



Research article

Perpetrators and context of child sexual abuse in Kenya



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ABSTRACT

Child sexual abuse (CSA) interventions draw from a better understanding of the context of CSA. A survey on violence before age 18 was conducted among respondents aged 13–17 and 18–24 years. Among females (13–17), the key perpetrators of unwanted sexual touching (UST) were friends/classmates (27.0%) and among males, intimate partners (IP) (35.9%). The first incident of UST among females occurred while traveling on foot (33.0%) and among males, in the respondent's home (29.1%). Among females (13–17), the key perpetrators of unwanted attempted sex (UAS) were relatives (28.9%) and among males, friends/classmates (31.0%). Among females, UAS occurred mainly while traveling on foot (42.2%) and among males, in school (40.8%). Among females and males (18–24 years), the main perpetrators of UST were IP (32.1% and 43.9%) and the first incident occurred mainly in school (24.9% and 26.0%), respectively. The main perpetrators of UAS among females and males (18–24 years) were IP (33.3% and 40.6%, respectively). Among females, UAS occurred while traveling on foot (32.7%), and among males, in the respondent's home (38.8%); UAS occurred mostly in the evening (females 60.7%; males 41.4%) or afternoon (females 27.8%; males 37.9%). Among females (18–24 years), the main perpetrators of pressured/forced sex were IP and the first incidents occurred in the perpetrator's home. Prevention interventions need to consider perpetrators and context of CSA to increase their effectiveness. In Kenya, effective CSA prevention interventions that target intimate relationships among young people, the home and school settings are needed.

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Introduction

Sexual abuse of children is a major global public health and child rights issue. Although few countries have conducted population-based surveys on child sexual abuse (CSA), the magnitude of the problem in Africa (Andersson et al., 2012; Lalor, 2004a,b; Moore, Awusabo-Asare, Madise, John-Langba, & Kumi-Kyereme, 2007; Pitche, 2005; World Health Organization – WHO, 2013) and the developed world (Gilbert et al., 2009) is alarming.

Several studies and meta-analyses have identified numerous adverse health, behavioral and social outcomes of CSA (Agardh, Odberg-Pettersson, & Östergren, 2011; Chan, Yan, Brownridge, Tiwari, & Fong, 2011; Exner-Cortens, Eckenrode, &

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Rothman, 2013; Reza et al., 2009). In settings with a generalized HIV epidemic, child sexual abuse is associated with HIV and other sexually transmitted infections (Andersson, Cockcroft, & Shea, 2008). Owing to the stigma, fear and threats associated with CSA, many child survivors rarely report the abuse (Erulkar, 2004; Moore et al., 2007), making it difficult for them to access health, psycho-social and other services that would minimize the negative outcomes of CSA.

The design of effective CSA prevention programs and policies depends on a better understanding of the perpetrators and context of CSA. In recent years, countries in Sub-Saharan Africa (SSA) and elsewhere have begun to collect systematic and nationally representative data on violence against children (UNICEF, 2007; United Nations Children's Fund Tanzania, U.S. Centers for Disease Control and Prevention, Muhimbili University of Health and Allied Sciences, 2011) to inform and evaluate national responses to CSA. These and other studies of child sexual abuse in SSA show that it occurs at all levels of society and perpetrators are typically men and older boys who are known to the child (Lalor, 2004a,b; Reza et al., 2009; Yahaya, Soares, Ponce De Leon, & Macassa, 2012). Although the main perpetrators of CSA vary by country and sex of the victim, findings from these studies indicate that CSA is primarily perpetrated by intimate partners (e.g., boyfriends, girlfriends, husbands) and other male relatives (Erulkar, 2004; Reza et al., 2009; UNICEF, 2007). In Tanzania, the main perpetrators of CSA reported by 13–24 year old females were neighbors and strangers, and dating partners and strangers for 13–24 year old males (UNICEF et al., 2011). In both Swaziland and Tanzania, a substantial proportion of perpetrators were at least 5 years older than their female victims (Reza et al., 2009; UNICEF et al., 2011). Additionally, in Swaziland the first incident of CSA for females most often occurred in the respondent's home or neighborhood (Reza et al., 2009).

In 2010, Kenya conducted the first Violence against Children (VAC) survey. In this paper, we examined and describe the perpetrators and context of different types of CSA among respondents aged 13–17 years and 18–24 years and discuss implications for CSA prevention and response in Kenya. In examining the perpetrators and context of CSA we focus on first incidents. Information on the first incident of various types of CSA is useful in enhancing our understanding of risk factors and could inform primary prevention efforts.

Methods

Design

A nationally-representative cross-sectional household VAC survey was conducted in Kenya in 2010. A three-stage cluster sample survey design was used. First, 238 clusters were randomly selected from the National Sample Survey and Evaluation Program (NASSEP) IV frame. The selected clusters were then randomly assigned for either male or female survey administration as an ethical measure to protect the confidentiality of respondents and eliminate possibility of retaliation that would occur if a male perpetrator and a female survivor in the same cluster or household were to be interviewed. In the second stage, an equal probability systematic sampling method was applied in each cluster to select a uniform sample of households per cluster (an average of 35 households per cluster). In the third stage, we randomly selected one female or one male participant in each selected household that had at least one person aged 13–24 years living in the household using the Kish Method (Kish, 1949).

We used a three-stage consent process; for respondent ages 17 years and below, we sought permission from the parent or guardian to interview the eligible minor. To protect respondents from potential retaliation in the household or community, parents/guardians were told that the survey would focus on the “health, education and life experiences” of Kenyan children and youth without any reference to experiences with violence. Upon obtaining permission from a parent/guardian to interview the eligible minor, the interviewer sought initial consent from the respondent after presenting the survey as one on “children's health and education.” If the eligible respondent agreed to learn more about the study, the interviewer met with the respondent in a private space, provided full disclosure about the content of the survey (including sexual violence related questions) and obtained verbal informed consent. Potential respondents were informed that participation in the survey was voluntary and that they could stop the interview at any time or skip any questions that elicited discomfort. For respondents ages 18 or older, the same process was followed except for stage one.

We adapted the standardized questionnaires used in the 2009 Tanzania VAC survey (UNICEF et al., 2011). Interviewers conducted interviews primarily in Kiswahili and English but the survey was translated into an additional 11 commonly spoken vernacular languages. Thirty-two interview teams with 3–5 trained interviewers administered a structured questionnaire to eligible participants (ages 13–24 years). The questionnaire included information on socio-demographic characteristics, sexual, physical and emotional violence. In this paper, we focus on sexual violence. Respondents were asked questions about experience of sexual violence before age 18 years and in the year before the survey, perpetrators of child sexual abuse and the context in which they experienced the first incident of each type of child sexual abuse.

Measures

Child Sexual Abuse. We adopted the legal definition of a child. Section 8 of the Kenya Sexual Offences Act of 2006 (The Sexual Offences Act, 2006) defines a child as “anyone below the age of 18 years.” Child sexual abuse was defined as having ever experienced (i) unwanted sexual touching (e.g., touching in a sexual way, kissing, grabbing or fondling), (ii) attempted unwanted sexual intercourse (perpetrator attempted intercourse but the act was not completed), (iii) pressured intercourse

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