



Child Sexual Abuse in Kenya: Occurance, Context, Risk Factors and Consequences

This policy paper was compiled and published by Childline Kenya, a non-governmental organization (NGO) registered in Kenya under the NGO Coordination Act in 2005. Childline Kenya works by implementing innovative communication and technology-driven programmes. Our core service is the National Child Helpline 116, Kenya's only 24-hour, toll-free telephone and web-based helpline for children. It is operated by Childline Kenya on behalf of the Kenya Government's Department of Children's Services

Address: P.O. Box 10003 - 00100, Nairobi, Kenya.
Telephone: +254 727 637 076, +254 20 205 9722, +254 735 813 344
Helpline: 116
Email: info@childlinekenya.co.ke, 116@childlinekenya.co.ke
Location: Lower Kabete Road, Kabete Rehabilitation School



Research finding, Recommendations and Policy Implications, 2012

A comprehensive report which discusses the findings and methodology in detail and puts them into context with findings reported in the existing literature on child sexual abuse was published in April 2012 and has been made available from Childline Kenya's website at <http://www.childlinekenya.co.ke/index.php/our-programmes/learning-research>.



The publication of this research work was made possible by the generous contributions of Stars Foundation. Childline Kenya is the 2010 recipient of the Stars Foundation Child Protection Award.

Acknowledgement	2
Foreword	3
Executive Summary	4
Acronyms And Abbreviations	6
Key Definitions	7
CHAPTER 1: BACKGROUND TO THE RESEARCH	8
Literature Review	8
Methodology	9
CHAPTER 2: KEY FINDINGS AND RECOMMENDATIONS TO INFLUENCE ACTION IN CHILD PROTECTION	12
Sexual Abuse Rates	12
Age	13
Help-Seeking	15
Perpetrators	17
Risk Factors	18
Consequences/Effects Of Sexual Abuse On The Child	20
CHAPTER 3: OUTCOMES OF SEXUAL ABUSE AND WAY FORWARD	22
Conclusions	22

Acknowledgement

Childline Kenya is grateful to all that made this research and its publication successful. Our sincere thanks go to Mr. Christian Rassi for leading the process of designing the research project, support in data collection, data analysis, reporting and part dissemination of the findings- You made it look easy! and it was lovely working with you. We also appreciate the efforts of the helpline counselors who diligently collected information from clients through the telephone and face to face interviews over a period of three months to ensure a substantial sampling of respondents. To Ms. Irene Nyamu (Executive Director, Childline Kenya), and the management of Childline Kenya for not only allowing and allocating funds to this research but also doing the tiresome and often time consuming editing work.

We would further like to acknowledge the support of our peers in the child protection network in critiquing the work and giving invaluable input. These include Daystar University, United Nations' Children's Fund (Eastern and Southern African Region), Nairobi Women's Hospital's Gender Violence Recovery Centre and Girl Child Network.

Last but not least we appreciate the Government of Kenya through the Department of Children Services who are the rightful owners of the helpline 116 service for allowing the use of the helpline data in this research.

This publication was funded by Stars Foundation



In a landmark move, the Kenya Parliament passed the Sexual Offences Bill in 2006 to Protect Children from sexual abuse, a move that could go a long way in combating the widespread problem of the sexual abuse of children.

The bill was drafted with a view to strengthening the legal provisions for protecting children from sexual abuse and exploitation. Until its passing, Kenya did not have a specific law to protect children from sexual offenses. This is in spite of Kenya being a signatory to the United Nations Convention on the Rights of the Child since 1990. Although sexual offences were covered under various sections of the Kenyan Penal Code, the law until then did not necessarily distinguish between adult and child victims.

Childline Kenya, an organization working for the protection of children from abuse and neglect, was entrusted by the government of Kenya through the Department of Children Services (DCS) in the Ministry of Gender Children and Social Development to run the only 24 hour, National child helpline in Kenya since 2007. Among its strengths, it would set up a wealth of data on child abuse, violence and counseling needs that have far reaching impact for child protection and national policy making processes.

Since its inception in 2005 and in this research specifically, Childline Kenya through the helpline service collected and analyzed historical data for trends of child sexual abuse and went further to get views from clients through the helpline. CLK also conducted face to face discussions with child survivors of sexual violence and generated earth moving revelations that are now contained in this research work.

Through partnership with Daystar University, Childline Kenya benefitted from a scholarly and academic platform to share ideas, knowledge and insights in the research and also in the

operationalization of the research. Daystar University, among other players in Child Development and Protection, was instrumental in critiquing the research work and peer review to enrich research and ensure adherence to sound methodological approaches as well as the ethical guidelines of research with human subjects.

The outcomes of this research are therefore not only credible but also sound and rich in content. As the research findings show, Child sexual abuse has become a high-profile issue of late in Kenya. As a contribution to the wealth of knowledge on child abuse, this publication challenges the government and law makers and implementers to take into account the social reality of this vice in our society. Under the Children's Act (2001), any sexual activity, with children under 18 years of age is considered defilement and subject to prosecution. As such, the government and law enforcement agencies should move with speed to investigate and bring to book the violators of children rights.

One theme that resonates through this publication is the need for African scholars to engage in active research and advocacy that would address the challenges of sexual abuse and violence which children have to contend with in Africa, but more so in Kenya. Covering a wide spectrum of issues affecting sexual abuse and violence among children, this book promises to be of interest not only to academics in the fields of child development, child protection, psychology, communication and language, but also to churches, para-church faith-based organizations, government agencies, as well as anyone interested in children's issues, as a way of strengthening their responses on child sexual abuse.

Yours Sincerely,
Dr. Malinda Harrahs Esther,
(Coordinator of the Institute for Child Development at Daystar University-Kenya)

Executive Summary

There is a scarcity of data and comprehensive research on child sexual abuse in Kenya. Childline Kenya, which operates the National Child Helpline 116, Kenya's only 24-hour, toll-free telephone and web-based helpline for children has been collecting data on a wide range of child abuse and violence cases at the national level, which indicates an increase both in occurrence as well as reporting of child sexual abuse. The data collected from 2007 to 2011 pointed to a growing problem in Kenya, and there was need to investigate the extent of occurrence as well as analyze the risk factors associated with child sexual abuse in Kenya. Between November 2011 and March 2012, Childline carried out a research project designed to allow understand better understanding of the scope and scale of child sexual abuse in Kenya. The project consisted of three primary research elements:

- a) An analysis of 599 calls to the National Child Helpline 116 relating to child sexual abuse
- b) A telephone survey with a randomized sample of 625 callers to the National Child Helpline 116
- c) Face-to-face interviews with 11 victims of child sexual abuse.

All our findings point to the conclusion that child sexual abuse is a significant problem in Kenya, which affects a large number of children. The robust methodology of the study and the large sample size do strongly suggest that child sexual abuse is an all too common issue in Kenya. 35% of all telephone survey respondents indicated they had been subjected to at least one

incident of sexual abuse before they turned 18, often in the form of touching or intercourse using force. Boys and girls are affected in nearly equal measure – the abuse rate among boys was 34%. Unsurprisingly given the helpline data over the last four years, geographical patterns of abuse were confirmed through this study, with Western (46%) and Nyanza (41%) showing higher incidences of sexual abuse compared to the other six provinces in Kenya.

In addition to investigating children's experiences of sexual abuse, the study also explored the context of the abuse (age of onset, help-seeking behavior, perpetrators), risk factors and consequences. Results showed that the most vulnerable age of onset of child sexual abuse was between 11–15 years, average being 13.3 years. Although in this research it was not possible to establish the exact reasons for this vulnerability, we hypothesized that as they emerge from puberty, and transition into adulthood, the group faces a myriad of challenges with some very serious attendant consequences. Most of them are dealing with very many physiological (body changes) as well as psycho-social challenges (peer acceptance and self-esteem) are most likely to be preyed on as they come to terms with growing up, as well as they explore their sexuality.

This could be worse especially in communities where they are considered "sexually ready", and they are also less likely to be taken seriously if they report such abuse. In addition, they often have tumultuous relations with parents who may isolate them, exposing them to abuse.

Interestingly, 54% of the girls of all ages were more willing to report abuse to their parents compared to 45% boys who preferred to talk to their friends or relatives. Sadly, In addition, many of the respondents had low awareness of reporting mechanisms as they said they were not aware of where to get help. Given this kind of help seeking behavior among children, the role of parents and quality of interaction with children becomes critical for prevention and management of abuse in the family.

The research offers a set of recommendations grouped into five thematic areas of Extent of Child Sexual abuse in Kenya; support services to prevent and manage child sexual abuse in Kenya ; understanding culture and the psyche of child sexual abuse perpetrators; the link between Child Sexual abuse and HiV/Aids; Dealing with the consequences of Child Sexual Abuse. Under each thematic area, Childline has provided specific steps that should be taken in order to address key findings of this research. The call is first to the government of Kenya which has an obligation to protect all its citizens, and especially the most vulnerable as well as other development agencies in the children's sector.

We concluded that the child Helpline data and infrastructure can be a useful tool in carrying out research on child protection and child welfare issues, offering a cost-effective and time-saving alternative to large-scale national level research projects. While the results offer a very good indication of the national picture, they are also largely congruent with other national studies on

child sexual abuse which are increasingly indicating a narrowing gap in abuse of boys compared to that of girls. This results call for new approaches to dealing with child sexual abuse especially the boy child who has previously been largely ignored by awareness campaigns as well as response programs and targeted education and life skills.

Ms. Irene Nyamu,
(Executive Director, Childline Kenya)

Acronyms and Abbreviations

%	per cent
AIDS	Acquired Immune Deficiency Syndrome
APSAC	American Professional Society on the Abuse of Children
CHI	Child Helpline International
ed(s).	editor(s)
et al.	and others
GVRC	Gender Violence Recovery Centre
HIV	Human Immunodeficiency Virus
NGO	Non-governmental Organisation
n/a	not applicable
OAU	Organisation of African Unity
UN	United Nations
UNICEF	United Nations Children’s Fund

Child : Every human being below the age of 18 years

Sexual Abuse : Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim This encompasses a range of offenses, including completed or attempted non-consensual sexual intercourse (i.e. rape and coerced intercourse using non-physical threats or pressure), other completed or attempted non-consensual sex acts, abusive sexual contact (i.e. unwanted touching or fondling), and non-contact sexual abuse (e.g. threatened sexual violence, exhibitionism, verbal sexual harassment).

Child Sexual Abuse : All sexual contact between an adult and a child, regardless of whether there is deception or the child understands the sexual nature of the activity. Sexual contact between an older and a younger child also can be abusive if there is a significant disparity in age, development, or size, rendering the younger child incapable of giving informed consent.

Forced Touching or Intercourse : Sexual contact that is accomplished by force or the threat of force, in particular: non-consensual contact between the penis and the vulva or the penis and the anus involving penetration; non-consensual contact between the mouth and the penis, vulva or anus; non-consensual penetration of the anal or genital opening of another person by a hand, finger, or other object; non-consensual intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks.

Attempted Sexual Intercourse : Sexual contact by force or threat of force that is attempted but not completed

Exhibitionism : The act of exposing one's genitals to a non-consenting person by force or surprise for the purpose of obtaining sexual gratification ('flashing')

Physical Abuse : The exertion of physical force with the intention of hurting or injuring the victim⁵

¹ See UN General Assembly (1989). *Convention on the Rights of the Child: 2*, and OAU (1999). *African Charter on the Rights and Welfare of the Child: 3*.

² See Jewkes, Rachel, Ivy Josiah, Fatma Khafagi, Nadine France and Maria de Bruyn (2002). *Sexual Violence*. In Etienne Krug et al. (eds.). *World Report on Violence and Health: 147*.

³ See Berliner, Lucy and Diana Elliott (2002). *Sexual Abuse of Children*. In John Meyers et al. (eds.). *The APSAC Handbook on Child Maltreatment: 55*.

⁴ See Basile, Kathleen and Linda Saltzman (2002). *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements: 9*.

⁵ See CHI (2009). *Connecting to Children: A Compilation of Child Helpline 2008 Data: 326*.

In 2006, the UN Secretary-General commissioned a Study on Violence against Children, a global effort to examine the nature, extent and causes of violence against children. The assertion underpinning the report was that “no violence against children is justifiable, and all violence against children is preventable.”⁶ It found that violence against children “occurs in every country in the world in a variety of forms and settings and is often deeply rooted in cultural, economic, and social practices.”⁷ While it identifies sexual violence as one form of child abuse, it only touches upon the subject in the section on ‘Violence against Children in the Home and Family’.⁸

Conversely, the WHO’s World Report on Health and Violence dedicates a comprehensive chapter to ‘Sexual Violence’, asserting that “[s]exual violence is a common and serious public health problem affecting millions of people each year throughout the world.”⁹ While it acknowledges that “young women are usually found to be more at risk”¹⁰, it does not specifically address the issue of sexual violence against children.

Both reports agree that most instances of violence remain unreported and public awareness is low. Consequently, “more research into prevalence, causes, and prevention is needed”¹¹, as the “paucity of data describing the nature and extent of the problem worldwide have contributed to its lack of visibility on the agendas of policy-makers and donors.”¹²

⁶ Pinheiro (2006): 1.

⁷ Pinheiro (2006): 6.

⁸ See Pinheiro (2006): 47-107.

⁹ Jewkes et al. (2002): 174.

¹⁰ Jewkes et al. (2002): 157, *our emphasis*.

¹¹ Pinheiro (2006): 23.

¹² Jewkes et al. (2002):172.

¹³ UNICEF Tanzania et al. (2011): 1.

¹⁴ Lalor (2004): 15.

¹⁵ See Kenya National Bureau of Statistics (2010): 249.

¹⁶ See *Stop Violence Against Girls in Schools* (2011): 59.

A very comprehensive study on Violence against Children in Tanzania, the first on this scale carried out anywhere in Africa, addresses all forms of child abuse, but has a strong focus on sexual violence. The study found that “violence against children is a serious problem in Tanzania”¹³, with nearly one third of females and approximately one in seven males in the country experiencing sexual violence at least once during their childhood. A similar population-based study has been conducted in Kenya and results are expected to be released in July 2012.

So far however, evidence relating to the prevalence of child sexual abuse in Kenya is scarce despite receiving widespread media and public attention. It is thought “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.”¹⁴ The Kenya Demographic and Health Survey found that 12% of Kenyan women aged 15 to 49 reported that their first sexual intercourse was forced. This rose to 23% for women who reported their first intercourse occurred before the age of 15.¹⁵ A recent study by Girl Childline Network in 2011 with school children from the Tana River region of Kenya found that 25% of girls had experienced sexual violence in the form of touching and 10% had been subjected to forced or unwanted sex.¹⁶ Anecdotal evidence also suggests that sexual abuse is a common problem in Kenya:

The National Child Helpline 116 receives around 80 phone calls per month on average from callers affected by or concerned about sexual abuse. There has been a noticeable increase in sexual abuse cases reported to the helpline in 2010/ 11.

The Nairobi Women's Hospital's Gender Violence Recovery Centre (GVRC) treated a total of 1,345 child survivors of sexual abuse in the year 2010/2011.¹⁷ Over the years, the GVRC has seen a steady increase of sexual abuse cases involving children.¹⁸

Children's right to be protected "from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse"¹⁹ is guaranteed by articles 19 and 34 of the UN Convention on the Rights of the Child²⁰, articles 16 and 27 of the African Charter on the Rights and Welfare of the Child²¹ and article 15 of the Republic of Kenya's Children Act.²² Yet despite the legal framework that exists to prevent child sexual abuse, the problem appears to persist.

Childline Kenya would like to end the silence on child abuse and contribute to the body of knowledge on child sexual abuse in Kenya.

Finding the answers to questions such as

How many children are affected?

Who are the perpetrators?

Do victims of sexual abuse seek help?

What are the risk factors associated with child sexual abuse?

What are the short and long term consequences?

¹⁷ GVRC (2011): 13.

¹⁸ GVRC (2011): 14.

¹⁹ UN General Assembly (1989): 5.

²⁰ See UN General Assembly (1989).

²¹ See OAU (1999).

²² See Republic of Kenya (2007).

will allow us to better understand the scope of the problem and identify ways of tackling child sexual abuse to make Kenya safer for children. The research study whose findings this report summarises was carried out in the hope that establishing the facts will prove a critical step towards putting an end to child sexual abuse and designing effective prevention and response mechanisms.

Methodology

As a preliminary exercise, Childline Kenya carried out a literature review²³, which took stock of current thinking on sexual child abuse both from an international and an African perspective. This allowed us to develop precise definitions of terms and concepts relating to sexual child abuse, analyse the major trends and emerging issues in child abuse research, and identify existing knowledge gaps, particularly in an African or Kenyan context. The review also served to identify best practice for research methodology and survey design, which informed the subsequent primary research activities carried out by Childline Kenya, which consisted of three elements:

1. An analysis of National Child Helpline 116 call centre data
Childline Kenya utilised data relating to child sexual abuse collated by the National Child Helpline's call centre between November 2010 and November 2011 to present an initial overview of the scope of the problem in Kenya. The data was analysed in terms of type of abuse, victim age and gender, perpetrator gender and relationship to victim, and province where the abuse occurred. The National Child Helpline 116 receives more than 40,000 phone calls from children and concerned members of the public every month. Calls are handled by a call centre, which is staffed by trained counsellors and can be reached free of charge and around the clock. Counsellors record core call data by means of a customer relationship management (CRM) system. In addition to capturing quantitative technical and demographic data, the CRM also requires counsellors to assign a subject category to each call and to provide a short qualitative narrative summarising the topic and progress of the call.

Of the hundreds of thousands of calls received by the National Child Helpline 116 between 01 November 2010 and 30 November 2011, counsellors assigned a total of 826 calls to one of the following categories, which were deemed potentially relevant for a study on child sexual abuse:

- Attempted Rape
- Sexual Abuse
- Sexual Abuse/ Indecent Touching
- Sexual Harassment

The CRM data from the potentially relevant calls was compiled into a spreadsheet and checked for relevancy. Calls were excluded from further analysis if:

- No narrative had been provided by the counsellor;
- Age and gender of the child victim had not been recorded;
- The narrative did not clearly indicate that child sexual abuse as defined above had taken place;
- The victim was 18 years or older at the time the abuse happened;
- Only general allegations were made by the caller and the information provided did not refer to a specific case of abuse;
- They referred to a case that had already been included in the analysis.

Following this exercise, a total of 599 calls were deemed relevant²⁴ and further analysed in terms of victim age and gender, perpetrator gender and relationship to victim, and province where the abuse occurred.

²³ The literature review has been made available on Childline Kenya's website at <http://www.childlinekenya.co.ke/index.php/our-programmes/learning-research>.

²⁴ Note that the 599 calls included in the analysis are specific cases of reported abuse of children; however, cases have not necessarily been verified and confirmed by government authorities or medical practitioners.

2. A telephone survey

Childline Kenya carried out a telephone survey with a randomised sample of callers to the National Child Helpline 116 in order to gather quantitative data from a large sample and develop an understanding of how widespread child sexual abuse is in Kenya. The survey asked respondents if they had ever been exposed to sexual abuse and, if yes, asked them to indicate who the perpetrators were, if they sought help after the incident and if they had been victims of other types of abuse in the past. The questionnaire also gathered information on potential risk factors such as disability and HIV/ AIDS.

3. Face-to-face interviews with victims of child abuse

This research element sought to gather more qualitative, in-depth data about the correlations and interdependencies associated with context and risk factors of child sexual abuse. Semi-structured face-to-face interviews with a sample of 11 children and young adults who had been victims of child sexual abuse were carried out to establish the type and frequency of abuse respondents had been subjected to, their relationship with the perpetrator, help-seeking behaviour, exposure to known risk factors, and short and long-term effects of sexual abuse on the victims.

Findings

More than one third (35%) of all telephone interviewees indicated they had been subjected to at least one incident of sexual abuse before they turned 18.



Figure 1: Telephone Interviewees by Sexual Abuse Status.

The most frequently experienced type of abuse was sexual touching or intercourse using force²⁵ – more than half (53%) of those telephone survey respondents who indicated they had been sexually abused had experienced at least one incident of this type. This means that almost one in five (18%) of all interviewees had experienced sexual abuse involving the use of violence.

Recommendations

1. Child sexual abuse is a common phenomenon in Kenya. All child protection stakeholders need to give the development of effective prevention and protection mechanisms higher priority.
2. Coordination mechanisms on child protection also need to be strengthened across the relevant sectors.
3. It is also important to educate children, parents and the wider public about child sexual abuse, how and where it occurs, ways to protect children and how to report abuse.
4. Sexual abuse of boys has so far been largely ignored by awareness campaigns and response programmes. Stakeholders should develop programmes that are specifically targeted at boys, using language and channels that appeal to this target group.
5. Little is known about how boys experience sexual abuse. More qualitative research is needed on sexual abuse of boys to understand the context and the most effective response mechanisms.
6. Sex education programmes should routinely involve a child protection element, which educates both boys and girls about sexual abuse and how to protect themselves.
7. NGOs and the public sector working in Nyanza and Western should make efforts to improve and strengthen local response and reporting mechanisms at the community level. This will require closer collaboration and coordination of activities between all child protection stakeholders.

²⁵ The questions that were used to ascertain respondents' experiences with child sexual abuse were:

1) Did a grown-up ever make you look at their private parts by using force or surprise, or by "flashing" you?

2) Did a grown-up ever touch your private parts when you didn't want it, make you touch their private parts or force you to have sex?

3) Did a grown-up ever try to force you to have sexual intercourse of any kind, even if it didn't happen?

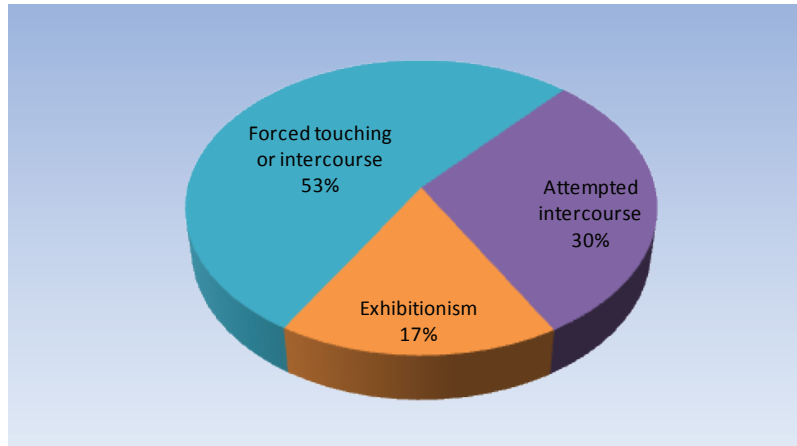


Figure 2: Child Sexual Abuse Victims by Abuse Type.

The abuse rate among boys (34%) was only slightly lower than the prevalence rate among girls (36%), suggesting that boys are as much at risk of suffering sexual abuse as girls.

This contrasts with the comparatively low number of abuse cases involving boy victims reported to the National Child Helpline 116, which account for only 8% of all cases reported. A possible explanation for the high sexual abuse rates uncovered through the telephone interviews is that the anonymity offered by the telephone survey situation and the comfort of talking to a qualified counsellor with whom the caller had previously build rapport induced boys to disclose abuse they might have felt uncomfortable talking about in a more direct, face-to-face

context. It is also worth noting that boys are more likely to self-report abuse to the National Child Helpline 116 than girls: 28% of all cases involving a boy victim are reported by the victims themselves, but only 13% of cases involving a girl victim.

The problem of child sexual abuse appears to be particularly severe in Western and Nyanza provinces, both of which showed sexual abuse rates significantly above average: 46% in Western and 41% in Nyanza.

Findings

Our telephone survey found that the average age of the victim when the abuse happened or started was 13.3 years. 11 to 15 year-olds consistently accounted for the largest number of victims reported both through the helpline (43%) and the telephone survey (55%), suggesting that children are most vulnerable to sexual abuse at this age.

While the telephone survey found that only very few victims (2%) were aged 5 or under when they were abused, sexual abuse cases involving victims of that age account for 11% of all cases reported to the National Child Helpline 116. These discrepancies could reflect the greater taboo associated with the abuse of younger children, which might make members of the public more inclined to report the abuse.

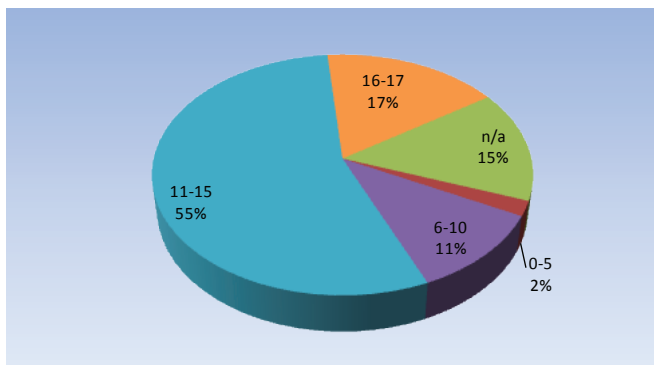


Figure 5: Child Sexual Abuse Victims by Abuse Age Band.

While gender did not influence children’s risk of becoming a victim at a particular age, age was found to affect which type of abuse a child is most likely to experience. 6 to 10 year-olds are more vulnerable to experiencing forced intercourse or exhibitionism than older victims. 16 to 17 year-olds are over-proportionally exposed to attempted sexual intercourse.

Recommendations

1. All too often, age appropriateness is not taken into account when designing intervention mechanisms. Continuous focus needs to be given to education campaigns targeting 11 to 15 year-olds, the most vulnerable age group. Stakeholders need to integrate children at the Early Childhood Development (ECD) stage in the child protection programming, as they are also vulnerable to child sexual abuse. ECD teachers need to be trained on how to identify sexual abuse early and intervene accordingly. In general, intervention programmes need to pay attention to different age group’s mental capacities and preferred modes of learning and communication.
2. Children of all age groups should be consulted when designing child abuse prevention and reporting mechanisms to ensure age-appropriateness. All stakeholders should therefore ensure child participatory elements in the consultation process.
3. To better protect children of all age groups from sexual abuse, care givers and parents need to engage in a national-level dialogue on the ways in which different age groups are vulnerable to different types of abuse.
4. It could be argued that child sexual abuse is a major health concern. Adolescent health programmes in Kenya should therefore be linked to child protection policies.

Findings

It is estimated that only about one third of child sexual abuse victims disclose the abuse to anyone during childhood²⁶. Our telephone survey found higher disclosure rates, however: Exactly one half of abuse victims (50%) stated that they had sought help and disclosed the incident after it happened.

Girls were significantly more likely to disclose than boys (54% vs. 45%) and tended to disclose to their parents, while boys were more likely to talk to a friend or a relative.

Awareness of reporting mechanisms appears to be low. A majority of our face-to-face interviewees was not aware of any reporting mechanisms; only three mentioned that abuse can be reported to the police. Awareness of the National Child Helpline 116 as a reporting mechanism is also low. Only one face-to-face interviewee was familiar with the helpline and only 14% of abuse cases reported to the helpline are reported by the victims themselves.

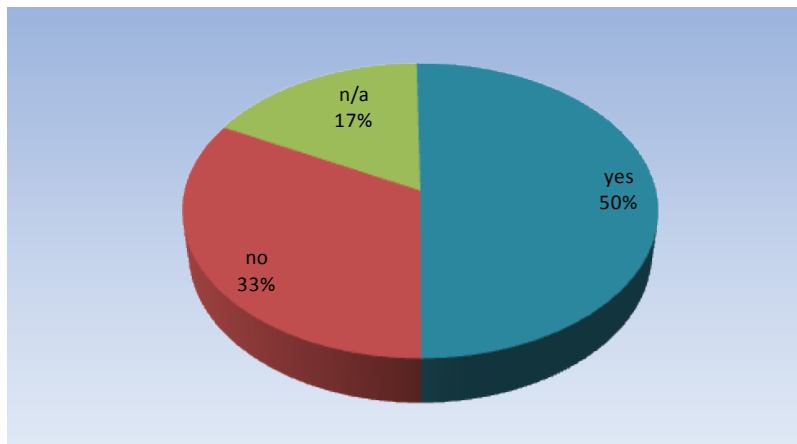


Figure 4: Did you seek any form of help after what happened to you?

²⁶ See London, Kamala, Maggie Bruck, Stephen Ceci and Daniel Shuman (2005). *Disclosure of Child Sexual Abuse: What Does the Research Tell Us About the Ways That Children Tell? Psychology, Public Policy, and Law* 11(1): 198.

Recommendations

1. Many children do disclose abuse to their parents and to friends. It is crucial that friends and family understand the importance of reporting abuse through official reporting mechanisms such as the police or the National Child Helpline 116. Awareness campaigns should convey the message that it is their personal responsibility to report abuse that has been disclosed to them.
2. Frequently, abuse remains unreported because victims and their families fear they are not in control of the information shared or how the information will be acted on by the authorities. Public awareness of why it is important to report abuse to the authorities needs to be strengthened, highlighting the benefits of reporting, such as pressing charges against the perpetrator and access to medical and psychosocial support.
3. This suggests that Government, the public sector and civil society need to ensure that reporting abuse will always be of benefit to the victim. A joint-up approach to abuse reporting is required, which involves child helplines, the police, the judicial system, social workers, counsellors, community health workers and health care providers. Stakeholders will need to work closely together to ensure services are offered as seamlessly as possible.
4. Reporting mechanisms need to be easy to access, free-of-charge and staffed by knowledgeable and skilled personnel. The process should also be expeditious and involve as little transferring as possible with all services available through one access point. For example, the process of obtaining a P3 medical reporting form from police doctors is too complicated and time-consuming, which puts an additional and unnecessary burden on victims and their families.
5. The police should consider introducing a dedicated family protection unit to ensure child-friendly service delivery. The policy of establishing a child protection desk staffed by a trained officer at each police station should be implemented.
6. The judicial system needs to be equipped with the resources to deal with child abuse cases efficiently and in a timely manner, so that justice is seen to be done.
7. Out-of-court settlements and traditional courts should be studied and their positive aspects of added to enrich the current preferred legal system. The portions that undermine the rights, dignity and best interests of the child should be discouraged in the response to child protection. A comprehensive study on preference of traditional systems which focus on compensatory measures could be undertaken to enable further understanding of its preference in the community.
8. Currently, failing to report child abuse to the official authorities once it has been disclosed to a professional such as doctors or social workers is not a criminal offence. We urge the Government to consider making the reporting of child abuse compulsory.
9. The high abuse rates involving boy victims and the fact that boys feel more comfortable disclosing abuse over the phone suggests that the role of child helplines as an abuse reporting mechanism needs to be strengthened. This will include raising awareness of their services in a way that appeals to boys.
10. Since boys and older children are most likely to disclose to a friend, peer-to-peer education and mentorship could be a useful method of educating these target groups about child sexual abuse.

Findings

In over one third (36%) of cases reported through the telephone survey, the perpetrator was a stranger.²⁷ This means, of course, that the perpetrator was known to the victims in the remaining two thirds of abuse cases, which confirms the assumption that perpetrators of sexual violence are typically persons known to the victim.²⁸ Across all three primary research elements, neighbours and relatives were other frequently mentioned perpetrators, particularly in cases involving younger victims. In 15% of abuse cases the perpetrator was reported to be a peer.

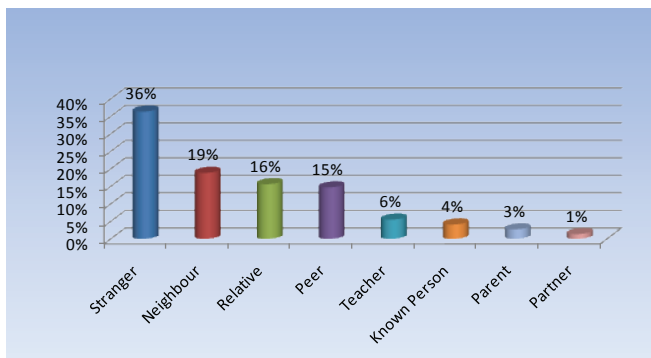


Figure 5: Child Sexual Abuse Victims by Perpetrator Relationship.

According to both the telephone survey results and the findings of the call centre data analysis, boys are more likely than girls to fall victim to neighbours, while girls are more likely than boys to be abused by a parent or guardian.

²⁷ In the face-to-face interviews, where interviewers had the opportunity to establish the exact relationship between perpetrator and victim, strangers were mentioned less frequently. Only one girl was abused by a person she had never met or seen before. This confirms our suspicion that telephone interview respondents might have interpreted the 'stranger' category as including persons they might know but not be closely familiar with. Both boy victims we interviewed as part of the face-to-face interview element, however, were abused by complete strangers.

²⁸ See Pinheiro (2006): 55.

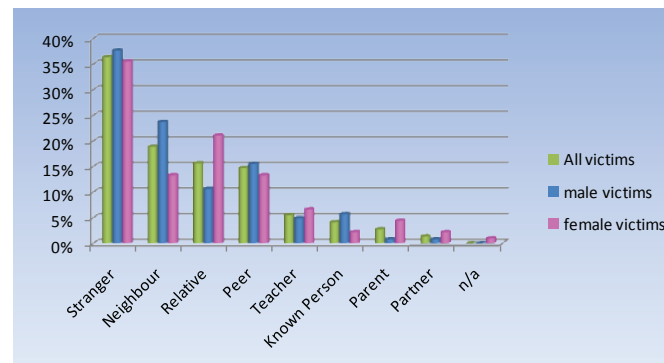


Figure 6: Child Sexual Abuse Victims by Perpetrator Relationship and Gender.

Recommendations

1. More research is required on understanding what motivates perpetrators and how prevailing cultural attitudes, for example on gender inequality and violence, affect levels of child sexual abuse.
2. A significant proportion of children reported having been sexually abused by other children ('peers'). Hence, in addition to educating children about sexual abuse and potential perpetrators, it is also important to point out that children do not have the right to violate other children. It would therefore be appropriate for Peer programs to be designed to address these issues.
3. A study on assessing factors surrounding peers as perpetrators should be undertaken. The study could examine issues of what motivates minors to become perpetrators of sexual violence. Further it would find out if this could be as a result of exhibitionism/exposure/effects of defilement/violent culture.

Findings

A number of factors increasing children's risk of suffering sexual abuse are discussed in the existing literature on child sexual abuse. It is assumed that "the various factors have an additive effect, so that the more factors present, the greater the likelihood of sexual violence."²⁹ Childline Kenya's research project investigated a number of risk factors both on the individual and the community level.

Results from the telephone survey appear to confirm that suffering from a disability or chronic disease is associated with higher risk of becoming a victim of child abuse, particularly for boys and young victims under the age of 16. The sexual abuse rate for all sufferers from an illness or disability was 41%, compared to 33% for those who indicated they were not affected by an illness or disability.

Telephone survey results also suggest that there is a correlation between child sexual abuse and being affected by HIV/ AIDS – regardless of gender or abuse age. Just under half of all respondents (43%) stated that they were affected by HIV/AIDS.³⁰ The sexual abuse rate among those who indicated they were affected by HIV/ AIDS was 43%, compared with 28% for those who indicated they were not.

The telephone survey also confirmed that children who experience other forms of abuse are more at risk of experiencing sexual abuse as well. This phenomenon is often referred to as "poly-victimization" in the literature. Our survey found that experiencing sexual abuse makes children more likely to also experience physical abuse. 36%

of all interviewees indicated that they had been exposed to physical abuse. For sexual abuse victims, this figure was 47%, compared to 30% for non-victims. This was found to be particularly relevant for girls, younger children below the age of 16 and victims of more severe types of sexual abuse.

Face-to-face interviews with victims of child sexual abuse revealed that parents' educational and economic status also play an important role as risk factors, as the parents of three quarters of our interview partners had not completed secondary education and more than half were affected by poverty.

²⁹ Jewkes et al. (2002): 157.

³⁰ The question used to assess whether HIV/AIDS increases children's risk of becoming a victim of sexual abuse was "Does HIV/AIDS affect your life – for example because you or a close relative are infected?" This allows for a very broad definition of 'being affected' and does not measure infection rates, which, according to the National AIDS Control Council, have stabilised at a level below 10% in the past few years. Nevertheless, this is a worrying result which deserves further research and attention.

Recommendations

1. As child sexual abuse typically does not occur in isolation but in the context of other forms of abuse, vulnerability and neglect, effective child protection requires a holistic approach. Child protection stakeholders from across the spectrum should consider defining a “minimum care package” which children are entitled to, which would include protection from all types of abuse, access to health care, education, food, etc.
2. Organisations working with disabled or chronically ill children, those working with children affected by HIV/ AIDS and those dealing with child victims of physical abuse need to be aware of the fact that these children are at risk of becoming victims of sexual abuse. Professionals working with children need to be suitably trained to detect sexual abuse and appropriate screening processes need to be implemented.
3. In particular, the findings on the correlation between HIV/ AIDS and child sexual abuse suggest that child protection should be routinely integrated into HIV/ AIDS management programmes. This could involve collaborating with child protection stakeholders on training, awareness raising and cross-referrals.
4. This should also apply to efforts of coordinating the multi-sectoral response to HIV and AIDS in Kenya. Child protection and sexual abuse should be considered for inclusion in the Kenya National AIDS Strategic Plan.
5. Vulnerable children, and in particular those with disabilities have special needs. Child protection stakeholders need to ensure that Children with Special Needs are integrated in the child protection programs and strategies. Further to this ensure that information on child abuse and reporting mechanisms are accessible and friendly to children with special needs. This will also involve working closely with those caring for children with disabilities, such as parents, teachers and care providers to educate about vulnerable children’s increased risk of experiencing child sexual abuse.
6. To reduce children’s vulnerability, child protection programmes should increasingly involve livelihood support. By the same token, livelihood support programmes should involve child protection training.
7. Strong networks and partnerships between different child protection stakeholders will be crucial in developing a robust system of cross-referrals which will ensure that children receive the support they need.

Consequences/Effects of Sexual Abuse on the Child

Findings

The face-to-face interview partners confirmed that there is a link between sexual abuse and poor mental health. One third of them suffered from all five symptoms of mental health disorder tested in the questionnaire; more than three quarters suffered from at least three symptoms.

Symptoms	No of Interviewees Suffering from Symptoms
Feeling depressed or hopeless	9
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	9
Little interest or pleasure in doing things	8
Poor appetite or overeating	7
Thoughts that you would be better off dead or of hurting yourself in some way	6

Figure 7: “In the weeks and months after the abuse happened, did you experience any of the following:”

In addition, all interview partners suffered physical injuries as a result of the abuse – scratches, bruises, and bleeding were most frequently mentioned. One victim was hospitalised after the incident due to the severity of her injuries.

Sexually transmitted diseases also pose an immediate health threat to abuse victims. Of our 11 interviewees, one had contracted a sexually transmitted disease as a result of the abuse incident. Furthermore, sexual abuse can result in unwanted pregnancies. While only one of the face-to-face interview partners had become pregnant by her abuser, it was notable

that 24% of all cases involving a female victim aged between 11 and 17 reported to the helpline resulted in a pregnancy. This probably reflects the greater shame and scandal associated with an unwanted pregnancy and the additional pressures on the victims, which make both victims and the general public more likely to report abuse cases involving a pregnancy.

In terms of social consequences, most of our face-to-face interview partners reported they felt deep shame and fear after the incident. Some felt stigmatised and lonely and reported having lost friends as a result of the incident. A common theme mentioned by many interviewees was that the abuse had damaged the trust they can have in other people.

Childline Kenya’s study on child sexual abuse in Kenya should be viewed as a contribution towards strengthening a research and evidence-based approach to service delivery in the child protections sector. Child Helpline data and infrastructure can be a useful tool in carrying out research on child protection and child welfare issues. Typically, studies are either small-scale, focusing on one particular community and producing results that are indicative of this community only, or they are large-scale, elaborate and time-consuming attempts to produce results that are representative of the population as a whole. The methodology utilised for the research project described in this paper covers the middle ground between these extreme poles: a simple, inexpensive and time-saving way of gathering data that, while not representative, gives a very good indication of the picture on the national level and is largely congruent with the findings of other national studies on child sexual abuse. Furthermore, child helpline data is real-time and could provide useful, timely information for assessing the effectiveness and relevancy of interventions. It can also be a useful tool for monitoring trends and markers of violence against children over time.

In line with our commitment to an evidence-based approach to service delivery, Childline Kenya will use the findings to improve and tailor the services it provides to the community. For example, this will include sensitising National Child Helpline 116 telephone counsellors of poly-victimisation and encouraging them to explore all types of abuse whenever one type of abuse is reported. We will also seek to strengthen our network with partner organisations in Western and Nyanza to improve reporting and response mechanisms for child sexual abuse victims in these provinces. The findings with regard to victims' help-seeking behaviour will have a bearing on how the National Child Helpline is marketed. There is a need to make the helpline, its services and benefits more widely known among Kenyan children, and family and friends need to be encouraged to report any abuse that victims disclose to them.

Childline Kenya has also identified a number of areas where further research will be required and we will continue to contribute towards filling existing knowledge gaps, particularly in an African and Kenyan context. We are planning to carry out follow-on research on the sexual abuse of boys and the effect of parenting and neglect on child abuse.

The research findings can and should be utilised to strengthen child helplines' and other stakeholder's lobbying and advocacy work. Childline Kenya will attempt to bring together child protection stakeholders from across the spectrum to raise awareness of child sexual abuse as a significant problem in Kenya and to develop policy recommendations aimed at ending the silence on child abuse and making Kenya a safer place for children.

Recommendations

1. All too often, child sexual abuse is seen as a minor problem without severe long-term consequences. In addition to raising awareness of children's rights, sexual abuse awareness campaigns should also point out the considerable negative short and long term consequences of child sexual abuse. Psychosocial support should be given the much needed priority and acknowledged as critical component in the response measures notwithstanding adequate budget allocation.
2. Like the various risk factors that render children more likely to suffer sexual abuse, the multi-faceted consequences of child abuse call for a holistic approach to child protection, requiring physical, mental and psychosocial support.
3. The consequences of sexual abuse on child victims' mental, physical and social wellbeing pose a significant challenge to Kenya's health care system and are potentially associated with considerable costs. In this context, it is crucial to make increased strategic efforts to strengthen prevention mechanisms and invest in programmes designed to stop abuse from happening.
4. Many victims do not receive medical treatment because it is not readily available or they cannot afford to pay for transport or medical fees. Gender-based violence units should therefore be introduced at provincial hospitals, where children of all ages should receive emergency treatment free-of-charge including psychosocial support.
5. Community health workers should be trained in child protection issues including basic counseling skills on trauma and children. They could act as first access points for victims particularly in remote rural areas. Inclusion of injuries received as a result of sexual abuse in the referral cards scheme should also be considered.

CHAPTER 3: CONCLUSIONS AND WAY FORWARD

Childline Kenya's study on child sexual abuse in Kenya should be viewed as a contribution towards strengthening a research and evidence-based approach to service delivery in the child protections sector. Child Helpline data and infrastructure can be a useful tool in carrying out research on child protection and child welfare issues. Typically, studies are either small-scale, focusing on one particular community and producing results that are indicative of this community only, or they are large-scale, elaborate and time-consuming attempts to produce results that are representative of the population as a whole. The methodology utilised for the research project described in this paper covers the middle ground between these extreme poles: a simple, inexpensive and time-saving way of gathering data that, while not representative, gives a very good indication of the picture on the national level and is largely congruent with the findings of other national studies on child sexual abuse. Furthermore, child helpline data is real-time and could provide useful, timely information for assessing the effectiveness and relevancy of interventions. It can also be a useful tool for monitoring trends and markers of violence against children over time.

In line with our commitment to an evidence-based approach to service delivery, Childline Kenya will use the findings to improve and tailor the services it provides to the community. For example, this will include sensitising National Child Helpline 116 telephone counsellors of poly-victimisation and encouraging them to explore all types of abuse whenever one type of abuse is reported. We will also seek to strengthen our network with partner organisations in Western and Nyanza to improve reporting and response mechanisms for child sexual abuse victims in these provinces. The findings with regard to victims' help-seeking behaviour will have a bearing on how the National

Child Helpline is marketed. There is a need to make the helpline, its services and benefits more widely known among Kenyan children, and family and friends need to be encouraged to report any abuse that victims disclose to them.

Childline Kenya has also identified a number of areas where further research will be required and we will continue to contribute towards filling existing knowledge gaps, particularly in an African and Kenyan context. We are planning to carry out follow-on research on the sexual abuse of boys and the effect of parenting and neglect on child abuse.



Child in distress/
wants to talk



Access to 116 services



 Phone calls

 Email and Letters

 SMS

 Chat

 Walk-in

 Outreach drives




Intervention



 Support by 116 counselors

 Referrals to justice system eg police, court

 Linkages with Education services

 Direct intervention by Social worker/ counselor, Children officer

 Rescues, Home or school visits

 Case follow up/ Management

 Research

