

**AN INVESTIGATION INTO THE CAUSES AND  
EFFECTS OF CHILD SEXUAL ABUSE IN KIBERA  
SLUM, NAIROBI<sup>1</sup>**

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## DEDICATION

This project is dedicated to my dear mother.

*Mom you are like a special shining light*

*who tries to guide me on the right path,*

*Patiently forgiving when I stumble*

*You encourage and lift my spirits*

*You silently listen,*

*You silently pray,*

*Wishing for the best to always*

*come my way.*

*Mom you are a blessing package for me!*

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Nonetheless, the ultimate responsibility for the contents of this project lays with me the researcher.

## **ABBREVIATIONS**

**ANNPCAN** African Network for the Prevention and Protection Against Child Abuse  
And Neglect

**UNICEF** United Nations Children Education Fund

**K.M.A** Kenya Medical Association

**C.C.A.P** Centre for Child Abuse and Prevention

**C.R.C** Convention on the Rights of the Child

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## **ABSTRACT**

Sexual abuse is a vice that occurs in all-social and ethnic groups. It is a vice that shocks and traumatizes the victims and undermines the status of children and women in any society. Yet it is largely suffered in silence.

The study was designed to investigate the causes and effects of child sexual abuse in Kibera slum, Nairobi. Specifically, the researcher sought to: establish the factors that determine reporting of cases of child sexual abuse, explain approaches that can lead to prevention of child sexual abuse and to identify the problems and challenges that child sexual abuse victims and their family experience in trying to access healthcare services.

Data was collected by use of both qualitative and quantitative methods with the interview as the main technique of gathering data. A total of 105 respondents between the ages of 13 to years were interviewed. The respondents included: 56 pupils from Olympic Primary school, 17 key informants and 32 Kibera slum community members from four villages namely Laini Saba, Lindi, Mashimoni and Kianda. Both descriptive and inferential statistics were used in the data analysis.

There were various reasons that the respondents cited as being the contributing factors to the rising cases of child sexual abuse. These included: poverty,

overcrowding, societal disintegration, drug or substance abuse, parental negligence and the prevalence of HIV/ Aids.

The study established that the prevalence of child sexual abuse among the respondents was about 56%. The forms of sexual abuse reported included: incest, defilement, early child marriages, child prostitution and child pornography. Other forms also mentioned are sodomy and kidnapping of children with the intent to indecent harm. Generally, victims of child sexual abuse and their families did not report the assaults despite that, 70% of the sexual abusers were known to them.

Out of the 56% cases of child sexual abuse that were noted, only 12% were reported. Various reasons were given for the low reporting rate of child sexual abuse cases. The reasons included: fear of embarrassment and stigmatization, fear of family disintegration, lack of faith with the law enforcers, children were too intimidated with fear and threats.

The study revealed that child sexual abuse could have both dramatic and subtle impact on the child. The effect of sexual abuse depended upon: the age and developmental status of the child, the child's role in the abusive situation, the disclosure of the incidence, the child's relationship to the offender and the reactions of the child's family after abuse disclosure. The effect of child sexual abuse was manifested in physical, behavioral and emotional symptoms.

There were various strategies that the respondents noted that should be put in place to help curb the rising cases of child sexual abuse. These included: castration, death, life imprisonment and rehabilitation of the sexual abusers.

In conclusion, the researcher, on the strengths of the above findings notes that awareness of child sexual abuse is a vice that requires further study.

The reporting of cases of child sexual abuse is very low. Education campaigns by both the public and the private sector on child sexual abuse prevention need to be intensified.

Women should be empowered economically so that they are able to take action against their children being sexually abused by their husbands and relatives. The women should be able to fend for themselves and their children without necessarily having to depend on their spouses. More centers should be put in place where sexually abused children can be housed in cases whereby a sexually abused child is under the care of an abusive parent especially the father.

Some cultural practices like those that encourage young initiates to have sexual intercourse as a rite of passage thus putting children at a risk of sexual abuse need to be done away with. Such practices put children at the risk of sexual abuse need to be done away with. Social taboos against incest influence the reporting of such offences. For example, the 'sanctity' of the family and social expectations that hold that children are the property of their parents makes it difficult for outsiders to intervene on matters that are regarded private and confidential and that such interventions would amount to pervasion of privacy.

# CHAPTER ONE: INTRODUCTION

## 1.0 Background to the Study

Foley and Davies (1983:3) define rape as the use of threat, physical force or intimidation in obtaining sexual relations with another person against his or her will.

Edwards (2004:98) also note that the intent of rape is to humiliate and degrade the victim by using sex as a weapon to express violence, power and aggression.

The Kenya Penal Code defines sexual assault as “where any person has unlawful carnal knowledge of a woman or a girl without her consent. Consent obtained by force or by means of threat or intimidation of any kind or by fear of bodily harm or by means of false representation as to the nature of the act or in the case of a married woman by impersonating her husband is guilty of a felony called rape.”

Child sexual abuse is often a taboo subject because the public likes to believe that such kind of abuse does not exist or is not prevalent enough to warrant discussion.

This therefore means that not all child victims and families respond to sexual abuse in the same manner. Each victim and family has unique reactions to the problem; their responses are influenced partially by the offender (is it a family member or not?) and the nature of abuse. When the perpetrator is a stranger or even an acquaintance outside the family, parents are the ones who typically report the offence to the authorities. They initially feel the blame and guilt for not having protected their child adequately (Jones et al, 2003:123). But in the case of incest, the problem may go unreported.

The Convention on the Rights of the Child [United Nations 1989] Article 19 states that “parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse while in the care of parents, legal guardians or any other person.” Despite the signing of the convention by many countries Kenya inclusive, very little is being done to protect the children. The convention on the rights of the child must be the corner stone for any initiative that seeks to protect children.

Rape is a vice that occurs in all-social and ethnic groups. It is a crime that shocks and traumatises the victims and undermines the status of children and women in any society. Yet it is largely suffered in silence. This however, does not mean that boys are not victims of child sexual abuse. The magnitude however for men is less since in most cases it is rare that boys suffer child sexual assault.

Children who are victims of rape and their parents, often face insurmountable obstacles in trying to bring the perpetrators to justice (Kibe, 1984:37). The children have suffered rape and other forms of abuse but they are too intimidated by cultural attitudes and state inaction to seek redress since doing so can lead to hostility from family, the community and the police. Those who do seek justice are confronted by a legal system that ignores, denies and even condones violence against child victims and protects perpetrators.

## **1.1 Problem Statement**

The research investigated the causes and effects of child sexual assault. Race, economic status or neighbourhood does not limit reported cases of child sexual abuse. The incidence of child sexual abuse is difficult to assess, but most professionals are now aware that sexual abuse of children occurs more often than previously recognised. Professional caretakers consider Child sexual abuse a major social problem. The issue that is only being recently addressed by family of abused children, concerned legislators and community members.

There is no accurate national statistics that exist on child sexual abuse (Onyango, 1989:24). However, statistics that do exist reflect only the reported cases. Reasons for vague statistics on child sexual abuse include: social taboos that view child abuser as a social deviant. This often deters persons with the problem from seeking help because of the labelling.

Intrafamily sexual abuse often goes unreported and is often kept secret. This is because children normally rely on their parents' interpretation of situations to help them (children) know how to react. Max and Pevlis (1996:219) note that lack of familial support after disclosure is often seen "with explicit pressure on the child to recant the report, and with a sense that the victim is to blame for the family's situation.

Most children (40-50% who are sexually abused never tell anyone. This is because of self-blame and guilt that may arise following the violation of a trusted caretaker- child relationship as noted by Pollack and Farmer (2003:101). Sometimes cases reported to

the police do not get recorded or included with child sexual abuse statistics. This therefore calls for proper training of the law enforcers in handling sexual abuse cases.

Information on the incidences of child sexual abuse is primarily obtained from reported cases; private research surveys and data collected from sexual abuse treatment centres. A large number of child sexual abuse cases go undetected or unreported and the reported incidences of child sexual abuse is only 'the tip of the iceberg.'

Some towns in Kenya like Nairobi, Kiambu and Nyeri reflect a higher reporting rate for sexual abuse cases. However, higher rates of reported child sexual abuse does not necessarily mean a higher incidence of such abuse. Higher rates may reflect a greater public awareness or greater social service or legal system visibility and better record keeping.

In traditional African societies, children were viewed as gifts from God; hope for the future and for continuity of families to prosperity. Consequently, children were allowed to lead a peaceful life and they enjoyed their natural right to life and protection. This has drastically changed and hardly does a day pass without press report of savage attacks against children by adults.

South Africa has paid attention to poverty and other contributory factors so as to make progress towards the prevention and treatment of sexual exploitation and abuse. In South Africa, about 60 children are raped everyday.<sup>1</sup>

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<sup>1</sup> <http://www.heinemann.co.za/schools/teaching.asp>.

This staggering number is corroborated by the worldwide statistics on child sexual assault. They indicate that 40-47% of sexual assaults are perpetrated against girls' aged 15 and below. Saito (1998:151) acknowledges the high rate of child sexual assault. He notes that the insensitivity of Japanese society concerning childhood sexual assault has been quite remarkable. This in return has allowed some psychiatrists to conclude that there is no epidemic in Japan owing to its unique cultural background. However, in year 2000 there was the establishment of The Centre for Child Abuse Prevention (C.C.A.P).

There is a fertile base in ideological facets of African patriarchal family traditions that facilitate the sexual abuse of men and women in Nigeria (Unicef: 1986:66). Female victims of sexual abuse are reported at a much higher rate than that of boys. In a large percentage of incest cases, the offence is repeated over periods of time ranging from weeks to several years. Force or threats of bodily harm are rarely present. More often, psychological pressures for affection and of dependence upon the adult are played upon and abused.

Tears flowed in a courtroom when a nine-year-old girl narrated a rape ordeal. A Kericho court was moved to tears when a nine-year-old girl narrated how her father had defiled her *"my father asked me to remove my underpants, which I refused, but he removed it and took me to his bed. I cried but he was hitting me with a whip."*<sup>2</sup>

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<sup>2</sup> Daily Nation 5<sup>th</sup> May 2004.

*“A three year old girl is raped to death. Blood was found at the rape scene. The mouth was covered with blood and had been filled with soil probably to stop her from screaming during the beastly ordeal that snuffed out her life.”<sup>3</sup>*

*“Two and half year old Irene Wanjiku Muchiri was sexually assaulted before her head was crushed with a blunt object. The child's body and blood stained clothes were discovered in a tea farm”.<sup>4</sup>*

Each week, the dailies report cases of child sexual abuse, which are alarmingly on the increase. The cases above are just examples of the many escalating cases of child sexual abuse, thus the questions that lingers on in many minds are “what causes child sexual assault? What effect does the sexual assault have on the child and what mitigation measures can be taken to reduce the child sexual acts”. Violence against children is widespread in Kenya, whereby; children are physically and sexually abused.

Statistics from Kenya Medical Association (K.M.A) show that rape cases have been on the increase yearly. “The number has been increasing from 1500-2000 in each of the country's eight provincial hospitals.” The attorney general -Amos Wako attributed the high increase to: moral decadency, drunkenness, drug abuse, break down of moral and traditional values and a belief that sexual intercourse with a virgin is a cure for AIDS.

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<sup>3</sup> Daily Nation 19<sup>th</sup> April 2004.

<sup>4</sup> Daily Nation 8<sup>th</sup> April 2004.”

The field of child sexual assault in Kenya is still an area that has not been investigated much. Little has been done in terms of the problem yet the cases of child sexual abuse are escalating. Factors that have contributed to perpetuation of the problem of sexual abuse of children are: denial of the extent of problem and stereotyping of child molesters as noted by Fogel and Lauver (1990:538). Most Kenyans would probably be shocked if they learnt that someone in their social circle were either a perpetrator or a victim of this problem.

The study will be of great benefit to the professionals working in the field of child abuse. This is because the study will provide current information concerning child sexual abuse. The study will also serve as a guideline towards the formulation of strategies and policies for protection of children against child sexual abuse.

Workshops, seminars and mass media mainly report cases of child sexual abuse. There are very few systematic studies in Kenya concerning child sexual abuse. Most of the systematic studies of child sexual abuse are based on American, British and Asian findings. In, most cases such findings are culturally biased and are not wholly applicable to the Kenyan situations (Unicef, 1996:41). This study will therefore be important as being among the few systematic studies on child sexual assault.

## **1.2 Objectives of the Study**

The major objectives of this research were geared to generating information on the causes and effects of child sexual assault. The specific study objectives are: -

1. To establish the factors that determine reporting of cases of child sexual abuse.
2. To explain approaches that lead to prevention of child sexual abuse
3. To identify the problems and challenges the child sexual abuse victims and their families experience in trying to access healthcare services.

## **1.3 Scope and limitation**

This study was limited to the areas that were sampled in Kibera slum. The areas are: Laini Saba, Lindi, Mashimoni and Kianda. This was because of time and financial constraints. The study was carried out in two months August and September. The key informants and the Kibera community members were interviewed during the month of August. Olympic school pupils were interviewed during the month of September when the school opened for the third term.

## CHAPTER TWO: LITERATURE REVIEW

### 2.1 FORMS OF CHILD SEXUAL ABUSE

Sexual abuse occurs when a child is engaged in sexual activities that the child cannot comprehend, for which the child is developmentally unprepared and cannot give consent and violate the law or social taboos of society<sup>5</sup> The sexual activities may include all forms of oral-genital, genital and anal contact by or to the child. Other forms of sexual abuses to the child include non –touching abuses such as exhibitionism, voyeurism or using the child in the production of pornographic material.

Committee on the Rights of the Child convention, Article 19, requires action to protect children from “all forms of...maltreatment or exploitation including sexual abuse”. This is expanded in Article 34, which requires state parties to undertake to protect the child from all forms of sexual exploitation and sexual abuse. Article 34 emphasizes the international nature of certain kinds of sexual exploitation of children requiring states to take all appropriate “national, bilateral, and multilateral measures to prevent:

- a) The inducement or coercion of a child to engage in any unlawful sexual activity
- b) The exploitative use of children in prostitution or other unlawful sexual practices
- c) The exploitative use of children in pornographic performances and material.

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<sup>5</sup> (<http://hww//heinman.co.za/schools/TeachingTips/sexuality.asp> )

Unicef 2001:21 notes that some forms of abuse are rooted in century-old traditional practices. Others are quite new. For, example, the use modern technology to disseminate child pornography and other forms of commercial sexual exploitation including organised sex tourism involving child prostitutes.

The committee on the Rights of the Child has expressed particular concern at traditional beliefs that lead to sexual exploitation of children. For example, the belief that having sex with a virgin or a young girl can cure venereal diseases (Onyango, 1989:12). The belief is some times responsible for the sexual abuse of very small children. This may then result to children being sexually abused by men who are suffering from HIV/ AIDS.

Commercial sexual exploitation of children is a form of sexual abuse. This comprises of sexual abuse by adults and remuneration in cash to the child or a third party (Unicef, 2001:24). The child is treated as a commercial sex object. The commercial sexual exploitation constitutes a form of coercion against children. Child pornography is a by-product of sexual abuse of children. In child pornography, children may be made to strip and be photographed and put in magazine covers. Children may also be made to have sex with adults. The sexual exploitation of children is an intolerable form of child labour.

Sex tourism (child prostitution) is a problem in both industrialized and developing countries. Particular outrage has been focussed on revelation of sex tourism, the availability of child prostitutes being advertised in the promotion of holidays for mostly western tourists in various countries including the Philippines, India and Sri-

lanka. The question is “What makes this practice so evil?” This is probably due to the calculated victimisation of the most vulnerable. The assault on the innocence and dignity of those least able to protect themselves. The act of forcing a child into prostitution is no less heinous than a sniper in a war who fixes the sights of his rifle on a child playing in the field and coldly squeezes the trigger!”(Statements by Heads of States).

## **2.2 MYTHS ABOUT SEXUAL ABUSE**

Foleys and Davies (1983:373), recognize that misconception about child sexual abuse exists in society. The myths and facts about child sexual abuse can be categorized according to: relation to the offender, child victim and sexual abuse

### **2.2.1 Relation to the offender**

One myth is that offenders are “dirty old men” dangerous or insane men who grab children and molest them (King et al, 2000:370). This myth is not fully supported by facts on reported child sexual abuse cases as illustrated by two cases reported by Daily Nation. In London, a self styled expert on paedophilia that organized conferences on child protection was jailed for seven years for systematic abuse of three young girls.<sup>6</sup> “A twenty five year old man described by a court in New York as a beast for raping a twelve year old girl was sentenced to twenty five years in jail.<sup>7</sup>

From the first case illustrated above, there is an indication that the child sexual abuse offender is aware of his acts and their illegality. However, Foley and Davies (1983:374) note that most clinicians who do therapy generally consider such persons

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<sup>6</sup> Daily Nation (18<sup>th</sup> March 2004)

<sup>7</sup> Daily Nation 1<sup>st</sup> May 2004.

to be “emotionally disturbed and suffering from severe personality dysfunction in many aspects of their lives.” Perpetuation of the myth that the offender is “insane” or ‘deranged’ is related to society’s abhorrence of the vice and the need to arrive at an acceptable explanation for such an intolerable deed (Lancaster and Lumb, 1994:120).

Through viewing a person as “insane” one is able to objectify the offender and not see him as someone known, loved or perceived as responsible (such as father, stepfather, brother uncle) under the assumption that known, loved and responsible men do not commit such horrible deeds. Lancaster and Lumb (1994:119) note that for some people, it is easier to cope with an intolerable reality (abuse or violence) by believing that only (someone not responsible (insane) for his behaviour would commit such an act. The net effect of such logic is to deny that child sexual abuse could happen (or is happening) in one’s own home, among neighbours, friends and relatives. Yet, such cases are there as reported <sup>8</sup> “Tears as five-year-old girl narrates her rape ordeal” A Kericho court was moved to tears when a nine-year-old girl narrated how her father had defiled her.

### **2.2.2 Myths Related To The Child Victim**

Any child is a potential victim of sexual abuse. Both male and female children are victimized. Sexual abuse is reported to occur more frequently among young girls. Davo et al (1994:405), note that younger children tend to be abused for longer durations. They are closely related to the perpetrator than are older children. This may be the reason as to why children may not report sexual assault.

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<sup>8</sup> Daily Nation 5<sup>th</sup> May 2004.

Reported child sexual abuse cases show the average age of girl victims to be between eleven and twelve years. Foley and Davies (1983:376) note that a common occurrence “ The myth is challenged because research conducted by Peters et al (2003:29) found that often, child sexual abuse lasts for several years. It is only at eleven and twelve years of age that the child victim disclosed the abuse. This however, does not mean that there are never cases where child sexual abuse is reported at an early age.

### **2.2.3 Myths Related to the Sexual Abuse.**

There are several myths surrounding intrafamily sexual abuse. *Incest is a one time or two occurrence.* Fogel and Lauver (1990) indicate that the cases have been going on for an average of two year prior to discovery. They note that sexual abuse generally begins when a child is between six and nine years old and continues for many years.

*Incest involves a single child in the family.* This myth is refuted by the fact that incestual relationships are usually not confined to one child. They often involve other children in the family. Foley and Lauver (1990:535) note “most often the oldest daughter is abused by her father or stepfather and in cases where there are other children, subsequent daughters and sons may be abused.

*Mothers are always aware of what is going on.* Skibinski and Gregory (1995:975) refute this myth by acknowledging tat child sexual abuse is a secretive crime. Only the offender and the victim frequently know it. There is often little physical evidence because of lack of other corroborating evidence. Unicef (2000) concurs and notes that sexual abuse is difficult to identify and recognise. Both the perpetrator and the victim conceal the assault. Baglow (1990:190) note that the child may be required to testify

against the offender and be secondarily victimized as a result. This is because of the need by family members to safeguard the family unit from disintegration.

Sometimes the mother of the sexually abused child is uninformed of the assault. She may remain silent for several reasons: physical abuse by the father or parent figure and fear of rejection may stop her from acting. This is because acting may lead to lack of economic and emotional support from the abuser. Kutash (1987:69) adds that the mother may perceive silence as the only mode of survival in the family.

*Most sexually abused children want to and will leave home to escape the abusive situation. Most sexually abused children do not want to leave home. However, the children do wish the abuse ceased. Intrafamily sexual abuse is often only disclosed inadvertently or after the child has acquired enough independence to seek outside help.*

*Incest occurs only in lower socio-economic families. Incest affects all families regardless of socio-economic levels. The lower socio-economic families may be more likely to come to the attention of law enforcement agencies or health care systems (Dililo, 1994:60). In lower socio-economic levels, persons are more likely to ask for social service help and staff gets to report the case. Families in higher socio-economic levels seek help from physicians in private practice, clergy or relatives who do not report incest cases as readily.*

## 2.3 CYCLE OF CHILD SEXUAL ABUSE

Wilshaw (1999:303) offers a useful framework for understanding a society's recognition and response to child sexual abuse within its confines. The framework helps in the understanding of variations in reported incidence figures. The 'step' model includes a process, which moves from denial through to full acceptance and careful attention to the plight of abused children.

### Stage I

Societal denial of the existence of physical or sexual abuse to any significant extent is evidenced in this stage. That which is acknowledged, is thought to occur at the hands of drunks, psychotics or foreigners. In stage one, there are high levels of denial

### Stage 2

Society pays some attention to abuse in its more lurid forms. There is an increase in effective responses to the physical abuse of children. The mother of a sexually abused child may see the physical evidence of sexual abuse and is forced to admit that it actually happened.

### Stage 3

Physical abuse is better handled. Attention is paid to the sexually abused child. More subtle forms of abuse are recognized.

### Step 4

Societal recognition of emotional abuse and neglect. Patterns of severe rejection and emotional deprivation are recognized and documented.

## Stage 5

The society, for the first time pays attention to the plight of sexually abused children. This may be through taking of the abused child to institutions or homes that cater for such kind of children.

Nyman and Svenson (1995) note that the victim of child sexual abuse later becomes the abuser. The process involved the re-interpretation by the male victim (for defensive reasons) of a situation in which they were defenceless. Into a situation in which they are active and responsible "a situation less dissonant with the postulated state of 'manhood' a social construct"

## **2.4 CHILD SEXUAL ABUSERS**

Gary (1999:303) acknowledges that sexual abusers tend to be known to their victims. They have an established relationship of same kind in which there is either an element of trust or power. The abuser in most cases is usually close to the family or in contact with the child. In America, reports of abuse by strangers range from 3% to 26%, while 54% of abusers were blood relatives. About 3.8% were the mothers of the victims, fathers or father figures were the most likely individuals to be the abuser.

Madu (2003:311) note that there is relationship between perceived parental physical availability and child sexual in South Africa which revealed that "the participant not living with the natural (biological) mothers until he/she was at least 16 years old and had ever had a step father or adoptive father until he/she was at least 16 predated child sexual abuse.

Some of parental physical absence can contribute to child abuse. Madu (2003:314) note that some of the aspects are parental divorce, presence of the foster parent, placing a child in a group of home and placing a child in juvenile detention.

Harvey et al (1995:367) note that sexual abuse may occur to children of all ages, either sex and in any part of society. The circumstances which cause child sexual abuse is not fully understood. They identify four preconditions for incest and intrafamilial abuse as: a parent who is capable of choosing adult- child boundaries, a vulnerable child, the opportunity and the ability to overcome external and internal inhibitions. Risk markers/factors that Duff (1987) identify are:

- Previous incest or sexual deviation in the family
- New male member of the household with a record of sexual offence.
- Loss of inhibition to alcohol
- Loss of maternal libido or sexual rejection of the father

Paedophilic sexual orientation especially relation to sex rings and pornography

## **2.5 SEXUALLY ABUSED CHILDREN**

Children who have been victims of child sexual abuse present in three main ways: with physical signs, behavioural changes and allegations or disclosures. Occasionally suspicion is around by the behaviour of the perpetrator.

### **2.5.1 Physical Presentation**

Harvey et al (1995:367) note that not all child sexual abuse results in physical signs. Presence of physical signs is manifestations of recent episodes of abuse. They include: vulvas abrasions and bruising, genital or perinea bleeding, bladder or bowel penetration, genital injuries and more widespread results of rape.

## **2.5.2 Behavioural Presentation**

Most forms of behavioural disturbance have been described as resulting from abuse. Harvey et al (1995:368) observe that behaviour that is constantly associated with abuse, evidence of sexualisation and evidence of traumatisation. Evidence of sexualisation includes abnormal sexual behaviour such as preoccupation with his or her genitals, expression of genital or sexual interest in play. On the other hand, evidence of traumatisation is less clearly identified but includes: anxiety, fearfulness, expression of guilt, panic, nightmares, sleep disturbances, withdrawal oppositional and conduct disorder. While aggression in children is relatively non-specific behaviour, some abused children will replicate the aggression that they have experienced. Harvey et al (1995:369) note that about 70% of allegations eventually prove to be valued.

## **2.6 INVESTIGATIONS AND ACTION**

The acute management varies according to the way in which the child presents and also the agency which the allegation is brought.

### **2.6.1 Reporting Child Sexual Abuse**

Lauver and Fogel (1990:141) note that in the past ten years the reported incidences of sexual exploitation of children has increased markedly. Geer et al (1994:246) adds that although historically considering taboo, various writings have suggested that the manipulation of children for a variety of sexual purposes has long existed.

The actual incidence of child sexual abuse is difficult to measure, since it is one of the most underreported forms of crime. It is estimated that only 10 to 20 per cent of the sexual abuse incidents are actually reported. Fear, embarrassment and concern about the possible response of social, medical and legal agencies most likely contribute to underreporting (Fogel and Lauver, 1990:141).

According to Sloan (1983:27) sexual abuse is not often identified through physical indications alone, frequently, a child confides in a trusted teacher, counsellor or nurse that he or she has been sexually assaulted. The physical signs that health professionals should look for include: sexually transmitted infections, bruising or pain in the vaginal or anal area and pregnancy. In addition there are certain behavioural signs that may be indicative of sexual assault: changes in personality, withdrawal, sexually provocative behaviour and play activities utilizing age inappropriate sexual knowledge.

### **2.6.2 Characteristics of offenders and victims**

In a study by Max and Pevlis (1995:220), coercive sexual experiences recalled by female college pupils involved family members in 43% of cases acquaintances in 33% of cases, and strangers in 24% of all cases. For male victims the incidence of abuse by family members was 17% by acquaintances, 53% and by strangers 30%. Offenders averaged 32 years of age in the case of female victims and 27 years of age in the case of male victims. The average age of male victims at the time of offence was 10 years and female 11 years. About half were victimized between the ages of four and six. Females between 6 and 12 years were twice as likely as males to be abused

Fogel and Lauver (1990:540) observe that once incestuous relationships begin, they continue until some specific events stop them. Such events may be; marriage of the victim or her leaving home, divorce of the parents or the daughter's reporting the incest.

King et al (2000:365) further note that in incest cases, most of the parents are living together and the fathers are extremely religious and among religious groups. Roman Catholics are the largest in number among the perpetrators of child sexual abuse (Lancaster and Lumb, 1999:123). The reason may be due to the fact that worldwide Roman Catholics are more in number as compared to other religious groups. The large number of Roman Catholics as perpetrators may be because the church orders its clergy (brothers, nuns and priests) to lead a celibate life. Conflict thus arises among the clergy who may result to them sexually abusing children. For example, a Kenyan local daily reported an incidence whereby a catholic priest in Nyeri had been accused in court of sexually molesting a girl child in church.

Lancaster and Lumb (1999:120) suggest that most child abusers tend to have poorer employment records and alcohol plays a role. Offenders tend to see their wives as strangers than the actually are. Stepfathers are more likely than biological fathers to commit incest and incestuous men tend to be older than other fathers of the same age children. Mothers in these families have often been victims of physical or sexual abuse in childhood. Davo et al (1994:405) note, "...these women are usually withdrawn or emotionally distant from their spouses".

In a study Davo et al (1994: 420) found that the average of prepubescent female victims was 9, and that in over a third of cases the incest had been going on for 1 to 3 years. The victim was typically the eldest daughter. The reason behind this may be because after childbirth, many women are not expected by their traditional cultures to be intimate with their spouses until after a given period of time. However, this is not a reason to justify men who sexually abuse children.

Burgess et al (1987:650) demonstrated that the same vulnerability or "special child" quality that places children at risk for other forms of abuse increase the child's risk of sexual abuse. These may be explained as most men see their young daughters as a young image of their wives who may have neglected themselves after childbirth or marriage.

Child sexual abusers maintain children's collusion by positive motivations such as money, alcohol and drugs. Negative motivators used: threats of harm, blackmail and extortion. Burgess et al (1987:650). This control over the children is intense and therefore disclosure is most often indirect.

## **2.7 BREAKING THE CYCLE OF ABUSE**

Fogel and Lauver (1990:542) note that sooner or later in most cases of child sexual abuse, some events break the cycle: discovery of pregnancy, rebellion by the victims, the victim's leaving home, divorce, a change in victim, or more rarely reporting of the problem to authorities. In incest cases, victims tend not to seek exposure of the problem they generally feel love for their fathers even when they are angry with them" This can be so since they may feel pain and guilt for humiliating and degrading

their father and the threat of break-up of the family. "After reporting the situation the child may grieve the loss of her father or her intact family (Faulk, 1994:234).

The mother of an incest victim who reports the problem often doubts her child, preferring to believe her husband instead (Geer et al, 1994:249). The mother too is threatened by the possible break-up of the family system and loss of financial support more so if the husband was the sole breadwinner. Farmer and Pollock (2003:120) agree with Geer et al, and note that maternal support is consistently mentioned as an important predictor of children's well-being following disclosure of sexual abuse.

In cases whereby family members believe the child, they often condemn the child for publicizing the problem. A vicious cycle of blaming is established and often the child who may be already feeling guilty bears it all. Mothers who become aware of child sexual assault of their daughters by their husbands, are often ashamed that they failed to protect their children or that they failed to see the signs and act on them. They blame themselves in addition to lashing out at their children and dealing with their husbands' guilt.

## **2.7 THEORETICAL FRAMEWORK**

The fore-mentioned literature reveals the rampant existence of child sexual assault. In order to capture the exact picture of child sexual abuse, the study will make use of several theories as will be stipulated.

Scholars in various disciplines have tried to explain why some individuals are involved in child sexual abuse or why some groups and societies have higher

incidences of sexual assault than others. Thio (1978:139) notes there are different theoretical explanations of child sexual assault as: sexual inadequacy theory, relative frustration theory and power applied theory that forms the basis of feminist theory

### **2.7.1 Sexual inadequacy theory**

Psychologists and psychoanalysts argue that rapists suffer from some personality defects or emotional disturbance. "All types of character neurosis, character disorders and more severe borderline and psychotic stress are represented in child sexual abusers" (Thio 1978:140). A group of psychiatrists who studied child sexual abusers in Japan found out that none of the sexual offenders had a normal personality. About 70% of the child sexual molesters showed symptoms of schizophrenia. A similar investigation carried out in New Jersey, revealed that underlying or overt hostility was evident with the offenders.

The child sexual molesters suffer from some feelings of sexual inadequacy, which drives him to hide those feelings by engaging in overassertive, and being overaggressive sexual behaviour. He is troubled by; inner conflict, inner disharmony and social isolation. He suppresses these feelings by being overly aggressive towards women and children. Thio (1978:142) note that the sexual offender is a person who as a result of his unpleasant childhood experiences has developed such a personality defect that he can not relate successfully with children.

The sexual inadequacy theory thus attributes child sexual abuse to emotional instability or illness.

### **2.7.2 Relative frustration theory**

The argument presented in this theory is that lack of opportunities for non-marital sexual activities such as is the case in a sexually restrictive society, generates a higher rate of forcible sexual assault. This means that in a more sexually permissive society, where there are more opportunities for non-marital sex then child sexual assault cases are less. A male who is rejected by a female in a sexually restrictive society feels more frustrated. In the restrictive setting, the rejected male is more able to protect his ego .He rationalizes that the female has rejected him not because he is unattractive but because the restrictive society prevents her from accepting his proposal.

The child sexual offender may fail to point out that that young girls are afraid of: premarital sex, church rules are too restrictive, parents who are so strict or that laws against premarital sex are too stringent. The consequence is an increased sexual frustration. This drives many men in the permissive society to sexually assault children.

Relative frustration theory may thus be used to explain an earlier noted point that Roman Catholics are the largest number of culprits of child sexual abuse. The theory may attribute the large number to the frustration that members of the Roman Catholic clergy face as a result of restrictive rules of celibacy.

### **2.7.8 Feminist theory**

Feminists view child sexual abuse as a continuum of male behaviour that exercised collective and individual power over women and children in order that men may be serviced economically, domestically and sexually. Feminist literature attempts to capture child sexual abuse within the broader context of oppression and exploitation. Wilshaw (1999:320) frames the context of child sexual abuse within the context of violence within women. “Children are treated as possession and servants of adults especially within the family.”

Feminists observe that sexual offending is part of a continuum of male behaviour that exercises collective and individual power over women and children. Childhood sexual abuse is one window into a world of a broadly based power dynamic within the sexes.

### **Research questions**

1. What effect does sexual abuse have on children?
2. What factors influence the reporting of child sexual abuse?
3. What viable measures can be put in place to help prevent children from being sexually abused?

## Definition of Terms

**A child** in this study is defined as “a young person between infancy and twelve years of age (Inclusive).

**Child sexual abuse-** forcing of any sensory (visual, physical or verbal) sexual contact onto another person. The sexual contact involves fondling, genital manipulation, oral sex, attempts at and actual penetration of the vagina or anus.

**Incest** – Sexual relations in a kinship pattern that prohibits marriage by law. A wide variety of incestuous relations exists: brother-sister, mother-child, father-child, grandparent-child, intra-family sexual abuse so that parent figures can be included in the study. Since reported sexual abuse cases also include adults who are stepparents or are involved in a dating relationship with one of the child’s parents. Although not kin, these parent figures represent parental authority to the child.

**Neglect** – refers to a situation where children are deprived of care, the child’s basic physical or emotional needs. These actions often vary in type, severity and continuity.

## **CHAPTER THREE: METHODOLOGY**

### **3.0 Introduction**

This chapter covers site of study, target population, unit of analysis, sampling procedure, data collection procedures and data analysis.

Kerlinger (1964:275) defines a research design as the plan structure and strategy of investigation conceived so as to obtain answers to research question and to control variance. A research design guides researchers in collecting, analysing and interpreting observed facts.

### **3.1 Site description**

Kibera is a Nubian word meaning forested area. Kibera began as a settlement area for the Nubian soldiers who had fought alongside the British army during the First World War. Kibera informal settlement is characterised by: high population density, unplanned development and poor infrastructure and social services.

#### **Site selection**

Kibera slum was selected for this study. Kibera slum is divided into villages, which include: Laini-saba, Makongeni, Shilanga, Lindi, Kambi Muru, Mashimoni, Makina, Kianda and Soweto. Kibera is a heterogeneous community with almost all tribes in Kenya living there. Particular ethnic groups dominate some of the villages. For example; Soweto is dominated by the Luo, Laini-saba by the Luhya and Makini by the Nubians. The reason for conducting the study in the slum is because slums are the

hardest hit by cases of child sexual abuse. Kibera slum is a good representative<sup>9</sup> of other slums in Nairobi. This is because it is not dominated by only one tribe. The high incidences of child sexual abuse in the slums may be attributed to overcrowding.

### **3.2 Target population**

According to Singleton (1993) a target population refers to all members of a real or hypothetical set of people, events or objects to which a researcher wishes to generalize the research results. The target population in this study is slum dwellers.

### **3.3 Unit of analysis**

Singleton (1993:241) define a unit of analysis as “the entity about who or which a researcher gathers information.” Barbie (1995:193) adds that a unit of analysis is that which the study attempts to understand. The Kibera slum dwellers, upper-primary pupils and key informants were thus the primary unit of analysis in this study. The unit of analysis guided the researcher on: the data to collect, the sources of data and define the scope of the study. The analysis of the study’s data helped to determine the actual effect that sexual abuse has on children.

### **3.4 Methodological design**

The study was carried out through the adoption of survey and qualitative research designs.

Survey research design is a conventional research design by sociologists. In survey design, part of the target population is studied. Efforts are put to draw a representative sample so that the findings are generalized to cover the entire population targeted. The

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<sup>9</sup> A representative sample is one that shows characteristics of the entire population.

research instruments that were used are standardized questionnaires that were administered to the upper-primary pupils.

Qualitative research design<sup>10</sup> was also used in the study. The research instruments that were used were unstructured interviews. The researcher made use of an interview guide, which contained key points to be covered. The interview guide was administered to the key informants.

According to Singleton (1998:297) 'qualitative research enables the researcher to get an insider's view of reality thus understanding the substance, coherence and maintenance of views that may seem implausible to the dominant culture' On the other hand quantitative data allows for the operationalization and measurement of variables in an objective manner, thus providing explanations that are used to generalize and make predictions.

#### **3.4.1 Sampling design for the study**

The study combined probability and non-probability sampling techniques so as to select a representative sample. Non-probability sampling design was used to select four villages to be studied. In this case purposive sampling technique was used. In purposive technique, the researcher relies on his expert judgment to select units or cases that are representative or typical of the population.

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<sup>10</sup> Qualitative research design is also referred to as field research.

Four villages selected were: Laini-Saba, Kianda, Mashimoni and Lindi. The four villages were selected having taken into consideration their varying composition of the ethnic groups that dominate each of the chosen villages.

Stratified random sampling was used. In this type of design, the population is first sub-divided into two or more mutually exclusive segments (strata) based on categories of one or a combination of relevant variables. Simple random samples are drawn from each stratum and this sub samples is joined or combined to form the stratified sample as explained below.

The population was stratified on the basis of: -

- (a) Sex: male and female
- (b) Villages
- (c) Class: 7 and 8

#### *Sample size of the study*

The sample size was 56 pupils.

#### *Selection of local community*

To capture the perspectives of local communities on child sexual abuse, 8 people from each of the four villages that were purposively selected. This means a total of 32 (16males and 16 females). Convenient sampling<sup>11</sup> was used to select the 8 members from each village.

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<sup>11</sup> The researcher simply selects a requisite number from cases that are conveniently available (Singleton, 1988:153).

### *Selection of pupils and teachers*

Pupils from Olympic primary school were selected by use of Stratified random sampling. The school was chosen since it has the largest pupil population with pupils from all the 7 villages. The school is the largest school in Nairobi province with a pupil population of 2255 (Principal Olympic, 2/9/04). The school is four streamed in classes one to seven and three streamed in class eight. Therefore in classes seven, 32pupils (8 pupils multiplied by 4classes) were randomly selected. In class eight, 24pupils (8 pupils multiplied by 3classes) were randomly selected. This equates to 56 pupils in both classes seven and eight. Class lists were used to select the eight pupils from each stream.

### *Selection of key informants*

The key informants consisted of: 4 teachers (head teacher, deputy-head teacher, and two teachers from the lower primary). 4 medics (one from each of the 4 selected villages), local chief, human rights activists in Kibera, 1 children department personnel in Kibera, 4women whose children had been sexually abused, one police in Kibera who handled a case of child sexual abuse and one rehabilitated rapist. The key informants total 17.

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

The study utilized both primary and secondary data. Secondary data was obtained from books, seminar papers, newspaper articles and journals. The primary data was both qualitative and quantitative. Information from the key informants was collected using semi-structured interviews. Standardized questionnaires were used to collect data from the upper primary pupils. This instrument generated quantitative data.

Group interview was used to get data from the teachers. Respondents were assured that strict confidentiality would be maintained when dealing with their responses.

### **3.6 Data analysis**

The study made use of both inferential and descriptive statistics to analyze primary Descriptive data was analyzed by use of pie charts, percentages, mode and mean and frequency distribution tables. Qualitative data was analyzed by use case studies, in-depth analysis of contexts and situations.

### **3.7 LIMITATIONS OF THE STUDY**

The study involved covering long distances to reach the respondents and this made it time consuming.

It was sometimes difficult to have the parents and sexually abused children to talk about the abuse. This was quite sensitive to some parents and children who broke down in tears as they recalled the sexual assault. The researcher had therefore to given time to cry and this proved quite time consuming.

Language barrier proved to be a big problem since some community members could not speak English and therefore the researcher had to translate the questions into Kiswahili and at time s mother tongue.

It was quite difficult to trace rehabilitated rapists since there are no records.

## CHAPTER FOUR

### 4.0 SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

In this section, the research findings are presented by use of descriptive and inferential statistics. Among the statistical tools used are the arithmetic mean, percentages, tables, pie charts and bar graphs, case studies, in-depth analysis of contexts and situations and conversational analysis.

#### 4.1 Background characteristics of the respondents

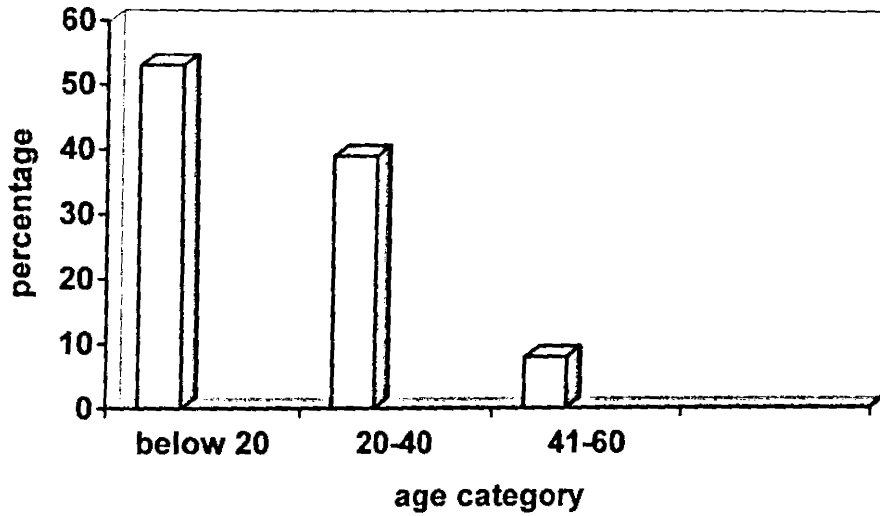
The researcher interviewed a total of 105 respondents. The key variables that were used to compare the behaviour and perception of the respondents were: age, sex, and village.

##### 4.1.1 Age distribution

The study captured the views of respondents who were between the ages of 13-60 years. The mean age of the respondents was 28 years with a mode of 14. The youngest and the oldest were 13 and 60 respectively. This reflects a range of 47. The study group was categorized in three categories namely; young, middle aged and the old.

The young were all those below 20 years and represented 53% of the entire population studied. The middle age category was between the ages 25-40 representing 39%. The old age category were those respondents who were above 40 years (8%). The table below shows the frequency and percentage of the total population of each category.

**Graph 1 : Respondents age distribution**

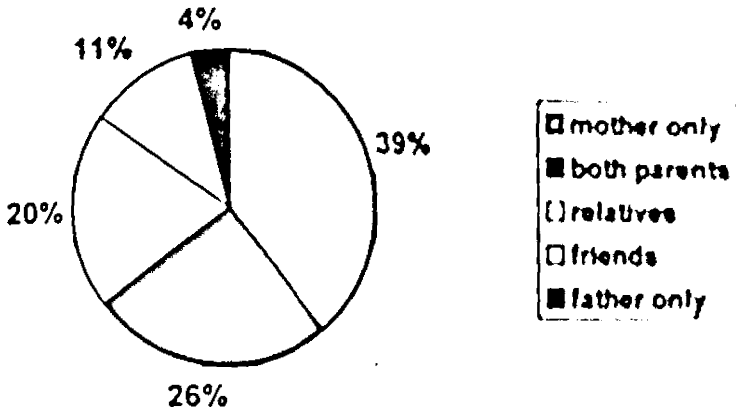


#### **4.1.2 Whom the pupils live with**

Pupils who were living with only their mothers were 39% while those living with both parents were 26%. Those living with relatives and friends were 20% and 11% respectively while those who lived with fathers only were 4%.

In the traditional African society, majority of children were born in nuclear families that were composed of a father, mother and the children. This however, has changed as a result of societal disintegration, which has led to the rising number of single parent households.

**Pie chart 1:whom the pupils live with**



According to the findings, 84% of pupils interviewed were living with single parents. The pupils gave varied reasons as discussed below. Apparently, 54% of the pupils lost one of their parents. Those who had lost their fathers only were 22% while those who had lost their mothers were 32%. About 12% of the pupils interviewed were orphaned after the death of both their parents. Among the pupils interviewed, 17% had lost one or both parents to HIV/ Aids scourge.

About 43% of the pupils said that the reason for living with only one parent was that their mothers had never been married. Separation or divorce of the pupils' parents was rated at 17% and this was the reason why the pupils had to live with both their parents.

The table below shows the reasons that the pupils gave for not living with both their parents.

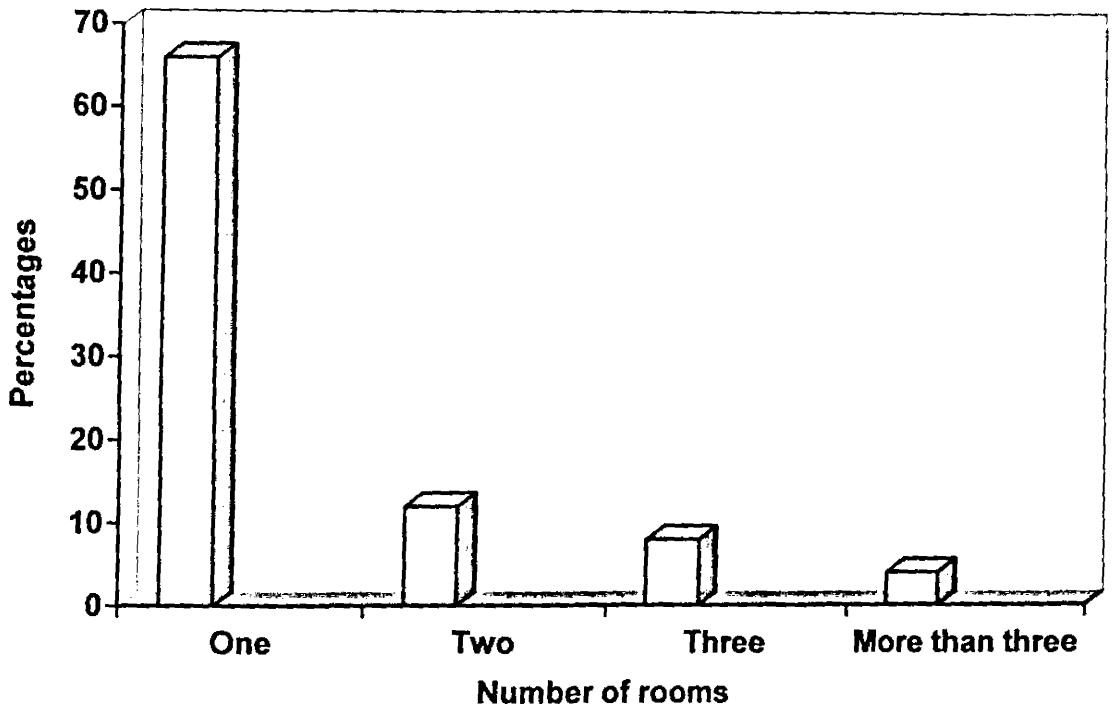
**Table 1: Reasons for not living with both parents (multiple responses)**

Reason given	Frequency	Percentage
Mother never been married	23	43
Death of mother	17	32
Death of father	12	22
Separation/Divorce of parents	9	17

#### **4.1.3 The size of the house and number of occupants**

About 66% of the respondents lived in one roomed house. About 12% lived in a two-roomed house, 8% lived in a three-roomed house while the rest 4% lived in more than three rooms. Despite the houses being one roomed they accommodate as many as 10 people. For example, in a one-roomed house lived two parents, six of their children and two grandchildren! It was reported that on average, the respondents were living with three extra persons in their households. This indicates that many children in such homes are exposed to sexual activities at an early age. Privacy does not exist in such homes. The study showed that there are high chances of children in these kinds of homes being more prone to sexual abuse. This was so since out of the respondents who were sexually abused, 73% were living in a one-roomed house at the time of the assault.

Graph 2:Room occupants



#### 4.2 Respondents understanding of sexual abuse

The respondents were asked questions to measure their level of awareness of sexual abuse. They were asked to explain what they understood by the term sexual abuse.

About (70%) respondents felt that one could only be said to have been sexually abused if they were aged ten years and below. They noted that any person aged 11 years and above would not be taken as being credible if they reported having been sexually abused. This was illustrated by various comments that they gave. For example, "*..if one is above eleven years then they should not claim to have been sexually assaulted kwa vile alijitakia*"<sup>12</sup> (Janet, Kibera 12/8/2004). The case study below also validates this point.

<sup>12</sup> They called it for themselves- they initiated the abuse since they are in a position to give consent.

## Case study 1

Jane\* is a fourteen-year-old girl in class eight. She was sexually abused when she was 13 years old. She was walking home from the shops around seven thirty where her father had sent her to buy some flour in the evening. A man whom she identified as the neighbour dragged her to his house where he sexually assaulted her. On getting home she was crying and on being asked by her parents what happened she narrated her ordeal to them. To her dismay they blamed and accused her of sleeping around. "A big woman like you who can rape her?" retorted her mother and no action was taken.

The others (30%) did not concur. They felt that anyone could be sexually abused despite the age. About 60% of the key informants however recognized that anyone who was below the age of 18 years is a child under the Kenyan law and cannot be said to have given his/ her consent on whether or not to have an intimate relationship.

*"...If any girl or boy below the age of 18, stripped naked in the presence of an adult it's the adult responsibility to reprimand the child and not to take advantage of the situation"* (Child rights activist, Kibera 27/8/2004).

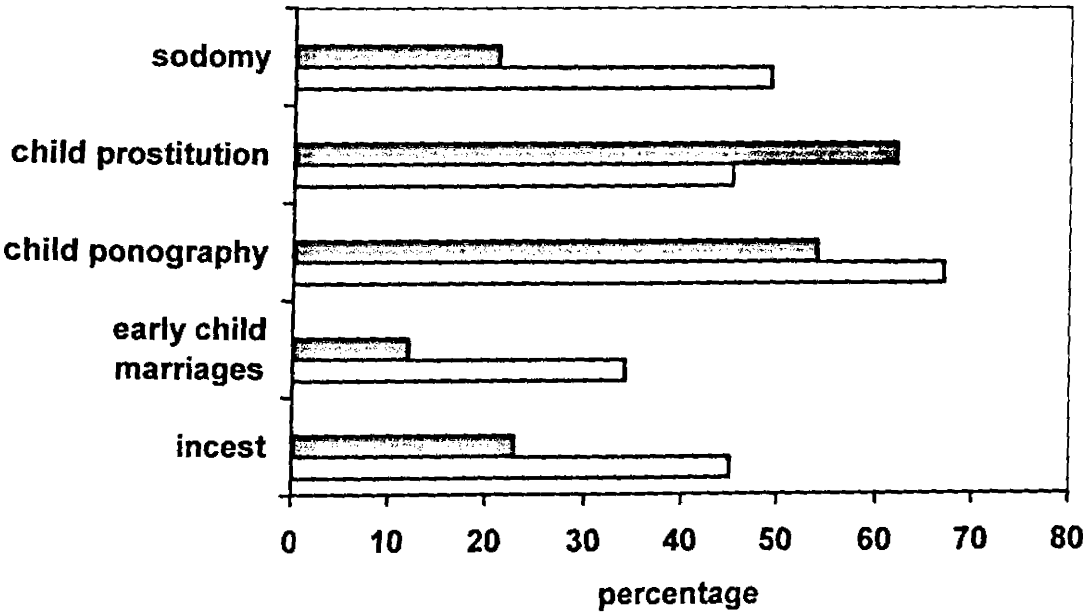
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\* Not her real name.

### 4.3 Forms of sexual abuse

When the respondents were asked to name forms of sexual abuse, they noted that child sexual exploitation in Kibera exists in many forms. The main forms identified are incest, defilement, early child marriages, child prostitution, and child pornography. Other forms also mentioned are sodomy, kidnapping of the children with intent to indecent harm.

**Graph 3: Forms of child sexual abuse**



The case studies below illustrate some of these forms.

In the first two cases they depict child prostitution and child pornography whereby Anne, Stella and Moraa were victims of child sexual abuse. Both male and female rated Child pornography and child prostitution highest.

Ann\* and Stella\* were young girls aged 14 and 13 years respectively. An old woman in Laini Saba village kept them. The two girls normally had sex with men who were brought to them by the old woman. These men would then pay the old woman who in turn gave each girl ten shillings which they took back home to their single mothers to buy food for their other siblings.

Moraa\* aged seven years was sexually abused by a juakali artisan who was a family friend. She had sex for chips! Every time the young girl was sexually abused, she was bought a packet of chips that usually cost five shillings in Kibera.

Akinyi\* is a 12 year old girl who was sexually abused by her stepfather at the age of ten. Akinyi's mother got her out of wedlock. Akinyi was aged 9 years when the mother married and she moved in with her mother to her matrimonial home in Kianda village. Akinyi never reported the matter since the stepfather threatened to kill her if she ever reported. Instead, she ran away from home and was employed as house help.

Early child marriages were rated at 33% and 21% by female and male respectively while Sodomy was ranked 21% and 49% by men and women respectively. The study found out a big disparity in the ranking of different forms of child sexual abuse by both males and females. The researcher observed that in many instances the male respondents were not very comfortable when discussing matters related to child sexual abuse. It was learnt that this was because the males were the key perpetrators of child sexual abuse.

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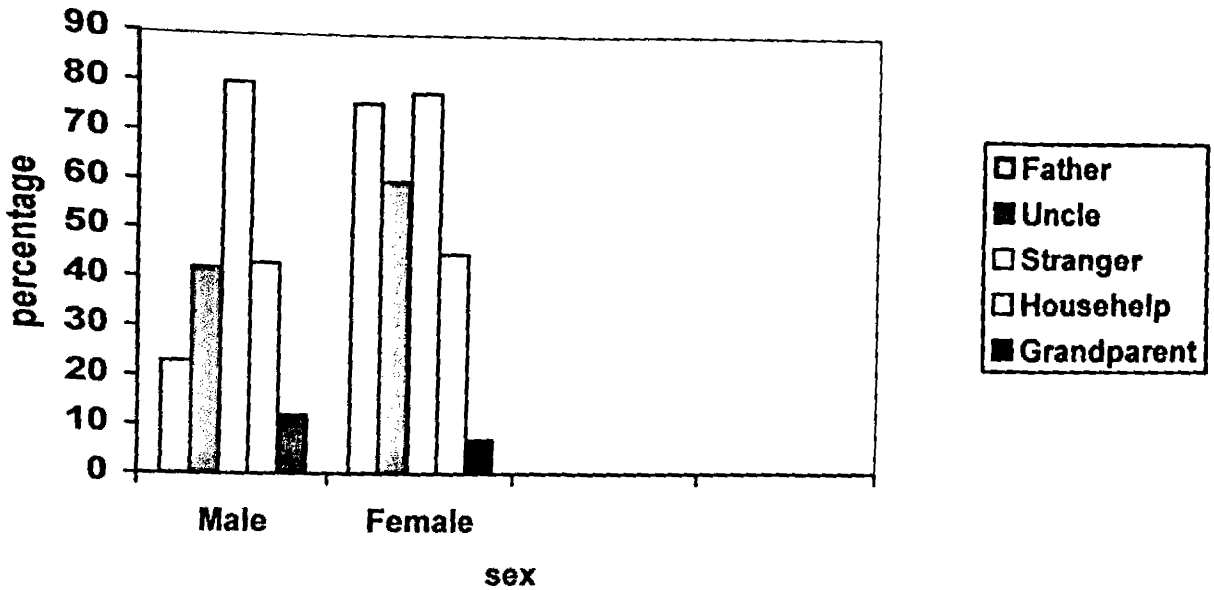
\* Not their real names

About 44% of females and 22% males acknowledged the existence of incest as a form of child sexual abuse. Akinyi's case study clearly depicts this form of child sexual abuse whereby her stepfather sexually assaulted her when she was aged 12 years.

#### **4.4 Prevalence of child sexual abuse**

The respondents who had been sexually abused were 56% in total. Among the pupils interviewed, 46% revealed that they had been sexually abused in the course of their lives. However 8% of the pupils had been sexually abused by being touched their genitalia region by men though they did not know that such acts amounted to sexual abuse. About 70% of those men who had sexually abused these children, were well known to them. Either the sexual abusers had family ties with the children (fathers, uncles, their mothers companions) or they were neighbours as represented in graph 4. This is a clear indication that the abusers had violated the trusted child -parental acquaintance.

**Graph 4: Child relations to sexual abusers**



Both females (78%) and males (80%) ranked strangers as being the group that is likely to sexually abuse children. The reasons given to explain this was that it is mainly strangers who do not have the children's well being at heart. In Kibera, one room can house many people. The fact that despite that the houses are close to each other, one does not know all the people in the next house. By virtue that most people in Kibera are jobless they keep moving from place to place and this can explain why the neighbours are the main villains. This explanation shows that people are still in denial that family members or close associates and relatives can sexually assault children.

The grand parents were ranked as the least likely [females (12%) and males (7%)] to sexually assault children in Kibera. The study found that people in Kibera have financial constraints and therefore they do not afford to send bus fare to their parents

in the rural areas to visit frequently. Both the females and the males' also ranked house helps as least likely to assault children. The reason given was that, the people in Kibera rarely employ house helps because of the financial constraints and also because they have enough children who can help with family chores.

Only 12% of the children who were sexually assaulted reported the abuse. Generally, victims of child sexual abuse do not report the assault as established by the study. For example, when an uncle raped a 6-year-old girl, the father opted to talk out the matter with his brother and no further action was taken "*...we did not want embarrassment, so my husband just confronted the brother and that was it.*" (Mother of a sexually abused girl, Kibera 18/8/04). About 66% respondents ranked fear of embarrassment and stigmatisation highest.

Personal reasons also contributed to the failure to report for example, "*...we just want to forget about it and get on with our lives we have no money to waste following up the case*" (Mother of a 9year old who was sexually abused, Kianda, 23/8/02).

Fear of family disintegration was ranked highest (66%) by the respondents as being the reason for failure to report the sexual assault. About 38% of the respondents noted that people fail to report cases of child sexual abuse because they did not have faith with the law enforcers. For example, one woman who went to report that her daughter had been sexually abused she was blamed for not protecting her daughter from sexual abuse and asked by the police to provide money for fuelling the police car so that they could get to the crime scene.

There were various reasons given for not reporting the abuse as shown in the table 2.

**Table 2: Reasons for failure to report sexual abuse (multiple responses)**

Reason given	Frequency	Percentage
Fear of embarrassment and stigmatisation	69	66
Fear of family disintegration	65	61
Lack of faith with the law enforcers	40	38
Parents feeling that they were negligent	12	11
Children fear that no one will believe them	48	46
Children are too intimidated with threats by the abuser	43	41
Children may not know its wrong	12	11

The study established that in child sexual abuse, the offenders are responsible for the sexual abuse contact. Children were found to go along with sexual relations and not report in most cases. The study established that this was due to little cognitive understanding or personality development of the child. The child's age or developmental status made the children incapable of using adult judgement to make decision relating to consent and sexual activity while other children did not know that sexual abuse was wrong. This is well illustrated by the case study below.

Tabitha\* aged 7 years was left in the custody of her uncle with her two brothers and two sisters by her parents who travelled up country over a weekend to attend a funeral. During the night, Tabitha noticed that her uncle had put his hand on her leg, and with time was moving the hand up her leg. She became uncomfortable and glanced over the uncle who seemed to be asleep. Tabitha became confused and wondered, "does uncle know that he has his hand on me? May be he does not realise his hand is up my dress touching my private parts." She knew that something was unusual when she began to feel strange body sensations and thought the uncle should not be touching her private parts. She woke her sister aged 10 years who slept in the same floor mat and asked her they exchange sleeping places. As Tabitha moved, the uncle withdrew his hand and she did not discuss the matter in the morning with anyone (not even her sister).

\*The above case study shows how a child with limited concept of sexuality is not fully aware of the implications of the sexual contact and therefore she keeps it as a secret. The study also found out that some children (older ones) felt and knew that sexual activity between them and an adult is 'wrong' but were convinced by the offender that it is not wrong or they were intimidated with threats.

Young children are unsure or powerless in relation to an adult authority figure that pressurises them to engage in sexual activity. Some children were rewarded for sexual contact through material goods (chips, sweets) and approval or affection.

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\* Not her real name.

Children who did not report sexual abuse were bound to secrecy by fear of not being believed (46%), fear of being blamed and fear of abandonment or rejection that could lead to family disintegration. This is because when the perpetrator is blamed for the intrafamily abuse, the result is often marital disruption.

#### 4.4.1 Steps taken after being sexually abused

The 12% of the children whose sexual abuse was reported was mainly because they had been injured and their mothers noticed change in behaviour, walking and profuse bleeding, which necessitated seeking medical care.

The status of the person, who sexually abused the child, played a key role in deciding whether the offence would be reported. For example, a respondent whose nine-year-old girl had been sexually abused by the father chose not to report. The husband was the sole breadwinner in the family and she had no other person to support her financially. She was forced to report after the child contracted sexually transmitted infections. A 13 year old girl who was abused by the mother's lover ran away from home and told the grandmother who in turn reported the matter to a human rights activist who conducted civic education in their church during a 'jumuia'<sup>12</sup>.

Among the pupils who were interviewed, 80% said that if family members abused them they would not report the incidence. About 66% of the pupils noted that they feared embarrassment and stigmatisation. '*... It is very shameful to tell others that your father has raped you. I can never tell anyone if it happened to me all I would do is hide and cry*' (a 12 year old class seven pupil, Kibera, 23/8/04). Fear of family

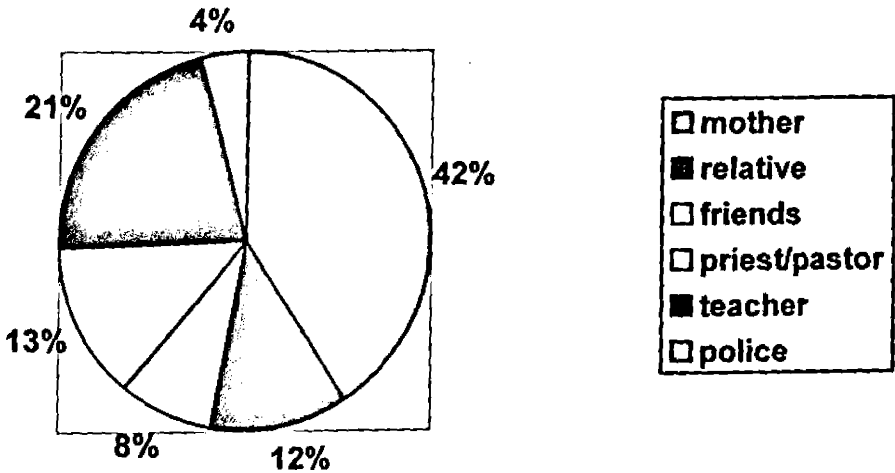
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<sup>12</sup> jumuia is a Kiswahili word for small Christian community conducted by the Catholic Church at the community level. It is a way of creating awareness of different issues that affect the society.

disintegration was also a factor that was cited on why they respondents would not report sexual abuse if sexually abused by a family member. The study found out that generally, the society holds sexual abuse victims (especially above the age of 12 years) responsible for their actions.

The rest said they would report to mother (42%), teacher (21%) these were the people with the highest percentages since they are the people whom the child interacts with most and they have already established child trust. Children also look up to their teachers for support and they see the teachers as a source of authority.

**Pie chart 2: People to report to if sexually abused by the father**



About 12% of the pupils said that they would report cases of child sexual abuse to relatives. The study found out that most of the pupils live in the same house or near each other with their relatives. A small number (8%) of the pupil respondents said that in cases if sexually assaulted they would report to their friends while (13%) would report to a priest/ pastor. Only (4%) said that they would report to the police. This

small percentage is attributed to the fact that young children are scared of police whom they know arrest and shoot people. The children are torn between their fathers' loyalty and therefore they would not want their fathers arrested or shot. This was attributed to the fact that after being defiled by the father a child does not have any more trust to confide and more so for people she hardly interacts with.

#### 4.5 Causes of child sexual abuse

There were various reasons that the respondents cited as contributing to the rising cases of child sexual abuse. These include: poverty, social disintegration, overcrowding, HIV/ Aids, lack of supervision or parental negligence, drug and substance abuse.

The factors cited by the respondents overlap and it is difficult to draw a demarcation between the factors. A human rights activist in Kibera attributed the high rise in cases of child sexual abuse to consumption of chang'aa<sup>13</sup>. She noted, "*In Laini Saba village alone, there are 250 chang'aa dens where young girls are lured to have sex for chips!*" (Human rights activist, Kibera. 12/8/04). The respondents noted that the breeding ground for sexual exploitation is all too often poverty, which leads to a sense of hopelessness.

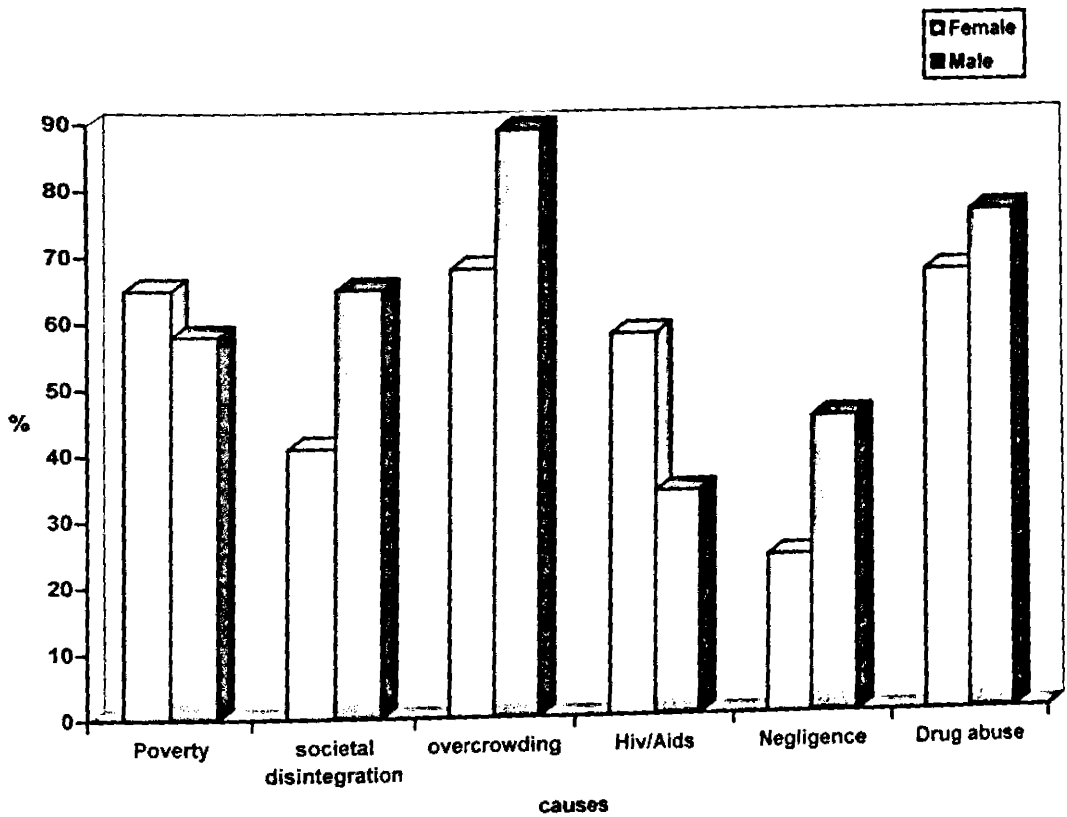
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<sup>13</sup> Chang'aa a kiswahili word for local illicit brews

Respondents attributed societal disintegration to the rising cases of child sexual abuse.

The parents are too busy trying to make ends meet such that they have no time to look after their children. Social disintegration has also brought rise to single parenthood households. Parents in such kind of homes make their children more vulnerable to sexual abuse. For example, women who practice prostitution predispose their children to sexual abuse.

**Graph 5: Causes of child sexual abuse**



#### **4.5.1 Parental behaviour and sexual abuse**

Apparently, 70% of the pupils interviewed said that the behaviour of parents couldn't lead to child sexual abuse. This high percentage can be attributed to the fact that the children look up to their parents as sources of authority and playing the role of protecting the children. This is the reason why children do not report sexual abuse if it is perpetrated by their fathers even after they betray the children's trust. However, the 30% of pupils said that the behaviour of parents could lead children to being victims of sexual abuse. They gave various reasons for this. These included: promiscuous parents, marriage out of wedlock, pornographic material, parents who abuse drugs and those parents who are negligent.

Parental promiscuity was rated as one of the leading to causes of child sexual abuse.

About 53% of the respondents noted that parents and especially mothers who are promiscuous, predispose their children to sexual abuse. The study found out that when women who are prostitutes take partners to their one-roomed houses where their children are and get intimate with them, they not only expose their children to sexual activities at an early age but also predispose these children to sexual abuse.

About 73% of the respondents noted that parents who abuse drugs, predispose their children to sexual abuse. This is true because under the influence of alcohol and other drugs, the fathers can sexually abuse children, which is less likely if the parents are sober.



#### 4.6 **The link between HIV/Aids and child sexual abuse**

HIV/ Aids was rated as a major cause of child sexual abuse. There exist numerous social and cultural beliefs that influence the spread of HIV, Aids. The “HIV/Aids Virgin-Cure” also referred to, as the virgin cleansing myth is the belief that having sex with a virgin will cure or prevent a HIV infected person from developing AIDS. This particular myth is prevalent in South Africa and also in some parts of India and Thailand. The practise is believed to be the reason behind the high rates of child sexual abuse in South Africa, a country with the highest rates of rape and child defilement in the world. In Kibera, about (40%) of the respondents explained that they believed in the common myth that men who are infected with HIV/Aids they could be cleansed off the virus if they have sexual intercourse with virgins. This false myth thus places children in a risky situation by making them more vulnerable since they do not have the might or physical strength to fight back such attackers.

The HIV /Aids scourge has exposed children more to sexual abuse since when their parents die the children are left orphans at an early age and this makes them easier targets of child labour and child prostitution in an attempt to fend for themselves. Their relatives also sexually exploit children when they seek accommodation in their homes. Men are also target young girls for sex so that they do not contract the HIV/Aids virus.

Soulman\* is a 38 year old born again rehabilitated convict. He served five years in prison for an attempt to defile a 6-year-old girl. He tested HIV/ Aids positive when he was 28 years old. He went into a state of despair and even attempted suicide. During this moment, his cousin advised him that if he had sexual intimacy with a child he would be cured of HIV/ Aids. Soulman was desperate to live so he decided to sexually assault the neighbour's child so that he could live. He waited until his neighbours had left their house, he got in and found their daughter and was just about to defile her when the child's father got back.

#### **4.7.0 Effects of child sexual abuse**

The respondents noted that child sexual abuse could have both dramatic and subtle impact on the child that can be physical, behavioural and emotional. The respondents noted that abuse of whatever nature can cause injuries, physical health symptoms, anxiety and depression, multi somatic disorders, sexual dysfunction and eating symptoms

#### **4.7.1 Behavioural symptoms**

The respondents identified various behavioural symptoms, which were rated differently as explained and shown by the bar graph below. Loss of interest was reported 70% by the respondents as the most common behavioural symptom manifested in children after a sexual abuse.

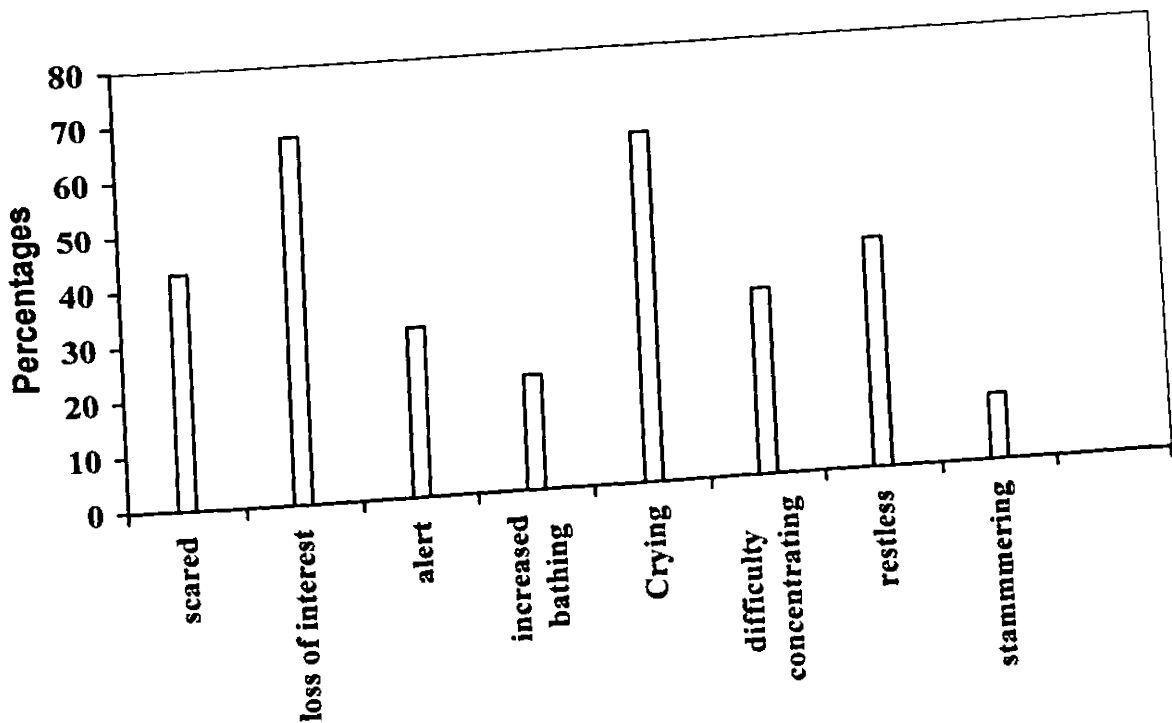
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\* Not his real name.

After a child defilement, children are normally restless, agitated and unable to relax or on the hand just sitting around and moving very little. .

A mother to a child who had been sexually abused noted that the daughter was very playful and social before the attack but after the girl aged (6years) became very withdrawn, timid and scared of any man. *"She became a completely different child and its now two years after the attack and there are no signs of her getting back to her old self"*(Mother of a sexually abused child, Kibera 23/8/04). The research showed that the child is normally easily frightened or startled than usual. The child survivor often gets very scared when someone walks up behind them without warning. The bar graph below shows other behavioural symptoms.

Graph 6: Behavioural symptoms of child sexual abuse



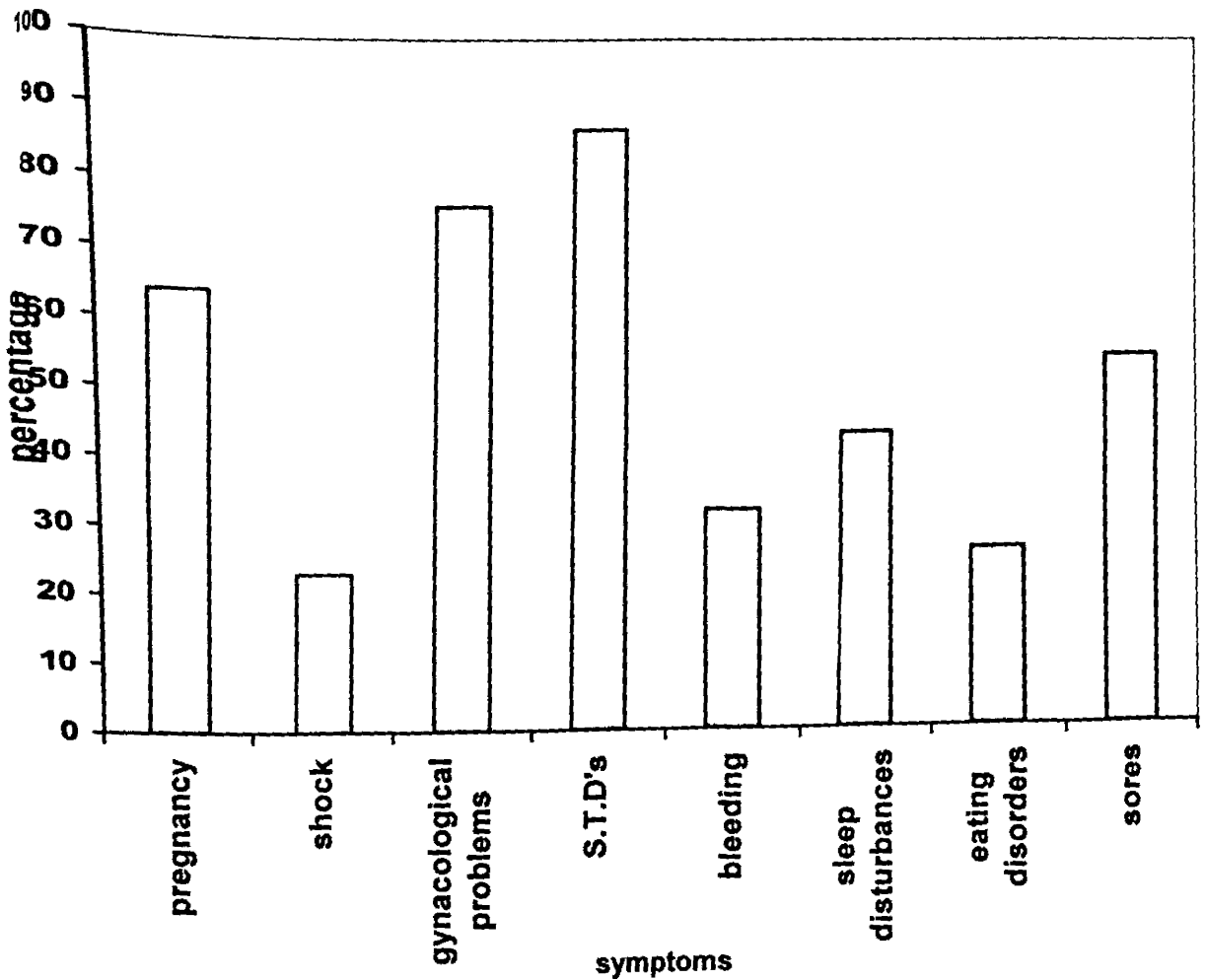
The **study** found out that the effect of child sexual abuse has two-fold effect, which cuts **across** the abused child and his family. The child suffers mainly physical and **emotional** pain while the parents and more so the child's mother suffers humiliation and **emotional** pain as she is segregated by the rest of the society and made to feel she **neglected** the child. One woman whose child was sexually abused by the husband at the **age** of ten chose not to report the crime for fear of embarrassment and **disintegrating** her family. She continued living with the abuser and only left him when she **got** a job as a messenger.

#### **4.7.2 Physical symptoms**

There were various physical symptoms that the respondents identified as shown by the **graph 7**. Immediately after a child is defiled, the child often experiences shock. The child is likely to feel cold, faint, become mentally confused, feel nauseous and **vomit**.

Gynaecological problems like: irregular, heavier and painful periods, vaginal discharges and sexually transmitted infections. Sleep disturbances like difficulty falling asleep, waking up during the night, being woken up by nightmares about the rape. Getting less sleep than usual or on the other hand feeling exhausted and needing to sleep more than usual.

**Graph 7: physical symptoms of child sexual abuse**



Despite child sexual abuse, majority of the women and children still stay with the abusive partner with the hope that there will be a change in behaviour at some point. Other common reasons why they continued to stay are because they are economically dependent on the abusive partner or they could not leave with their children because they did not have anywhere to go. The case study below gives a clear illustration of this point.

Moraa\* is a 48-year-old lady who had been married by a pastor and has six children (four girls and two boys). Her children are between the ages of 7 and 25 years. In 1997, during the Christmas holiday, the husband left for up country with the daughter aged ten. On getting back, Moraa realised that there was something terribly wrong with the daughter since she was walking very slowly and seemed to be in pain. Moraa confronted the daughter to tell her what happened and she said, 'ni kijana mwingine alinifanya tabia mbaya'<sup>14</sup>. She then rushed her daughter to a clinic in Kibera and the doctor not only confirmed her fears that she had not only been raped but also had to undergo reconstructive surgery. While the daughter was in hospital, Moraa's first-born daughter aged 18 years attempted suicide. She blamed herself for her sister's ordeal since the father had also sexually abused her and never reported to police. Moraa told her extended family who never believed her. Despite this, she didn't leave and only did so after she got a job with a non-governmental organisation. She explained, 'How was I to feed my children if I left and where would I have left for without a single coin in my pocket?' Moraa despite being hurt by the husband who defiled her daughters, she was not economically empowered. She chose not to leave but to always watch over her children. She vowed to look for a job, which would enhance her chances of survival with her children when she would leave the husband.

The case study above clearly shows that the mother's response pattern may reflect her own emotional and economical dependency on the offender. When women are economically empowered; they will take action against partners who are abusive.

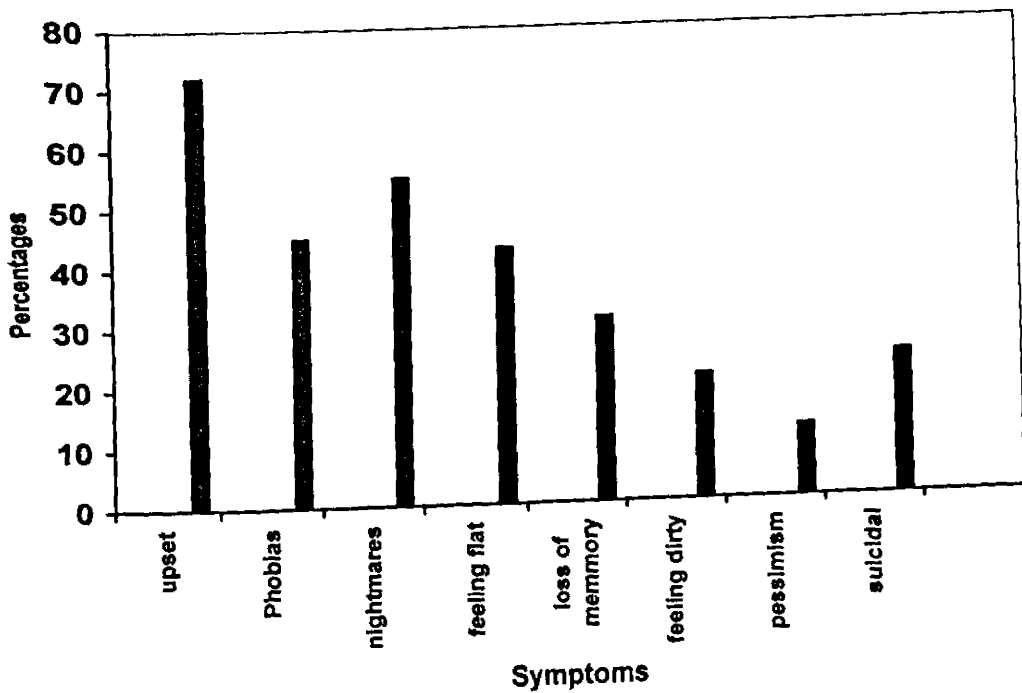
\* Not the real name.

<sup>14</sup> Kiswahili sentence that directly translates to 'it is another boy who did bad manners to me'

### 4.1.3 Psychological symptoms

Intrusive thought about the defilement usually upset the child. Such kind of thoughts often makes the child want to have a bath more than usual. Becoming extremely afraid of certain things that remind the survivor of the assault. The survivor develops phobia of men, of strangers, of being left alone and of going to school. Feeling of anxiety and fear that the assailant will return this brings up suicidal thoughts.

Graph 8: psychological symptoms of child sexual abuse



### **4.8 Strategies to curb child sexual abuse**

The study found out that prevention of child sexual abuse has been approached in two ways. These ways are: increased public awareness to the problem and educational campaigns. These awareness is being spearheaded by the Catholic Church through the small Christian community meetings which are locally known as the (jumua's).

Olympic Primary School administration has also undertaken the task of educating the pupils on issues related to their sexuality. This was due to the increased child sexual abuse cases, which have seen the pupils being targets.

The Kenyan Government has also not been left behind in the fight against child sexual abuse. The government has established children departments and stationed a children's officer in police stations to help curb the rising cases of child sexual abuse.

The non-governmental organisations are continuously fighting the battle against child sexual abuse. They are doing this through sponsoring walks that raise public awareness to child sexual abuse. The Nairobi Women's Hospital is continually offering free medical care, which in most cases entails reconstructive surgery to children who have been sexually abused. CLAN, a non-governmental organisation has been offering free legal services to victims of child sexual abuse.

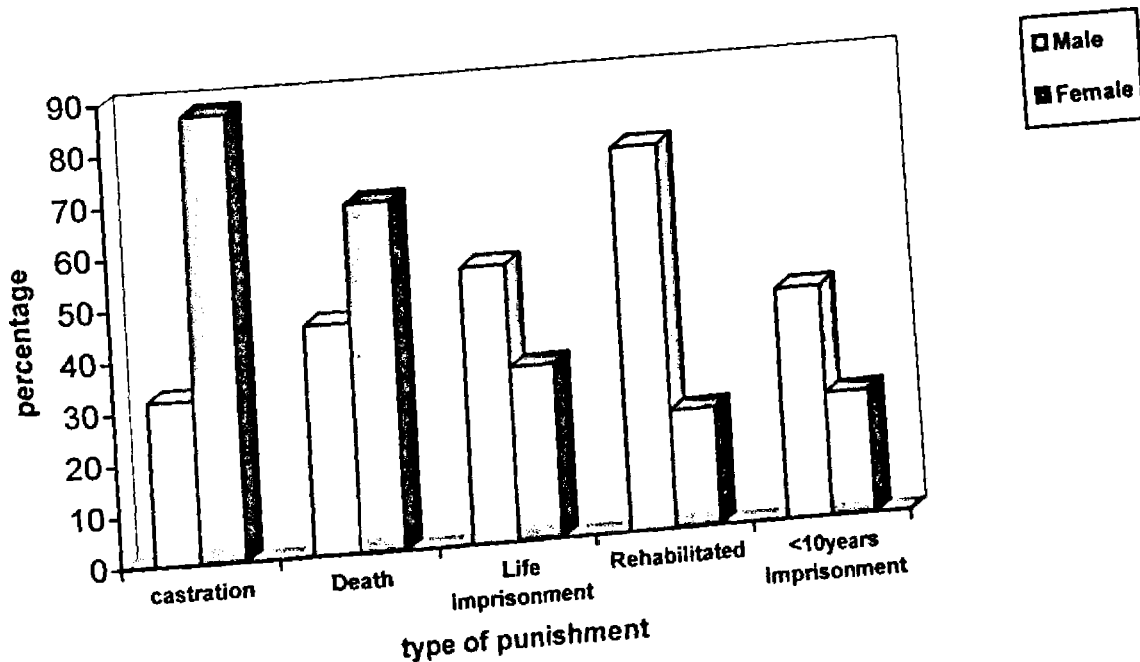
Both the electronic and the mass media are sensitising people on reporting of cases of child sexual abuse. Billboards have been set up and likely rape spots have been marked. However, most children officers and medical doctors dealing with cases of child sexual abuse felt that the mass media was out there to 'make news' and sell than

to really help the child sexual abuse victim and the family. They noted with concern that "the media is exposing children on T.V thus increasing the child's trauma".

#### 4.8.1 Treatment of perpetrators of child sexual abuse

The respondents gave various treatments that they would like meted on perpetrators of child sexual abuse. However there was a variation based on the sex of the respondents. The male respondents favoured softer means of punishment as rehabilitation. However the female counterparts favoured harsher punishment as castration and death of the abusers. For a clear pictorial representation see the bar graph below.

Graph 9: Punishment that should be meted on child sexual abusers



## **CHAPTER FIVE: SUMMARY AND RECOMMENDATIONS**

The study was designed to investigate the causes and effects of child sexual abuse in Kibera slum, Nairobi. It also looked at the strategies that should be adopted in dealing with cases of child sexual abuse. For these reasons, the researcher employed both qualitative and quantitative designs to carry out the research.

### **5.1 Summary of the findings**

The major findings of the study are summarized in this chapter.

#### **5.1.1 Causes of child sexual abuse**

There were various reasons that the respondents cited as being the contributing factors to the rising cases of child sexual abuse. These include: poverty, overcrowding, societal disintegration, drug or substance abuse, parental negligence and the prevalence of HIV/ Aids. These above mentioned factors were found to overlap. Thus it was difficult to look at one factor and attribute it to being a sole cause of child sexual abuse.

#### **5.1.2 Reporting of cases of child sexual abuse**

The study established that the prevalence of child sexual abuse among the respondents was about 56% among the respondents. The forms of sexual abuse reported included: incest, defilement, early child marriages, child prostitution and child pornography. Other forms also mentioned are sodomy and kidnapping of children with the intent to indecent harm. Generally victims of child sexual abuse and their families did not report the assaults despite that 70% of the sexual abusers were known to them.

The sexual abusers were neighbours, parents, fathers and relatives. Out of the 56% cases of child sexual abuse that were acknowledged during the interview, only 12% were reported as was established by the study. Various reasons were given for the low reporting rate of child sexual abuse cases. The reasons include: fear of embarrassment and stigmatisation, fear of family disintegration, lack of faith with the law enforcers, children were too intimidated with fear and threats.

### 5.1.3 Effect of child sexual abuse

The study revealed that child sexual abuse could have both dramatic and subtle impact on the child. The effect of sexual abuse depended upon: the age and developmental status of the child, the child's role in the abusive situation, the disclosure of the incidence, the child's relationship to the offender and the reactions of the child's family after abuse disclosure.

The effect of child sexual abuse was manifested in: physical, behavioural and emotional symptoms. The immediate effect of child sexual abuse was fear and shock and disbelief. Physical reactions included sleep and eating disturbances and symptoms specific to the body area assaulted. Emotional reactions of extreme anxiety, fear and thoughts about the sexual abuse. The behavioural symptoms that were reported included: crying more than usual, being restless, agitated and unable to relax while on the other hand just sitting around and moving very little and the child not wanting to be left alone.

#### **5.1.4 Strategies of curbing child sexual abuse**

The study found out that prevention of child sexual abuse has been approached in two ways. These ways are: increased public awareness to the problem and educational campaigns. These awareness is being spearheaded by the Catholic Church through the small Christian community meetings which are locally known as the (jumuia's).

Olympic Primary school administration has also undertaken the task of educating the pupils on issues related to their sexuality. This was due to the increased child sexual abuse cases, which have seen the pupils being targets.

The non-governmental organisations are continuously fighting the battle against child sexual abuse. They are doing this through sponsoring walks that raise public awareness to child sexual abuse. The Nairobi Women's Hospital is continually offering free medical care, which in most cases entails reconstructive surgery to children who have been sexually abused. CLAN, a non-governmental organisation has been offering free legal services to victims of child sexual abuse.

Both the electronic and the mass media are sensitising people on reporting of cases of child sexual abuse. Billboards have been set up and likely rape spots have been marked. However, most children officers and medical doctors dealing with cases of child sexual abuse felt that the mass media was out there to 'make news' and sell than to really help the child sexual abuse victim and the family. They noted with concern that, " the media is exposing children on T.V thus increasing the child's trauma'.

There were various punishments that the respondents noted that should be put in place to help curb the rising cases of child sexual abuse. These included: castration, death, imprisonment and rehabilitation of the sexual abusers. However, there was a variation based on the sex of the respondents. The male respondents favoured softer means of punishment such as rehabilitation. However the female counterparts favoured harsher punishment such as castration and death of the child sexual abusers.

## 5.2 RECOMMENDATIONS

There is need for sustained public education on child sexual abuse. Education campaigns by both the public and the private sector on child sexual abuse prevention need to be intensified. Children should be sensitised that sexual abuse is a crime. The government needs to put more tools in place to combat the sexual abuse crime.

There is real need to sensitize people on the Children's Act. The study found that the Catholic Church in Kibera is playing a key part in educating the people on family issues. Other churches should not shy off in discussing sexuality issues. If all the 300 churches in Kibera were united on this cause, then the battle on sexual abuse could be easily won. This key role should be a joint venture between the government, religious organizations, schools and the entire society at large.

The government needs to put more tools in place to combat the sexual abuse crime. About 80% of the female respondents whose children had been sexually assaulted blamed the government for security laxity. The government was also blamed for having frustrated sexual abuse victims and their families when they sought help when the crime was committed.

**Interventions** to help curb cases of child sexual abuse need to be put in place and **enhanced**. These include the central administration, the police and the judiciary. They **should offer** protection from further child sexual abuse. Community based child **sexual abuse** counsellors should be trained. Support authorities, particularly police **officers** and the judiciary should also be trained and sensitised in order to offer **holistic** support to victims of child sexual abuse and their parents.

The **community**, victims of child sexual abuse and their families should be sensitized to **report** cases of child sexual abuse. There is need to provide support within the **social structure** for abused children. The victims of child sexual abuse need not feel that **help** is not available which discourages them from reporting. Stiffer punishments **should be** meted on child sexual abusers.

**Women** should be empowered economically so that they are able to take action **against** their children being sexually abused by their husbands and relatives. The **women** should be able to fend for themselves and their children without necessarily **having** to depend on their spouses.

Some cultural practises like those that encourage young initiates to have sexual **intercourse** as a rite of passage thus putting children at a risk of sexual abuse need to **be** done away with. Social taboos against incest influence the reporting of such **offences**. For example, the 'sanctity' of the family and social mores that hold that children are the property of their parents. This makes it difficult for outsiders to **intervene** on matters that are regarded private and confidential.

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<http://www.annpcan.org>

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## APPENDIX 1: Pupil's Interview schedule

Dear pupil,

My name is Gladys Nyambura Waithaka. I am carrying out a study on the causes and effects of child sexual abuse in Kibera slums, Nairobi. This is in partial fulfilment of a Master of Arts (M.A) degree in counselling at the University of Nairobi. I am kindly requesting you to assist by completing this questionnaire. Your co-operation will be highly appreciated. Any information given will be treated in confidence.

### SECTION A

1. Name of your school.....
2. Sex: Male ( ) Female ( )
3. Age:..... (Years).
4. Which class are you in?  
Class 7 ( ) Class 8 ( )

### SECTION B

5. How many children are you in your family?.....
6. Are both of your parents alive?  
Yes ( ) No ( )  
If no, who is not alive?  
Mother ( ) Father ( ) Both ( ) N/A [single mother] ( )
7. Whom are you living with at the moment?  
Mother ( ) Father ( ) Both ( )  
Any other (specify).....
8. How big is your house (rooms)?  
One ( ) Two ( ) Three ( ) More than three ( )

9. What do you understand by sexual abuse?

.....  
.....  
.....  
.....  
.....

10. List some forms of sexual abuse that you know?

.....  
.....  
.....  
.....  
.....

11. Has any one in your family, relative, school or friend experienced sexual abuse?

Yes ( ) No ( )

If yes,

a) Who was sexually abused?

.....

b) When did

happen?.....

c) Who was the perpetrator (the person who sexually abused)

.....  
.....  
.....

12. Have you ever been sexually abused?

Yes ( ) No ( )

If yes, a) by

who?.....

a) what steps did you

take?.....  
.....  
.....  
.....  
.....  
.....

13. If a stranger sexually abused you, would you report?

Yes ( ) No ( )

If yes, whom would you report to?

Mother ( ) Father ( ) Relative ( ) Police ( ) Priest ( ) Teacher ( )

Other (specify)

.....  
.....

14. If sexually abused by your father, mother or family member, would you report?

Yes ( ) No ( )

Please explain your answer

.....  
.....  
.....  
.....  
.....

If your answer above is yes, whom would you report to?

.....  
.....  
.....  
.....

15. Does your school have guidance and counselling services?

Yes ( ) No ( )

If yes, how effective are they?

Excellent ( ) Good ( ) Fair ( ) Poor ( )

16. In your own opinion what kind of people sexually abuse children?

Old dirty men ( ) Insane/ mad ( ) Family members ( )

Strangers ( )

17. Does the behaviour of parents lead to child sexual abuse?

Yes ( ) No ( )

Please explain your answer.

.....  
.....  
.....  
.....  
.....

18. Does the environment that you live in contribute in any way to the rising cases of child sexual abuse?

Explain.....  
.....  
.....  
.....  
.....

19. List down the effects of child sexual abuse.

.....  
.....  
.....  
.....  
.....

20. In what ways can children prevent themselves from being sexually abused?

.....

.....

.....

.....

.....

21. How would you like child sexual abusers to be treated?

.....

.....

.....

.....

# **INTERVIEW GUIDE FOR THE KEY INFORMANTS**

1. Respondent's

name.....

2. Sex: Male ( ) Female ( )

3. Profession:.....

4. Age: .....Years.

5. Have you ever dealt with any case of child sexual abuse and of what nature and what did you do?

6. What are some of the forms of child sexual abuse?

7. What are some of the causes of child sexual abuse?

8. What are the characteristics of child sexual offenders?

9. Which types of children are more prone to sexual abuse?

10. What factors contribute to the reporting of cases of child sexual abuse?

11. What are the effects of child sexual abuse on the child, family and the society at large?

12. What are some of the strategies or preventive measures that have been put in place to help curb the rising cases of child sexual abuse?

13. What action would you like to be taken on child sexual offenders?

# MEDICAL EXAMINATION REPORT

PART I—(To be completed by Police Officer requesting examination)

\_\_\_\_\_ Ref. \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Hospital/Dispensary.

I have to request the favour of your examination of:—

\_\_\_\_\_ Age \_\_\_\_\_ (if known)  
 \_\_\_\_\_ Date and time of alleged offence \_\_\_\_\_  
 \_\_\_\_\_

to you/hospital on the \_\_\_\_\_ 20 \_\_\_\_\_ under escort of \_\_\_\_\_  
 \_\_\_\_\_ and of your furnishing me with a report of the nature and extent of bodily  
 injuries sustained by him/her.

and time reported to police \_\_\_\_\_  
 details of alleged offence \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
*Signature of Police Officer*

## PART II—MEDICAL DETAILS—(To be completed by Medical Officer or Practitioner carrying out examination)

*(Please type four copies from the original manuscript)*

SECTION "A"—THIS SECTION MUST BE COMPLETED IN ALL EXAMINATIONS

Medical Officer's Ref. No. \_\_\_\_\_

1. State of clothing including presence of tears, stains (wet or dry) blood, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. General medical history (including details relevant to offence) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. General physical examination (including general appearance, use of drugs or alcohol and demeanour) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**"B" - TO BE COMPLETED IN ALL CASES OF ASSAULT, INCLUDING SEXUAL ASSAULTS, AFTER THE COMPLETION OF SECTION "A"**

Details of **site, situation, shape and depth of injuries sustained:—**

1) **Head and neck**.....  
.....  
.....

2) **Thorax and abdomen**.....  
.....  
.....

3) **Upper limbs**.....  
.....  
.....

4) **Lower limbs**.....  
.....  
.....

5) **Approximate age of injuries (hours, days, weeks)**.....  
.....

6) **Probable type of weapon(s) causing injury**.....  
.....

7) **Treatment, if any, received prior to examination**.....  
.....

8) **What were the immediate clinical results of the injury sustained and the assessed degree, i.e. "harm", "serious harm", or "grievous harm".\***

**DEFINITIONS —**

- "Harm" means any bodily hurt, disease or disorder whether permanent or temporary.
- "Serious Harm" means the destruction or permanent disabling of any external or internal organ, member or sense.
- "Grievous Harm" means any harm which amounts to maim, or endangers life, or seriously or permanently injures health, or which is likely so to injure health, or which extends to permanent disfigurement, or to any permanent or serious injury to any external or internal organ.

.....  
*Signature of Medical Officer/Practitioner*

*Date* .....

Part "C" - To BE COMPLETED IN ALLEGED SEXUAL OFFENCES AFTER THE COMPLETION OF SECTIONS "A" AND "B"

Nature of offence ..... Estimated age of person examined .....

2. FEMALE COMPLAINANT

(a) Describe in detail the physical state of and any injuries to genitalia with especial reference to labia majora, labia minora, vagina and cervix and conclusion .....

.....

(b) Note presence of discharge, blood or venereal infection, from genitalia or on body externally .....

.....

.....

3. MALE COMPLAINANT

(a) Describe in detail the physical state of and any injuries to genitalia .....

.....

(b) Describe in detail injuries to anus .....

.....

(c) Note presence of discharge around anus, on thighs, etc; whether recent or of long standing .....

.....

**MALE ACCUSED OF ANY SEXUAL OFFENCE**

(a) Describe in detail the physical state of and any injuries to genitalia especially penis.....

.....  
.....  
.....

(b) Describe in detail any injuries around anus and whether recent or of long standing.....

.....  
.....

(c) Details of specimens or smears collected in examinations 2, 3, or 4 of Section "C" including pubic and vaginal hairs.....

.....  
.....

(d) Any additional remarks by the doctor.....

.....  
.....  
.....

.....  
*Signature of Medical Officer/Practitioner*

Date.....

