to enable a national database on the incidences and nature of CSA. This would be determined by the number and type of questions asked.

Another research area could focus on establishing whether the Judiciary has the capacity and requisite skills to prosecute the offenders.

## **5.2 CONCLUSIONS**

In spite of existence of a supportive legal and policy environment in Kenya child abuse continues to proliferate. It is noted in the available literature and also from consultations with the community that justice is not always exercised. Lenience and laxity in enforcement of laws, lack of awareness and the prolonged legal process by law enforcement agencies and lack of coordination among sectors, continue to be major constraints in protecting children from sexual abuse and exploitation. Socio-cultural issues also deter the pursuit of justice. The mandated departments are also poorly facilitated/ resourced to follow up cases and services for the abused children and are not readily available especially in rural areas.

The views raised by key informants reflect the extent of occurrence of child sexual abuse and exploitation in the communities and the apparent lack of immediate response by the duty bearers to protect the children. Many children are sexually abused and they do not report cases due to reasons, which can be eliminated, and children given care and protection. The Kenyan government should do more in order for the children to realize their rights to protection, survival, development and participation and better their lives.

Urgent research is required to inform on whether CSA is on the increase or reporting itself has increased, and what the implications of either finding would be on the society. Nevertheless, the reporting mechanisms need to be structured and strengthened, and at the same time, child protection mechanisms strengthened.

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