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Psychosocial Outcomes Among Children Following Defilement And The Caregivers Responses To The Children's Trauma: A Qualitative Study From Nairobi Suburbs, Kenya

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Abstract

Defilement is traumatic and often associated with psychosocial problems in children, parental distress and significant social strain on family relationships and well-being. This study aimed at examining psychosocial outcomes in defiled children and their caregivers' perceptions of the children's trauma after defilement. The study was carried out between June 2015 and July 2016 at Kenyatta National Hospital and Nairobi Women's Hospital. It adopted a qualitative descriptive design using interviews to obtain information from six purposely selected caregivers comprising of four mothers, one father and one grandmother. All the perpetrators were adult males and two of the defiled children were male and 5 were female. Two of the children were siblings; a brother and his sister. Five of the perpetrators were known to the children and one of these was the child's biological father. The defiled children had negative outcomes in terms of poor academic performance, low self esteem, depression and poor social relationships. In addition one of the children contracted HIV/AIDS, two became pregnant, one was used to traffic drugs, and another had mental retardation. The caregivers felt significant psychosocial distress. There is therefore, need to routinely screen for psychological, social and physical outcomes of children exposed to defilement trauma and to always consider caregiver distress when treating these children.

Keywords

Defilement; children outcomes; caregivers' distress; children; Kenya

INTRODUCTION

Defilement is a debilitating experience for the victimized children with negative psychological, social, educational and physical health outcomes that are not only detrimental to the affected child but also their families and society at large (Reza et al., 2009; Madu et al., 2010; Collin-vezina et al., 2013; WHO, 2014).

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Various studies have reported the estimated prevalence of defilement and sexual abuse to range between 7–36% among females and 5–10% among males (Pereda et al., 2009; Callender & Dartnall, 2010; Sumner et al., 2015). Hillis et al., (2016) reported that between one to two billion children were exposed to violence worldwide during the year 2013 to 2014 and this violence took the form of physical, emotional or sexual violence. In Kenya, the reported prevalence of defilement among young female children was exceptionally high at 55%, (Child-line, 2008).

Indeed, defilement was the leading form of sexual violence against children in terms of reported cases at the Gender Based Violence Recovery Centres (GBVRCs) of the Mental Health Departments of Kenyatta National Hospital (KNH), and Nairobi Women’s Hospital (NWH). According to the “CRADLE” Foundation report 2009, approximately 79 % of girls in Kenya aged between 13 and 15 years had been defiled. Whereas these figures might be an over estimate, fairly high rates were also reported by The National Survey on Violence Against Children report (2010) which reported that 32% of adult females and 18% of adult males had experienced sexual violence during their childhood (National Survey on violence against children, Kenya, 2010).

Both the Kenya Sexual Offences Act (2006) Section 8 and Children’s Act (2001) Section 15 state that defilement is an umbrella term describing criminal and civil offences in which an adult engages in sexual activity with a minor or exploits a minor for purposes of (the adult’s) sexual gratification. The Sexual Offences Act (2006) further states that a child is anyone below the age of 18 years and that a child cannot consent to sexual activity with adults.

The Convention on the Rights of the Child compels parties to take all appropriate legislative, administrative, social and educational measures to protect children from all forms of violence including defilement and sexual abuse (United Nations, 1989). The recently set UN Sustainable Development Goals set an agenda for global human development endeavours from 2015–2030 in which they acknowledged defilement as a fundamental obstacle to the health of the children and society as a whole. Their “Target 16.2” aims to end abuse and exploitation of children, and Target 5.2 aims to eliminate all forms of violence against women and girls, including sexual exploitation” (United Nations General Assembly, 2015).

Psychosocial outcomes related to defilement of children demonstrate its negative impact on children with deleterious and far reaching negative consequences on their physical and mental health (Jewkes et al., 2010; Walsh et al., 2010; Kisanga et al., 2013; Jaffee & Christian, 2014); and that the economic burden of defilement in any society is substantial (Corso & Fertig, 2010; Fang et al., 2012; Florence et al., 2013; Raghavan et al., 2014). In addition to these effects on children, Dunju and Lutz (2016) reported that the children’s parents/caregivers developed symptoms of distress in response to their children’s exposure to sexually traumatic events. Similarly Alisic et al., (2016) in their study also found that parents/caregivers experienced secondary trauma as a result of their children being exposed to sexually traumatic events. In their narratives, the parents/caregivers used words with negative emotions and anxiety to describe their children’s trauma experiences which, in turn negatively impacted their children (Fivush et al, 2007). Morris et al., (2012) found an

association between the parental/caregiver response to trauma in the children to development of Post-traumatic Stress Disorder (PTSD) and depression in the children.

A positive (supportive) family and social environment after children experience of defilement was associated with reduced risks for negative psychological outcomes (Kinnally et al., 2009). They hypothesized that negative appraisals of trauma in children by the caregivers and dysfunctional strategies in handling the children gave negative psychological outcomes (Ehlers et al., 2003). This study aimed to investigate psychosocial and physical outcomes among children following defilement and the parental/caregiver responses.

METHODOLOGY

The study employed a qualitative descriptive design using study guides to conduct interviews to obtain information from six purposely selected caregivers comprising of four mothers, one father and one grandmother. All the perpetrators were adult males and two of the defiled children were male and 5 were female. The study took place at Kenyatta National Hospital (KNH) and Nairobi Women's Hospital (NWH) for a period of one year from June 2015 July 2016. The two hospitals were chosen because they were both conveniently located in Nairobi and were centres of excellence in looking after children and women.

Those who were recruited into the study were caregivers of defiled children with their defiled children. The participants had to have been registered at the KNH and NWH Gender-Based Violence Recovery Centres (GBVR). Contacts of the parents/caregivers of the defiled children were obtained from the files one month after the defilement incidence.

The children had been put on standard treatments provided at the GBVR centres in both hospitals. Participants whose clinical status after examination was found to be in need of emergency treatment were attended to with liaison to the clinicians at the two GBVR centres.

The study included those who were able to understand English or Kiswahili or use of an interpreter for those who did not understand either language. The parents/caregivers of defiled children gave informed consent to participate in the study and the children gave assent. The participants were consecutively recruited. A caregiver of a defiled boy or girl was selected from the age groups of 7–10 years, 10–14 years and 14–17 years to a total of 6 participating caregivers. Purposive sampling method was used to invite the caregiver's for the narratives. An interview guide was used to establish, from the caregivers, how the incidence of defilement had affected the child, the family, and relations of the child with the family, peers and neighbourhood including schooling.

The occurrence of symptoms of post-traumatic stress disorder, depression, low self-esteem and school performance was inquired into by conversation. The researcher audio-recorded the interview and also recorded the caregiver's distress, giving ample time to respond to the questions and allowing the caregivers to process difficult emotions. It was important to hear the caregivers' voices and concerns on their children's defilement incidence as well as look at children's deteriorating progress over time from the caregivers' perspective.

Qualitative narratives with the caregivers enabled the researchers to collect richer data, greater density of information, more vivid description and clarity of meaning that cannot generally be acquired through quantitative measures. The process employed good communication and rapport-building skills, using a non-judgmental attitude and observing verbal and non-verbal cues during interview. Timely questions were asked with a view to exploring emerging issues, guide the respondents through the interview process and ensure that he/she and the study participants adapted to the situation as soon as possible to reduce tension during interview. Observation was employed particularly in the early stages to help guide the study, ensure quality and to provide first-hand experience to the researcher.

The study was approved by Ethics and Research Committee (ERC) of the Kenyatta National Hospital of the University of Nairobi (approval number P577/09/2014). Funding for the study was obtained from the National Institute of Mental Health (NIMH) through project R34 which also provided the researcher with oversight and resources around child mental health and qualitative research. The details of ethical considerations was laid down in the letter of consent namely; consent explanation, confidentiality, personal and general risks and benefits, and the right not to participate or to withdraw anytime was explained to the participants by the researcher. Once informed consent was obtained the qualitative narratives were conducted using interview guides.

The researcher transcribed the audio data providing the ideal opportunity to commence the process of analysis, as the files needed to be frequently replayed during the transcription process. Data was entered into N-vivo 12 software and the themes united for analysis. The researcher adapted an iterative approach to ascertain similarities and differences in the form of excerpts and expressions. The researcher triangulated the information with her mentors/supervisors who included a psychiatrist, psychologist and social worker all of whom had keen interests in gender-based violence, trauma and child mental health.

RESULTS

I. Characteristics of caretakers, defiled children and the defilers

Study guided interviews were held with 6 caretakers who consisted of five parents (mothers) and a male guardian and the defiled children were seven. They were all registered at the Gender Based Recovery Centres at KNU and NWH and they all participated in the informant interviews.

Of the six caretakers of the defiled children five (83%) reported that the child was defiled by a person known to the victim and this was most commonly neighbours or persons entrusted to care for the children including a father and pastor. All the perpetrators were adult males and they defiled both male (2) and female (5) children. One of the defiled children had mental retardation. One parent reported that two of her children – a boy and girl – had been defiled yet they did not disclose even after repeated defilement as did a boy who was repeatedly defiled by a neighbour who also used the child for trafficking drugs. The child victims of repeated defilement by the same perpetrator did not report the defilement because of threats issued by perpetrators.

The study comprised of caregivers of 5 girls and 2 boys from the following age groups of 7–10 years, 11–14 years and 15–17 years making a total of 7 defiled children and 6 caretaker narratives. Table I below shows the characteristics of the defiled children and their perpetrators.

II. Qualitative narratives of caretakers regarding the defiled children and perpetrators

Defilement incidence K-1: Girl age 15 years—The defiled girl was 15 years old and in class eight and an only child. She lived with her mother and stepfather for a while before coming to live with her grandmother. She currently lives with her grandmother who was given custody of the child through the chief of the area where they lived. They used to disagree with the stepfather and used to have many challenges and that's why she came to live with her grandmother. She was progressing well in school and was happy about life before the defilement incidence. She says the defilement incidence has brought about shame with the other children and that's why she runs away from home. The perpetrator was unknown to the child. Her grandmother was 46 years and a businesswoman operating a shop outside the plot where they lived. The grandmother was not married and had four children including the mother of her granddaughter.

Defilement incidence K-2: Girl age 13 years—This girl was 13 years with mental disability (mental retardation). She was defiled by a person known to her. She is the first born among three siblings, her sister is 10 years and the brother is 7 years while the last born is six months. She was in class 5 and used to go to school before being taken to Kirigiti Rehabilitation Centre by the police due to running away from home and wandering on the streets at night. She did not have the behaviour of running away from home before the defilement incidence. The caretaker was a single mother who was 40 years and unemployed.

Defilement incidence K-3: Girl age 8 years—This girl was 8 years. She was the first born girl in a family of three children. Her brother was 10 years and her younger sister was 6 years. They lived as a family consisting of the mother, father and her siblings before the defilement incidence. On examination by the doctors her hymen had been broken an indication that this could not have been her first defilement incidence. She looked sad during the interview though the mother reported that she was always in jovial mood and played with the other children and her siblings. She is in class 2 and she was defiled by her biological father. She says the defilement has made her neighbours to ask her many questions which made her sad. They have however moved from that estate to another home where the neighbours are not aware of the incidence. She also changed schools because fellow children teased her after they knew about the defilement incidence. Her father separated with the mother due to the defilement incidence, currently the father is in jail and he was 37 years. Her mother was 35 years and used to work in a cleaning company before the incidence of defilement, she lost her job because of the many off duty permissions she had to request to attend to her daughter needs.

Defilement incidence K- 4: Girl age 14 years—The girl was 14 years old and was in class 8. She was defiled by a neighbour who was unknown to her. She enjoyed life and was doing well in school and preparing to do her exams. She had come home from school with

her friends who had visited her. After the defilement incidence, she became pregnant and the circumstances forced her to drop out of school. As a result she attempted suicide. The mother was a single parent aged 42 years old and unemployed.

Defilement incidence K- 5: Boy age 14 years—The boy was 10 years in class 4 and was defiled by a person unknown to him but who lived in their neighbourhood. His parents had separated but his father leaved close by. The child is able to visit the father during school holidays. The boy looked withdrawn and sad though he says he enjoys life. He is in school and the performance is average. The boy is an only child to a 45 year old woman who gets her income from selling vegetables.

Defilement incidence K-6: Boy age 8 years and K-7: Girl aged 14 years—This is a case of an 8 year old boy and his sister who is 14 years old. The boy looks happy but the girl looks sad. The two are siblings and were defiled by their local church pastor together with other children. The boy is in school but the girl was affected by the defilement incidence since she became pregnant and was not able to continue with school. The mother was a single parent aged 39 years old and was engaged in doing small businesses.

III. Impact of defilement on children according to the caregivers narratives

Academic performance—Poor performance emerged as a major impact of defilement on academic progress of the children all of whom were of school going age. This manifested through deteriorating school grades, repetition of academic years, absenteeism and even dropouts. Parents/caretakers mostly reported below average performance in school examinations. Often a child who had been defiled would attempt the examinations but after being absent from school for a prolonged period following the defilement, he/she would be unable to attain the points required to proceed to a higher class within the formal educational system. As a result some mothers opted to enrol their affected children in vocational training institutions or drop out of formal school due to poor performance or change schools. One respondent reported thus:

“My daughter was in class 8, she has since not been able to go to school but she went to do the (national) exam and got 197 (out of a possible 500) marks in the Kenya Certificate Primary Examination. My son, who was also defiled, is still in school but his performance was also affected by the defilement. I have taken my daughter for catering course. The defilement has affected her school performance. I would have taken her to form 1 (secondary school).” [Informant K- 6]

Poor performance in school work was often reported by parents who would take action to resolve the problem. The remedial actions included making school visits to discuss the poor performance and in a specific case the parent and teachers organized remedial out-of-hours lessons to help the child keep up with the academic requirements while adjusting to the impact of defilement on her now poor academic performance. Both parents and teachers were convinced that deterioration in performance was linked to defilement compared to the child’s performance prior to the defilement. The parent reported thus:

“My daughter’s educational performance has gone down since the defilement incident... She is nowadays among the last in her class. Before the incident she was

better but now she has dropped. I have gone to her school and talked to the teacher and we have agreed to have her go for after-hours tuition (remedial teaching) to see if this will help her” [Informant K- 1]

Depression—The responses of the informants showed a clear impact of defilement on the emotional wellbeing of the affected children developing depression. Caretakers often reported signs and symptoms of depression in their children and mentioned that these signs and symptoms pointed to depression in children that followed defilement. The caretakers often gave reports of persistent anxiety, fears, feelings of hopelessness and depressive symptoms like anger, irritability, sleep changes and loss of interest in daily activities in the affected children. The children also had difficulties functioning and enjoying life the way they did before the incident. The caretaker thus reported:

“She (my grandchild) was admitted to the hospital for two weeks, she had trouble falling asleep... she has problems concentrating in school, she is easily angered, and has lost the closeness I used to have with her ... she runs away from home for hours without knowing where she is going... she has lost interest in school. The problems started after her defilement. She even attempted suicide” [Informant K-5]

“The drugs (PEP and EP) which my daughter was given did not help her since she contracted HIV and also become pregnant ... when she (defiled child) learnt she was HIV positive she was very devastated. She has not been able to go to school, she is sad all the time, she eats poorly, she has lost weight and she just feels tired all the time. She keeps on having nightmares and she has lost hope in life. She attempted suicide once but I have talked to her.” [Informant K-4]

The symptoms of depression were aggravated in victims who apart from suffering defilement either contracted Sexually Transmitted Diseases (STDs) or conceived. There were cases in which defiled children contracted HIV and also conceived despite receiving post exposure prophylaxis (PEP) and emergency contraception (EC). A participating mother reported a previous suicide attempt in a child who contracted an STD, and also conceived following defilement, dropped out of school and manifested signs of depression. She said:

“The drugs (PEP and EC) which my daughter was given did not help her since she contracted HIV and became pregnant”. She also told me the some thing happened to her brother as they both had contracted HIV infection”.

“My daughter could not believe she was pregnant. She got pregnant with the pastor...one day my daughter told me she would rather take rat poison to kill herself. She then told me that the pastor used to pray for them (her and other children), but in the process they were defiled and... I took my daughter to hospital and it was confirmed she was pregnant. My daughter could not believe she was pregnant. My daughter also told me the same thing used to happen to her brother... (Both) were treated since they had contracted an infection... My daughter was emotionally disturbed by the defilement incident. She has attempted suicide once. She feels like crying most of the time...” [Informant K-6]

Self-esteem—The informant reported that the information regarding defilement incidents in most cases became known within the neighbourhoods and even in the schools the victims attended. The caregivers reported that schools attended by children were close to their residences. There were reports of stigma both at school and at home and this often led to low self-esteem among the defiled children. Caregivers reported cases where adults within neighbourhoods questioned victims about their sexual violence incidents to obtain information only to be taunted by these same colleagues hence negatively impacting on their self-esteem. One informant reported thus:

“The child was admitted to hospital for two weeks and she was having nightmares and had difficulties falling asleep... my child had a problem staying in our plot (residential area) since other children could tease her as they knew about the defilement incident. This affected her self-esteem badly. Women (neighbours) used to call her and ask her to tell them what happened that night.” [Informant K-1]

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

“The defilement of my child has made me lose my job since I have been borrowing permission every now and then either to go to court or to attend to my daughter’s issues.... My children were in private school and I have been forced to take them to public school. The defilement has caused breakup of my marriage since my husband was the one supporting us.... I shifted and went to another house and started struggling by myself.” [Informant K-2]

DISCUSSION

This study found significant deleterious effects on the affected children physically, psychologically, academically and socially. Physical effects of defilement included pregnancy and STDs. The study findings are similar to other studies including a study by Seka et al (2012) which reported that girls suffered more negatively found that in most cases, compared to boys, girls suffered more negatively from sexual abuse as most defiled girls turned out to be HIV positive or got pregnant. In another study Mwangi et al (2013) found that 0.54% boys and 0.84% of girls were HIV positive as a result of defilement and 1.6% became pregnant. In the same study 0.4% boys and 1.2% girls got Sexually Transmitted Diseases as a result of experiencing defilement.

Seka (2012) in her study noted that psychological distress is another problem that defiled children experienced a lot which undermined their self-esteem. This study had similar findings and the problem was worsened by the stigma. Oftentimes families had to relocate to avoid the post-defilement stigma. In our study, one respondent said: “My child had a

problem staying in the plot (residential area) since other children could tease her and they knew about the defilement incident and this affected her self-esteem.....so we moved”.

Mwangi (2013) also noted that defiled children experienced severe psychological and behavioural problems including running away from home, use of drugs and dropping out of school. In her study 67% had psychological problems. Similar findings were found in this study which prompted one respondent to state: “She (defiled child) runs away from home for hours without knowing where she is going”. Such behavioural problems were associated with significant depression and even suicide attempts. This study found that defiled adolescents attempted suicide which is comparable to Kar et al., (2007) who found that defiled children and adolescents could develop PTSD with high rates of depression associated with suicide ideations and attempts as the caretaker lamented: “My daughter was emotionally disturbed by the defilement incident. She has attempted suicide once. She feels like crying most of the time”.

Educationally, Mwangi (2013) in her study noted that defilement robbed children of their childhood which negatively impacted on their education. Maniglio (2009) reported a similar finding that defilement was associated with decline in academic performance as well as learning difficulties. Similarly in this study the defiled children reported a drop in their academic performance. In Kenya, Omondi (2014) demonstrated that 80% of the reported defilement cases among Kenyan children experienced detrimental effects on their education which was summed up by one respondent as:

“My daughter’s educational performance has gone down since the defilement incident... She is now among the last in her class. Before the incident she was better but now she has dropped. I have gone to school and talked to the teachers and we have agreed to have her go for extra coaching (remedial teaching) to see if this will help her”.

Unfortunately, redress after defilement is very poorly attended to. In Kenya, Omondi (2014) & Ndungu et al., (2014) found that the victims of defilement who sought justice were confronted with a legal system that ignored and denied them justice and at times it even seemed to condone violence against the defiled child victims while protecting the perpetrators. Lastly, this study found that children with mental disability were vulnerable to being defiled as one of the defiled children had mental retardation. This compares to a study by Smith & Harrell (2013) who found that a child with a mental disability had a higher risk of experiencing sexual abuse than the child without.

In conclusion, therefore, children who are victims of defilement were found to have significant negative outcomes in terms of poor academic performance, low self esteem, depression and poor social relationships. In addition some got life threatening outcomes to the defilement trauma, such as contracting HIV/AIDS, becoming pregnant, or the use of drugs and alcohol or developing serious mental disorder and suicide attempts. Many defiled children perform poorly in school and their caregivers developed significant psychosocial distress. There is therefore, need to routinely screen for psychological, social and physical outcomes of children exposed to defilement trauma and to always consider caregiver distress when treating them.

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Table 1

Characteristics of the Defiled Children

| Case | Perpetrator | Age (years) | Sex | Caretaker | Class |
|------|-------------|-------------|------|-------------|-------|
| K-3 | Father | 8 | Girl | Mother | 2 |
| K-6 | Pastor | 8 | Boy | Mother | 2 |
| K-2 | Neighbour | 13 | Girl | Guardian | 5 |
| K-4 | Neighbour | 14 | Girl | Mother | 8 |
| K-5 | Neighbour | 14 | Boy | Mother | 4 |
| K-1 | Unknown | 15 | Girl | Grandmother | 8 |
| K-7 | Pastor | 14 | Girl | Mother | 5 |