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Full Length Research Paper

Assessing the nature and extent of rape involving children aged 0-18 years in Kiambu District, Kenya

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Sexual abuse of children is vastly under-reported and poorly understood in many developing countries. Sexual abuse has been shown not to be solely perpetrated by males but also women. Women are also responsible for coercing males, particularly adolescents, into sexual acts. Several studies show that the global prevalence of child sexual abuse is estimated at 19.7% for females and 7.9% for males, thus making it a global health concern (Barker and Ricardo, 2005). In Africa, the highest prevalence rate was found to be 34.4%, primarily because of high rates in South Africa. Most sexual abuse offenders are acquainted with their victims; approximately 30% are relatives of the child, most often brothers, fathers, uncles or cousins; around 60% are other acquaintances such as 'friends' of the family; strangers are the offenders in approximately 10% of child sexual abuse cases. The main objective of this study was to explore rape involving children aged less than eighteen years in Kiambu district. This study which was conducted in Kiambu district hospital was cross-sectional which utilized both qualitative and quantitative methodological approaches. The main methods of data collection included questionnaire, key informant interviews and focus group discussions which were administered and conducted amongst the parents of children who had been raped in the district. Among the information sought from the respondents included circumstances surrounding the rape and the community's reactions to the rape. Quantitative data was entered into a computer using SPSS for entry and analysis. The study employed descriptive statistics as the major tool of data analysis. Data is presented in tables and percentages. Data from FGDs were transcribed and translated from Kiswahili to English and analyzed thematically. Themes were then coded and described. The main responses are presented verbatim. This study was presented to Scientific Steering Committee at KEMRI and the National Ethical Review Committee for scientific and ethical approvals, respectively. The findings of this study shows that the number of reported rape cases meted against children in the study area continue to rise from 24 cases to 86 in the year in the study period (2004 and 2006), respectively. In addition, majority (92%) of the perpetuators of rape were people known to children, including relatives. The study has also found that 47% of the rape cases were reported to the police while 33% were reported to the chiefs. The remaining cases were not reported mainly because they were committed by people known to the children. The study has found that children are threatened with dire consequence(s) as a warning not to report rape to their parents/guardians. Parents/guardians were also found to be receiving similar threats with some having been attacked by gangs, thus continuing to expose children to suffer from any consequence of rape. Further, the findings has showed that circumstances such as rampant use of substances and drugs amongst some groups of people in the community and the high insecurity issues in the study are some of the major circumstances that continue to make rape a real-time health concern. Child rape is a practice that is increasingly becoming common in Kiambu district due to various reasons that have

been explained earlier. But the practice has very serious health, social and economic concern both to the family, government and civil society and other stakeholders. The practice committed shockingly by people known to children has left many succumbing to injuries and getting maimed in the process. Significant underreporting of sexual abuse is believed to occur due to sex stereotyping, social denial and the relative lack of research on sexual abuse. There are many parents who are unable to take any step whenever their children are raped due to stigma associated with rape, fear of repercussion (attack) from perpetuators, ignorance as to what to be done next, lack of money to take up cases to higher levels and the belief that cases reported to the police are never concluded. The community does not have any formal or informal mechanisms that support victims of rape and or their parents. This study therefore recommends that the government should enhance its operations in the provision of security and ensure that perpetuators of rape are promptly arrested and stiff penalties meted against them; and should also set up gender friendly desks in any other settings other than at the police stations for ease of reporting abuses like rape to avoid intimidation. Practical approaches through advocacy should be developed and utilized with the aim of creating awareness amongst parents/guardians of children on the dangers of exposing the children to rape conditions and to advance feasible solutions to the same.

Keywords: Rape, children aged 0-18, Kiambu District Kenya

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INTRODUCTION

Rape is a type of sexual violence involving sexual intercourse, which is initiated by one or more persons against another person without that person's consent. The act may be carried out by physical force, coercion, abuse of authority or with a person who is incapable of valid consent. Both men and women can be survivors or perpetrators of violence. There are several types of rape, generally categorized by reference to the situation in which it occurs, the sex or characteristics of the victim, and/or the sex or characteristics of the perpetrator. These include, but not limited to, date rape, gang rape, marital rape, incestual rape, prison rape, acquitance rape, war rape, statutory rape and child sexual rape (Ascione 2003). However, sexual rape in whichever form is regarded as sexual violence with no single theory that conclusively explains the motivation for rape.

Sexual abuse of male adults and children is vastly under-reported and poorly understood especially in developing countries where sexual matters are almost regarded as taboo to be talked about. Research indicates that sexual violence against boys and men is endemic in many areas of the world. Studies amongst adolescents in low income countries show that 3.4% of males in Namibia and 13.4% in Tanzania have experienced a sexual assault. In Kenya, nearly 40 percent of men who had sex with men reported having been raped outside their home and 13 percent report having been assaulted by the police (Barker and Ricardo, 2005).

In addition, sexual abuse has been shown not to be solely perpetrated by males but also women. Women are also responsible for coercing males, particularly adolescents, into sexual acts. A study show that women commit 14% to 40% of offenses reported against boys and 6% of offenses reported against girls (Whealin, 2007. In Zimbabwe, 30% of boys reported sexual abuse with half of them abused by women (Barker and Ricardo, 2005).

The global prevalence of child sexual abuse has been estimated at 19.7% for females and 7.9% for males. In Africa, the highest prevalence rate of child sexual abuse geographically was found to be 34.4%, primarily because of high rates in South Africa; Europe showed the lowest prevalence rate (9.2%); America and Asia had prevalence rates between 10.1% and 23.9% (JRO, 2004).

Moreover, rape is a crime defined by the penetration of the anus or the vagina by a penis, while in other jurisdictions, the penetration of either the vagina or the anus need not be by a penis, but can be by other objects such as a finger or a dildo (WHO, 2000). Other jurisdictions expand the definition of rape further to include other sexual acts without valid consent, including oral copulation and masturbation. The lack of valid consent does not necessarily mean that the victim explicitly refused to give consent; generally, where consent was obtained by physical force, threat of injury, or other duress, or where consent was given by a person whose age was below the age of consent, a person who was intoxicated by drugs or alcohol, or a person who was mentally impaired by illness or developmental disability, the consent is considered invalid (AAP, 1999).

Child rape continues to be one of the most widespread forms of violence that children experience which can occur within the immediate environment with the closer family and involves parents, elder siblings, relatives, teachers and even neighbors. Some children are lured with money and gifts then are pressured into sexual activities by adults who are in a kinship relation to them,

in a position of power over them, either through age, authority or both, and who are able to take advantage over child's inability to make or understand sexual decisions (Butler, 1985).

The effects of child sexual abuse can include depression, post-traumatic stress disorder, anxiety, propensity to further victimization in adulthood and physical injury to the child, among other problems. In many examples in the world, sexual abuse by a family member is a form of incest and can result in more serious and long-term psychological trauma, especially in the case of parental incest (Courtois, 1988).

WHO estimated in 2001 that 40 million children are annually subjected to physical or sexual abuse: the number of abused children several years on will in all probability have risen (WHO, 2001). Myths that sex with young virgins can cleanse the perpetrator of the HIV virus have contributed to the rising phenomenon of child rape in Africa (Kim, *et al*., 2003). A belief among many men that sex with a virgin even a child or baby can cure HIV/AIDS is fueling what is already one of the highest child sexual exploitation rates in the world. The trend is worsening as babies as young as only a few months old are being raped almost daily (Barclay, 1987).

Child rape and molestation continues to be a serious problem in Kenya. 38 percent of children aged less than 18 years were reported to be sexually abused (PD, 2004). Reports from both the print and electronic media contain frequent reports of molestation or rape of children by schoolteachers, military personnel, clergy and students, among others. In addition, incestuous defilement accounted for approximately 75% of abuse against young girls in a study in urban areas. The report showed that 6 out of 10 persons working with abused children agreed that The most vulnerable girls were those in nursery to class 4 -1 to 10 years old (CJ, 2004).

Police statistics in Kenya further shows that there is an increase in the number of reported rape cases from 515 in 1990 to 1,675 in 2000 (KPS, 2001). Due to the fact that talking about sex in public is considered as a taboo in many African communities, the figures are likely to reflect an under-reporting of rape and not its actual incidence. Nairobi was reported as the centre of child sexual abuse and that 46% of all cases were reported in Nairobi. Central province had the highest number of abused children outside Nairobi, accounting for 26% of the total. Eastern and Rift valley provinces had 11% and 8% respectively (CARE, 2007).

Objectives of the Study

General Objective

To explore rape involving children aged less than eighteen years in Kiambu district, Kenya

Specific Objectives

1. To explore the nature and severity of rape cases involving children aged less than eighteen years
2. To assess the circumstances associated with the occurrence of rape involving children aged less than eighteen years in Kiambu district
3. To establish support mechanisms at both the family and community level for the raped children aged less than eighteen years in Kiambu district.

Justification

Feasible and meaningful strategies will be developed and implemented from the generated data with a view to minimizing child rape cases and subsequently consequences in the society. Indeed, rape shocks and traumatizes the victim, and undermines the status of victims in society, which is largely suffered in silence. More often, child rape victims are battered, injured, maimed and or even killed. Alternatively, victims of child rape may face insurmountable obstacles in trying to bring the perpetrators to justice. Many children who have suffered rape like other forms of abuse are too intimidated by cultural attitudes and state inaction to seek redress. Many countries in low income brackets, including Kenya, have limited programmes that explicitly seek to address the needs of children, males or other minority groups (such as the physically or mentally handicapped), as far as intervention or rehabilitation is concerned. The findings of this study will therefore give the program managers and policy makers a basis for some guidelines towards realizing an integrated and comprehensive intervention(s). The stakeholders - the government, NGOs, research and other learning institutions - will also use the generated data to realize appropriate measures and programmes and or interventions.

METHODOLOGY

Study Design

This was a cross-sectional study which utilized qualitative and quantitative methodological approaches.

Study Site

This study was conducted in the then Kiambu district, now in Kiambu County. Kiambu County, predominantly agricultural area enjoined the former Thika and Kiambu districts. The County borders Nairobi City to the south, Nakuru county to the west and Nyandarua county to the

northwest. The then Kiambu district covered 1,458.8 sq km and was divided into five administrative divisions, namely, Limuru, Lari, Kiambaa, Kikuyu, and Githunguri (KDDP, 2003).

Study Population

The study population comprised raped children aged less than 18 years in Kiambu district.

Sample Size and Sampling Procedure

Existing records on patients were obtained from the PEP book kept by the pharmacy department at Kiambu District Hospital. Among the patient information collected in the pharmacy include name, age residence, contacts (address and telephone number), treatment and date of next visit. The total number of child rape victims that had accessed the pharmacy for treatment for the duration of 2005-2006 was 42.

Out of the 42 rape victims, seven did not have any contacts indicated in their records. Tracing of respondents (parents of the rape victims) was done using the remaining 35 contacts. Five of these had their numbers out of service; three refused to give audience and there was no response from three numbers despite several calls. The remaining twenty-four parents/guardians agreed to participate in the study. Hence this study investigated 24 rape victims with guardians as respondents.

Methods of Data Collection

Information was gathered from questionnaire, key informant interviews (KIs) and focus group discussions (FGDs).

Questionnaire: These were developed, pre-tested and administered to parents of raped children by the researcher assisted by two field assistants. Their contacts (specifically the mobile numbers) kept in the records at the Pharmacy department were used to contact and seek appointments for the administration of the questionnaire. Among the information sought from the respondents included the socio-economic and demographic characteristics of guardians/parents of the child rape victim, circumstances surrounding the rape and the community's support mechanisms to raped children.

Key Informant Interviews: These were conducted amongst key personalities in the community, police and the Government hospital. A representative from each of the following groups was purposively chosen for the interview (that they were available and willing to participate in the interview); local administration (Chief), women groups, community health workers, police and two doctors from the Casualty and Pharmacy departments. Appointments were sought and the interviews conducted following a guide that was developed and pre-tested. The author sought consent from participants for use of tape recorder and was moderating the interviews while one field assistant tape-recorded the interviews and taking notes as back-ups. Interviews were however conducted in Kiswahili as many of them were comfortable communicating in it.

Focus group discussion: These were informal meetings of discussions in groups of between eight to ten people. Two FGDs were organized and discussions conducted with parents of child rape victims. Participants were purposively chosen for discussions (those willing and available to participate). A guide was developed in English and translated into Kiswahili for use in the discussions. However, the main issues that the guide captured included the circumstances surrounding child rape in Kiambu and the support mechanisms existing in the community.

Data Analysis

The study employed descriptive statistics on data from questionnaire as the major tool of data analysis. The common method of data analysis used in this study is percentages. SPSS program was used to feed raw data into the computer. Tabulations and transformation of various variables was then undertaken and is presented in form of tables and percentages. Data from FGDs and key informant Interviews that had been taped-recorded were transcribed and translated from Kiswahili to English and analyzed thematically. This is where responses from participants were organized and grouped together according to themes that were developed from the objectives. Themes were then coded and described. The main issues are presented verbatim.

RESULTS

This study was conducted between October 2006 and February 2007.

Number of Rape Cases

This study found that there are two sources of data on child rape, namely; the Kiambu District Police Station and Kiambu District Hospital. It is at the Police station that statistics of all rape cases reported in the district for the year 2006 are recorded and kept. Kiambu police station

Table 1. Distribution of Rape cases by year

Rape cases	Year				Total
	2003	2004	2005	2006	
Mother	13	24	11	18	66
Father	24	32	47	86	189
Total	37	56	58	104	255

Source: Kiambu Police Station, daily entry book

Table 2. Distribution of rape victims by age group and sex

Age group (years)	Sex		Total
	Female	Male	
Below 10	45	4	49 (41.9%)
11-18	26	4	30 (25.6%)
19-25	25	4	29 (24.7%)
+25	6	3	9 (7.7%)
Total	102 (87.2%)	15 (12.8%)	117 (100%)

Source: Casualty Department, Kiambu District Hospital, 2006

Table 3. Distribution of perpetrators of child rape by relationship to the victims

Perpetrator of rape	Perpetrator relationship with rape victim		Total
	Known	Unknown	
Parent	2	-	2 (8%)
Neighbor	17	-	17 (71%)
Others	3	2	5 (21%)
Total	22 (92%)	2 (8%)	24 (100%)

houses the Police District Headquarters. It receives monthly reports of all cases reported in the seven police stations in the district. Monthly reports from each station on rape cases are compiled by the Offences against Females and Children office and forwarded to the Officer Commanding Police Division (OCPD) at the district headquarters.

Table 1 above shows that there was an increase in the reported rape cases involving children as reported by fathers from 24 in the year 2003 to 86 in year 2006. From 2003 to 2006 there were a total of 66 reported rape cases by mothers compared to 189 reported by fathers.

At the Kiambu District Hospital this study established that two departments had varied types of data on rape, the Casualty and Pharmacy. The Casualty department is the entry point for all cases requiring medical review at the District hospital. All rape cases reported at the hospital are recorded in the Rape, RTA and Assault Book by the Nurse-in-Charge. Details of the victims recorded in the book include; date of reporting, gender and age of victim, place where the rape occurred, if patient is accompanied, the relation of the person giving the information, if the cases have been reported to the police or not and the status of perpetrator and if known or unknown to the victim. A doctor who then fills in a P3 form upon request then reviews the patients.

Table 2 above shows that 67.5% of the reported rape cases constituted victims below 18 years of age compared to 32.4% involving victims who were older. From the same table, females are the most affected by 87.2% more than the males, 12.8%. The casualty department however recorded a total of 117 rape cases as shown in table 2 above.

Perpetrators of Child Rape by Relationship to the victims

Table 3 above shows that most (92%) of the perpetrators were known to the children raped compared to 8% who were not known by the children.

Figure 1 below shows that majority (77%) of the perpetrators were neighbors while 9% were the child's parent.

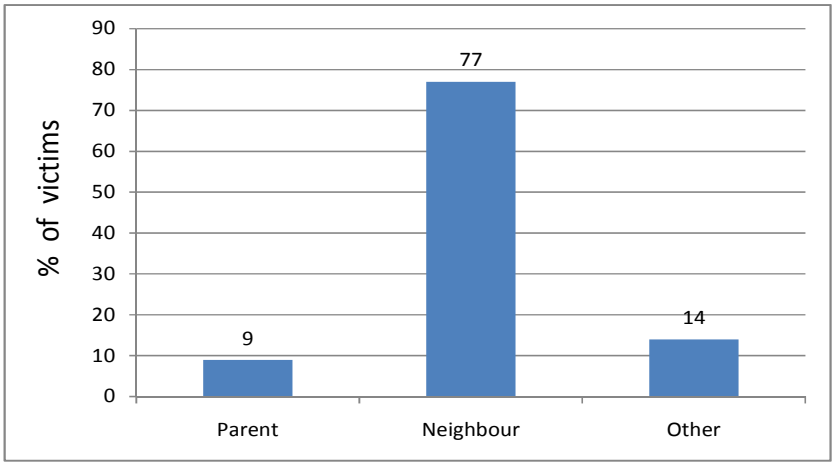

Figure 1. Relationship of perpetrators to raped children

Table 5: Circumstances and time when the rape happened

Variable	Category	n (%)
Circumstances		
	Lured	13 [54.2]
	Walking home	11 [45.8]
Time of rape		
	7am - 6pm	19 [79.2]
	6pm - 9pm	5 [20.8]

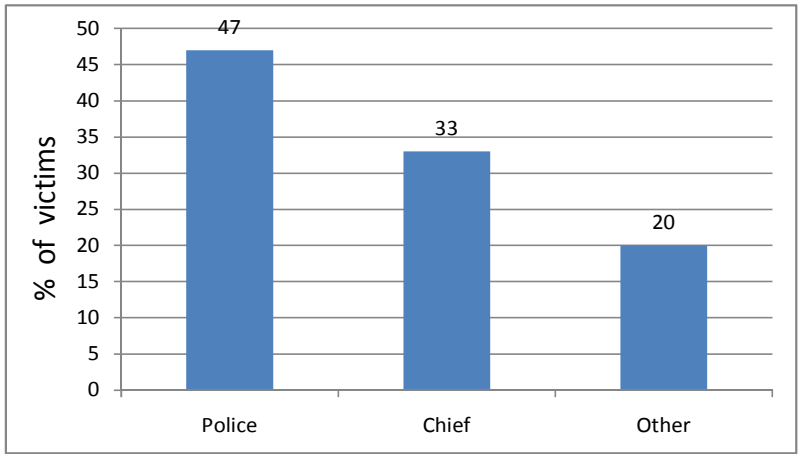

Figure 2. Place of reporting rape incidence

Circumstances and Time of Rape

Table 5 above shows that majority (54.2%) of the cases of rape were as a result of the child being lured or enticed compared to 45.8% which occurred as the child was walking home in the evening. The most common time at which child rape occurred was that between 7am - 6pm (79.2%) compared to 6pm - 10pm (20.8%).

Place of Reporting Rape Cases

Figure 2 above shows that majority (66.7%) of the rape cases were reported to the police in the respective police stations compared to 33.3%, which were reported to the area chief's office. However, there were a large number of victims (33.3%) reporting to area chief's offices, which is likely to be due to their proximity to the people and the

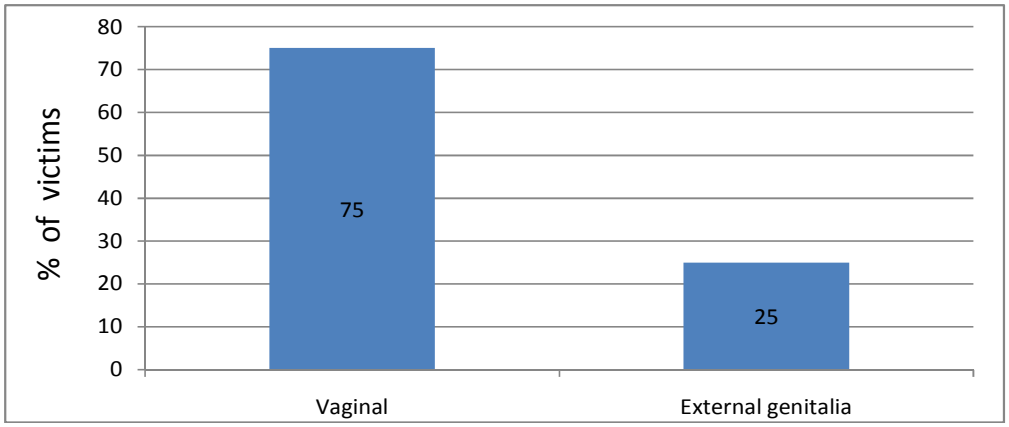

Figure 3. Type of assault inflicted

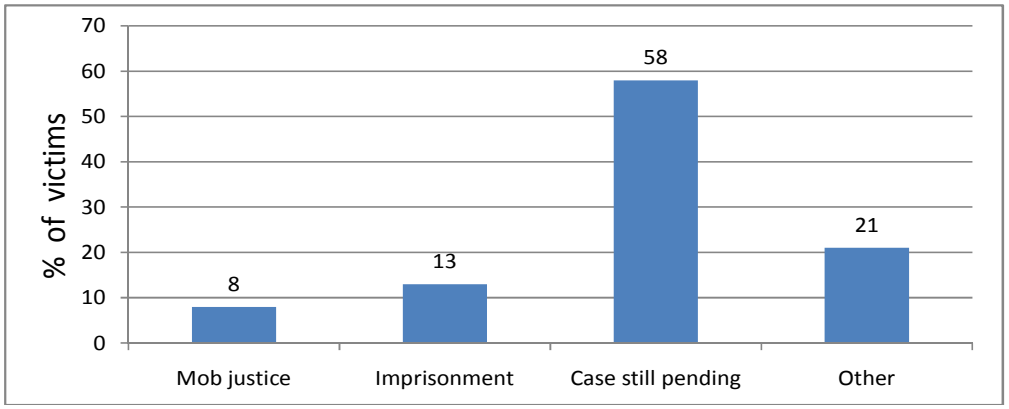

Figure 4. Action taken on perpetrator after reporting

less intimidating environment in addressing issues at the community level. A majority of 58.4% of the reported cases were still pending at the courts of justice. Another 20.8% represented others which included parents settling the case out of court and lack of sufficient funds to enable the parents to pursue case further.

Type of Assault

While all victims of rape interviewed had some form genital contact, majority 75% of these were vaginal assaults as shown in Figure 3 above.

Action Taken on Reported Cases

Figure 4 above shows that despite majority of the case being reported to an organ linked to the legal system, majority (58%) still had the cases still pending with only 13% of the cases having been concluded and perpetrators imprisoned. However, a small group (8%) was attacked by the community through mob justice.

Coping Mechanisms

Of the coping mechanisms available to victims, counseling was the most (63%) utilized as shown in Table 6 below. Further, the common community reaction to rape perpetrators was mob justice while to the rape victim it was taking them to hospital.

Perpetrators of Child Rape by Relationship to Victims

Table 7 below shows that the majority (92%) of perpetuators were known people to the victims compared to 8% who were unknown to their victims. Of those categorized as others include uncles, mother's boyfriends and schoolmates. A significant relationship (p value = 0.007) was observed between the perpetrator relationship and the and whether they were known to the victim.

Table 6. Coping mechanisms

Variable	Category	n (%)
Coping mechanisms for victim		
	Nothing	6 [25.0]
	counseling visits	15 [62.5]
	Visits church	3 [12.5]
Community reaction to rape		
	Mob justice	14 [63.6]
	Taken to police	3 [13.6]
	Others	5 [22.7]
How community deals with rape		
	Taken hospital	16 [66.7]
	Community counselor	8 [33.3]

Table 7. Distribution of Perpetrators of Child Rape by Relationship to the victims

Perpetuator of Rape	Perpetuator relationship with victim		Total
	7am – 6pm	Unknown	
Parent	2	-	2 (8%)
Neighbour	17	-	17 (71%)
Others	3	2	5 (21%)
Total	22 (92%)	2 (8%)	24 (100%)

Fisher's exact Chi value 24.00 ***p value 0.007***

Table 8. Circumstances surrounding rape by the time at which the rape occurred

Circumstances of Rape	Time of assault		Total
	7am – 6pm	6pm - 10pm	
Lured/enticed	13	-	13 (54.2%)
Walking home in the evening	16	5	11 (45.8%)
Total	19 (79.2%)	5 (20.8%)	24 (100%)

Fisher's exact Chi value 7.46 ***p value 0.011***

Circumstances Surrounding Rape and Time

Table 8 above shows that majority (54.2%) of the cases of rape were as a result of the child being lured or enticed compared to 45.8% which occurred as the child was walking home in the evening. The most common time at which child rape occurred was that between 7am - 6pm (79.2%) compared to 6pm - 10pm (20.8%). There was a significant association (p value=0.011) between circumstances around rape and time when the rape occurred.

Place of Reporting Rape Cases

Table 9 below shows that majority (46%) of the rape cases were reported to the police in the respective police stations compared to 33% which were reported to the area chief's office. A majority of 58.4% of the reported cases were still pending at the courts of justice. Another 21% represented others, which included parents settling the case out of court and lack of sufficient funds to enable parents to pursue cases further. There was strong evidence for a significant association (p value<0.001) between where the rape case was reported and the action taken.

Associations of certain variables

Table 10 below shows that a significant association (p value =0.007) between action taken to help victim and the coping mechanism was identified with the majority of those who were taken to hospital utilizing counseling services. Overall about half (54%) were taken to hospital 63% sought counseling services as a coping mechanism.

Table 9: Place of reporting by victims and the action taken by responsible office

Action taken	Place of reporting			Total
	Police	Chief	Other	
Mob justice	0	2	0	2 (8)
Imprisonment	1	2	0	3 (13)
Case still pending	10	4	0	14 (58)
Others	0	0	5	5 (21)
Total	11(46)	8 (33)	5 (21)	24 (100)

Fisher's exact Chi value 29.74 p value <0.001

Table 10. Association between the action taken and coping mechanisms

Coping mechanism	Action taken to help victim			Total
	Taken to hospital	No action	Scolded	
Nothing	1	2	3	6 (25)
Counseling visits	12	0	3	15 (63)
Visits to church	0	3	0	3 (13)
Total	13 (54)	5 (21)	6 (25)	24 (100)

Fisher's exact Chi value 26.64 p value 0.007

DISCUSSIONS

Nature and Extent of Child Rape

One of the bottlenecks to child sexual abuse in Kenya, amongst other developing countries, is the lack of knowledge or awareness in as far as the issues surrounding child sexual abuse is concerned. This is compounded by the fact that sexual matters are still regarded secretive. This does not mean however that incidence of sexual molestation does not exist in many societies. Such resistance to acknowledging the nature and incidence of child sexual abuse is normal in societies where empirical evidence to the contrary is lacking (Whealin, 2007). One respondent noted:

> Sexual issues and especially rape is hidden by the community members and only comes out when the child is seriously affected and have to be taken to the hospital mainly for treatment (KI, 45 years, male).

Records, however, from the Kiambu District Police headquarters indicated that rape is a common crime in the area which is only reported by parents of affected children when they are feel that they need some compensation and not merely to have their cases forwarded to the courts of law. The police headquarters receives data on rape from all the seven police stations in the district namely Tigoni, Kiambu, Githunguri, Kiambaa, Ndumberi, Lari and Kikuyu. The number of rape cases reported there were 104 in 2006 compared to 58 in the previous year, which shows a relative increase.

At the Kiambu District hospital, the records kept at the Casualty Department gave a clear distinction of the rape cases involving minors and those involving adults. It recorded a total of 117 rape cases compared to 104 recorded at the District Police headquarters for the period of January to December 2006. Of the 117 rape cases 67.5% were cases involving children under the age of 18 years whereas 12.8% represented sodomy cases. Reports from the PEP book at the Pharmacy Department showed that patients from Casualty that received PEP treatment in the Pharmacy were 59% with 41% who didn't access the Pharmacy for treatment.

The varying numbers of the patients seen in the two departments is of concern mainly due to the fact that there are a huge number of patients that did not receive PEP. It however emerged from the IDIs and FGDs that some patients opted to go to The Nairobi Womens' Hospital, an institution that also offers free treatment for rape victims. This may partly explain the 41% that were seen at the Casualty but did not access the Pharmacy for medication. The preference for private institutions to the district hospital arose from the fact that some patients felt they would receive better medication and service from the private than district hospital. One respondent noted:

> When you go to the district facility you are told that certain essentials including basic drugs and even the attitude of the health workers makes you feel that the child will suffer more pain and may take a longer time to heal (KI, female, 40 years).

The findings from this study indicated that a majority of the perpetrators (92%) were known to the child victims compared to 8% who were not known. Of those known to the victims were 71% that represented neighbors. The 21% of others included uncle, mother's boyfriend and schoolmates. Rape happens in places considered "safe" such as churches, schools and homes. One respondent added:

> When we learnt that a certain pastor was raping young children by promising to give them money and *mandasi* we were shocked and terrified because children have been going for Sunday school services at the church where he lives (KI, male, 49 years).

In majority of the cases mentioned, this study found out that the common nature of injury caused to the victims especially to girls vary from one individual to the other. One respondent observed the following:

> Apart from the tears in the vaginal area, there is no other major damage to the child (KI, female, 39 years)

This is because the victims are lured / enticed to the act by someone they know and trust that there is no much struggle involved. This is an indication that rape is shockingly committed also in the family by the first people who should be offering protection to children and other people very close to the child. The very adult or elder sibling who is supposed to defend and protect the child is increasingly becoming the perpetrator of child rape.

This finding is similar to those of other studies conducted mainly in South Africa that shows that rape is committed by close relatives of the children. An example of a 14-year-old girl and 4-year-old girl who died after being raped by two of her cousins and father, respectively, is given as a practice most commonly perpetuated by family members, relatives, neighbours and others known to the child victim (Lalor, 2005; Westcott, 1984; Jaffe and Roux, 1988). However, some of cases of child sexual abuse are committed against boys; women commit 14% to 40% of offenses reported against boys and 6% of offenses reported against girls (Whealin, 2007). The same study has further shown that most sexual abuse offenders are acquainted with their victims; approximately 30% are relatives of the child, most often brothers, fathers, uncles or cousins; around 60% are other acquaintances such as 'friends' of the family, babysitters, or neighbors; strangers are the offenders in approximately 10% of child sexual abuse cases (Whealin, 2007). This study, though, found that there were instances where the parents of the victims would prefer arbitration through negotiation and financial compensation rather than follow the rigid legal system. The emerging concerns are that the perpetrators continue to violate other victims since they can easily pay off. More-often, this study found that children who are raped by relatives ends up being beaten or threatened with dire consequences if they report them to their parents while others have actually been reported to have been murdered.

Reporting Child Sexual Abuses and Shame/stigma

There was concern however on the differing numbers of rape cases reported in the police department and the district hospital. Representatives of the two departments at the Kiambu district hospital agreed that there was an under-reporting of rape cases in the district. During the discussions, it was generally noted that some cases of child rape went unreported and that survivors were left to deal with the effects and outcomes. One participant remarked the following:

> Faced with no options, most parents opt to keep mum whenever they note that their children have been sexually abused, especially by someone they know (FGD, male, 45 years).

Intimidation is sometimes used as a weapon to keep rape quiet. Young children whenever they are threatened can be scared stiff and will therefore keep everything for themselves for fear of repercussions. This was found to be happening mainly when assailants were persons known and often in a power position relative to the raped person as in the cases of incest.

This study found out that child rape was generally unreported to the police or taken for attendance to the hospital due to fear of shame and stigma since reporting means making it public. In the discussions, it was found out that rape was associated with shame experienced by the violated child and continuously instilled by the community. One respondent remarked the following:

> If you report the matter to anyone, you make it public and people in the community will look at you with eyes that make you feel as if you are the one who caused it to happen (KI, female, 44 years).

Circumstances Associated with Child Rape

Drug Use and Abuse

Substance Abuse and Related violence in Kenya is increasing at an alarming rate especially among the youths and young adults. The increase of substance abuse is also attributed to contribute significantly to the direct increasing spread of violence and HIV/AIDS among the youth in Kenya. The drugs commonly abused in

Kenya among all the population includes, bhang (marijuana), khat (miraa), traditional alcohol (cheap liquor known as *muratina, chang'aa, or kumikumi*, tobacco-cigarette smoking, inhalants, and glue sniffing among the increasing street children.

As a result of the abusing the substances, abusers have made themselves and the raped victims susceptible to, among others, getting diseases such as HIV/AIDs. Other effects of the increased substance abuse are seen in high school dropouts, strikes with destructive attitude to property, irresponsible living and lawlessness. This study found out that drunkenness either from alcohol or drugs was a major contributor to child rape in Kiambu district as noted by one participant;

> There is a lot of bhang in this area due to its proximity to Nairobi, the main source. You come across many drunkards staggering around the roads…*wanalewalewa ovyo ovyo* (they are drunk anyhow) (FGD, male, 46 years).

Insecurity

The increasing rate of insecurity in Kiambu district was noted to be a contributing factor towards the increase of rape in general, especially amongst children. The major economic activities in the district are agricultural and livestock production where 33 percent of available land in the district is used for large-scale farming of tea, coffee, and pyrethrum (KDDP, 2003). The large farms of coffee and tea create a bushy area where the perpetrator hides waiting to pounce on their prey and later act as a dumping site especially where murder after rape was committed. There were instances where children were reported to have been sexually assaulted after break-ins, carjacking and many other circumstances beyond their control. One respondent observed the following;

> Though we are trying to address the issue of insecurity in this area, this division is invested by thugs who, after break-ins to homesteads, gang rape everyone in their sight, in turns, including children and elderly women (KI, male, 48 years).

This study found out that most of the rape survivors were ambushed on their way to various destinations, including going or returning from markets/schools/churches. Incidents of being held hostage and waylaid and raped by gangsters were found out to be common in Kiambu area. Parents of children who had been raped supported the existence of such groups which are terrorizing residents in the study area. One of them observed;

> I was attracted by someone crying in a coffee plantation at about midday. Upon getting closer I was terribly shocked to find a whole grown up man raping a small girl while holding a sharp *panga* in his right hand (FGD, female, 36 years).

The Kiambu district hospital has been offering health care to the majority of the victims raped while others were reported to be taking their children to the Nairobi Hospital, some few kilometers away. The main care provided in the two facilities is mainly treating scars arising from physical confrontations and checking for sexually transmitted infections and treating the same. Morning-after pills to prevent pregnancies are also provided.

Support Mechanisms in Community

Denov (2004) states that societal responses to the issue of female perpetrators of sexual assault "point to a widespread denial of women as potential sexual aggressors that could work to obscure the true dimensions of the problem.

This study also sought to find out any support mechanisms available in the district to assist the child rape victims cope after the rape. The study found out that the only support mechanism available was in the hospital, where counseling for both child victims and their parents was offered. From the Counseling department, reports indicated that many children were brought in for two sessions only and did not complete the minimum four sessions offered. The reason for this is that most parents felt that the counseling sessions act like a reminder, opening wounds that were already healing. The importance of the counseling session cannot be stressed because the child victim may close out the memories only to find the memories haunting them in later days.

Chiefs have been dealing with quite a number of rape cases too. This can be attributed to their proximity and flexibility to the people and the less intimidating structure in addressing issues at the community level. There is more room to negotiate between offenders and victims and resolve cases arising from rape, among others. But few people who view the Chiefs arbitration as biased opt to proceed with the cases hoping for stiffer penalties to be meted against perpetuators.

CONCLUSIONS

Child rape is a practice that is increasingly becoming common in Kiambu district due to various reasons that have been explained earlier. But the behaviour is a very serious health, social and economic concern both to the family, government and civil society and other stakeholders. Several children have been victims, and have therefore been seriously affected by the behaviour that could otherwise to be prevented. The behaviour committed shockingly by people known to children has

left many succumbing to injuries and getting maimed in the process. This has left many families meeting the unexpected costs of treatment of the affected children, time spent in reporting and following-up cases with the administration and even when seeking legal redress.

Significant underreporting of sexual abuse of is believed to occur due to sex stereotyping, social denial and the relative lack of research on sexual abuse. There are many parents who are unable to take any step whenever their children are raped due to stigma associated with rape, fear of repercussion (attack) from perpetuators, ignorance as to what to be done next, lack of money to take up cases to higher levels and the belief that cases reported to the police are never conclude, among others. The community does not have any formal or informal mechanisms that support victims of rape and or their parents. Due to the competitiveness in society that has resulted in individualism, affected families are left alone to decide on steps to be taken. Stigma associated with rape is still common with the majority of the parents of raped children. This study found out that parents who reported to Kiambu district hospital or the police stations don't necessarily live in Kiambu. Several cases that were traced lived in far places such as Limuru, Kayole, Kawang'ware, Embakasi and Lavington estates in Nairobi. Other parents from Kiambu would take their children to Nairobi Women's' Hospital in Nairobi where, for all, they are unknown.

However, there are some parents of raped children who take their children straight to the district hospital for medical check-up and treatment only with few of them doing so with a view to taking up the case with the relevant authorities. There are those who report the case to the police first and be issued with a P3 form to be filled by a doctor of their choice in any hospital of their choice too. Some police officers are charging a lot of money for the P3 form and or cheat the public that the forms are out of stock. This is viewed as harassment or a technical way of demanding for bribes from the people which has made many of them unable to go back again. Moreover, though there exist a desk that deals with rape / domestic cases in some police stations, many parents are uncomfortable going and reporting there due to its association with the police - people believe that the image of the police has not improved from that of terror.

RECOMMENDATIONS

- The government should enhance its operations in the provision of security (taking them closer to the people by opening up many police stations / posts) and ensure that perpetuators of rape, especially against children, are promptly arrested and stiff penalties meted against them. It should also avail the P3 forms to all government health facilities where they can be accessed. This will create an enabling environment for survivors to report abuses like rape and avoid the many trips and harassments at the police stations.
- The government should set up gender friendly desks in any other settings other than at the police stations for ease of reporting abuses like rape to avoid intimidation.
- Parents should be very alert and careful who they entrust their children to. They should talk to their children about sexual violence at an early age. Parents should become a friend and confidant to their children so that the children feel free and can openly talk to their parents about anything.
- There is a need for a national care centre with branches at the county levels which would provide the much needed support structure for child rape victims and their immediate parents. The facilities will offer short-and long term services. The care centres should be managed professionally.

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