



Men's Emic Perspectives on Factors Contributing to Child Sexual Abuse Vulnerability on the Islands of Western Kenya

Stephen Okumu Ombere

To cite this article: Stephen Okumu Ombere (2021) Men's Emic Perspectives on Factors Contributing to Child Sexual Abuse Vulnerability on the Islands of Western Kenya, African Studies, 80:1, 95-110, DOI: [10.1080/00020184.2021.1892476](https://doi.org/10.1080/00020184.2021.1892476)

To link to this article: <https://doi.org/10.1080/00020184.2021.1892476>



Published online: 09 Mar 2021.



Submit your article to this journal [↗](#)



Article views: 182



View related articles [↗](#)



View Crossmark data [↗](#)



Men's Emic Perspectives on Factors Contributing to Child Sexual Abuse Vulnerability on the Islands of Western Kenya

Stephen Okumu Ombere 

Maseno University, Kenya

ABSTRACT

Child sexual abuse (CSA) is a major global health concern. Although it is prevalent in Kenya, there is scant literature on what factors contribute to CSA vulnerability on Kenya's islands. This paper is based on a cross-sectional study of men's perspectives on factors contributing to CSA vulnerability on Kenya's islands. This qualitative study, therefore, focused on opinion leaders, children's officers, male community members, and boat owners from selected islands (Mageta, Magare, Oyamo and Ndeda) in western Kenya. Several factors emerged as contributing to CSA vulnerability on the islands: social stigmatisation and cultural sensitivity of CSA, proximity to social services, unrestricted migration, perceptions of legal costs, lack of committed witnesses, and commodification of sex for economic survival. This article recommends a local, targeted campaign for these fishing communities that promotes common goals, such as a safe and healthy environment for children, and working together to achieve these goals. Such a campaign has the potential to bring together a community to fight CSA and to increase its bargaining power to reduce CSA vulnerability. When a community does not agree on shared principles and expectations, deviant behaviour such as CSA has room to flourish, because community members cannot effectively organise themselves against it. It is hoped that the findings in this article might contribute some key insights on vulnerability experienced in remote areas that might be used by policymakers.

ARTICLE HISTORY

Received 21 January 2020
Accepted 26 June 2020

KEYWORDS

child sexual abuse; poverty; fishing communities; emic perspectives; Lake Victoria; vulnerability; western Kenya

Globally, child sexual abuse (CSA) is a severe problem that crosses all cultural and socio-economic boundaries (Pereda, Guilera, Forns & Gómez-Benito 2009a). CSA is defined by the World Health Organization (WHO) as the involvement of a child or an adolescent in sexual activity that they do not fully comprehend and are unable to give informed consent to, or for which the child or adolescent is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society (World Health Organization 2017). It is further defined as a sexual crime committed against a minor by another individual: a friend, peer, another child, adult, relative, or stranger (Finkelhor, Shattuck, Turner & Hamby 2014; Olafson 2011). Violence against children is a widespread

CONTACT Stephen Okumu Ombere  sokumu2@googlemail.com

This article has been corrected with minor changes. These changes do not impact the academic content of the article.

© 2021 Informa UK Limited, trading as Taylor & Francis Group, on behalf of the University of Witwatersrand

global problem, causing detrimental health and social outcomes to the child, the family and society (Stoltenborgh, Van Ijzendoorn, Euser & Bakermans-Kranenburg 2011). It includes a range of acts: penetrative abuse, masturbating in the presence of a child, oral sex, fondling, voyeurism, exposure to pornography, involvement in pornography, and other acts intended to sexually gratify the perpetrator (Matthews, Lee & Rosana 2016). The global estimated prevalence of sexual abuse among girls ranges from 7 to 36 per cent and 5 to 10 per cent among boys (Pereda et al. 2009b). According to the WHO (2017), children are sexually abused by both adults and other children who are, by virtue of their age or stage of development, in a position of responsibility or trust or power over the victim. CSA includes incest, which involves abuse by a family member or close relative.

Sexual abuse of children is a silent epidemic, as well as a public health issue, with long-term negative effects that vary from individual to individual, and also depending on the extent or the degree of the abuse (Kendall-Tackett 2002). It is recognised as a cause of severe distress among young people (Edgardh & Ormstad 2000). CSA has negative short- and long-term consequences that affect children's lives physically, psychologically, socially and developmentally. The abused children are likely to suffer from depression, panic disorder and anxiety (Draper, Pfaff, Pirkis, Snowdon, Lautenschlager, Wilson & Almeida 2008; Haileye 2013). Moreover, aggression, suicidal thought, eating disorders, sexual behaviour dysfunction, defensive avoidance, and social isolation may persist into adulthood (American Psychological Association 2014; Jemal 2012; Swea, Gordana & Dragana 2013). Physical consequences of CSA may include traumatic injury, unwanted pregnancies, complications during pregnancy, unsafe abortions where abortion is legally restricted, sexually transmitted infections, vaginal fistulas, substance misuse, and parent-child conflict. Penetrative CSA has been associated with increased odds of becoming overweight (Fisher, Goldsmith, Hurcombe, Soares & IICSA 2017; Reza, Breiding, Gulaid, Mercy, Blanton, Mthethwa, Bamrah, Dahlberg & Anderson 2009). CSA survivors suffer life-long social and emotional impacts including shame, low self-esteem, unstable relationships, social disconnection and anti-social behaviour (Fisher et al. 2017; MacGinley, Breckenridge & Mowll 2019). To mitigate these effects, the WHO advocates for timely uptake of appropriate services by all children and adolescents who experience sexual abuse (World Health Organization 2017). These services include post-exposure prophylaxis for HIV, which should be given within 72 hours; sexually transmitted infections prophylaxis; human papilloma virus vaccination; emergency contraception to prevent pregnancy; and psychosocial support (World Health Organization 2017). The United Nations Sustainable Development Goals have also reiterated calls for ending all forms of violence against children (target 16.2) and harmful cultural practices (target 5.3) that affect the development and wellbeing of children (United Nations 2018; Wangamati, Sundby, Izugbara, Nyambedha & Prince 2019).

Although Cynthia Wangamati, Johanne Sundby and Ruth Prince (2018) studied perceptions of communities that contribute to CSA vulnerability in Kenya, the study did not include hard-to-reach areas such as the islands off-western Kenya. Children are sexually abused because they are vulnerable (Wangamati et al. 2018). Jürgen Barth, Lilian Bermetz, Eva Heim, S Trelle and Thomy Tonia (2013) conducted a systematic review of studies published between 2002 and 2009 on the prevalence of CSA worldwide. Fifty-five studies from 24 countries were included, and prevalence estimates range from 3 to

31 per cent (Moody, Cannings-John, Hood, Kemp & Robling 2018). However, according to the WHO (2016), one in five girls and one in thirteen boys from all over the world report having experienced CSA, and therefore the global estimated prevalence of CSA among girls ranges from 7 to 36 per cent and 5 to 10 per cent among boys (Stoltenborgh et al. 2011). In Kenya, women and girls experience sexual violence more than men and boys (Kenya National Bureau of Statistics 2019). A 2010 Kenyan national survey on violence against children found that 23 per cent of girls and 12 per cent of boys aged between thirteen and seventeen have experienced sexual abuse (Mwangi, Kellogg, Brookmeyer, Buluma, Chiang, L, Otieno-Nyunya & Chesang 2015). In Kenya, the Department of Children's Services (DCS) is in charge of planning, providing, coordinating and supervising child protection services (County Child Protection Systems Guidelines 2019; Government of Kenya, UNICEF & Global Affairs Canada 2015). The department implements its mandate in conjunction with other government departments and ministries, development partners such as UNICEF Kenya, and non-governmental organisations. Children's officers and social workers are employed under the different institutions to carry out case management and ensure affected children receive the necessary services. In 2006, the DCS in partnership with Childline Kenya, a child welfare organisation, established a free national helpline for the reporting of child protection issues, including sexual abuse, where anyone can call and report suspected abuse. It is the role of the DCS to then investigate reported cases and act to protect the children. However, despite the existence of institutional mechanisms to handle CSA, there is inadequate information in the literature on how hard-to-research communities, such as western Kenya's islands, perceive CSA.

According to the Kenyan Sexual Offences Act No. 3 of 2006, any person who commits an act that causes penetration with a child is guilty of an offence termed as 'defilement'. Indecent acts are typically non-penetrative, such as unlawful intentional contact between any part of the body of a person with the genital organs, breasts or buttocks of another, and these indecent acts are also prohibited (Laws of Kenya 2006). Child sex tourism, prostitution, and exposing children to and distributing pornographic material are offences under Kenyan law (Laws of Kenya 2006). The age of sexual consent under Kenyan law is eighteen years (Laws of Kenya 2006). Patriarchy is pervasive in Kenya, and gender norms assign domestic work to women and provider roles to men, thus generating power differences as men assume dominant roles whereas women take on submissive ones (Mugoya, Witte & Ernst 2015). Rape myths are also prevalent, and some common beliefs are that rape is not a serious crime, men have no control over their sexual desires, and a man is entitled to sex through marriage (Tavrow, Kellogg, Brookmeyer Buluma, Chiang, Otieno-Nyunya & Chesang 2013). Such attitudes place blame on survivors of sexual abuse and exonerate the perpetrators. However, consensual sexual activity between adolescents is not recognised under Kenyan law, and adolescents involved in intimate relationships may be arrested for engaging in criminal behaviour. Despite the existence of these laws, sexual activity among minors, especially between adolescents, or between an adolescent and an adult, is not uncommon in Kenya (Wangamati et al. 2018).

In the recent past, the most frequent explanations for the sexual abuse of children in sub-Saharan Africa include rapid social change and the patriarchal nature of society (Lalor 2004). For instance, in the past, among the Luo ethnic group of western Kenya, support for

the vulnerable members of society was the responsibility of the domestic kin groups (*anyuola*). But this support is no longer fully tenable within the larger domestic space of *anywola* (both nuclear and extended families) because of the great burdens, lack of resources and changes in people's value systems (Nyambedha 2004). Under normal conditions, extended relations are only resorted to when assistance from domestic ties is not available or obtainable (United Nations 2013). Moreover, children are sometimes not permitted to move out of the domestic sphere to be supported by the maternal kin because it is seen as embarrassing. Sometimes, reporting CSA remains an individual effort, and perhaps with little education and lack of support from the extended family relations, some cases go unreported and intensify vulnerability (Parkes, Heslop, Oando, Sabaa, Januario & Figue 2013). According to Emily Douglas and David Finkelhor (2011), the prevalence estimates of CSA are based on official data sources (e.g., governmental agencies, child welfare, etc.), and these only account for substantiated or reported cases. Many cases of CSA on Kenya's western islands, which are mainly dominated by the Luo ethnic group, are addressed through informal channels such as arbitration by elders, community gatekeepers and parents. Fines are imposed on the perpetrators, and the wishes and feelings of the child are disregarded or ignored. It is not known how local people perceive such initiatives and whether such approaches escalate CSA vulnerability in the islands.

Various studies investigate the perceptions and knowledge of CSA among different professionals (Goldman & Padayachi 2005; Hicks & Tite 1998). People working in different professions appear to have different views on CSA (Trute, Adkins & MacDonald 1992). These studies investigate perceptions among health workers, nursing staff, medical students, child welfare social workers, police officers, mental health staff, judges, psychologists, psychiatrists, paediatricians, marriage, child and family counsellors, teachers, aspirant and trainee psychologists, and the community (Attias & Goodwin 1985; Bottoms 1993; Collings 2003; Eisenberg, Owens & Dewey 1987; Hicks & Tite 1998; Saunders 1988; Trute, Adkins & MacDonald 1992; Wangamati et al. 2018). Most studies find little difference in perceptions between various professions. However, these studies do not look at the local perceptions of CSA vulnerability among the island dwellers, and this is a knowledge gap that this study aims to fill. This paper takes into account that the perceptions and behaviours of people are likely to change over time. For example, society is becoming more focused on sexuality and children are becoming more sexualised due to technological advancement and other factors (Collins, Strasburger, Brown, Donnerstein, Lenhart & Ward 2017). Knowledge of CSA vulnerability in the Kenyan island population remains limited, and, to the best of my knowledge, no researchers have examined local perceptions of the factors contributing to CSA vulnerability on Kenya's islands. Therefore, to bridge this gap, this article describes perceptions of the island dwellers and analyses how such perceptions inform child protection on the island.

Methodology

Study area and data collection methods

This study was conducted between August 2013 and January 2014. The study was carried out on four main islands located in Siaya County in western Kenya. Siaya County has

a population of approximately 993,183 (Kenya National Bureau of Statistics 2019). Initially, the overall objective of the study was to explore men's sexual behaviour post-voluntary medical male circumcision along the fish landing beaches of western Kenya. However, some interesting data emerged on girl-child sexual abuse and exploitation in the fish landing beaches of western Kenya that triggered this snapshot study. Mageta, Magare, Oyamo, and Ndeda islands were selected because of the major fishing activities on these islands, the vast distance to the mainland, and the difficulty in accessing relevant service providers in the case of child abuse related cases.

The primary objective of this snapshot study was therefore to determine the perceptions of men in the fish landing communities with regards the factors that contribute to CSA vulnerability on the islands. Boat owners on the islands are mainly men, and men perpetrate 87 per cent of the sexual violence experienced by Kenyan women (Wangamati et al. 2019). This study therefore primarily sought men's perceptions of CSA. Other studies have also shown that although men do not exclusively perpetrate intimate partner violence, men are the primary perpetrators of intimate partner violence globally and in Kenya (Carney, Buttell & Dutton 2007; Parkes et al. 2013). The following questions were asked: what factors contribute to CSA vulnerability; how do the fishing community handle cases of CSA on the island; and what does the community think could be done to minimise or do away with cases of CSA on the islands. These questions were developed based on the data that emerged from the larger study, as well as from interaction with circumcised fishermen and community leaders.

This qualitative study used a cross-sectional study design to gather data. Some participants were selected with the help of the overall chairperson of the islands, based on their key role in the community, which is to safeguard the rights of the people. Informal conversations (approximately twenty to 30 minutes each) took place with an additional 30 male participants who were selected by the author through convenience sampling from the fishing communities along the beaches. The following were targeted as participants: beach leaders, village elders and local administrators or chiefs. The study utilised key informant interviews with two children's sub-county officers, four beach leaders, and one senior chief. In addition, there were individual interviews (40 minutes each) with four village elders and four focus group discussions (FGDs) with boat owners on each of the islands (see 'Oral interviews' table under references for data collection methods). The FGDs, which lasted for approximately 60 to 90 minutes, were held in hired beach halls on the islands. The FGDs were moderated and back-translated by the author, who is fluent in Dholuo. The interviews were audio taped and later transcribed by the author. The interviews were mainly done in English and Dholuo, and the responses were audio taped and later transcribed and back-translated to English by the author.

Data analysis

Data analysis began while the fieldwork was in progress. No software was used for the analysis. Emerging themes and how these developed in the course of the research were noted. Data from in-depth interviews, key informant interviews and focus group discussions were analysed through a contextualised content analysis by the author who also transcribed all the data from other research methods used in this study. Since the author is fluent in Dholuo, it was possible to work on the original Dholuo text. Approximately 30

informal interviews on the four islands and FGDs were done in Dholuo, while about eight key informant interviews were conducted in English. Data analysis stopped at the point where no new data or themes were emerging from the analysis.

Ethical considerations

All participants were above eighteen years, they provided informed consent, and they were reassured about the confidentiality of their entire involvement in the study. No participants declined to participate or withdrew from the study. The study got ethical approval from the Maseno University Ethical Review Committee. Content analysis was used to analyse the data. Qualitative inquiry enabled the participants to present their perspectives and views in their own voices, which is very important when exploring an individual's perceptions. Qualitative data is presented here in the form of verbatim quotes with no identifying name tags.

Findings

This section presents findings on the perceptions of local men in fish landing communities. These focus on factors contributing to CSA vulnerability in relation to the islands. Some of the factors contributing to CSA vulnerability include: social stigma and cultural sensitivity of CSA, proximity to social services, perception of high charges in the courts, lack of committed witnesses, unrestricted migration of offenders, and the commodification of sex for economic survival.

Social stigma and the cultural sensitivity of CSA

It is difficult to reach the authorities in time in case of child sexual abuse in the islands. Moreover, some resort to sorting such cases at family level because people committing such evil acts are known or are one of the family members. So the parents feel intimidated and fear to discuss such beyond family level. Though people talk about such issues in low tones. And belief that when the family report such cases to relevant authorities, the child might be barren in the future also exist here (informal conversation, 47-year-old man, Oyamo, January 2014).

The social stigma and cultural sensitivity of CSA depicted in this excerpt emerged as a theme in almost all the informal conversations. It describes how the CSA that happens on the islands mostly goes unreported to law enforcers because of the far distance between the island and the district commissioner's office on the mainland (where children's officers are located). Moreover, some of the people committing these offences are well known to the affected families and, in most cases, the islanders resolve cases at the family level. Solving CSA cases at family level points to a lack of knowledge or belief in the efficacy of the legal systems available. Families may feel vulnerable regarding the mechanisms of reporting child abuse. Additionally, parents or caregivers could feel too intimidated to report sexual abuse, and thus the offenders walk freely in the community. Some perpetrators may come from economically stable families, giving them a measure of protection, and those less fortunate can feel disempowered and therefore not report the CSA.

There is little sensitisation about immediate actions to be taken when a child is sexually abused. Children who experience sexual abuse also rely on their caregivers and other adults in the community to seek services but some caregivers especially the ones from poor backgrounds are reluctant or fear talking about such cases (key informant interview, 55-year-old man, senior chief, Mageta, September 2013)

When people have less bargaining power in the community, they may be more affected by CSA. Moreover, Luo people consider sexuality issues such as CSA culturally sensitive and not to be discussed in public. Therefore, people on the islands do not openly talk about CSA. There are perceptions among community members that when a CSA case is reported, the child might face misfortune or a calamity. This also hinders justice for abused children. Due social stigma, the family members solve such cases informally, and in most cases there is no justice for the abused children. The offender merely pays small fine to secure his freedom. The following quotes illustrate how cultural sensitivities regarding sexuality inhibit reporting or talking about CSA:

'In this community talking boldly about sex or sexual abuse is not easy because issues of sex are regarded as secretive and talked about in private thus the victims suffer in silence' (key informant interview, 44 year-old man, beach leader, Ndeda, December 2013); and, 'Yes, we don't talk about issues of sex with young people. I think it is because we consider sex secretive and a taboo talking about openly' (informal conversation, 34-year-old man, Magare, January 2014).

Proximity to social services

Another major obstacle to justice has been the long distance that the victim has to travel from the islands to the mainland to report a CSA case, according to senior children's officers, a senior chief, and village elders. All child offices are on the mainland, therefore the information does not reach the relevant authorities in time to take action. In cases where individuals attempted to report CSA, there is such a time lag that evidence may be tampered with. A children's officer also acknowledged that distance and lack of relevant law enforcement agencies on the islands have been a big obstacle in dealing with CSA. Even the health facilities on these islands do not have comprehensive post-rape care. The following quotes reveal the lack of proximity to social services:

The distance from the sub-county offices to the islands is a hindrance for timely intervention when a child has been sexually molested. We don't have quick means of reaching the island to rescue such children and get the perpetrators in time. Yes, we have mobile technology but that alone is not enough (key informant interview, children's officer, Siaya town, January 2014).

They abuse the child and the community remains silent about it. A kangaroo court in the community due to lack of relevant law enforcing agents has been another big challenge in addressing CSA among those who live in islands (key informant interview, children's officer, Bondo town, November 2013).

But all children offices are in mainland so evidence on CSA cases sometimes disappears. From my knowledge, in these islands we don't have health facilities that can properly give post-rape care. Equipment and human resource are not there for that (key informant interview, 55-year-old man, senior chief, Mageta, January 2014).

Reports do take time to reach the officer but even when they get information, it might be too late to get the culprits (individual interview, 57-year old man, village elder, Magare Island, January 2014).

Perceived high charges in courts of law and lengthy court procedures

If you tell a parent that the case has to go to court then it becomes very difficult because they believe that anything going to court is very expensive. Moreover, sometimes money for transport taking parents to the court is not there so the case dies a natural death and justice is not done (key informant interview, 54-year old man, beach leader, Mageta, October 2013).

But courts are expensive; every time you use the money to travel and in some cases there is no money to go to court [...] the case dies just like that (focus group discussion, boat owners, Mageta, January 2014).

The above quotes were extracted from a key informant interview with a beach leader and a focus group discussion with boat owners on the islands. It was commonly mentioned in the interviews that the economic vulnerability of the CSA victims creates reluctance to report cases to the relevant authorities because the case could end up in the law courts, which the families perceive as expensive. During the focus group discussion, the boat owners mentioned that CSA might escalate on the islands because local people resort to 'kangaroo courts', since they perceive court processes expensive and time-consuming. Low sensitisation to children's rights could also contribute to a lack of formal legal action. Community members are informed via local radio stations and the chief *barazas* (informal meetings) of the harsh sentences that CSA perpetrators receive, and they are therefore sometimes reluctant to allow prosecution of their own family members. However, despite knowing where to report CSA cases, community members are sometimes very reluctant to report these crimes when they are committed by close relatives or people well known to them. Justice is therefore often denied to the sexually abused children on the islands.

There is low sensitization about children's rights in the island and other beaches though through the radios and chief barazas, people listen to what happens to those who sexually assault children so they don't report these cases also because you find a close relative is the one who committed such crime (individual interview, 47-year-old man, boat owner, Magare, December 2013).

It is true those penalties are harsh therefore, the people here solve such cases locally. People also sometimes don't want to hear about courts because they will be needed to go every month to testify and it becomes time-consuming and expensive [...] The criminal might also be a close relative. Indeed, CSA might be more in these islands (informal conversation, 37-year old man, Ndeda, December 2013).

Lack of committed witnesses and unrestricted migration of offenders

The local administration – which constitutes the village elders and the local chiefs and their assistants – act as 'the eye' of government on Mageta and Magare, while the other islands have village elders. They noted facing a lot of challenges pursuing CSA offenders on the island due to a lack of committed witnesses willing to testify against child offenders due to intimidation and fear of the unknown. People are not willing to testify against child offenders because this could create rivalry in the community. Moreover, the unrestricted mobility of fishermen from one island to the next also makes it difficult to apprehend CSA offenders. The offenders migrate to other islands to hide from justice. As explained by the senior chief:

Child sexual abuse happens in the island just like other areas, but as chief, I cannot force somebody to testify against those who commit such crime because witnessing is voluntary. Moreover, fishermen migrate and after committing such acts they go hide in other islands. To me, this is a thorn in flesh here (key informant interview, 54-year old man, beach leader, Mageta, January 2014).

The commodification of sex for economic survival

Sex for fish was mentioned during the focus group discussion with boat owners as a factor that also contributes to increased child vulnerability to sexual abuse and exploitation. Most community members earn their living from fishing or are poor farmers or small business owners who struggle to provide for the basic needs of their children. As a survival mechanism, some families occasionally send adolescent girls to get fish from the fishermen and along the way they are persuaded by the fishermen to become their girlfriends. As a result, the parent or guardian of the girl will receive more fish at the lakeshore courtesy of the friendship the fisherman has with the girl. Such 'match-making' continuously leads to vulnerability of CSA. In most cases, poverty is the catalyst. Children can become vulnerable to sexual abuse when their parents are too poor to provide for the basic necessities. Circumstances force these children to engage in sex for survival.

Once a girl's breasts develop, some mothers use that to lure fishermen to get more fish. A girl acts as a commodity for trade. Sex for fish therefore continuously contributes to the vulnerability of girl child in the islands. But sometimes parents are too poor to provide girls with their needs, so they do sex to survive and meet their needs also (FGD, 49 year-old man, boat owner, Oyamo, January 2014).

Sex for fish happens and some of our men get young girls from poor families and promise to supply fish to the mother in plenty. Some mothers know these acts but they just keep quiet. It happens and I know a few cases in this island (FGD, 55 year-old man, boat owner, Ndeda, January 2014).

Discussion

CSA is a major global health concern that constitutes a profound violation of human rights. Survivors of sexual violence often experience a deep sense of powerlessness. This study provides insight on emic perspectives of the various factors contributing to CSA vulnerability on the islands in western Kenya. The factors contributing to CSA vulnerability in Kenya's islands, as outlined in the previous section, concur with the qualitative findings of Wangamati et al. (2019), identifying major challenges, both in reporting and within the institutions charged with assisting the children in Kenya. These challenges are also identified by a survey undertaken by the Government of UNICEF Kenya and Global Affairs Canada (2015) and include the following: limited reach of the helpline services in some regions, lack of capacity to act on reported cases due to shortage of qualified staff, financial constraints and poor coordination between institutions. Child abuse is a huge social problem that mostly goes unreported as the perpetrators of the abuse are often family members or people very well known to the family. Nevertheless, from the study findings, it is also difficult to report because the families of abused children are afraid or reluctant to come out against the abusers, as this is likely to erode the social

cohesion in the family. Moreover, society perceives the actions of most perpetrators as justified (Tavrow et al. 2013; Wangamati, Thorsen, Gele & Sundby 2016).

Preference for the traditional justice system to solve CSA is yet another complicating factor, since this system offers compensation to victims' families, unlike the criminal justice system, which is punitive but offers no reparation (Kilonzo, Ndung'u, Nthamburi, Ajema, Taegtmeier, Theobald & Tolhurst 2009; Wangamati et al. 2018). Although compensation may be provided, it is inadequate and the traditional justice system hinders the victim's access to justice (Gatuguta, Colombini, Seeley, Soremekun & Devries 2019; Wangamati et al. 2018;). In this study, it is evident that many CSA cases are solved informally, and the perpetrators are free once they have paid their compensation. As has been mentioned previously, this not only infringes on the rights of the child but also means that the child is not referred to the formal healthcare system, further contributing to vulnerability.

From the findings, it is evident that some girls participate in transactional sex for economic survival. The local economy on the islands of Lake Victoria where this study was conducted is primarily based on the fishing industry. Previous studies have shown that women and young girls involved in 'sex for fish' at the beaches on the islands of Lake Victoria have more opportunity to get fish from the fisherman's catch compared to those not involved in the activity (Kwena, Bukusi, Omondi, Ng'Ayo & Holmes 2012; Ombere, Nyambedha & Bukachi 2018). This transactional sex has led to the spread of HIV and AIDS along the lake region. In most cases, sex happens in the bush (Kwena et al. 2012; Ombere, Nyambedha & Bukachi 2015; Ombere et al. 2018). Children and adolescents also engage knowingly or unknowingly in transactional sex due to poverty. Poverty increases children's vulnerability to sexual abuse, as perpetrators are able to persuade children into sexual activity with small gifts and money (Stoebenau, Heise, Wamoyi & Bobrova 2016; Wangamati et al. 2018). According to Wangamati et al. (2018), children, especially girls, innocently accept the gifts not knowing that later they will find themselves in debt they have to pay through forced sexual activities. Other studies report that, when families are economically deprived, parents are likely to encourage children to engage in transactional relationships (Juma, Alaii, Bartholomew, Askew & Van den Born 2013; Wamoyi & Wight 2014) this is not different from what happens on islands in western Kenya where children engage in such activities due to poor socio-economic backgrounds. In a context like Kenya where sexual offence laws are poorly enforced (Wangamati et al. 2016), perpetrators are emboldened as they have a high chance of getting away with the crime (Jewkes, Penn-Kekana & Rose-Junius 2005), and migration on the islands is not restricted, complicating arrests. This increases the vulnerability of CSA and delays or means no justice for the abused children.

The mechanisms to report child abuse are not widely known and may seem like a large obstacle for those who want to report a case. Evidence from this study suggests that these obstacles may be due to cultural norms, poverty and the great distance (using boats to cross the lake to the mainland) to reach police posts and courts. Moreover, people also perceive the legal process as a protracted one that consumes precious time and resources. This may exacerbate CSA on the islands because perpetrators often end up not having to face the law. (They know there is a good chance they will get away with it.) These findings corroborate the findings of a study in rural Tanzania (Abeid, Muganyizi, Olsson, Darj & Axemo 2014) in which distance and the fear of perpetrator retaliation were

mentioned as reasons for CSA vulnerability and why most families do not go through formal channels, such as health services or the police, to seek help.

As a signatory of the convention on the rights of the child, Kenya has developed laws and policies to protect survivors of sexual violence from abuse, and to protect sexual and reproductive health rights. National guidelines on the management of sexual violence have been established to guide the provision of comprehensive post-rape care (African Commission on Human & People's Rights 2018; United Nations Human Rights Office of the High Commissioner 2018; Wangamati et al. 2019). Care entails history taking, physical examination, collection and preservation of forensic evidence, screening and treatment of sexually transmitted infections (STIs), including HIV, pregnancy testing for eligible girls, and relevant vaccinations (tetanus and hepatitis B). Trauma counselling and psycho-education, and counselling related to the possibilities of pregnancy and STIs, are considered as the components (KNCHR 2014). From the study it is evident that rape victims on the islands do not get comprehensive post-rape care. Therefore, this escalates vulnerability of children who are abused on these islands.

Implications

Due to the small sample size, the findings from this study cannot be considered representative of the views of all island dwellers. Yet, little research has been conducted on the sensitive matter of sexual abuse on the western islands of Kenya. It is hoped that the findings of this article will therefore be relevant, because they offer some important lessons for practitioners and policymakers. Findings are very important for strengthening child protection policies in Kenya's hard-to-reach areas, such as the islands. As far as I am aware, this is the first study to show the experiences of the fishing communities on the islands and their perceptions of some of the factors contributing to CSA vulnerability in Kenya. The Kenyan national guidelines require review for the inclusion of culturally sensitive ways of teaching and discussing reproductive health with children at home, schools and other social institutions. Moreover, longitudinal research should be conducted to explore the local perceptions of CSA on Kenya's islands. Findings of the present study could also be used as an entry point for interventions among the fishing communities. Research should also be carried out to describe the best possible ways of including community members in child protection mechanisms at the grassroots level. These findings can be used as points of reflection on what can be done to improve the welfare of children in other hard-to-reach areas in Kenya.

Conclusion

This qualitative snapshot study has shown how various factors contribute to CSA vulnerability on Kenya's islands. I argue that grassroots sensitisation and campaigns by community health volunteers could be appropriate to counter CSA. The reason is that when island dwellers have common goals for their community, such as a safe and healthy environment for children, such approaches as framed in other fields (such as resource management) (Haller, Acciaioli & Rist 2016) can fruitfully be used also in the context of child support policy development, as there is more likely to be collaboration to achieve these goals. Such grassroots sensitisation could include messages about the dire

consequences of CSA, and possible mechanisms to support children who have been sexually abused. When communities cannot agree on shared principles and expectations, deviant behaviour such as CSA can flourish because community members cannot effectively organise against them. This approach can be applied in other difficult-to-reach communities in Kenya. Furthermore, parents should be encouraged to discuss sexual matters with their children, in particular the difference between intimacy between consenting adults and adolescents, and sexual abuse of children and adolescents, and what to do if someone, a stranger or a close family member, tries to touch them inappropriately. Children must know that their parents will listen to them and believe them if they tell them something has happened to them. Children must believe that their parents will take action and report the perpetrators, whoever they may be. Children must believe that the perpetrators will get punished. Opening up the conversation around sex and consent is one place to start. But more than that, the message must come across loud and clear: CSA is unacceptable and will not be tolerated, and perpetrators will be severely punished – the law will act swiftly and decisively. The community must stand together and say ‘enough is enough’.

Limitations

This study is not without its limitations. The study sought men’s perceptions of the factors that increase children’s vulnerability to sexual abuse. It did not seek the opinions of sexual offenders or of children who are sexually abused. Women’s opinions were also not sought in this study. Emic perspectives were captured through content analysis of the data. The sample size was small, and the results might therefore not be generalisable. Nonetheless, the study findings are significant, as this is the first study of its kind to be carried out on Kenya’s islands. Since perceptions keep changing, there is a need for a longitudinal study to further explore local perceptions of CSA on Kenya’s islands. Such a study should aim to capture the perspectives of both men and women, including children who have experienced sexual abuse.

Note on contributor

Dr Stephen Okumu Ombere is a lecturer in the department of sociology and anthropology, Maseno University, Kenya. His research interests are in social protection, HIV/AIDS, culture, and sexuality. He completed his doctorate in social anthropology at the University of Bern, Switzerland.

Acknowledgements

I am indebted to the island dwellers of Lake Victoria, western Kenya, for their invaluable contribution towards the development of this work. I also like to thank my main research assistant, Joram Ochieng, for his assistance during the study. I am also indebted to Prof. Erick Otieno Nyambedha and Dr. Salome A. Bukachi for their comments and guidance during my fieldwork.

Conflict of interest

No conflict of interest was declared by the author.

ORCID

Stephen Okumu Ombere  <http://orcid.org/0000-0002-3964-6795>

References

- Abeid, Musdalifat, Projestine Muganyizi, Oia Olsson, Elisabeth Darj, and Pia Axemo. 2014. 'Community Perceptions Of Rape And Child Sexual Abuse: A Qualitative Study In Rural Tanzania'. *BMC International Health And Human Rights* 14 (1): 23–XX. doi:10.1186/1472-698X-14-23
- African Commission on Human & People's Rights. 2018. 'The African Charter on the Rights and Welfare of the Child. African Union'. <http://www.achpr.org/instruments/child/>
- American Psychological Association. 2014. 'Child Sexual Abuse: What Parents Should Know Overview'. American Psychological Association. <http://www.apa.org/pi/families/resources/child-sexual-abuse.aspx>.
- Attias, Reina, and Jean Goodwin. 1985. 'Knowledge And Management Strategies In Incest Cases: A Survey Of Physicians, Psychologists And Family Counselors'. *Child Abuse & Neglect* 9 (4): 527–533. doi: 10.1016/0145-2134(85)90062-6
- Barth, Jürgen, Lilian Bermetz, Eva Heim, S Trelle, and Thomy Tonia. 2013. 'The Current Prevalence Of Child Sexual Abuse Worldwide: A Systematic Review And Meta-Analysis'. *International Journal Of Public Health* 58 (3): 469–483. doi: 10.1007/s00038-012-0426-1
- Bottoms, Bette L. 1993. 'Individual Differences in Perceptions of Child Sexual Assault Victims. In *Child Victims, Child Witnesses: Understanding and Improving Testimony*, edited by Gail S Goodman and Bette L Bottoms, 229–261. New York: Guilford.
- Carney, Michelle, Fred Buttell, and Don Dutton. 2007. 'Women Who Perpetrate Intimate Partner Violence: A Review Of The Literature With Recommendations For Treatment'. *Aggression and Violent Behavior* 12 (1): 108–115. doi: 10.1016/j.avb.2006.05.002
- Collings, Steven J. 2003. 'Child Sexual Abuse Myth Acceptance Among Aspirant, Trainee, And Registered Psychologists In Durban, South Africa'. *Social Behavior and Personality: An International Journal* 31 (8): 835–842. doi: 10.2224/sbp.2003.31.8.835
- Collins, Rebecca L, Victor C Strasburger, Jane D Brown, Edward Donnerstein, Amanda Lenhart, and L Monique Ward. 2017. 'Sexual Media and Childhood Well-being and Health'. *Pediatrics* 140 (Supplement 2, November): S162–S166. doi: 10.1542/peds.2016-1758X
- County Child Protection Systems Guidelines. 2019. <https://bettercarenetwork.org/sites/default/files/County-Child-Protection-Guidelines-2013.pdf>
- Douglas, Emily M, and David Finkelhor. 2011. 'Childhood Sexual Abuse Fact Sheet'. Crimes against Children Research Center, 5 May. <http://www.unh.edu/ccrc/factsheet/pdf/childhoodSexualAbuseFactSheet.pdf>
- Draper, Brian, Jon J Pfaff, Jane Pirkis, John Snowdon, Nicola T Lautenschlager, Ian Wilson and Osvaldo P Almeida for the Depression and Early Prevention of Suicide in General Practice Study Group. 2008. 'Long-term Effects Of Childhood Abuse On The Quality Of Life And Health Of Older People: Results From The Depression And Early Prevention Of Suicide In General Practice Project'. *Journal of the American Geriatrics Society* 56 (2): 262–271. doi: 10.1111/j.1532-5415.2007.01537.x
- Edgardh, Karin, and Kari Ormstad. 2000. 'Prevalence And Characteristics Of Sexual Abuse In A National Sample Of Swedish Seventeen-Year-Old Boys And Girls'. *Acta Paediatrica* 89 (3): 310–319. doi: 10.1111/j.1651-2227.2000.tb01333.x
- Eisenberg, Nancy, R Glynn Owens, and Michael E Dewey. 1987. 'Attitudes Of Health Professionals To Child Sexual Abuse And Incest'. *Child Abuse & Neglect* 11 (1): 109–116. doi: 10.1016/0145-2134(87)90039-1
- Finkelhor, David, Shattuck, A., Turner, H. A. and S.L. Hamby. 2014. 'The Lifetime Prevalence Of Child Sexual Abuse And Sexual Assault Assessed In Late Adolescence'. *Journal of Adolescent Health* 55 (3): 329–333. doi: 10.1016/j.jadohealth.2013.12.026
- Fisher, Cate, Alexandra Goldsmith, Rachel Hurcombe, Claire Soares, and IICSA Research Team. 2017. 'The Impacts Of Child Sexual Abuse: A Rapid Evidence Assessment'. Independent Inquiry into

- Child Sexual Abuse. <https://www.iicsa.org.uk/key-documents/1534/view/iicsa-impacts-child-sexual-abuse-rapid-evidence-assessment-full-report-english.pdf>
- Gatuguta, Anne, Manuela Colombini, Janet Seeley, Seyi Soremekun, and Karen Devries. 2019. 'Supporting Children And Adolescents Who Have Experienced Sexual Abuse To Access Services: Community Health Workers' Experiences In Kenya'. *Child Abuse & Neglect* forthcoming published online 25 December. doi: [10.1016/j.chiabu.2019.104244](https://doi.org/10.1016/j.chiabu.2019.104244)
- Goldman, Juliet DG, and Usha K Padayachi. 2005. 'Child Sexual Abuse Reporting Behaviour By School Counsellors and Their Need for Further Education'. *Health Education Journal* 64 (4): 302–322. doi: [10.1177/001789690506400403](https://doi.org/10.1177/001789690506400403)
- Government of Kenya, UNICEF and Global Affairs Canada. 2015. 'Taking Child Protection To The Next Level In Kenya'. <https://www.unicef.org/protection/files/Kenya_CP_system_case_study.pdf>
- Haller, Tobias, Greg Acciaioli, and Stephan Rist. 2016. 'Constitutionality: Conditions for Crafting Local Ownership Of Institution-Building Processes'. *Society & Natural Resources* 29 (1): 68–87. doi: [10.1080/08941920.2015.1041661](https://doi.org/10.1080/08941920.2015.1041661)
- Haileye, Alemayehu. 2013. 'Psychopathological Correlates Of Child Sexual Abuse: The Case Of Female Students In Jimma Zone, South West Ethiopia'. *Ethiopian Journal Of Health Sciences* 23 (1): 32–38.
- Hicks, Cynthia, and Rosonna Tite. 1998. 'Professionals' Attitudes About Victims of Child Sexual Abuse: Implications for Collaborative Child Protection Teams'. *Child & Family Social Work* 3 (1): 37–48. doi: [10.1046/j.1365-2206.1998.00063.x](https://doi.org/10.1046/j.1365-2206.1998.00063.x)
- Jemal, Jibril. 2012. 'The Child Sexual Abuse Epidemic In Addis Ababa: Some Reflections On Reported Incidents, Psychosocial Consequences And Implications'. *Ethiopian Journal Of Health Sciences* 22 (1): 59–66.
- Jewkes, Rachel, Loveday Penn-Kekana, and Hetty Rose-Junius. 2005. "'If They Rape Me, I Can't Blame Them" Reflections On Gender In The Social Context Of Child Rape In South Africa And Namibia'. *Social Science & Medicine* 61 (8): 1809–1820. doi: [10.1016/j.socscimed.2005.03.022](https://doi.org/10.1016/j.socscimed.2005.03.022)
- Juma, Milka, Jane Alaii, L Kay Bartholomew, Ian Askew, and Bart Van den Born. 2013. 'Understanding Orphan And Non-Orphan Adolescents' Sexual Risks In The Context Of Poverty: A Qualitative Study In Nyanza Province, Kenya'. *BMC International Health And Human Rights* 13 (1): 32. doi: [10.1186/1472-698X-13-32](https://doi.org/10.1186/1472-698X-13-32).
- Kendall-Tackett, Kathleen. 2002. 'The Health Effects Of Childhood Abuse: Four Pathways By Which Abuse Can Influence Health'. *Child Abuse & Neglect* 26 (6-7): 715–729. doi: [10.1016/S0145-2134\(02\)00343-5](https://doi.org/10.1016/S0145-2134(02)00343-5)
- Kenya National Bureau of Statistics. 2019. '2019 Kenya Population and Housing Census Volume I: Population by County and Sub-County'.
- Kilonzo, Nduku, Njoki Ndong'u, Nerida Nthamburi, Caroline Ajema, Miriam Taegtmeier, Sally Theobald, and Rachel Tolhurst. 2009. 'Sexual Violence Legislation In Sub-Saharan Africa: The Need For Strengthened Medico-Legal Linkages'. *Reproductive health matters* 17 (34): 10–19. doi: [10.1016/S0968-8080\(09\)34485-7](https://doi.org/10.1016/S0968-8080(09)34485-7)
- KNCHR. 2014. 'Kenya 2014 Human Rights Report'. Nairobi: Kenya National Commission on Human Rights.
- Kwena, Zachary A, Elizabeth Bukusi, Enos Omondi, Musa Ng'Ayo, and King K Holmes. 2012. 'Transactional Sex In The Fishing Communities Along Lake Victoria, Kenya: A Catalyst For The Spread Of HIV'. *African Journal of AIDS Research* 11 (1): 9–15. doi: [10.2989/16085906.2012.671267](https://doi.org/10.2989/16085906.2012.671267)
- Lalor, Kevin. 2004. 'Child Sexual Abuse In Sub-Saharan Africa: A Literature Review'. *Child Abuse & Neglect* 28 (4): 439–460. doi: [10.1016/j.chiabu.2003.07.005](https://doi.org/10.1016/j.chiabu.2003.07.005)
- Laws of Kenya. 2006. 'The Sexual Offences Act, No.3 of 2006'. https://www.ilo.org/wcmsp5/groups/public/—ed_protect/—protrav/—ilo_aids/documents/legaldocument/wcms_127528.pdf
- MacGinley, Maureen, Jan Breckenridge, and Jane Mowll. 2019. 'A Scoping Review Of Adult Survivors' Experiences Of Shame Following Sexual Abuse In Childhood'. *Health & Social Care In The Community* 27 (5): 1135–1146. doi: [10.1111/hsc.12771](https://doi.org/10.1111/hsc.12771)
- Mathews, Ben, Xing Ju Lee, and Rosana E Norman. 2016. 'Impact Of A New Mandatory Reporting Law On Reporting And Identification Of Child Sexual Abuse: A Seven Year Time Trend Analysis'. *Child Abuse & Neglect* 56 (June): 62–79. doi: [10.1016/j.chiabu.2016.04.009](https://doi.org/10.1016/j.chiabu.2016.04.009)

- Moody, Gwenllian, Rebecca Cannings-John, Kerenza Hood, Alison Kemp, and Michael Robling. 2018. 'Establishing The International Prevalence Of Self-Reported Child Maltreatment: A Systematic Review By Maltreatment Type And Gender'. *BMC Public Health* 18 (1): 1–15. doi: [10.1186/s12889-018-6044-y](https://doi.org/10.1186/s12889-018-6044-y)
- Mugoya, George CT, Tricia H Witte, and Kacey C Ernst. 2015. 'Sociocultural And Victimization Factors That Impact Attitudes Toward Intimate Partner Violence Among Kenyan Women'. *Journal Of Interpersonal Violence* 30 (16): 2851–2871. doi: [10.1177/0886260514554287](https://doi.org/10.1177/0886260514554287)
- Mwangi, Mary W, Timothy A Kellogg, Kathryn Brookmeyer, Robert Buluma, Laura Chiang, Boaz Otieno-Nyunya, Kipruto Chesang, and Kenya 2010 Violence Against Children Survey Team. 2015. 'Perpetrators And Context Of Child Sexual Abuse In Kenya'. *Child Abuse & Neglect* 44: 46–55. doi: [10.1016/j.chiabu.2015.03.011](https://doi.org/10.1016/j.chiabu.2015.03.011)
- Nyambedha, Erick Otieno. 2004. 'Change And Continuity In Kin-Based Support Systems For Widows And Orphans Among The Luo In Western Kenya'. *African Sociological Review/Revue Africaine de Sociologie* 8 (1): 139–153.
- Ombere, Stephen Okumu, Erick Otieno Nyambedha, and Salome Atieno Bukachi. 2015. 'Wimbo: Implications For Risk Of HIV Infection Among Circumcised Fishermen In Western Kenya'. *Culture, Health & Sexuality* 17 (9): 1147–1154. doi: [10.1080/13691058.2015.1018949](https://doi.org/10.1080/13691058.2015.1018949)
- Ombere, Stephen Okumu, Erick Otieno Nyambedha, and Salome Atieno Bukachi. 2018. 'Sex in the Green Lodging: The Voices of Medically Circumcised Fishermen on the Shores of Lake Victoria, Western Kenya'. *Journal of AIDS Clinical Research & STDs* 5: 018. doi: [10.24966/ACRS-7370/100018](https://doi.org/10.24966/ACRS-7370/100018)
- Parkes, Jenny, Jo Heslop, Samwel Oando, Susan Sabaa, Francisco Januario, and Asmara Figue. 2013. 'Conceptualising Gender And Violence In Research: Insights From Studies In Schools And Communities In Kenya, Ghana and Mozambique'. *International Journal of Educational Development* 33 (6): 546–556. doi: [10.1016/j.ijedudev.2013.01.001](https://doi.org/10.1016/j.ijedudev.2013.01.001)
- Olafson, Erna. 2011. 'Child Sexual Abuse: Demography, Impact, And Interventions'. *Journal of Child & Adolescent Trauma* 4 (1): 8–21. doi: [10.1080/19361521.2011.545811](https://doi.org/10.1080/19361521.2011.545811)
- Pereda, Noemí, Georgina Guilera, Maria Forns, and Juana Gómez-Benito. 2009a. 'The International Epidemiology Of Child Sexual Abuse: A Continuation Of Finkelhor (1994)'. *Child Abuse & Neglect* 33 (6): 331–342. doi: [10.1016/j.chiabu.2008.07.007](https://doi.org/10.1016/j.chiabu.2008.07.007)
- Pereda, Noemí, Georgina Guilera, Maria Forns, and Juana Gómez-Benito. 2009b. 'The Prevalence Of Child Sexual Abuse In Community And Student Samples: A Meta-Analysis'. *Clinical Psychology Review* 29 (4): 328–338. doi: [10.1016/j.cpr.2009.02.007](https://doi.org/10.1016/j.cpr.2009.02.007)
- Reza, Avid, Matthew J Breiding, Jama Gulaid, James A Mercy, Curtis Blanton, Zodwa Mthethwa, Sapna Bamrah, Linda Dahlberg, and Mark Anderson. 2009. 'Sexual Violence And Its Health Consequences For Female Children In Swaziland: A Cluster Survey Study'. *The Lancet* 373 (9679): 1966–1972. doi: [10.1016/S0140-6736\(09\)60247-6](https://doi.org/10.1016/S0140-6736(09)60247-6)
- Saunders, Edward J. 1988. 'A Comparative Study Of Attitudes Toward Child Sexual Abuse Among Social Work And Judicial System Professionals'. *Child Abuse & Neglect* 12 (1): 83–90. doi: [10.1016/0145-2134\(88\)90010-5](https://doi.org/10.1016/0145-2134(88)90010-5)
- Stoebenau, Kirsten, Lori Heise, Joyce Wamoyi, and Natalia Bobrova. 2016. 'Revisiting the Understanding Of "Transactional Sex" In Sub-Saharan Africa: A Review And Synthesis Of The Literature'. *Social Science & Medicine* 168: 186–197. doi: [10.1016/j.socscimed.2016.09.023](https://doi.org/10.1016/j.socscimed.2016.09.023)
- Stoltenborgh, Marije, Marinus H van Ijzendoorn, Eveline M Euser, and Marian J Bakermans-Kranenburg. 2011. 'A Global Perspective On Child Sexual Abuse: Meta-Analysis Of Prevalence Around The World'. *Child Maltreatment* 16 (2): 79–101. doi: [10.1177/1077559511403920](https://doi.org/10.1177/1077559511403920)
- Swea, Jelić Tuščić, Buljan Flander Gordana, and Mateskovic Dragana. 2013. 'The Consequences Of Childhood Abuse'. *Pediatrics Today* 9 (1): 24–35. doi: [10.5457/p2005-114.58](https://doi.org/10.5457/p2005-114.58)
- Tavrow, Paula, Mellissa Withers, Albert Obbuyi, Vidalyne Omollo, and Elizabeth Wu. 2013. 'Rape Myth Attitudes In Rural Kenya: Toward The Development Of A Culturally Relevant Attitude Scale And "Blame Index"'. *Journal Of Interpersonal Violence* 28 (10): 2156–2178. doi: [10.1177/0886260512471086](https://doi.org/10.1177/0886260512471086)
- Trute, Barry, Elizabeth Adkins and George MacDonald. 1992. 'Professional Attitudes Regarding The Sexual Abuse Of Children: Comparing Police, Child Welfare And Community Mental Health'. *Child Abuse & Neglect* 16 (3): 359–368. doi: [10.1016/0145-2134\(92\)90045-5](https://doi.org/10.1016/0145-2134(92)90045-5)

- United Nations. 2013. 'Convention on the Rights of the Child'. https://www.google.co.ke/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwjGpeqsrPndAhVGqlsKHTHEdwwQFjAAegQICRAC&url=https%3A%2F%2Fwww2.ohchr.org%2Fenglish%2Fbodies%2Fcrce%2Fdocs%2FGC%2FCRC_C_GC_14_ENG.pdf&usq=AOvVaw1zIL4f1RvKxZgEQd5knN7x
- United Nations Human Rights Office of the High Commissioner. 2018. 'Convention on the Rights of the Child'. <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>
- United Nations. Sustainable development goals. United Nations. 2018. <https://www.un.org/sustainabledevelopment/sustainable-developmentgoals/>
- Wamoyi, Joyce, and Daniel Wight. 2014. "Mum Never Loved Me". How Structural Factors Influence Adolescent Sexual And Reproductive Health Through Parent-Child Connectedness: A Qualitative Study In Rural Tanzania'. *African Journal Of AIDS Research* 13 (2): 169-178. doi: [10.2989/16085906.2014.945387](https://doi.org/10.2989/16085906.2014.945387)
- Wangamati, Cynthia Khamala, Viva Combs Thorsen, Abdi Ali Gele, and Johanne Sundby. 2016. 'Postrape Care Services To Minors In Kenya: Are The Services Healing Or Hurting Survivors?' *International Journal Of Women's Health* 8: 249. doi: [10.2147/IJWH.S108316](https://doi.org/10.2147/IJWH.S108316)
- Wangamati, Cynthia Khamala, Johanne Sundby, and Ruth Jane Prince. 2018. 'Communities' Perceptions Of Factors Contributing To Child Sexual Abuse Vulnerability In Kenya: A Qualitative Study'. *Culture, Health & Sexuality* 20 (12): 1394-1408. doi: [10.1080/13691058.2018.1438666](https://doi.org/10.1080/13691058.2018.1438666)
- Wangamati, Cynthia Khamala, Johanne Sundby, Chimaraoke Izugbara, Erick Otieno Nyambedha, and Ruth Jane Prince. 2019. 'Challenges In Supporting Survivors Of Child Sexual Abuse In Kenya: A Qualitative Study Of Government And Non-Governmental Organizations'. *Journal Of Interpersonal Violence* 3 May. doi:[10.1177/0886260519846864](https://doi.org/10.1177/0886260519846864)
- World Health Organization. 2016. 'Child Maltreatment Fact Sheet'. <http://www.who.int/mediacentre/factsheets/fs150/en/>
- World Health Organization. 2017. 'Responding To Children And Adolescents Who Have Been Sexually Abused: WHO Clinical Guidelines'. Geneva: WHO.

Oral interviews

Data collection method	Number of participants	Location	Sex
Key informant interview	1	Bondo town	Man
Key informant interview	1	Siaya town	Man
Key informant interview	4	One interview on each island	Beach leaders (men)
Key informant interview	2	Mageta Island	Chiefs (men)
Focus group discussion	11	Mageta Island	Men
	10	Magare Island	Men
	10	Oyamo Island	Men
	9	Ndeda Island	Men
Informal conversations	10	Mageta Island	Men
	7	Magare Island	Men
	8	Oyamo Island	Men
	5	Ndeda Island	Men