

PSYCHOSOCIAL EFFECTS OF RAPE: A CASE OF KILIFI NORTH SUB-COUNTY, IN KILIFI COUNTY, KENYA

MOHAMED ABDULRAHMAN ABDULLATIF

A THESIS SUBMITTED TO THE SCHOOL OF EDUCATION AND SOCIAL SCIENCES IN PARTIAL FULFILLMENT FOR THE CONFERMENT OF THE DEGREE OF MASTER OF ARTS IN COUNSELING PSYCHOLOGY OF KENYA METHODIST UNIVERSITY.

SEPTEMBER, 2019.

DECLARATION AND RECOMMENDATIONS

Declaration

This thesis is my original work and has not been presented for a degree or any other award in any other University.

Signature:

Date:

Mohamed A. Abdullatif

MCO-3-7247-2/2014

RECOMMENDATIONS BY SUPERVISORS

This research thesis has been submitted for examination with our approval as the University supervisors.

Signature:

Date:

Rev. Gregory Kivanguli.

Department of Theology Religious Studies and Counseling

Kenya Methodist University

Signature:

Date:

DR. Bernard Wamalwa

Department of Theology Religious Studies and Counseling

Kenya Methodist University

DEDICATION

This work is dedicated to all survivors of rape who are struggling to restore their self-pride and my family for their endless support and encouragement as I pursued this course.

ACKNOWLEDGEMENT

I herein acknowledge and thank the Almighty God for his Mercy, protection, wisdom and power that has enabled me to successfully come this far and achieve the ultimate goal of finishing this study. I wish to express my gratitude to the Kenya Methodist University (KeMU) for giving me the opportunity to undertake this course. To my supervisors, Dr. Bernard Wamwala and Rev. Gregory Kivanguli thank you for your support and professional guidance and advice.

ABSTRACT

Rape is a pervasive social problem globally and also one of the most traumatic experiences, causing numerous long-term outcomes on the psychological and social realms of survivors. Kilifi North Sub County has been categorized among the most risky areas for women and children. According to Kenya Police Service cases of rape in the Sub County have been on the increase with 306 cases reported at the Kilifi North Sub-County in 2017. Survivors of rape are exposed to long-term negative outcomes such as post-traumatic stress disorder, depression, sexual victimization and suicidality. The purpose of the study was to establish the psychosocial effects of rape, the study was guided by three objectives; to identify the prevalent types of rape in Kilifi North Sub County; to establish the psychosocial effects of rape and; to establish the interventions that may be taken to reduce rape cases and the subsequent effects in Kilifi North Sub County. The study adopted a descriptive survey research design. The target population comprised of 163 in which a sample of 30 survivors of rape and 5 respondents from the police officers and trauma counselors working in gender based violence unit and 15 selected local community members comprising village elders, religious leaders and youth was drawn through the use of purposive sampling techniques. Primary data was gathered using self-administered questionnaires and face to face interviews in form of interview guide and focused group discussion. Data collected, was analyzed using descriptive statistics. The data was analyzed through the use of statistical package for social science (SPSS) to generate quantitative reports through tabulation, percentages, and measure of central tendency. While qualitative data was grouped according to thematic groupings. The findings revealed a prevalence of (53%) children rape and women rape (32%). The psychosocial effects of rape were; trauma (50%), humiliation (20%), and depression (15%). Based on the results the study recommended the intervention responses for rape as; training personnel working in gender based violence units in hospitals and police stations on trauma counseling; survivors of rape need to attend counseling session for prevention of psychosocial effects and Kilifi County to support the awareness campaigns against rape in Kilifi County and its environs. The study also recommended further study should also be undertaken on the perpetrators in order to determine what led to their behaviour in order to address the root cause of such behaviours.

TABLE OF CONTENTS

DECLARATION AND RECOMMENDATIONS	ii
ABSTRACT	v
TABLE OF CONTENTS	vi
LIST OF TABLES	viii
LIST OF FIGURES	ix
LIST OF ACRONYMS AND ABBREVIATIONS	x
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background of the study	1
1.2 Statement of the problem.....	4
1.3 Purpose of the study	4
1.4 Objectives of the study	4
1.5 Research questions	5
1.6 Justification of the study.....	5
1.7 Limitations of the study	5
1.8 Delimitation of the study	6
1.9 Significance of the study	6
1.10 Assumptions of the study.....	6
1.11 Operational definition of terms.....	7
CHAPTER TWO	8
LITERATURE REVIEW	8
2.1 Introduction	8
2.2 Prevalent types of rape	8
2.3 Psychosocial effects of rape.....	17
2.4 Intervention responses for rape.....	22
2.5 Conceptual framework	25
2.6 Summary of the literature review	26
CHAPTER THREE	27
RESEARCH METHODOLOGY	27
3.1 Introduction	27
3.2 Locale of the study	27

3.3 Research design	27
3.4 Target population	28
3.5 Sampling procedure	29
3.6 Pre-testing of research instruments.....	30
3.7 Validity and reliability of research instruments	31
3.8 Data collection procedure	31
3.9 Method of data collection	32
3.10 Data analysis and presentation	33
3.11 Ethical considerations	34
CHAPTER FOUR.....	35
RESULTS AND DISCUSSION	35
4.1 Introduction	35
4.2 Response rate	35
4.3 Demographic characteristics of the respondents	36
4.4 Prevalent types of rape that occurs within Kilifi North Sub County.....	40
4.5 Psychosocial effects of rape to survivors in Kilifi North Sub County	53
4.6 Intervention responses, reducing effects of rape in Kilifi North Sub County	57
4.7 Intervention responses as prevention of the psychosocial effects of rape	63
CHAPTER FIVE	65
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	65
5.1 Introduction	65
5.2 Summary of the findings	65
5.3 Conclusions	67
5.5 Recommendation for further research	68
REFERENCE	69
APPENDIX A: Letter of permission for data collection	74
APPENDIX B: Questionnaire for the survivors of rape	75
APPENDIX C: Community questionnaire on rape awareness	78
APPENDIX D: Consent form.....	80
APPENDIX E: Interview guide	81
APPENDIX F: Kilifi County map, Kenya.....	82
APPENDIX G: Kilifi North Sub – County map, Kilifi County, Kenya	83
APPENDIX H: Ethical clearance letters.....	84

LIST OF TABLES

Table 3.1	Target population.....	26
Table 4.2	Return rates of the questionnaires.....	32
Table 4.3	Ages of the survivors of rape respondents.....	33
Table 4.4	Ages of the community respondents.....	34
Table 4.5	Gender of the respondents.....	35
Table 4.6	Education levels of the respondents.....	36
Table 4.7	Cases of rape 2013-2017.....	39
Table 4.8	Types of rape reported 2013-2017.....	40
Table 4.9	Rape prevalence awareness responses.....	41
Table 4.10	Rating prevalent of rape.....	49
Table 4.11	Rating of the psychosocial effects of rape	53
Table 4.12	Survivors reported cases to the police station.....	55
Table 4.13	Management of the survivors' psychological effects.....	56

LIST OF FIGURES

Figure 2.1	Conceptual framework.....	22
Figure 4.2	Sources of income parents/guardians.....	37
Figure 4.3	Prevalent types of rape.....	38
Figure 4.4	Experience of pain after rape.....	51
Figure 4.5	Psychosocial effects of rape.....	52
Figure 4.6	Statuses of the perpetrators.....	56

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
CLAN	Children legal action network
COVAW-K	Coalition on violence against women Kenya
DHYLs	Discount health years of life to rape
HIV	Human immune virus
FIDA	Federation of women lawyers
NGOs	Non-governmental organizations
SPSS	Statistical package for social sciences
STDs	Sexually transmitted diseases
WHO	World health organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Rape is a sexual assault and criminal offense that is often happening all over the world through forcing a person into a sexual relation against a person's will or consent (UN report on women, 2012). Rape can take many definitions from physical, psychological, sociological and even from legal aspects of different countries (Lawrence & Van Rensburg 2016). Rape is a human rights issue; social and public health all over the world (WHO, 2014). It is estimated that one in five women are raped in their lifetime as suggested by International statistics (Frazier & Burnett, 2014).

Rape is, a very severe crime, as it involves an embarrassing, humiliating and cruel attack of the solitude, self-respect, and person of the survivor. According to (Ross & Katz 2013) Rape is known as an unpredicted and interfering destruction, which on previously impacts on all scope of the survivor's continuation, and eventually disrupts to some level one's behavior of being in the earth. The abortions, unwanted pregnancies, and sexually transmitted diseases are the consequences of rape. The rape survivors may experience psychological and social problems (Buddie & Miller, 2011). The survivor is left with what appears to be a continuous fight to adjust back into society again. The privileges to the self-respect, confidentiality, and honesty of every person are fundamental to the culture of the formation and to any justifiable progress (Lawrence & Van Rensburg, 2016).

There appear to be differences between rape victims and society's interpretation of the definitions of rape. Many debates concerning those who have been assaulted or raped to be referred as "victims" or as "survivors" have been discussed around the world. The study will refer to individuals who have been raped as survivors. In a national survey

conducted in the United States of America, found that 14.8 percent of women over 17 years of age reported having been raped in their lifetime,(with an additional 2.8 percent having experienced attempted rape) while 0.3 percent of the sample had reported having been raped in the previous year (WHO, 2008).

In Africa, South Africa is the leading country to report to have one of the highest rates of sexual violence in the world. South Africa in the year 2014 found that from the sample of women aged 18 to 49 years 1.3 percentages of women had been forced, physically to have a non-consensual sex (Peterson, Bhana and McKay, 2015).

In Kenya, as reported in a survey done by the African Network for the prevention and protection against child abuse (October 2014) over the past several years the sexual assault, harassment, violence, and rape has raised. Kenyans have witnessed an enormous increase in rape cases involving men and women of all ages. It reveals that in Kenya, one in three girls and one in five boys experience at least a case of violent sexual abuse before they reach age 18 (WHO, 2014).

According to the report by the United Nations, 32 percent of Kenyan girls younger than 18 have experienced some form of sexual violence or harassment. That number may even be higher due to a large number of unreported rapes to police because they are ashamed or not expecting fair judgment, fear being blamed and for fear of stigma (WHO, 2014).

In Kilifi County rape is a serious problem 98 cases of rape reported in 2013-2014 representing 97.9 percent among the 47 Counties (Kenya Police Service, 2015) and Kilifi North Sub County was leading (98 cases) with the reported rape cases among the seven sub counties in Kilifi County.

In recent past, Kilifi North Sub County has witnessed various rape cases; men of all ages between 35 to 60 years defile even children of 3 years as there are misconceptions among people with HIV that they will be cured once they sleep with girls who are virgins. These men end up silently raping young girls and infecting them with HIV and this abuse might continue for long before they are realized and reported to the police. This is happening so often that people getting used to of this culture of rape. Cases of rape are not usually reported for fear of family isolated by others especially if it is a close relative or neighbor. The survivors of rape are left with psychosocial effects such as low self-esteem, insomnia, panic attack and post-traumatic stress disorders. The survivors of rape may suffer isolation, be disowned by friends and family.

In Kenya, research was done on remedy against the barbarity of rape in Kitale (Murrey, 2009) found out many of the survivors had long depression and considered suicide, as they could not bear what they were going through. In South Africa were paying attention to understanding and preventing rape and perceptions of police officers (Thandi, 2005). While others studies concentrated on perpetrators and their motive for raping. The lack of the paucity of data describing the causes and extent of the psychosocial effects of rape in Kilifi County had contributed to its lack of interventions measure by the policy makers and stakeholders. There is a need for this study on the psychosocial effects of rape.

1.2 Statement of the Problem

A rape experience constitutes a serious infringement on a person's self. Research consistently showing strong associations between rape and poor mental health, among them; anxiety, depression, helplessness, and at times posttraumatic stress disorder alongside myriad physical health problems. For children, sexual molestation has far reaching effects on a child's attachment and bonding, emotional regulation, and brain development among other conditions.

Kilifi North Sub County has one of the highest reported cases of rape in Kenya (Kenya Police Service, 2015). The prevalence of rape among residents of Kilifi North Sub County though well acknowledged has not been given priority in terms of addressing the problem in terms of psychosocial support for survivors of rape. Meager resources have been channeled in that area despite the serious long-term effects of rape on this population. There is also paucity of literature on the subject focusing on Kilifi North Sub County despite its prevalence it is against this background that the study was conducted.

1.3 Purpose of the Study

The purpose of this study is to investigate the psychosocial effects of rape in Kilifi North Sub County.

1.4 Objectives of the Study

This study was guided by the following objectives:

- i. To identify the prevalent types of rape that occurs within Kilifi North Sub County
- ii. To determine the psychosocial effects of rape on survivors in Kilifi North Sub County
- iii. To identify intervention responses of reducing effects of rape in Kilifi North Sub

County

1.5 Research Questions

The study sought to answer the following research questions:

- i. What are the types of rape that are most prevalent in Kilifi North Sub County?
- ii. What are the psychosocial effects of rape to survivors in Kilifi North Sub County?
- iii. What are the intervention responses for reducing the effect of rape?

1.6 Justification of the Study

Rape is psychological and social problems around the world as it affect any person irrespective of gender. It was important to carry out this study as it helped the medical personnel after knowing the psychosocial effects of rape the survivors goes through to be able manage the effects of rape through intervention responses obtained from this study.

1.7 Limitations of the Study

The research was limited by lack of proper number of survivors of rape from the hospital personnel and police officers working in gender based violence unit in Kilifi North Sub- County. However, this was partially overcome by reviewing the secondary data existing in hospital records and police records. It was a limitation to get all the survivors of rape respondent for focus group discussion as some were not ready to be seen and share their story especially conducted by a man. It was overcome by use of interview questionnaires individually to collect the information from the survivor respondents by hired female research assistant.

1.8 Delimitation of the Study

The study was successful because it collected information from the following sources; The Data with the cases of rape within the Kilifi North Sub-County, the survivors of rape, personnel working with rape survivors and community members within the Kilifi North Sub-County.

1.9 Significance of the Study

The findings of this study may be used particularly by the gender based violence unit in the department of health, Kenya police service at the national and community leaders in obtaining feedback on the prevalent of rape cases in Kilifi North Sub County, the psychosocial effects of rape and intervention responses.

The findings of this study, apart from adding to the world of knowledge in the psychosocial effects on rape and intervention responses in Kenya could provide data for future studies on the effectiveness of counseling for survivors.

1.10 Assumptions of the Study

The study was carried out under the following assumptions:

- i. All gender based violence unit in Kilifi North Sub County have personnel with counseling training. This assumption held at the end of the study.
- ii. Respondents provided honest responses to the questions asked; an assumption that held
- iii. Survivors were aware of the psychosocial effects of rape. This assumption held at the end of the study.

1.11 Operational definition of Terms

Boda boda refers to motorcycle in Kenya used to transport people from one place to another.

Carnal knowledge refers to a penile-vaginal penetration

Defilement refers to an act that result in penetration with under age below 18 years

Gender refers to social idea of femininity and masculinity, which is learned

Incest refers to the indecent act or unlawful penetration with a close relative such as siblings, uncles, aunties, half brothers or sisters and parents

Psychosocial refers to the interrelation of social factors and individual thought and behavior

Rape refers to forceful penetration without consent of one's genitalia into another's genitalia whether a woman or a man

Sexual assault refers to unlawful penetration of one's genitalia using any part of the body or Object

Sexual harassment refers to persistent unwanted sexual advances or requests by a person to another

Sexual violence refers to any sexual act or attempt, unwanted sexual advances using threats or physical force by any person regardless of relationship with the survivor

Survivor refers to a person, who continues to function after rape or attempted rape, Commonly used by professional counselors

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section summarizes the literature that is already in existence regarding rape, psychosocial effects in Kenya and across the globe. The literature has been outlined in subheadings that have focused prevalence types of rape, and psychosocial effects. Also it contains the conceptual framework that is the summary of the whole literature. For empirical review, the study focused on the literature in relation to prevalent type of rape and psychosocial effects.

2.2 Prevalent Types of Rape

The discussion starts with exploring the rape of vulnerable groups, the elderly and the child. This is followed by an exploration of intimate partner rape. Male rape is then captured and a discussion of gang rape concludes this section.

2.2.1: Rape of the Elderly

Abuse of the elderly was initially seen as a social welfare issue and subsequently a problem of aging (WHO, 2014). However, like other forms of family violence, abuse of the elderly has developed into a public health and criminal justice concern. In Western societies, the onset of old age is considered to coincide with retirement. In African perspectives, the specific age of retirement is not significant; it is the roles assigned to people that are of value (WHO, 2014). Rape of the elderly population is a heinous crime. Like with other rape types, formulating a profile of the perpetrator is a challenging task. There is no single profile for the perpetrators of elderly rape. Some researchers have suggested that the perpetrators usually have had difficulties in early adolescent adjustment; that they may be from unstable parental relationships especially with their mothers (Groth, 2011).

A number of groups of elderly rape perpetrators have been identified. Gerophiles are one group of rape perpetrators that often seek jobs in nursing homes. These perpetrators target the elderly that live and receive care in institutions. The second group of men who are likely to rape older persons include sexually aggressive elderly who themselves reside at the nursing home (Burgess, Dowdell, & Brown, 2010). This type of abuse may carry on for years unnoticed in many instances as sometimes the elderly do not have means to verbalize the abuse or are too embarrassed to report. Strangers or known men may also rape nonresident elderly.

A study by Burgess et al (2009) of convicted sex offenders of elderly victims found that there were a number of different types of motivations for the rape of the elderly. They found that there were opportunistic offenders who are described as impulsive rapists with poor interpersonal relationships. The second group comprises of the pervasive anger group, who use maximum force and violence. The third group includes the sexualized individuals who are preoccupied with the gratification of their own sexual needs.

The fourth and final group comprises of perpetrators who have vindictive motivation. These perpetrators tend to have intense anger against women, and they have the intent of demeaning, humiliating and degrading women (Burgess et al., 2009). The motivation behind elderly rape is as complex as formulating the profile of the offenders. A number of theories have been hypothesized to explain the motivation behind these heinous crimes. Some theorists propose that rape of the elderly occurs due to sexual intentions by the perpetrator (Groth, 2011).

The prevalence rates of elder rape are therefore difficult to gather. This is because a majority of cases on rape of the elderly are not reported. There are two major barriers

that have been identified that hinder reporting of elder sexual abuse. These include the victim's reluctance to report and disbelief (by police personnel and significant others) in elder sexual abuse. Caregivers, staff, and family may believe that the elderly person is fantasizing, is in a cognitively disorganized state or is making up a story (Burgess & Morgenbesser, 2005). Burgess and Prentky (2000) also added that stereotypes are stronger when the rape victim is an elderly person, which can lead to disbelief and discrediting of the individual.

Old age therefore is understood as the time where there is a physical decline and therefore the person can no longer carry out their family or work roles (WHO, 2008). Although sexual abuse is well established as a major social and health problem with significant physical and psychological consequences for its victims under the age of 60, the literature has neglected addressing the impact of sexual abuse on persons over the age of 60 (Burgess & Morgenbesser, 2005). Rape in the elderly especially holds many challenges. The elderly victim may have cognitive deficits, which may make it difficult to get relevant information pertaining to the rape. Also the physical examination has been found to be challenging due to pelvic contractures (Burgess et al., 2009).

Elderly victims of rape may experience extreme humiliation, shock, denial and disbelief about the rape. The elderly are physically more fragile and injuries are likely to be more life threatening. Hence the recovery process in the elderly often tends to be longer (Burgess et al., 2010).

2.2.2: Child Rape

Rape is often an act of punishment, used to demonstrate power over girl children and manufacture control. Rape is also used as an instrument by which the rapist communicates his masculinity and powerfulness. That is, through rape men are able to reaffirm their manhood, sense of control and power over women and children (Jewkes 2012).

To law enforcement agencies and the public, sexual assaults, and especially the assaults of young children, are a major concern (WHO, 2014). The assault or rape of children in Sexual offence Act of 2016 is defined as statutory rape; that is, the rape of a minor or child who cannot legally give consent. According to the Children's Act, no. 8 of 2001, a child means any human being under the age of eighteen years (Children's Act, 2001). Recently child rape has become a major concern and there is growing support for the theory that infant rape is related to a myth that intercourse with very young virgin will enable the perpetrator to rid himself of HIV/AIDS or other sexually transmitted infections (WHO, 2008). The surge in the rape of children and babies is shocking and cases such as these commonly receive attention in the media in Kenya.

Child rape cases are often perpetrated by a relative; this has implications for the reporting of the case to the police. Given the poverty stricken circumstances that children live in, it is common for mothers to remain quiet as their children are abused by the breadwinner of the household. Also, many child rape cases are not reported due to stigma, fear of retaliation and anticipation of difficult experiences with the police, courts and health services (WHO, 2014).

The World Report on Violence and Health identifies child rape as an important public health problem, as it is associated with increased risk of sexual and reproductive health

problems, mental health problems increased health risk behaviors as well as behavioral problems (Jewkes et al., 2015).

This type of abuse requires extensive interventions as child rape has been found to be a more intrusive form of abuse in children's lives compared to other forms of abuse. This type of abuse affects children's emotional, psychological as well as sexual development (Bagley & King, 2010).

2.2.3: Intimate Partner Rape

Initially intimate partner violence was perceived as a human rights issue, but it is currently also perceived as an important public health concern. Intimate partner violence is such a common practice that researchers have concluded that one of the most important vulnerability factors to violence is being married or cohabiting with a partner (WHO, 2008). Some writers have proposed that marriage is often used to legitimize a range of forms of sexual violence against women (WHO, 2014).

Intimate partner rape is frequently reinterpreted by the victim as stemming from overwhelming affection (Jewkes et al., 2012). The fact that women are often emotionally involved with their partners and economically depend on those who victimize them has major implications for the dynamics of abuse and approaches to dealing with it (WHO, 2014).

The prevalence rates of rape in intimate partner relationships appear to be very high. Available data suggest that in some countries nearly one in four women experience sexual violence by an intimate partner (WHO, 2014). Small focused studies in South Africa which is the leading country in Africa with rape cases, have found sexual violence perpetrated by intimate partners to be experienced by many women (WHO, 2014). For example, a study of 1395 women in antenatal clinics in Soweto, found that 9.7 percent disclosed having been raped by an intimate partner in the year prior to the

study and 20.1 percent had experienced this at some stage in their lifetime (Vogelman & Eagle, 2011).

These statistics show only the tip of the iceberg of the extent of abuse women suffer in their intimate relationships. The relationship between the rape victim and perpetrator complicates a number of aspects of the rape problem. These include the issue of defining and understanding what rape is. That is, individual perceptions of rape may vary depending on the nature of the relationship between victim and perpetrator, the ages involved and conditions in which the act occurred (Lawrence & Van Rensburg, 2016).

Sideris (2010) argues that women's definition of violence is informed by socially held beliefs, cultural values, religious practices and historical experiences. A woman's response to abuse is often limited by the options available to her. Lack of retribution, lack of alternative means of economic support, concern for the children, emotional dependence, lack of social support and hope that he will change are factors that can complicate a woman's ability to report sexual violence against her partner (Watts, Keogh, Ndlovu & Kwaramba, 2008). Some writers suggest another factor that makes intimate partner rape victims not report their abuse. They suggest that sexual violence by a husband or intimate partner is often perceived to be less serious than stranger rape (Freese, Moya & Megias, 2004). The justice system therefore disregards the reporting of such crimes. Society may shun the reporting of this type of abuse by supporting beliefs that emphasize men's entitlement over their partners.

Research indicates that in many countries a substantial proportion of women experience physical, emotional, financial and sexual abuse. Research further suggests that there are overlaps between these forms of abuse (WHO, 2014). In other words, women who are physically abused by their partners are more likely to be emotionally abused and/or vice

versa. Sexual violence between partners may include forced intercourse and other forms of sexual coercion (Jewkes, Vundule, Maforah & Jordan, 2012)

2.2.4: Male Rape

The phenomenon of sexual assault upon males has been largely overlooked by society. Gender stereotyping, taboos, misconceptions and reluctance to acknowledge the possibility of male rape especially outside of institutions, such as prisons, have contributed to the scarcity of investigative findings (Roos & Katz, 2013). Ignorance and disbelief about sexual assault among males have made it impossible for society to acknowledge male sexual violations. There are also a number of myths that perpetuate the ignorance around male rape. These myths may stem from the traditional view of masculinity, which dictates that men should be strong, assertive, sexually dominant and heterosexual (Herek, 2016).

Prevalence rates of male rape are very difficult to calculate. However, surveys reveal that the incidence of male rape is surprisingly common (Davies, 2012). In Kenya, statistics on male rape are difficult to obtain and do not appear to be recorded by police. This possibly reinforces the beliefs that male rape does not occur. A number of factors have been found to contribute to the small number of reported male rapes. These include the victim's reluctance to report male rape, the difficulty for researchers to conduct studies on male rape, stigmatization of rape victims and the notion that victims are responsible for attracting the assault (Davies, 2012).

The current legal definition of rape includes all rape victims, irrespective of gender or area of bodily assault (Ross & Katz, 2013). However, male rape survivors remain hidden and estranged. Male rape has largely been assumed to occur within institutions. However, a few studies have been published and they indicate that male rape is a serious problem both outside and inside of institutions (Garnet, Herek & Levy, 2010). Issues of

none reporting of male rape appear to be an important influence on statistics. As with other forms of rape, the causes of male rape are complex.

Male rape is a crime of violence rather than a crime of homosexuality, sexual desire or sexual gratification (Anderson, 2012). Some of the motivational components for male rape include conquest and control. The assault in this case serves as an expression of power and mastery on the part of the perpetrator. Also factors such as sadism and degradation of the victim play a role as motivators. That is, the aggression itself becomes eroticized and the perpetrator experiences excitement and gratification in the sexual abuse and degradation of the victim (Huckle, 2015).

Recent research has also shown that the effects of rape on adult males are often severe (Davies, 2012). Male rape like female rape is associated with multiple levels of trauma. These include behavioral, somatic and psychological reactions. Studies have shown that many rape survivors “self medicate” by consuming alcohol or other drugs in an attempt to relieve their suffering (Scarce, 2010). Male rape victims have also been found to report sustained damage to their subjective sense of masculinity as a consequence of the assault.

The experience of male rape is characterized by a sense of continuity, as it does not end once the perpetrator leaves the victim alone. The experience ruptures the victim’s pre-rape existence (Roos & Katz, 2013). Male rape victims tend to receive negative reactions from others, which result in multiple levels of victimization (Davies, 2012). This further jeopardizes their access to the justice system, health system as well as adjustment.

2.2.5: Gang Rape

Gang rape is rape of a person by two or more perpetrators (WHO, 2008). Locally, gang rape is highly prevalent. It is often perpetrated against the girlfriend of one of the men by a group of friends (Wood, 2015). Internationally, it is reported that one in 10 sexual assaults reported in the USA involves multiple perpetrators. The proportion of gang rapes that are not reported to the police is unknown.

Gang rape has also been found to be associated with heightened masculinity and masculine aggression. Masculine entitlement appears to be evident in gang rape as some men were found to gang rape in response to women saying “no” to their sexual demands. Therefore, sexual aggression is a defining characteristic of manhood in the group and is related to the wish to be held in high esteem (WHO, 2008). Gang rapes demonstrate the complexity of sexual offences as each offender has his or her own psychological constitution and accordingly has different thought processes and motives for committing the offences (Lawrence & Van Rensburg, 2016). They have different techniques of operating. For example, Vetten and Haffejee (2015) found that in 20 percent of gang rape cases, the perpetrators deceived women into voluntarily accompanying them to the site of the rape by pretending to know a friend or family member, or offering the victim employment or transport.

Another feature of gang rape is to force the victim’s husband or boyfriend to watch the offence (Vogelman & Eagle, 2011). This serves as an illustration of the rapist’s greater power relative to the other man, since this man is perceived as incapable of safeguarding and controlling “his woman”. This type of rape serves to affirm the rapist’s masculinity while destroying that of another man (Vogelman & Eagle, 2011).

According to the World Health Organization, that national data on rape and sexual assault in the United States shows that about 1 out of 10 sexual assaults involve multiple

perpetrators

Gang rape is a defiling and humiliating act, and is often a punishment (Wood, 2015). The attacks are also brazen and violent: women are confronted in public places, and the use of force increases with the number of perpetrators involved in the rape (Vetten & Haffejee, 2015). Gang rape is distinctive because although it often occurs in a situation in which no brutality or threat is necessary to subdue the victim, sadistic violence occurs on a large scale (Medea & Thompson, 2000). The use of excessive force and debasement vividly shows that rape is linked to other needs besides sexual gratification (Deming & Eppy, 2011).

Gang rape is a form of sexual violence that carries substantial risk of HIV transmission, as sex is unprotected, multiple men are involved and women are usually injured (Wood et al., 2012). This further exacerbates the epidemic that Kenya and other many countries are struggling with. It is also an important consideration as statistics on rape have indicated that children and young adults are most likely to be raped in these types of incidents.

2.3 Psychosocial Effects of Rape

Some survivors were faced with serious mental disorders such as shock, depression, denial, fear, anxiety, irritability and blue mood herald the notorious symptoms of premenstrual syndrome (PMS), guilt, mistrust, alienation, and confusion immediately after being raped (Deming & Eppy, 2011). They complex psychological tribulation, such as personality disorder, hallucination, emotional burnout and intellectual deterioration due to the loss of freedom of choice, will power, self control in a specific area of human activity and refusal to accept the conclusion of any piece in reasoning such situation often lead to helplessness and psychological trauma (Jewkes 2012).

Survivors of rape manifest long term symptoms of fatigue, sleep disturbances, recurrent nausea.

The frequency of unreported rapes pointed to a culture of secrecy and silence around rape: rape and defilement were associated with negative and stigmatized attributes such as promiscuity, unfaithfulness, and personal weakness (WHO, 2008).

According to a report from (UNFPA, 2012), the wellbeing of women and health around the world are affected by sexual assault and rape. While other said rape compromised the capability of women to deal with everyday life Kilpatrick (2004), while others go through extreme anger, always thinking revenge and failing to sleep because of nightmares (Calhoun, 2018) Survivors were likely to experience fear and anxiety (Briere & Jordan, 2014). Cohen and Roth (2012) reported that rape victims were generally acutely distressed during the first few months. The psychological disorders are experienced, nightmares, fear, shame, low self-esteem and depression (Campbell, Dworkin and Cabral, 2010). The survivors react differently to rape, all these depending on their personality, support received from family members, hospital personnel and police officers and past experiences (UNFPA, 2012).

Kilpatrick (2004) reported that survivors could have different immediate reactions after rape: some exhibited shock and distress through words and tears, while others had more internalized suffering. One immediately reaction was to blame themselves for occurring of rape. They find themselves helplessness, distressed emotionally and cognitive and depressed. Some had no appetite, self-blame for not fighting the perpetrator, guilty about the experience, fearful thoughts, restlessness, depression and thoughts of committing suicide (Pauwels, 2002).

2.3.1: Emotional Depression

A study conducted by Okunwu (2017) on the effects of rape to victims' found that emotional depression was prevalent among survivors of rape cases. In the study conducted in Kano a village that had been captured by Boko Haram fighters during their uprising found that survivors still had emotional depression due to the ordeal they went through.

In another study carried out in a larger geographical area that had been captured by Boko Haram it was found that victims of rape had never overcome the burden of emotional depression despite attending counselling sessions and being reintegrated in the community. (Adu, 2018).

The emotional depression occasioned from rape incidences was found to linger for years and in some cases it was never resolved as victims were not adequately counselled and monitored in order to help them cope with the trauma. (Kimberly, 2018). In some cases the emotional depression led to suicide of the victims. (Austin, 2017).

2.3.2: Feelings of Fear

Akinwu (2017) in his study noted that even after years had passed after incidence of rape the victims always had hallucinations and had fear always watching over their backs and afraid of being alone or with members of the opposite gender. This lingers for years and in most cases it was a subconscious reaction that the victims could not immediately detect.

The feeling of fear was more prevalent among victims who were abused at a young age since it changed their perception of the opposite gender and their socialisation (Kimberly, 2018). In cases where the victims were abused at a young age (below 17 years) it was found out that most of those victims never had proper relations with the opposite gender and in most cases never entered into marriage.

Akinwu (2018) in his study on the victims of rape in the Boko Haram controlled region found out that in a majority of the cases the victims opted not to speak out about their ordeal to the public for fear of stigmatization and in extreme cases ended up committing suicide in order to escape the humiliation and constant fear from the perpetrators and the society.

2.3.3: Humiliation

Kimberly (2017) in her study on rape victims in war torn countries carried out between 2013 and 2016 found that humiliation of the victims drove many people to silence. Many victims of rape incidences never reported their ordeal to the authorities because they feared the information getting out and them becoming victims a second time this time through the judgmental eyes of the society.

Kimberly in her study noted that most societies were still patriarchal and that in cases where the victims were women it was viewed by the larger society that they were complicit in the incidences. She noted that the judicial system right from reporting the cases to the police stations was heavily skewed against the victims of rape with no way to protect the identity of such victims.

Aukot (2015) in his study of legal challenges in solving cases of sexual violence noted that the fear of humiliation prevented many victims of rape cases from reporting their abuse to the authorities. In the study he noted that majority of cases of rape went unreported because the victims didn't want to live with the constant questions and under the judgmental eyes of the society they lived in.

2.3.4: Stigmatization

Aukot (2015) argued the stigmatization accompanying the victims of rape made many of them shun reporting it the relevant authorities. The long audorous process that cases took in the courts of law only served to deter victims from reporting, He argued that the

judicial process involved many players and it was bound to expose the victims to strangers raising the fear of ridicule and stigmatization.

Kimberly (2017) in her study averred that victims of rape were never reintegrated into the community after the ordeal thus leading to their stigmatization. She averred that the society is yet to be properly informed on the effects of side lining victims of rape and sexual abuse and this proved to be a big hindrance to the reintegration process.

Austin (2018) argued that in the absence of stigmatization from the community rape victims had better chances of readjusting to the society. He argued that victims of rape were well positioned to adjust to the society if individuals were less judgmental and accommodating to them. He argued successful intervention programs had to include reintegration to the society through educating members of the society on the importance of extending help to victims through the reintegration process.

2.3.5: Trauma

Psychological trauma for victims was found to be one of the leading effects of sexual abuse (Atiku, 2018). He argued that victims of sexual abuse never successfully recovered from their ordeal due to the psychological trauma they went through. Atiku averred that rape incidences are not a one off event since their effects will reverberate through the lifetime of the individual.

Atiku averred that successful intervention program will have to involve counselling and social therapy in order to reduce the level of trauma among the victims of rape and sexual violence. Counselling he argued should be routine and carried over the lifetime of the individual since there is no cutline on when full recovery takes place especially in form of psychological trauma.

Akembo (2015) in his study of incidences of rape in Naivasha Sub County found that if successful counselling is not done psychological trauma will affect the victim for

years and for intervention to be successful counsellors have to look at the psychological trauma as being a key component of the healing process.

2.4 Intervention Responses for Rape

The intervention responses of rape or sexual abuse can be put into three levels; structural level (primary prevention), Systematic level (secondary level), and Operational level (tertiary prevention).

2.4.1: Structural Level (primary prevention/Law Enforcement)

Preventive steps are taken to ensure rights of the survivor and the society are protected. Survivors describing their perpetrators conduct and medical staffs are highly distressing and disproportionately focused on the requirement of investigations and the collections of forensic specimens, rather than survivors. Some unethical principles are observed; those assigned the task of enforcing or expressing the norms of the dominant society such as the police requesting bribes, unfortunately at the cost of law, health personnel responding to disclosure of specimens examinations of rape often delivered inappropriate responses to it and results, or when one is raped it is painful and babbling to be told to mind your own business.

Police stand at the principal of entry for survivors who seek criminal justice responses. They are to enforce the law by investigating the case, and prosecuting the culprit in the court of law, without being punitive to the offender and survivor too

2.4.2: Systematic Level (secondary prevention/Law and Institutions)

There have been many decisions made by the Kenya government and other institutions charged with carrying out the policies and laws that are wished for to protect women and children from harm. The amendment act no. 5 of sexual offences (Act 2006) penal code chapter 63, laws of Kenya and the signing and implementing of Hon. Ndungu Sex

Bill in sexual offences Act (2006) and that after broadened the range of sexual offences to include various types of sexual abuse.

In Kenya Marital rape is not recognizes in the sexual offences Act (2006), as the members of parliaments of Kenya deleted the clause that included the marital rape as one type of rape in the sexual offences Act 2006 as they argued there was no way a non-consensual intercourse could occur between loving spouses. The Parliament charged the sexual offenses Act concerning marital rape in Kenya, to state that “the marital rape section will not be applicable to persons who are legally married to each other”.

Weak or absence of social sanctions and services such as: the absence of law procedures for mandatory reporting. Heavy reliance also by prosecution on medical examinations, reporting within a stipulated post-incidence time limit, and late recognition and reporting of the crime contribute to sexual abuse particularly in the rural area (Khan, 1999)

2.4.3: Operative Level (tertiary prevention)

These are direct services provided to meet the needs of women, girls, men and boys who have been abused; they can be administered in the following categories of responses as;

Medical Approach

The process to observe survivor of rape by trained physicians. Survivors, all share the traumas in particular, such as, fear, pain, punishment, and loss of control, and often in similar psychological sequel (WHO, 2008). Because of many reasons, experts recommend medical approaches for complete treatment and recovery of psychological problems but this is not sufficient. It is important, however, to remember that in acute setting of recent assaults, a balance must be immediately reached between access to

emergency medical treatment, and the need for privacy, emotional-supportive atmosphere and adequate time.

Counseling and Psychological Services

Counseling and psychological services need to be provided directly and indirectly with special focus on the emotional and spiritual components. Counseling in rape help the survivor to listen more carefully to herself/himself, explore, clarify and discover alternative ways of coping with problems. Follow up during the immediate period following the trauma is effective in helping victims to avoid the deployment of complex, prolonged syndrome (Matsakis, 2003)

2.5 Conceptual Framework

The conceptual framework outlines the dependent and independent variables as discussed in the literature review.

Independent variables

Dependent variables

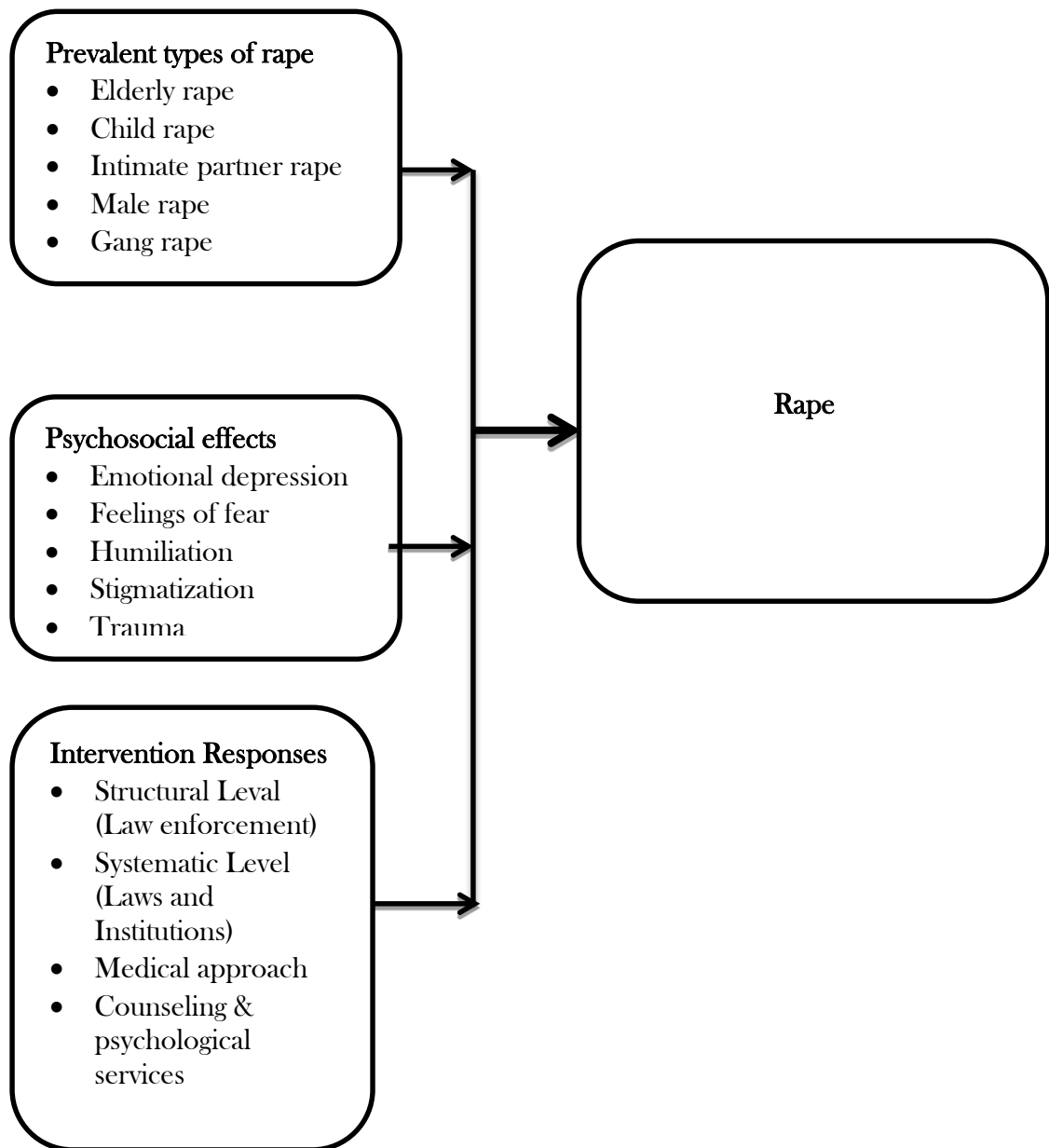


Figure 2.1 Conceptual Framework

This research aimed at assessing the psychosocial effects of rape in Kilifi North Sub County in Kilifi County. The effects influencing factors identified were prevalent type of rape, psychosocial effects, and intervention responses. These factors made the independent variables as outlined in the figure 2.1. The independent variables were measured to check the effect they have on the dependent variable. These independent variables include: Prevalent type of rape; psychosocial effects; and intervention responses.

In relation to prevalent type of rape, the literature reviewed has showed that the types of rape as indicators like: elderly rape, child rape, intimate partner rape, male rape and gang rape influenced the psychosocial effects of rape significantly. Equally, Psychological and social effects; emotional depression; feelings of fear; humiliation; stigmatization and trauma have an influence on the psychosocial impact on the survivors of rape in Kilifi North Sub County.

Finally, intervention responses; Structural Level (Law enforcement); Systematic Level (Laws and Institutions); Medical approach and Counseling & psychological services have an ability to influence the survivors will and ability to seek counseling and recover from the psychosocial effects.

2.6 Summary of the Literature Review

The literature review study showed that there were prevalence type of rape around the world, although there were other not covered such as date rape, marital and spiritual rape, well known as the rape that takes place in dreams. The sexual assault and rape affected the mind, body, and spirit. This is the short and long-term effects, as many survivors experienced one or more of these effects and they were not commonly limited.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In relation to the topic of study that was, the psychosocial effects of rape in Kilifi North Sub County in Kilifi County, this chapter highlights the procedures that were used to conduct the study, obtain data and test the research questions. It discusses the research design, the target population, sample size and sampling techniques, research instruments used, validity of instrument and reliability of instruments, data collection procedures, data analysis procedures and ethical considerations.

3.2 Locale of the study

This study was carried out in Kilifi County. It borders Kwale County to the South West, Taita Taveta County to the West, Tana River County to the North, Mombasa County to the South and the Indian Ocean to the East. The County has seven Sub Counties/Constituencies namely, Kilifi North, Kilifi South, Ganze, Malindi, Magarini, Rabai and Kaloleni and 35 County Wards (Appendix County Map). The population of the County was estimated to be 1,217,891 by the Kenya Population and Housing Census 2009, composed of 587, 719 males and 630,172 females.

The county hosts small scale farming especially in the inland areas. A mixture of fruits, vegetables and coconuts trees are grown. Fisheries also play a major role in the economic arena of the county accounting for more than half of the income of households along the coastline of the county Kilifi County, Strategic Plan (2016-2019).

3.3 Research Design

This study adopted a descriptive survey design. Orodho (2003) describes research design as the scheme, outline, or plan that is used to generate answers to research a problem. Orodho (2003) maintains descriptive survey design entails an in depth

empirical collection of facts and data about a certain phenomenon. It also describes actions as they are or as they happen rather than manipulation of variables and collects data from a wide/diverse category of respondents. Descriptive survey design was used by the researcher to explore the opinion of the religious leaders, community at large, personnel working in gender based violence unit in hospitals and police stations and the survivors of rape on the prevalence type of rape, psychosocial effects and the intervention measure on rape. Mugenda and Mugenda (2003) contend that the purpose of a descriptive research is to describe behaviors and characteristics.

3.4 Target Population

Target population refers to the larger population to which the researchers ultimately would like to generalize the results of the study (Orodho, 2003). It is the entire group of individuals, events or objects having a common observable characteristic. The psychosocial effects information was collected from the survivors of rape through questionnaires and focused group discussion was done among members of the community. The information on intervention was collected from personnel working in gender based violence units in hospitals and police stations through interview guide since they were perceived to be more knowledgeable on the issues of guidance and counseling. The year 2014 the prevalence of rape in Kilifi County was reported to be high among the 47 counties with 97.9 percentage that represent 98 cases of rape reported in the police stations (Kenya Police Service 2015). Of this population of cases of rape, there were only 15 personnel working in Gender based violence units in Kilifi North Sub County. The local community that was to be included in the study was 50. Therefore, the actual target population of this study was 98 survivors of rape in the record book in police station, 15 personnel working in gender based violence units and the 50 local community members in Kilifi North Sub County making a total of 163 as

target population.

3.5 Sampling Procedure

According to Orodho (2003), the sample size had a far reaching implication on this study. Participants to the study included key informants whom the researcher believed could provide the needed data.

The sample consisted of 50 respondents selected in Kilifi North Sub County, Kilifi County. The sample was collected from various respondents using questionnaires and interview schedule guide as indicated in the Table 1 below.

Table 3.1 Target Population

Respondents in the population	Size of respondent in the sample	Size of the respondents
Survivors of rape	98	30
Gender based violence personnel	15	5
Local community members	50	15
Total	163	50

The size each respondent reflected the size in the target population. The size of each respondent was determined using the formula.

$$\text{Size} = \frac{\text{size in population} \times \text{sample size}}{\text{Total population}}$$

The researcher employed structural sampling and simple random sampling techniques to select the sampling stratified sample as used to determine the size of each respondent

to be included in the sample. It enables the researcher to produce a representative sample whose characteristics fairly reasonable that of the population on the variable being investigated.

Sampling means selecting a given number of subjects from a defined population as representative of that population. Any statements made about the sample should also be true of the population (Mugenda & Mugenda, 2003). A sampling frame is a list of all items where a representative sample is drawn for the purpose of research (Orodho, 2003).

In this study, the sampling frame was fifty (50) respondents in Kilifi North Sub County, in Kilifi County. The sampling frame is 30.7% of respondents of Kilifi North Sub County. Mugenda and Mugenda (2003), states that a sample of 30% is considered representative for a population less than 500.

The study used a sample size of 30.7% of the target population since it minimized the duplicity and redundancy of the data obtained and the size was large enough to ensure collection of comprehensive data. Since the population of the respondents is small (163), the study used 30.7% of the entire population as the sample size.

3.6 Pre-Testing of Research Instruments

The researcher in order to ensure validity and reliability of the researcher instruments, he exposed the research questionnaire and interview guide to a pilot test. In pilot testing, 10 questionnaires and interview guide were given to 10 individuals in another Sub County, Malindi Sub County in Kilifi County, and the same exercise repeated after two weeks. The report from the questionnaire and interview guide was then subjected in the SPSS to check for the reliability of the research questionnaire.

The respondents who participated in the pre-testing of the research instrument were not considered for the instrument filling during the final study since they are from Malindi

Sub County that is not in the study.

3.7 Validity and Reliability of Research Instruments

Validity is a measure of how well a test measures what it is supposed to measure. It is the degree to which results obtained actually represent the phenomenon under investigation. Reliability is the measure of the degree to which a research instrument yields consistent results after a repeated trial (Mugenda & Mugenda, 2003).

3.7.1: Validity of the Research Instrument

The research used content validity as a measure of the degree to which the data collected using the questionnaire and interview guide represented the objectives of the study. Validity was established by ensuring the instruments covered the objectives (content validity).

3.7.2: Reliability of the Research Instrument

The instruments were piloted on 10 respondents in Malindi Sub County and the procedure repeated in two weeks. Reliability was determined by a test-retest administered to 10 subjects in the said Malindi Sub County, not included in the final study sample. Inputs from invaluable sources like researcher experts were obtained during the study that was useful in modifying the questionnaire and interview guide before a final set of questions were produced. Piloting was done to test the reliability of the instruments and a Cronbach alpha was then calculated. An alpha score of 0.8 was obtained and then considered to be good enough for the study as recommended by Cronbach (Mugenda & Mugenda, 2003).

3.8 Data Collection Procedure

A questionnaire, interview guide and a focused group discussions were used to collect data at first from both the survivors, personnel working in gender based violence units and the local community since they were well suited for the study. The researcher

defended the proposal at the university level and was cleared to obtain a letter from the graduate school allowing him to continue with data collection. The researcher then informed the ministry of education of the intended researcher and contacted the various school heads. Also a letter for the NACOSTI was used to introduce the researcher to the respondents. The researcher trained two research assistants for 6 days who helped in the distribution of the questionnaire and collecting the filled questionnaires. The researcher dropped the questionnaires to the respondents and picked them later after two weeks. The researcher also emailed some questionnaires to some respondents who were not available immediately during the research period.

Also, focused group discussions were carried out with the village elders and religious leaders grouped according to their classes into groups of ten people and facilitated by the researcher and the research assistants. The respondents were requested to participate in the research willingly and clarifications were made during the discussion period. Immediate feedback was obtained and the promised the respondents that the information was to be used for academic purpose only.

3.9 Method of Data Collection

Questionnaires and focused group discussions were the main instruments of data collection that were used. The questionnaire was organized into two parts where the first part contained basic background information rated in nominal scale while the second section contained the structured questions in relation to the objectives. The questions were rated on a likert scale of a magnitude measure of 1 to 5.

The questionnaire helped the researcher to collect data on knowledge, opinions of respondents towards the psychosocial effects of rape and intervention strategies in Kilifi North Sub County. The questionnaire was suited for this study because it was practical

and was used to collect data from a large number of people within a short time and in a relatively cost effective manner. Both open ended and closed ended questions were used. Open ended questions enabled respondents to provide sufficient details while close ended questions enabled the researcher to easily quantify results by the use of SPSS.

On the other hand, a focused group discussion was used to seek deeper information from the local community purposively selected for the study. This contained semi structured questions that had both closed and open ended questions; rated on both nominal and ordinal scale. The discussion was carried out by the researcher and two other trained research assistants. The researcher moderated the respondents by allowing them take informed turns in answering questions and clarification done where necessary.

3.10 Data Analysis and Presentation

Data were sorted out to enable the researcher get control of the only useful information that contained all the elements required for the study. The qualitative data that were obtained from open ended questions in the questionnaires and also the questions from the focused group discussions were presented in a narrative form by use of verbatim reporting, weighing verbs that showed the extent of influence. The weighing was based on the common phrases and words used and were scored on an average percentage. A percentage that went beyond 50% score was explained to mean a significant relation between some given variables. The quantitative data were keyed into the SPSS software of version 22.0 to allow easy conversion into numerical and figures. This then was presented by use of frequency distribution tables and relative frequency distribution. The mean and standard deviations were used to present the rated data that was measured on a likert scale (scale of rating of 1-5).

3.11 Ethical Considerations

The researcher obtained a permit from the ethics review board of KeMU, NACOSTI and the county ministry of education of Kilifi County. Consent was sought from the respondents whose participation in this study was voluntary. The information they provided was treated with utmost confidentiality. Privacy and dignity of the respondents were considered during the research. Names of the respondents were not exposed and codes were used instead from those respondents who freely choose to participate in the study. The information gathered was analyzed for academic purpose only. Ethical standards were maintained throughout the research process.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the findings of the study on psychosocial effect of rape in Kilifi North Sub County, in Kilifi County, Kenya. This study was guided by the following objectives:

- i. To identify the prevalent types of rape that occurs within Kilifi North Sub County
- ii. To determine the psychosocial effects of rape to survivors in Kilifi North Sub County
- iii. To identify intervention responses of reducing effects of rape in Kilifi North Sub County

4.2 Response Rate

The number of questionnaires that were properly filled and returned was as shown in the Table 4.2

Table 4.2 Return rates of the questionnaires

Respondents	Distributed response	Returned	Return rate
Survivors of rape	30	28	93%
Gender based violence personnel	5	5	100%
Local community	15	14	95%
Total	50	47	94%

Out of the 30 questionnaires distributed to the survivors of rape, 28 were dully filled and returned equating to 93%, while 5 questionnaires to the personnel working in gender based violence were all filled and returned equating to 100% and out of the 15 allocated to religious leaders, village elders and youth, 14 were dully filled and returned making it 95% return rate.

The total number of the returned questionnaires tallied to 47 which imply that the rate of response was 94% for the whole study. The response rate was high which an import ant aspect of the study. This rate of response can be attributed to the personal collectio n of data through questionnaires and interview schedule.

Mugenda and Mugenda (2003), states that when a response rate in social research that has a target population that is less than 500 and the response is more than 50%, such a response rate is considered to be sufficient for study.

4.3 Demographic Characteristics of the Respondents

In researcher sought to examine the bio data of the respondents in the field. The demographic variables that were included in the study were age, gender, education level and source of income of the survivor parent or guardian.

4.3.1: Ages of the Respondents

Table 4.3 Ages of survivors of rape respondents

Distribution age categories	Frequency	Percent
Bellow 18 years	19	67.9
(18-25) years	6	21.4
(26-59) years	3	10.7
Total	28	100.0

Table 4.3 shows the distribution of age categories of the survivors of rape in the local of study, Kilifi North Sub-County. The distribution of the gathered data shows that most of the victims 67.9% (19) are below the age of 18 years. This shows that the young ladies are the target of the perpetrators involved the sexual related issues and rape. Low numbers of the victims, 32% (9) were above the age of 18 years which is the age that the country declares one to be adult. The study age-based data gathered shows that young girls are vulnerable to rape and sexual offenses in the study local.

Table 4.4 Ages of community respondent

Distribution	Frequency	Percent
age categories		
Bellow 18 years	3	21.4
(18-25) years	5	35.7
(26-59) years	6	42.9
Total	14	100.0

Table 4.4 shows the distribution of the age of the respondents of the community members involved in the study. This shows that the research gathered most information from elderly purposive respondents as 42.9% (6) of the respondents were of the age bracket of 26 to 59 years.

This leads to reliable information on rape and psychosocial effects on the survivors. This is because the elderly respondents could be parents to the victims and or might have had some good time to interact with the survivors. The findings of the study did not exclude the youths as 35.7% (5) of its respondents were drawn from the youths of age between 18 and 25 years.

4.3.2: Gender of the Respondents

Table 4.5 Gender of the respondents

Gender of the respondent	Frequencies	Percentage
Male survivors	2	7.0
Male community respondents	6	43.0
Female survivors	26	93.0
Female community respondents	8	57.0
Total	42	100.0

Table 4.5 shows the distribution of the gender across the clusters of the respondents. The presentation shows that the study gathered its information more of it on the female gender as compared to their male counterparts with a percentage of 93% and 7% for male survivors and 57% and 43% for the community respondents.

This is a clear indication that in Kilifi-North Sub-County the female gender is dominantly affected by rape and psychosocial issues. It confirms that indeed the female gender or sex is still vulnerable to rape.

The fear of disclosing gender on the community members involved was also noted as 21% of the respondents could not indicate their gender in the questionnaires which could be because of the seriousness of the information that they gave out as far as the community of the Kenyan Coast region is concerned.

4.3.3: Education Level of the Survivors of Rape and the Community Members

Table 4.6 Education Levels of the Respondents

Level of education (survivors)	Freq.	%	Level of education (community)	Freq.	%
Dropped out	1	3.6	Dropped out	2	14.2
Primary	20	71.4	Primary	4	28.6
Secondary	2	7.1	Secondary	6	43.0
College	0	0	College	0	0
University	5	17.9	University	2	14.2
Total	28	100.0	Total	14	100.0

Table 4.6 shows that the distribution of the survivors of rape and the community members with their education level. The findings show most of the survivors of rape in this particular area of study are primary school pupils with a prevalence rate of 71.4% (20) very minimal cases were recorded with an increase in level of education as the survivors in the secondary and university levels had 7.1% (2) and 17.9% (5) respectively. This is a clear indication that most of those who fall victims of rape are the girls in primary school.

The study also gathered information from a relative informed community as more than average 43% (6) had secondary school and above knowledge and less than average 28.6% (4) were drawn from those with primary education and 14.2% (2) from drop outs.

4.3.4: Source of Income of the Parent/guardian of the Survivor of Rape

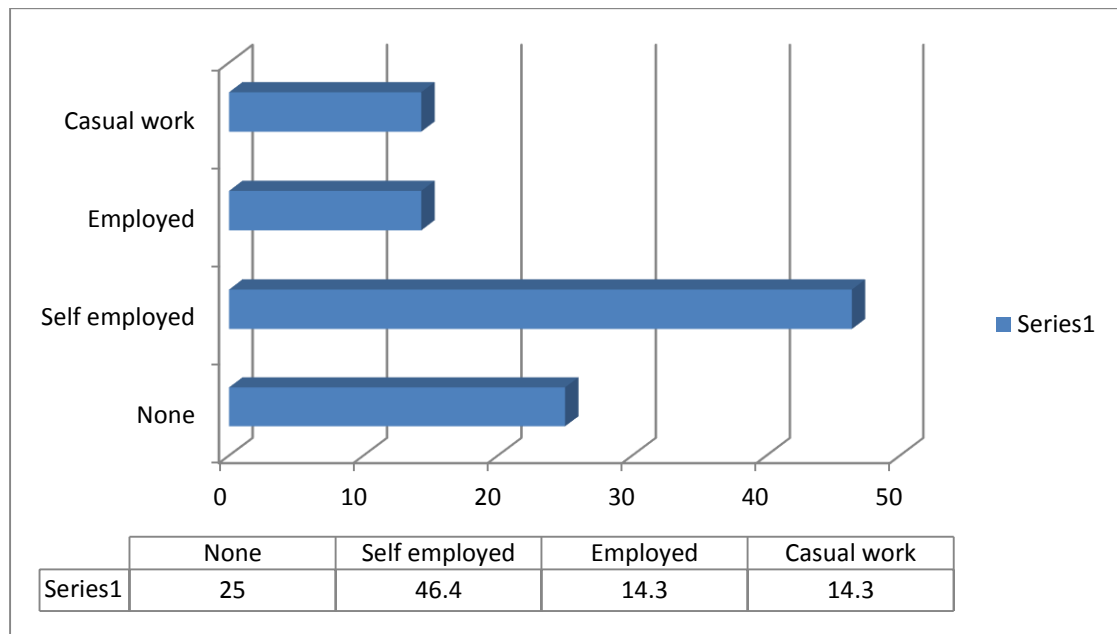


Figure 4.2 incomes of survivors of rape parent/guardian

The bar chart above show the occupation as it was distributed across the parents or guardians of the survivors of rape within the local of Study. It is clear that most of the survivor’s slightly below average 46% were self-employed in various sectors of the local economy. It there can be deduced that most of those who fall victims are pupils’ girls who are being taken care of by self-employed guardians and parents who are relying self-employment which is a known sector that one requires that most of the time to maximize on the income and hence rendering the survivors vulnerable to the perpetrators.

4.4 Prevalent Types of Rape that occurs within Kilifi North Sub County.

The first objective was to identify the prevalent types of rape that occurs within Kilifi North Sub County, in Kilifi County, Kenya. The information was collected from the questionnaires and interview guide asked to the personnel working in gender based units and local community respondents on their knowledge, opinions and attitude of the type of rape that are reported from their locality revealed the following:

A number of questions were asked in the questionnaire and interview guide in order to identify the type of rape that is prevalent in Kilifi North Sub County. The respondents were asked to mention the type of rape that is frequently occurs and reported in their areas. The results are shown in figure 4.3

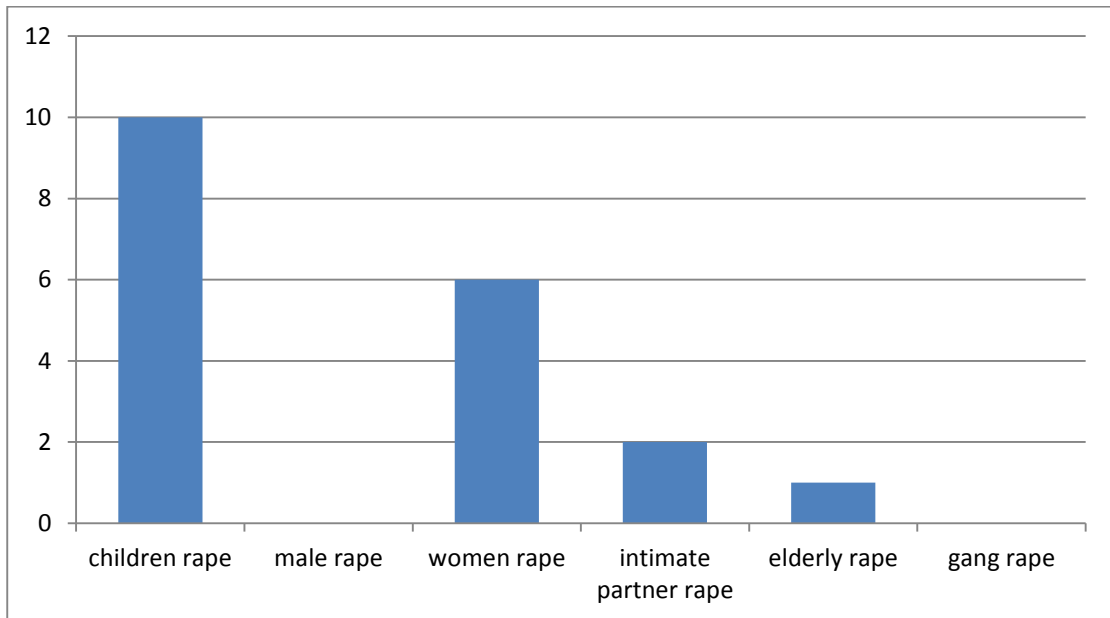


Figure 4.3 Prevalent types of rape

There are several types of rape that are known and discussed in the literature review, ranging from elderly rape, children rape, intimate partner rape, male rape and gang rape. The respondents were asked on the questionnaires and interview guide to identify the prevalent types of rape in Kilifi North Sub County.

The results of the respondent presented on the bar chart above. It was found that children rape was dominantly rated at 53% (10) that was closely followed by female rape that was rate slightly below average 32% (6). The other form of rape that was found to be affecting people in Kilifi North Sub-County was the Intimate partner that was at 11% (2) and elderly was at 5% (1). The gang rape and male rape were not an issue to the residents of the area of study as it was clearly noted as zero rates.

The information data was also collected from the referral hospital in Kilifi North Sub County to find the prevalent type of rape reported and the one that the local community and personnel working in gender based units mentioned for comparison. The study collected information on prevalence of rape in Kilifi North Sub County for the last five years from Kilifi County referral Hospital and Kilifi County Police Station, on the number of rape cases reported per year to justify the increases of rape cases reported by the Kenya Police Service (2015).

4.4.1: Cases of Rape Reported

The table below presents the information gathered from the Kenya Police and the Kilifi-County Referral Hospital for the past five years (2013-2017) in relation to the reported cases of rape. The table shows that the reported cases rate over the last five years has been increasing.

Table 4.7 Cases of rape 2013-2017

Rape cases reported	Kilifi County Police stations	Kilifi referral Hospital
2013	85	130
2014	98	150
2015	124	253
2016	149	303
2017	152	306
Total	653	1,995

Source: Kilifi North Police stations and Kilifi County Referral Hospital, (2018)

The table above shows the comparison between Hospital and Police station reported cases of rape in Kilifi North Sub County of Kilifi County in the last five years.

According to the table 4.7 it is clear there is an increase in rape cases rate in Kilifi North Sub County for the last five years as reported in the background of the study by the (Kenya Police Service 2015). The same data shows that the reported rape cases in Hospital are higher than the Police station in the same area in each particular year period. The ranges of the cases registered in both institutions are 89 for cases in Kilifi Referral Hospital records and 45 for the Kenya police registers.

Implying that, many survivors of rape like to report their cases in Hospital to seek treatment, prevention of pregnancy, unlike going to Police station to report the cases for justice. This clearly shows that there is more emphasis on the aspect of justice to the victims as compared to the aspect of the medical importance of the survivors of rape and sexual offenses in the local of the study.

Table 4.8 Type of rape cases reported 2013 to 2017

Prevalent type of rape	2013	2014	2015	2016	2017	Total cases
Women rape	27	31	34	12	10	114
Male rape	4	3	0	0	0	7
Children rape	94	116	219	291	296	1,021
Total cases yearly	130	150	253	303	306	1,142

Source: Kilifi County Hospital records office

The units of analysis for the prevalent type of rape and number of cases were selected from; Kilifi County referral hospital, three health center, 13 dispensaries in Kilifi North Sub County.

The table 4.8 shows that the prevalent kind of rape in Kilifi North Sub County are

children rape with 82 percent of rape cases occurred before girls reached the age of 18, 8 percent women above 18 years. The finding shows that young girls stand at high risk of being raped than the older women in Kilifi North Sub County.

4.4.2: Awareness on Prevalence of Rape in Kilifi North Sub County

A number of questions were asked in order to find out if there are prevalent types of rape in Kilifi North Sub County. The respondents were asked whether Kilifi North has a serious rape problem as reported by the Kenya Police Service (2015). The results are as shown in Table 4.9:

Table 4.9 Rape prevalence awareness responses

Kilifi North Sub County	Frequency	Percent
has a serious rape problem		
Strongly agree	10	71.4
Agree	3	21.4
Fairly agree	0	0
Disagree	1	7.2
Strongly disagree	0	0
Total	14	100

Source: Field data

The table shows the rate at which community of Kilifi North Sub-country rated the prevalence of rape cases. The study found out that the community felt that there is a serious problem with 71.4% while those who felt there was a little problem in the society in the local study were 21.4%. Only 7.2% disagree that the prevalence of rape is very high in Kilifi North Sub County.

4.4.3: Factors on the Prevalence of Rape in Kilifi North Sub County.

The study established through its Community questionnaires (see Appendix B), interview with police officers and trauma counselors (see Appendix C), and found that there are several key factors that led to the prevalence of rape within Kilifi North Sub - County.

Responses on Perception to Prevalence of Rape in the Community

Males and females have different perceptions on rape as indicated below.

When asked if rape is not possible in a marriage. All the respondents answered in affirmation. But some especially female respondents add that; it can occur if one of the partners did not consent to sex or if he/she is not prepared for sex. African culture also plays a part, since it states that, a husband has power and rights over his wife's body, so he can have it (sex) whenever he wants it.

When asked is it true when women say no to sexual advances she does not really mean it. Males' respondents answered in affirmation. They believe that females are not expected to say "yes" when they mean "yes" and their "no" is not always taken to mean "no". Males have the freedom to impose their will on females and most rape occurs under such circumstances. Females' respondents said they mean what they said unless forced by the circumstances of drugs, alcohol and situational challenges. African society usually blames females for being raped.

4.4.3.1: Prevalence Factors of Rape from the Interview Responses

High Poverty Rates

One of the prevalence of rape identified by participants was the prevalence of high poverty rates among the community.

Participant 4: the prevalence of high poverty rates.....exposes school girls to the temptation to have money for personal use from men that was not provided by their

parents hence men take advantage of them by demanding sex relationship when they refused they rape them.

Unemployment

Unemployment in Kilifi North Sub County is extremely high which may leave many men very frustrated and feeling helpless. Unemployment is a significant problem most people, therefore, are living in poverty. Unemployment for the youth in Kilifi North Sub County, led them used substance abuse and alcohol consumption.

Participant 10: People are frustrated...especially men hence rape to deal with their frustrations.

This quote suggests that men who are unemployed are more likely to perpetrate rape as efforts to deal with their frustrations. Traditionally men are perceived as the providers for their families; hence men being faced with the challenge of not being able to support their families and may be living in very stressful conditions.

Job Seekers

Women were seen by participants as vulnerable to being raped if they were seeking employment. Many women are faced with the challenge of unemployment and constant job hunting. This seems to have been identified by the perpetrators as a loophole for taking advantage of women. The media has covered a number of cases in Kilifi North Sub County which men have taken advantage of women seeking jobs by luring them into isolated places and raping them.

Participant 13: ...And also women or girls who are looking for jobs. They are easy targets, they can be led to hotels or clubs and that's where they are raped.

Many women are desperate for a decent living through finding a career, and it is through this desperation that perpetrators take advantage of them. This group is also targeted by opportunity seekers, who can see that they are vulnerable and desperate.

Alcohol Consumption

Most of the participants perceived alcohol intake on the part of the victims played a major role in rape cases, although the alcohol intake of perpetrators was not mentioned. Although alcohol intake in any location leaves women vulnerable to rape, the participants in this research perceived nightclubs and funeral discos at night to increase women's and school girls' chances of being raped.

Participant 11: Most of the women that are raped are those go out to nightclubs and using alcohol

It appears that participants regard it as more acceptable for men to drink than for women. It is important to note that the rape victims who had used substances seemed to receive less empathy. This suggests that victims may be blamed for their rapes. Victims who were raped under the influence of alcohol are therefore less likely to receive empathy and respect, as they are held accountable for their own victimization. This may further lead to women not reporting their cases, as they may fear that they will receive criticism or a negative attitude from the police.

Participant 16: Alcohol number one, women going out in the night disco matanga and drinking local brew. They are drunk and it's late and so the perpetrator takes advantage of them, that I think those are the common factors.

The increasing funeral discos "Disco matanga" that attracts school going pupils among other young girls who are vulnerable to rape and lust among some men. Disco Matanga in Kilifi County where school girls attended at night and men get drunk then led to raping cases or sexual assault when escorting school girls back home to their parents at night. The above quotes also suggest that the perpetrators of rape may be men who are opportunists. This category represents men that rape because the circumstances allow them to do so. The man may not have planned the act but they end up doing so because

they saw an opportunity and took advantage of it. Women who are drunk therefore become easy targets because they are defenseless.

Influence of Substance Use

Alcohol use was perceived to be an important factor in the common rape cases. This is confirmed by a common perception among the police officers that substance use (alcohol and drugs) contribute to the occurrence of rape. A significant number (10 out of the 4 participants) perceived alcohol especially to be a significant factor in causing the act of rape. This is a significant individual factor that heavily influences the perpetration and victimization of rape. It is also a social issue as there is a general tolerance among societies of excessive alcohol and drug use

Participant 2: I think it's because of the alcoholism, drug abuse, rate of unemployment, and funeral disco at night.

Participant 6: I think it's about taking advantage of women. For example, in the cases where a woman has been drinking in the funeral discos, you know after drinking a lot can happen. So the perpetrators they just take advantage of you...

Participant 9: In most cases, you find that men they go to the place of alcohol such at the nightclub where you find that the man spends all his money for the lady and the next thing he wants to take her home. So in most cases, they do it as payback or reward for all the money they have spent on the woman.

These quotes suggest that some of the victims may be blamed for their rape, as they are perceived to have contributed to their rape by drinking. The participants appear to assume that because the victim has accepted the drink offers she will have sex with him in return. When this assumption is not realized, the perpetrator may use force.

The participants 9 also point out that the survivors are taken advantage of by the perpetrators because they are drunk. The perpetrators take advantage of alcohol

influenced women especially those who walk alone from the drinking venues.

Participant 9 also raises a concern that some women because they are drunk they would not recall their victimization. This contract ally means that the survivors get sexually transmitted infections and unexpected pregnancy without their knowledge.

The Role of Dress Code

An additional factor that was perceived by one of the participants to render women vulnerable to rape included dress codes. Dress codes reflect a personal preference or choice. However, for this participant, the dress code was associated with greater vulnerability to being raped.

Participant7: ...But sometimes people expose themselves. I do support this thing of attire as well like these cleavage things, these miniskirts you know. You must wear accordingly, according to your body but now since cleavage thing, people are abusing it and its attracting men outside.

The above statement suggests that women are sometimes blamed for their assaults. It suggests that the dress code is the reason the rape perpetrator assault rape victim; hence the women should have dressed in a less provocative manner. Thus, the responsibility for controlling men's sexual desires is placed on the women.

Participant 15: Women dress slogan "my dress my choice" bring temptation to boda-boda operators "Motorcycle riders" men and other substance abusers to commit rape offenses. The male community respondents blame females for being raped as they induced the perpetrator with their revealing clothes.

African Cultural Influences

Half (80%) of the respondents indicated that culture; values, attitudes and norms, beliefs and practices are the leading variables on the prevalence of rape while 15% disagreed. Only 5% were uncertain. The majority views the cultural beliefs and

practices which deny females their conjugal rights, and place restrictions on their sexual freedom encourage rape against females and according to African traditional culture males should be aggressive in whatever they do even in love affairs.

African culture also plays a part in prevalence of rape in Kilifi North Sub County, since it states that, a husband has power and rights over his wife's body, that means whenever time he wishes to have sex with her, the wife must be ready or compliance without complaining. Most of those asked if rape can happen in a marriage they said "No" as the husband can demand sex as he wishes according to them.

HIV and AIDS Myths

The police personnel also seem to be quite helpless with this type of rape of children.

Participant 18: ...even on the system it doesn't really show why they do that, why they rape minors. This quote emphasizes the participant's confusion and sense of helplessness in understanding the causes of child rape.

The relationship between child rapes and HIV myths has been well documented and is amongst the most disturbing phenomenon in the face of rape. It is therefore not surprising that child rape and its perceived relationship to curing HIV formed one of the themes in the study. One of the major themes that emerged in relation to the causes of child rape was the issue of myths around curing HIV.

Participant 3: I don't know why men rape children before they used to say because it cures HIV but people were not really sure.

Participant 8: Some people say because people thought that it would cure HIV but we all know that is not true...

It may also suggest that men who are HIV positive are likely to rape as an effort to rid themselves of the virus. It is important to note that HIV positive men rape adults due to anger as they believe women infected them hence they need to spread the disease, but

in relation to children, they rape as efforts to rid themselves of the devastating virus. This suggests that perpetrators of rape may be HIV positive and due to the frustration of having no cure, they rape children as they perceive this to be efforts in curing themselves. The myth about child rape curing HIV stems from cultural beliefs.

Lack of Care for Children

Many children are left in the care of significant family members whilst their parents work. This has been found to be dangerous, as most children are raped in their homes by people known to them.

Participant 12: ...Also other cases you find that its people who are not working and they are left with kids and you find that they end up raping them.

Participant 14:those who are left with male figures, who are usually, close family members

Men that are left at home to care for children were identified by participants as a group that may perpetrate rape against children. The children are raped purely because they are available and they are easy targets. This suggests that the offenders of child rape may comprise of relatives who appear to take advantage of children whom they are supposed to care for.

The Situational Challenges

Participant 5: sometimes the minor found themselves in situations that they fall prey to the perpetrators.

Some of these cases in the region included those who were raped by teacher, cousins and close relatives. Some survivors were not reporting the rape cases to Kilifi police stations especially those raped by their relatives or person they really know such as teachers, neighbors, and boyfriends. They do not report those who rape them because they are afraid of tarnishing their personality and dignity especially if they are married

women. This may lead to the continuing habit of rape in the society as the perpetrators are not sentenced to jail to be an example to other men with the intention of committing the offenses.

4.4.4: Rating of Prevalent Type of Rape in Kilifi North Sub County

On a likert scale of 1 to 5, respondents were asked to rate the extent to which the following statements related prevalent of rape in Kilifi North Sub County. In the scale, strongly disagree was equated to 1, disagree to 2, neutral to 3, agree to 4 and strongly agree 5. A mean and standard deviation was calculated in each category and interpretation made based on the results. A mean of 0 to 1.4 meant that the respondents strongly disagreed, 1.5 to 2.4 disagreed, 2.5 to 3.4 weakly/fairly agreed, 3.5 to 4.4 agreed and 4.5 to 5.0 strongly agreed.

The findings are as in Table 4.10:

Table 4.10 Rating Prevalent of Rape in Kilifi North Sub County

Statement	N	Mean	Std. Deviation
Prevalent types of rape that occurs in the area of study	14	4.24	.981
The types of rape mostly reported in Hospitals & Police	14	3.44	1.198
Awareness on prevalence of rape problem in the area	14	3.56	1.373
Factors for the prevalence of rape in the area of study	14	4.24	.614
Total	14		

Majority of the respondents (mean of 4.24) strongly agreed with the type of rape in Kilifi North Sub County. Also, a great number of the respondents supported the idea of

high prevalence of rape in Kilifi North Sub County, represented by a mean of 3.44; In addition to this, majority of the respondents as represented by a mean of 3.56 shows the awareness on prevalence of rape problem in the study area. Equally, majority of the respondents knows the prevalence factors of rape in Kilifi North Sub County as represented by a mean of 4.24. Most of those interviewed were also mentioning rape to be the main causes of other social issues such as failing to get employed or getting married. Rape was perceived as linked to issues such as substance abuse, HIV and early pregnancy. These social issues were perceived to either contribute to the prevalence of rape, increased victims vulnerability to being raped or made the problem of rape socially significant. Perceptions of the prevalence of rape for adults seem to be mostly viewed as socially entrenched. Community blames the survivors of rape to be responsible for rape, either in whole or in part. Some mentioned wearing sexually provocative clothing may contribute to the rape or assault.

4.5: Psychosocial Effects of Rape to Survivors in Kilifi North Sub County

The second objective was to identify the psychosocial effects of rape to survivors within Kilifi North Sub County, in Kilifi County, Kenya. The information was collected from the questionnaires and focused group discussion asked to the survivors of rape, personnel working in gender based units and local community respondents on their knowledge, opinions and attitude of the effects of rape that are experienced, observed and treated in hospital the following information revealed:

4.5.1: Experience of the survivors after rape

The study sought to find out the psychosocial effects of rape to the survivors of rape. Each of the survivors experienced pain differently making it highly subjective and that it was a challenge for the study to evaluate.

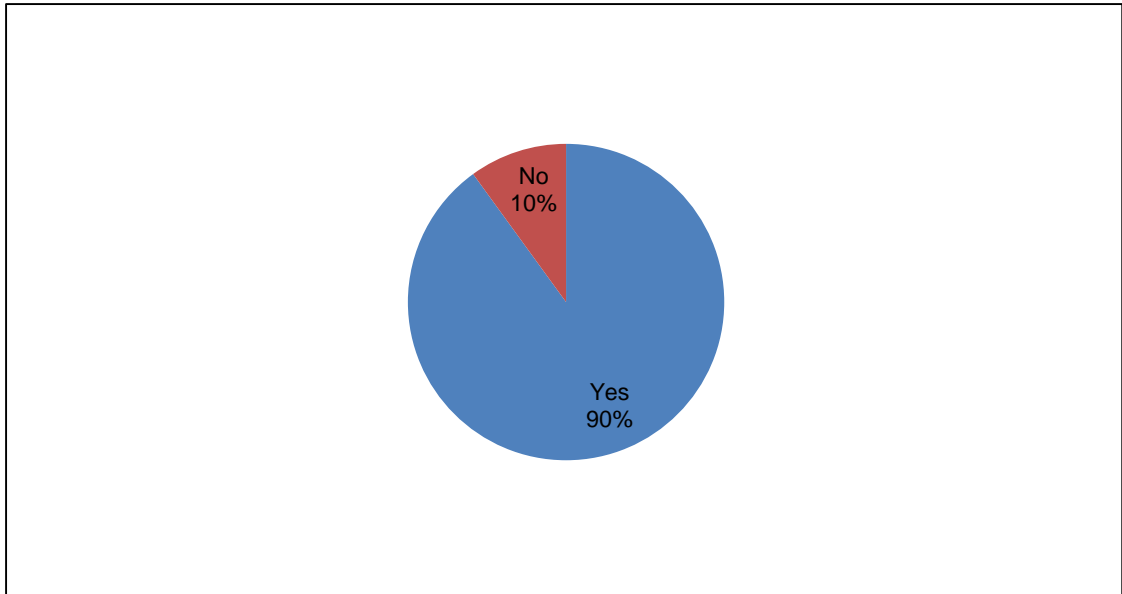


Figure 4.4 Experience of pain after rape

However, 90% of the survivors typically experience some degree of pain and discomfort all over the body, throbbing, sharp during and after the rape. The survivors rated the pain as being less than toothache, more than fetal critical perception of pain that may be impossible to know when painful experiences are perceived. Surprising 10% did not feel any pain, as they were not able to explain as they cannot recall.

4.5.2: Knowledge on awareness of psychosocial effects

The study sought to find out if they were aware of the impact of psychosocial effects in the key interview with: survivors of rape, personnel working in gender based violence units and local community members. Local community members, 70% were not aware as opposed to 30% who were aware the local members were aware of injuries and other physical injuries sustained by the survivors after rape mostly children especially, when serious physical and complicated injuries occurs from manhandle during rape such as tear of vaginal and rectal tear. 100% of the personnel working in gender based violence units were aware and mentioning trauma as the most psychological effects of rape. The survivors of rape were aware of the psychological and social effects of rape and this is because of the effects of rape is mostly associated with them below figure 4.5 explain

the results of psychosocial effects of rape from the survivors questionnaires.

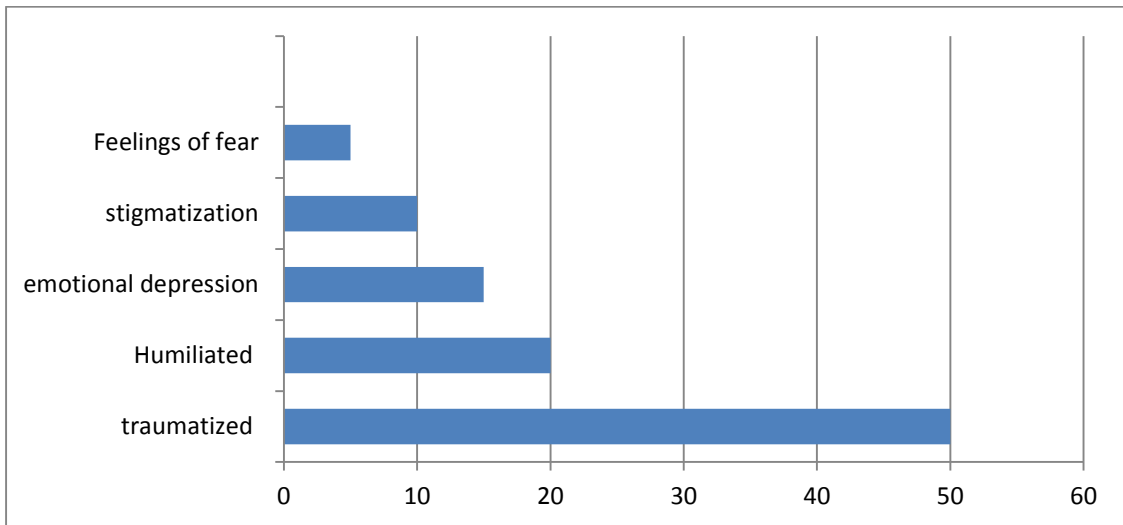


Figure 4.5 Psychosocial effects of rape

There are several psychosocial effects of rape that are known and that were under investigation in this particular study. These effects prevalent in the area of study areas are presented on the bar-chart above in figure 4.5. The study found out the psychosocial effects of rape was ranging from trauma, humiliation, emotional depression, stigmatization and feelings of fear. Trauma was dominantly rated at 50% (14) that was closely followed by humiliation that was rate slightly below average 20% (6). The other form of effects that were found to be affecting survivors was emotional that was at 15% (4), followed by stigmatization were at 10% (3), and feelings of fear 5 % (1). These findings corroborate with those of a study by Deming & Eppy, (2011) in the literature review that some survivors were faced with serious mental disorders such as shock, depression, denial, fear, anxiety, irritability and blue mood herald the notorious symptoms of premenstrual syndrome (PMS), guilt, mistrust, alienation, and confusion immediately after being raped.

4.5.3: Rating of Psychosocial effects of rape Kilifi North Sub County

Table 4.11 rating of the psychosocial effects of rape

Statement	N	Mean	Std. Dev	Variance
Experiences of survivors after rape	28	4.24	1.041	1.084
Psychosocial effects of rape to survivors	28	4.46	.762	.580
Knowledge on awareness by the community members and personnel working in gender based units.	28	4.22	.954	.910
Total	28			

Majority of the respondents (a mean of 4.46) were able to explain their psychosocial effects of rape. This was followed by the experiences of survivors after rape where a majority of the respondents (4.24) explained. Finally, majority of the respondents (a mean of 4.22) were aware of the psychosocial effects of rape of the survivors of rape in their working places and local areas. Results similar to the findings above have been arrived at by a number of scholars globally. For example, Jewkes (2013) argued that survivors complex psychological tribulation, such as personality disorder, hallucination, emotional burnout and intellectual deterioration due to the loss of freedom of choice, will power, self control in a specific area of human activity and refusal to accept the conclusion of any piece in reasoning such situation often lead to helplessness and psychological trauma. According to Campbell, Dworkin and Cabral (2010) the psychological disorders are experienced, nightmares, fear, shame, low self-esteem and

depression.

The study has shown that rape is a nonstop threat to the way of life, and it is scattering like a disease. It affects family badly. It can cause harm to their physical, psychological, emotional and sociological problem.

Rape can be stigmatized in a community with strong customs and taboos regarding sex and sexuality. For example, a survivor who was previously a virgin may be viewed by the community as “damaged”. Survivors in this community may suffer isolation, be disowned by friends and family, finding difficulty in getting marrying, or can even be divorced if already married.

4.6 Intervention Responses, Reducing effects of Rape in Kilifi North Sub County

The third objective was to identify the intervention responses in reducing the psychosocial effects of rape to survivors in Kilifi North Sub County, in Kilifi County, Kenya. The information was collected from the questionnaires and interview guide asked to the survivors of rape, personnel working in gender based units and local community respondents on their knowledge, opinions and experienced. For the study to come up with the intervention responses it was important to establish the following first through questionnaires and interview guide; how people sought help after being rape; time taken before seeking treatment and reporting cases of rape to police stations; and management during reporting rape cases in hospitals.

4.6.1: Places of seeking help after rape

Half (50%) of the respondents mentioned the Police stations while other 50% mentioned the Health centers. In support of the notion, respondents said that they should go to the police stations with friends to help them as well as give them support. Some respondents said that if the victim is a female, then she has the right to give her statements to a female police officer and that victims have the right to give their

statements in a private room where no other people will be able to hear

Table 4.12 Survivors reported cases to the police station

Did you report to the police station	Frequency	Percent
Yes	14	50
No	14	50
Total	28	100

Source: Field Data

The table 4.12 above shows the cases that were reported to the police station against those that were not. As per the findings, most 50% (14) of the cases were reported while 50% (14) were not reported to the police station. This could mean that the society is serious about the matter at hand. As for those who did not report to the police station mention different reasons such as; they did not know the perpetrators, their parents fail to report and decided to settle the matter (financially) with the perpetrator, fear to be blamed by the police officer for the rape and also fear to jail the relatives in case of incurring rape.

4.6.2: Time taken before seeking treatment and reporting cases of rape

Lack of knowledge in the events of rape was shown as 70% of the respondents not knowing that victims of rape should report to the hospitals or police stations within 72 hours for medication to prevent HIV transmission, unwanted pregnancy and sexual transmitted infections. Reporting this early will also assist in the collection of forensic evidence. However, all the respondents (100%) agreed that, victims of rape must go to a doctor for medical examination and report to the Police stations.

The personnel working in gender based violence units in hospitals said the most of the

survivors reported to them within 72 hours but the police said the most of the survivors reported after 4-5 days or even weeks. The delay of the reporting of rape could be contributed by lack of knowledge of sexual offenses Act 2016 or the perpetrator is a stranger or a relatives.

Most of the respondents in the study 80% said that rapes are committed by strangers while 20% who responded said that those who committed are well known friends, neighbors, relatives and even teachers. The study shows that the community is trying to avoid the blame of rape within the community but blame the strangers outside the community as perpetrators.

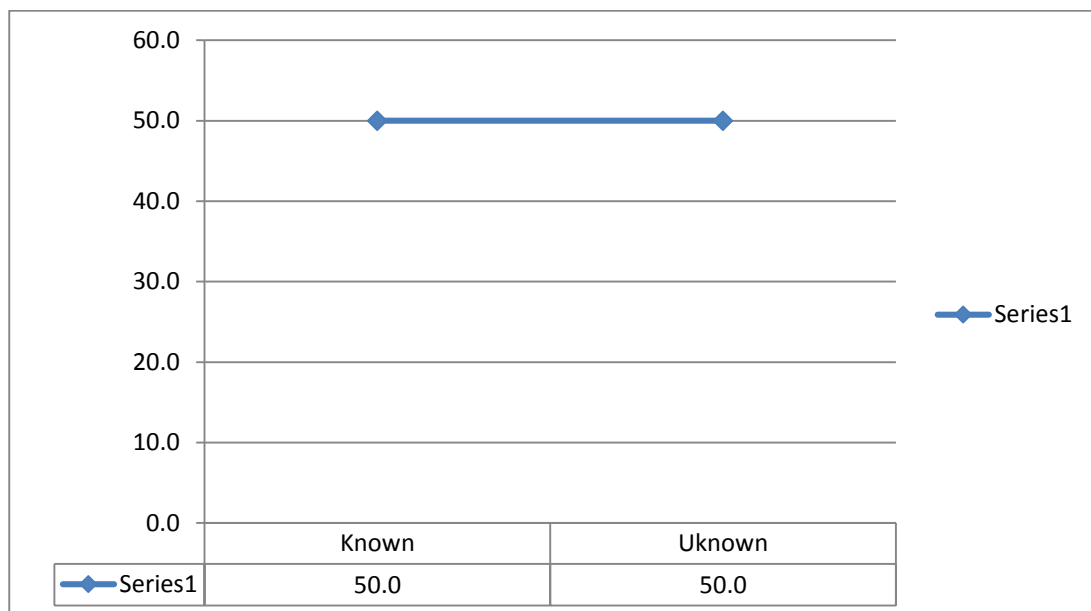


Figure 4.6 Statures of the perpetrators

The line graph in figure 4.5 shows that the perpetrators were known in as many cases as those that were not known perpetrators. This is clearly noted as the graph shows a balance of 1:1 ratio between the two aspects. It could imply that as much as the perpetrators are known then reported cases of rape in hospitals should be equal to those that are reported in the police stations which are not the case in this study. The survivors' mentions; Boyfriends, Neighbors, classmate, cousin brother, well-known

boda-boda riders and school teachers are cited to be the perpetrators who were highly associated with the rape cases in the local of the study.

Findings of the study also reveal that 95% of the respondents do not know about the sexual offences act and 5% who responded to know about it knows part of the sexual offenses Act not all. This show that the community are not taking the issues of rape seriously and even if one is raped in the community cannot believe the perpetrators will be punished by the law.

4.6.3: Management during Reporting

The study also wanted to find out how the survivors were managed during reporting of rape. This is particularly important because of the intense trauma the survivor is undergoing through.

Table 4.13 Management of the survivors' psychological effects

Criterion	(Percent)	
	Yes	No.
Did the survivor go to hospital	100	0
Did the survivor receive counseling	100	0
Willingness to report to police station	85	15
Did the survivor know the evidence needed for prosecution	82	18
Knowledge on procedure of gender based violence report in gender desk (Mean session, range in session 47/28)	96	4
Does the survivor still have any feelings and problems due to the incidents	21	89

Source: Field data

The above Table 4.12 shows the various aspects that were under investigation in the study to assess the knowledge and how the survivors dealt with the challenges of the psychosocial effects that they acquired after rape. The survivors of the painful events were all taken to the hospital and this means that they all got counseled at the hospital. The mean counseling sessions had a mean of 1.8 with a range of 3 across the distribution. However, 15% of the survivors were not willing to go ahead and report the matter to the police station for prosecution. These are the few aspects that exist in families that

find the perpetrators to be amongst their family members and hence avoid disclosing the matter to for prosecution which is the only way that they use to protect the perpetrators.

It was found that all the survivors were informed on the procedures used by the gender based violence reporting desk. It was founded that 21% of the survivors are still living with psychosocial effects of the traumatizing incidence that they faced in their life such as; trauma, depression, low self-esteem, stigmatization and feeling of fear. As compared to 89% who clearly shown that they did not have those feeling and this can be contributed by the counseling session that the survivors are undergoing when attending hospitals as 100% of the survivors were able to attend the counseling sessions in hospital.

Personnel working in gender based violence units in hospitals suggested that getting to a hospital for counseling and treatment was crucial and intended for risk of survivor's health care. For medical treatment survivors should go within 72 hours where medical staff can check up the survivor and there are treatments that must be done immediately for prevention of pregnancy, HIV and other STI's like syphilis, hepatitis B etc. However this study found out that lack of knowledge in the events of rape was shown as 70% of the respondents not knowing that victims of rape should report to the hospitals within 72 hours for counseling and medication to prevent HIV transmission, unwanted pregnancy and sexual transmitted infections.

4.7 Intervention Responses as Prevention of the Psychosocial Effects of Rape

The study sought to find out what can be done to prevent the psychosocial effects of rape to the survivors. For an effective prevention of psychosocial effects of rape to be achieved, the study identified the following;

4.7.1: Counseling & Psychological Services

The study found that there counseling and psychological services was healing the psychosocial effects to the survivors especially from emotional depression and trauma. The study found that 89% who clearly shown that they did not have those feeling and this can be contributed by the counseling session that the survivors are undergoing when attending hospitals as 100% of the survivors were able to attend the counseling sessions in hospital.50% suggested providing rehabilitation centers to the survivors especially children would help in management of post trauma experience, while 20% said providing counseling services to the survivors and guardians.

These findings corroborate with those of a study by Matsakis, (2003) in the literature review who reported that counseling and psychological services need to be provided directly and indirectly with special focus on the emotional and spiritual components. Counseling in rape help the survivor to listen more carefully to herself/himself, explore, clarify and discover alternative ways of coping with problems. Follow up during the immediate period following the trauma is effective in helping victims to avoid the deployment of complex, prolonged syndrome.

However the study noted some factors that hinder the healing from taking place: lack of cooperation from their parent, trauma of the experience, lack of confidentiality from the personnel working in gender based violence units hence increase embarrassment and stigmatization.

4.7.2: Medical Approach - Treatment of aftermath of Rape

The study sought to find out how aftermath can be managed from the personnel working in gender based violence units. The respondents suggested prompt treatment of live threatening injuries should be given priority at the same time as minor injuries will need cleaning and dressing.

Respondents from the community members 30% suggested the waiver of charges on medical management, filling of p3 forms and hiring of lawyers to deal with the case in court of law. In the study experts recommended medical approaches for complete treatment and counseling survivors of psychosocial problems but this is not sufficient without crisis responses, that need emergency department to facilitate medical examination for anything potentially harmful and the need for privacy such as; psychological supportive treatment, that tests for STDs, HIV infection and pregnancy are the major issues that require emergency cooperation.

4.7.3: Community Responses

The study established through its community questionnaires (see Appendix B), interview with police officers and trauma counselors (see Appendix C). Based on the findings from the participants interviewed gave the following intervention strategies to help address the issue of psychosocial effects of rape in to the survivors.

40% of the respondents said there is need to train personnel working in gender based violence units on counseling or updated them through seminars, and workshops, while 35% need them to be trained how to handle the survivors of rape, and efficient remedies. 20% said that skillful staff to ensure proper treatment and medical examination of children and women survivors. Remaining 5% respondents were mentioning of good adequate facilities from time to time to ensure that vital evidence is preserved.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The study was carried out with the aim of examining the psychosocial effects of rape in Kilifi North Sub County. The locale of the study was in Kilifi County. The research was carried out in Kilifi North Sub County due to high reported rape cases in police and hospitals compare to other sub counties in Kilifi County. This study was guided by the following objectives: To identify the prevalent types of rape that occurs within Kilifi North Sub County; to determine the psychosocial effects of rape to survivors and to identify intervention responses of psychosocial effects of rape in Kilifi North Sub County

The study based its arguments from the literature reviews. This study adopted a descriptive survey design. This chapter covers a summary of the findings of results and conclusions drawn from the study as well as recommendations based on the study findings and suggestion for further studies.

5.2 Summary of the Findings

The findings indicated that majority 67.9% (19) of the survivors were below the age of eighteen years. This shows that the children are the target of the perpetrators on rape. On the other hand, majority 42.9% (6) of the respondents of community members were of the age bracket of 26 to 59 years. This shows that the research gathered most information from elderly purposive respondents who were aware of the psychosocial effects of rape. Education levels of the respondents indicated that, majority of the survivors are primary school pupils with a prevalence rate of 71.4% (20). This is a clear indication that most of those who fall victims of rape are the girls in primary school. Majority of the community members 43% (6) had secondary school and above

knowledge and less than average 28.6% (4) were drawn from those with primary education. This shows that they understood the questions being asked in the questionnaires and interview guide.

As per the first objectives, 53% (10) of the respondents mentioned children rape as the type of rape that was prevalent in Kilifi North Sub County. 32% (6) of the respondents also mentioned female rape that was rate slightly below average. The type of rape; gang rape and male rape were not prevalent or occurring in Kilifi North Sub County, as the respondents did not mentioned at all.

In relation to the second objectives findings indicated that trauma with 50% (14) was dominantly that was closely followed by humiliation that was rate slightly below average 20% (6). The other form of effects that were found to be affecting survivors was emotional that was at 15% (4), followed by stigmatization were at 10% (3), and feelings of fear 5 % (1).The study found out the psychosocial effects of rape was ranging from trauma, humiliation, emotional depression, stigmatization and feelings of fear.

Finally, as per the third objective, the study found that counseling and psychological services was healing the psychosocial effects to the survivors especially from emotional depression and trauma. 89% (24) of the survivor's respondents they did not have psychosocial effects after attending counseling sessions which was contributed by attending hospital after rape and taken for counseling sessions.50% (7)respondents from the community members proposed rehabilitation centers to the children survivors as a means of help in management of post trauma experience, while 20% (3) said providing counseling services to the survivors and guardians will help in combating psychosocial effects as the guardian are also affected by the rape.

5.3 Conclusions

The study can conclude that there is prevalence of rape in Kilifi North Sub County, Kilifi County, Kenya in recent past. The study found that the prevalent type of rape was identified as: children rape, women rape, intimate partner rape and elderly rape. Its prevalent factors of rape include: high poverty rates, unemployment, job seekers, alcohol consumption, influence of substance use, the role of dress code, African culture, influence of HIV and AIDS myths, lack of care for children and situational challenges. The study can conclude that the psychosocial of effects of rape is very serious as first thought, the survivor's experiences pain and discomfort all over body. Serious physical and complicated injuries occurs, from manhandle during rape event the tear of vaginal and rectal tear can occurred. The trauma is the most psychological effects of rape, humiliation, emotional depression, stigmatization and feelings of fear. Therefore rape effect to the survivors includes; harm to their physical, psychological, emotional and sociological problem.

The researcher also concludes that interventions responses are very important in helping the survivors recover from the psychosocial effects of rape. The study found that counseling and psychological services was healing the psychosocial effects, especially from emotional depression and trauma. Emergency responses to facilitate medical examination for anything potentially harmful and the need for privacy such as; psychological supportive treatment, that tests for STDs, HIV infection and pregnancy are the major issues that require emergency cooperation as intervention.

Finally, the researcher concludes that there is need to train personnel working in gender based violence units on counseling or updated them through seminars, and workshops, to be trained how to handle the survivors of rape, and efficient remedies.

5.4 Recommendations

Based on the findings from the field and other scholarly works, the researcher recommends that:

The personnel working in gender based units in hospitals and police stations should be trained by the County and Government on trauma counseling and how to handle the survivors of rape when they sought assistance or coming for treatment. The survivors need to attend counseling session to deal with psychosocial effects of rape and other related issue associated with rape.

The County Government of Kilifi need to construct and open emergency responses units in hospitals that will be able to examine the survivors of rape for anything harmful and when need for privacy,

There should be intensive awareness campaigns against rape in Kilifi County and its environs by the County Government of Kilifi supported by the Government and stakeholders.

5.5 Recommendation for Further Research

From the recent study, it is evident that there is a research gap in the study of rape and other related issue associated with rape.

It is recommended to do research on the perpetrators cases at the Kilifi County courts and determine out if the survivors of rape were able to get justice at the end of these rape cases.

The study to be done to the rapists convicted in Kilifi County prisons to determine the specific behaviours that led to the offenses of rape.

It is also recommended for the research to be done for the personnel working in gender based violence units in Kilifi County, on their counseling process and skills when handling rape cases in order to improve counseling coping skills of counselors.

REFERENCE

- Anderson, C. L. (2012). Males as sexual assault victims: Multiple levels of trauma. *Homosexuality & Psychotherapy*, 7 (2/3), 145-163. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/7050240>
- Adiu, L. (2018). *On rape: A crime against humanity. Journal of Social Philosophy*, 28(1), 101–109. Retrieved from <file:///C:/Users/ERESOU~1/AppData/Local/Temp/CAUSES%20AND%20PSYCHOSOCIAL-1488.pdf>
- Akembo, M. (2015). Preventing sexual violence: A rights-based approach. *The Lancet*, 360(9339), 1092. Retrieved from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(02\)11135-4](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(02)11135-4)
- Akinwu, O. (2017) *The rape recovery handbook: step-by-step help for survivors of sexual assault*. Oakland, California USA: New Harbinger Publishing.
- Atiku, N. (2018). Male sexual assault victims: A selective review of the literature and implications for support services. *Aggression & Violent Behaviour*, 7(1), 203 - 214. Retrieved from <http://psycnet.apa.org/record/2002-13994-001>
- Austin, C., & Karl, K. (2017). *Child sexual abuse the search for healing*. Nairobi: Routledge.
- Aukot, D. E. (2015). What is violence against women: Defining and measuring the problem. *Journal of Interpersonal Violence*, 19(1), 1209–1234. Retrieved from <https://journals.sagepub.com/doi/10.1177/0886260504269679>
- Bagley, C., & King, K. (1990). *Child sexual abuse the search for healing*. London: Routledge.
- Briere, J., & Jordan, C. E. (2014). Violence against women: Outcome complexity and implications for treatment. *Journal of Interpersonal Violence*, 19, 1252–1276. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/15534329>
- Buddie, A.M., & Miller, A.G. (2011). *Beyond rape myths: A more complex view of the perceptions of rape victims. Sex Roles*, 45 (3/4), 139-150. Retrieved from <https://eric.ed.gov/?id=EJ646506>
- Burgees, A. N., & Morgenbesser, L. I. (2005). Media surveillance of elder sexual abuse cases. , 2(3), 121-6. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/17073058/>
- Burgess, A.W. & Prentky, R. A. (2000). Sexual abuse of nursing home residents. *Journal of Psychosocial Nursing*, 38(1), 10-18. Retrieved from https://eldermistreatment.usc.edu/wp-content/uploads/2018/09/Consumer-Voice_sexual-abuse-issue-brief-FINAL.pdf

- Burgess, A. W., Commons, M. L., Safarik, M. E., Loooper, R. R., & Ross, S. N. (2009). Sex offenders of the elderly: Classification by motive, typology and predictors of severity of crime. *Aggression and Violent Behaviour*, 12(5), 582-597. Retrieved from <https://doi.org/10.1016/j.avb.2007.02.006>
- Burgess, A. W., Dowdell, E. B., & Brown, K. (2010). The elderly rape victim: Stereotypes, perpetrators and implications for practice. *Journal of Emergency Nursing*, 26(5), 516-518. DOI: 10.1067/men.2000.110040
- Burgen, R. K. (2016). *Wife rape: Understanding the response of survivors and service providers*. Thousand Oaks: Sage.
- Burns, S. N., & Grove, S.K. (2013). *Understanding nursing research*. (3rd ed.). Philadelphia: Saunders.
- Calhoun, L. (2018). *On rape: A crime against humanity*. *Journal of Social Philosophy*, 28(1), 101–109. Retrieved from <file:///C:/Users/ERESOU~1/AppData/Local/Temp/CAUSES%20AND%20PSYCHOSOCIAL-1488.pdf>
- Campbell, R., Dworkin, E., & Cabral, G. (2010). An ecological model of the impact of sexual assault on women's mental health. *Trauma Violence Abuse*, 10(1), 225-246. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19433406>
- Cohen, L., & Roth, S. (2012). The psychological aftermath of rape: Longterm effects and the individual differences in recovery. *Journal of Social and Clinical Psychology*, 5(4), 525-534
Retrieved from <https://www.researchgate.net/publication/276957573>
- Davies, M. (2012). Male sexual assault victims: A selective review of the literature and implications for support services. *Aggression & Violent Behaviour*, 7(1), 203 - 214. Retrieved from <http://psycnet.apa.org/record/2002-13994-001>
- Deming, M.B., & Eppy, A. (2011). The sociology of rape. *Sociology and Social Research*, 65 (4), 357-380. Retrieved from <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=79170>
- Frazier, P. A., & Burnett, J. W. (1994). Immediate coping strategies among rape victims. *Journal of Counselling and Development*, 72(6), 633-640. Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1002/j.15566676.1994.tb01694.x>
- Freese, M., Moya, M., & Megias, J. (2004). Social perception of rape: How rape myth acceptance modulates the influence of situational factors. *Journal of Interpersonal Violence*, 19(1), 143-161. DOI: 10.1177/0886260503260245
- Garnets, L., Herek, G., & Levy, B. (2010). Violence and victimization of lesbians and gay Men. *Journal of Interpersonal Violence*, 5(1), 366- 383. Retrieved from <https://psycnet.apa.org/record/1991-04765-001>
- Groth, A. N. (2011). Understanding attribution of blame in cases of rape: An analysis of participant gender type, type of rape and perceived similarity. *Journal of Sexual Aggression*, 15(1), 63-81. DOI:10.1080/13552600802641649

- Herek, G.M. (2016). On heterosexual masculinity: some physical consequences of the social construction of gender and sexuality. *American Behavioural Scientist*, 29(1), 563-577. Retrieved from <https://sites.oxy.edu/ron/csp19/2010/herek-onheterosexualmasculinity.pdf>
- Huckle, P. L. (2015). Male rape victims referred to a forensic psychiatry service. *Medicine, Science & Law*, 35(1), 187-192. Retrieved from <https://doi.org/10.1177/002580249503500302>
- Jewkes, R. (2012). Preventing sexual violence: A rights-based approach. *The Lancet*, 360(9339), 1092. Retrieved from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(02\)11135-4](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(02)11135-4)
- Jewkes, R., Dunkle, K., Koss, M. P., Levin, J.B., Nduna, M., Jama, N., & Sikweyiya, Y. (2012a). Rape perpetration by young rural South African men: Prevalence, patterns and risk factors. *Social Science & Medicine*, 63(11), 2949-2961. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/16962222>
- Jewkes, R., Penn-Kekana, L., & Rose-Junius, H. (2012b). 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. Retrieved from <https://www.researchgate.net/publication/7827625>
- Jewkes, R., Vundule, C., Maforah, F., & Jordan, E. (2012). *Relationship dynamics and adolescent pregnancy in South Africa*. *Social Science & Medicine*, 4(1), 733-744. Retrieved from <https://www.researchgate.net/publication/12113545>.
- Government of Kenya, (2006). *Sexual offenses Act*. Nairobi: Government Printer. Retrieved from https://www.pu.ac.ke/images/student_affairs/SexualOffencesAct3of2006.pdf
- Kenya Police Service (2015). *Annual Crime statistics report*. Nairobi: Government of Kenya. Retrieved from <http://www.nationalpolice.go.ke/crime-statistics.html>
- Khan N. & Nyamunyo, K. (1999). Child Sexual Abuse in Zimbabwe: *A Preliminary Conference, Harare 1999 unpublished paper*. (pp. 15). Geneva, World Health Organization. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/1878/AFR.RC54.15%20Rev.1.pdf?sequence=1&isAllowed=y>
- Kilpatrick, D. G. (2004). What is violence against women: Defining and measuring the problem. *Journal of Interpersonal Violence*, 19(1), 1209–1234. Retrieved from <https://journals.sagepub.com/doi/10.1177/0886260504269679>
- Kim, J. C. (2013). *Rape and HIV post-exposure prophylaxis: The relevance and the reality in South Africa*. Paper presented at the WHO Meeting on violence Against Women and HIV/AIDS: Setting the Research Agenda. Geneva. Retrieved from <https://www.who.int/gender/violence/VAWhiv.pdf>

- Kim, J.C., Martin, L.J., & Denny, L. (2013). Rape and HIV post-exposure prophylaxis: Addressing the dual epidemic in Southern Africa. *Reproductive Health Matters*. 11 (22), 101-112. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/14708401>
- Kimberly, B. (2017). Blaming the victim of rape: The culpable control model perspective. Dissertation Abstracts International: Section B: *The Sciences & Engineering*, 63(1), 5-8. Retrieved from www.noveltyjournals.com/download.php?file...1488.pdf&act=book
- Lawrence, B., & van Rensburg, J. (2016). Forms of sexual abuse and the practical implications of applying South African law to sexual offence cases. In G.M. Spies (Ed.), *Sexual abuse dynamics, assessments and healing* (pp. 15-24). Pretoria: Van Schaik. Retrieved from wiredspace.wits.ac.za/bitstream/handle/10539/7188/June%20resubmission%202.pdf?
- Matsakis, A. (2003) *The rape recovery handbook: step-by-step help for survivors of sexual assault*. Oakland, California USA: New Harbinger Publishing.
- Medea, A., & Thompson, K. (2000). *Against rape*. London: Peter Owen.
- Mugenda, O. & Mugenda, A. (2003). *Research methods: Quantitative and Qualitative Approaches*. Nairobi: Acts Press.
- Murrey, K. (2009). *Proposed Remedy against Barbarity of rape in Kitale, Kenya: A Biblical, Theological, and Pastoral Analysis*. (Unpublished master's thesis). University of South African Theological Seminary, South Africa. Retrieved from <http://www.sats.edu.za/userfiles/TheCultureofRapeinKitale,Kenya>
- Orodho, J. A. (2003). *Essential of Education and Social Science Research Method*. Nairobi: Masola Publishers.
- Ojunwo, K. (2017). Contextualising group rape in post-apartheid South Africa. *Culture, Health & Sexuality*, 7, 303-317. Retrieved from issasa.org.za/resources/academic-articles/rape/wood-streamlining.pdf/view
- Pauwels, B. (2002). Blaming the victim of rape: The culpable control model perspective. Dissertation Abstracts International: Section B: *The Sciences & Engineering*, 63(1), 5-8. Retrieved from
- Peterson, I., Bhana, A., & McKay, M. (2015). *Sexual violence and youth in South Africa: The need for community-based prevention interventions*. *Child Abuse & Neglect*, 29 (11), 1233-1248. Retrieved from <https://psycnet.apa.org/record/2005-16026-004>
- Roos, L., Mota, N., Afifi, T., Katz, L., Distasio, J. & Sareen, J. (2013). Relationship between adverse childhood experiences and homelessness and the impact of axis I and II disorders. *Am J Public Health*. 103(1/ 2), 275-281. doi: 10.2105/AJPH.2013.301323

- Ross, V., & Katz, W. (2013). The lived experience of male on male rape: a review article. *Health SA Gesondheid*, 8(4), 56-68. Retrieved from <https://repository.up.ac.za/bitstream/handle/2263/25160>
- Scarce, M. (2010). *Male on male rape: The hidden toll of stigma and shame*. New York: plenum.
- Sideris, C. T. (2010). *Rape in War and Peace: some thought on social context and gender roles*. *Agenda*, 43, 41-45. Retrieved from <https://www.jstor.org/stable/4066109>
- Thandi, B. M. (2005). *Understanding and Preventing Rape: Perceptions of Police Officers in Inner City Johannesburg*. (Unpublished master's thesis, University of Witwatersrand, Johannesburg). Retrieved from <http://wiredspace.Wits.ac.za/bitstream/handle/10539/7188>
- United Nations, (2012). *Report of the eleventh session of the inter-agency network on women and gender equality*. Retrieved from <http://www.irinnews.org>.
- United Nations Population Fund, (2012). *Forms of Gender Violence & 16 Ways to Stop It*. Retrieved from <https://www.unfpa.org/gender-based-violence>
- Vetten, L., & Haffejee, S. (2015). Gang rape: A study in inner-city Johannesburg. *South African Crime Quarterly*, 12(1), 31-36. Retrieved from <https://journals.assaf.org.za/sacq/article/view/1017>
- Vogelman, L., & Eagle, G. (2011). Overcoming endemic violence against women in South Africa. *Social Justice*, 18 (1-2), 209-229. Retrieved from <https://www.csvr.org.za/publications/1630>
- Watts, C., Keogh, E., Ndlovu, M., & Kwaramba, R. (2008). *Withholding sex and forced sex: dimensions of violence against Zimbabwean women*. *Reproductive Health Matters*, 6(12), 57-65. Retrieved from [https://doi.org/10.1016/S0968-8080\(98\)90008-8](https://doi.org/10.1016/S0968-8080(98)90008-8)
- Wood, K. (2015). Contextualising group rape in post-apartheid South Africa. *Culture, Health & Sexuality*, 7, 303-317. Retrieved from issasa.org.za/resources/academic-articles/rape/wood-streamlining.pdf/view
- Wood, K., Jama, N., Jewkes, R., Nduna, M., & Levin, J. (2012). Blood blockages and scolding nurses: barriers to adolescent contraceptive use in South Africa. *Reproductive Health Matters*, 14(7), 109-118. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3217103/>
- World Health Organization (2008). *Clinical management of rape survivors: A guide to assist in the development of situation specific protocols*. Retrieved from <https://www.who.int/reproductivehealth/publications/clinical/en/>
- World Health Organization (2014). *World report on violence and health*. Retrieved from https://www.who.int/violence_injury_prevention/violence/world_report/en/

APPENDIX A: Letter of permission for data collection

Dear respondent,

My name is Mohamed A. Abdullatif, a Master student in counselling at Kenya Methodist University, Mombasa campus doing a research. My area of focus is on rape as a social issue; by “investigating the causes and psychosocial effects of rape in Kilifi North Sub-County” This research study is aimed at exploring understandings of rape and ways of addressing this problem in Kilifi North Sub County and to add to the body of knowledge in this area.

I would like to invite you to participate in this study. Participation in this research will entail being interviewed by me, at a time and place that is convenient for you. You will be asked to some demographic information, which is to help the researcher obtain a context to base the analysis of the material. However, you will not be able to be identified from this information. The interview will last approximately thirty minutes. The study has no individual benefits, but your participation will contribute to the larger body of knowledge on the causes and psychosocial effects of rape with regard to understanding and preventing rape

Please kindly and voluntarily fill in this questionnaire. The information provided will be treated in confidence purely for research and not divulged whatsoever to another party without consent of the respondent. Please do not write your name on this questionnaire.

Kind regards,

Mohamed A. Abdullatif

Researcher

APPENDIX B: Questionnaire for the survivors of rape

(Tick where appropriate (√))

1. Sex Male Female Any other
2. Age Below 18 years 18 – 25 26 – 59 60 and above
3. Marital Status
- Under age Single Married Widowed Separated/Divorced
4. Religion Christian Muslim Hindu None Any other
5. Level of education
- Vocational Primary Secondary
- Dropped out University Never went to school
6. What is Guardian/ parent’s marital status?
- Single Married Separated Divorced Widowed
7. Parents /guardian source of income
- None self employed employed casual work

Rape events details

8. Types of rape
- Child rape male rape Gang rape Intimate partner rape Elderly rape
- Other _____
9. Who is the assailant? Known Unknown
- If known. Specify relationship _____
10. Did you feel any pain and discomfort after rape?
- Yes No specify if not _____
11. What were your other feelings please state?
- _____
- _____

12. Did you report to the police station?

No

Yes

If No, reason(s) _____

13. Were you willing to report to the police?

No

Yes

If Not, reason(s) _____

14. Which place is comfortable for you to report the rape case?

Police station Hospital Local chief Parents/Guardians Church/Mosque

Reason(s) _____

15. Did you go to the Hospital?

Yes

No

If Yes, reason(s) _____

If No, reason(s) _____

16. Do you know the evidence needed for prosecution in the court of law?

Yes

No

If Yes state them _____

17. Did personnel in the Gender Based Violence in Hospital and Police station inform you the procedure to follow?

Yes

No

18. Did you receive counseling when you report the case of rape in Hospital?

Yes

No

If Yes how many session or times seen _____

APPENDIX C: Community questionnaire on rape awareness

Background of the respondent

(Tick where appropriate (√))

1. Gender

Female Male other specify _____

2. Age group

15- 18 18 – 25 26 – 59 60 and above

3. Marital Status

Single Married Widower Widowed Separated/Divorced

4. Level of education

Vocational Primary Secondary Dropped out

University Never went to school

5. Do you agree with the prevalent of rape problems in Kilifi North Sub-County?

Strongly Agree

Agree

Disagree

Strongly disagree

6. How long is someone needed to report to health facility in the event of rape?

24 hours 36 hours 72 hours 12 hours

7. Where the first place a person should report a rape case?

Health Centre Chief office Police station Children department

8. What should you do in a case of rape?

Take a bath before going to health centre Wash the clothes you were wearing Put

the clothes in a plastic bag as evidence Report to a Health facility/ Police

9. Do you know any Sexual Offences Act?

Yes

No

If Yes specify _____

10. Most rapes are committed by strangers

Yes

No

11. Rape is not possible in a marriage as the husband has sexual rights over his wife

Yes

No

12. When women say no to sexual advances she does not really mean it

Yes

No

13. What type of rape reported or occurs in your local area?

14. What are the factors that contribute to the prevalence of rape in your opinion?

15. Are you aware of the psychosocial effects of rape? State some of them?

16. What kind of interventions do you think will help to reduce the psychosocial effects of rape in the society?

Thank you for participating

APPENDIX D: Consent form

I.....consent to being interviewed by Mohamed A. Abdullatif for his study on the psychosocial effects of rape in Kilifi North Sub-County.

I understand that:

- ✓ Participation in this interview is voluntary
- ✓ That I may refuse to answer any questions I would prefer not to
- ✓ I may withdraw from the study at any time
- ✓ In case of tape recording, no information that may identify me will be included in the research report, and my responses will remain confidential.
- ✓ The study may make use of direct quotes from the interview
- ✓ All tape recordings will be destroyed after the study is complete.

Signed:.....

Date:.....

APPENDIX E: Interview Guide

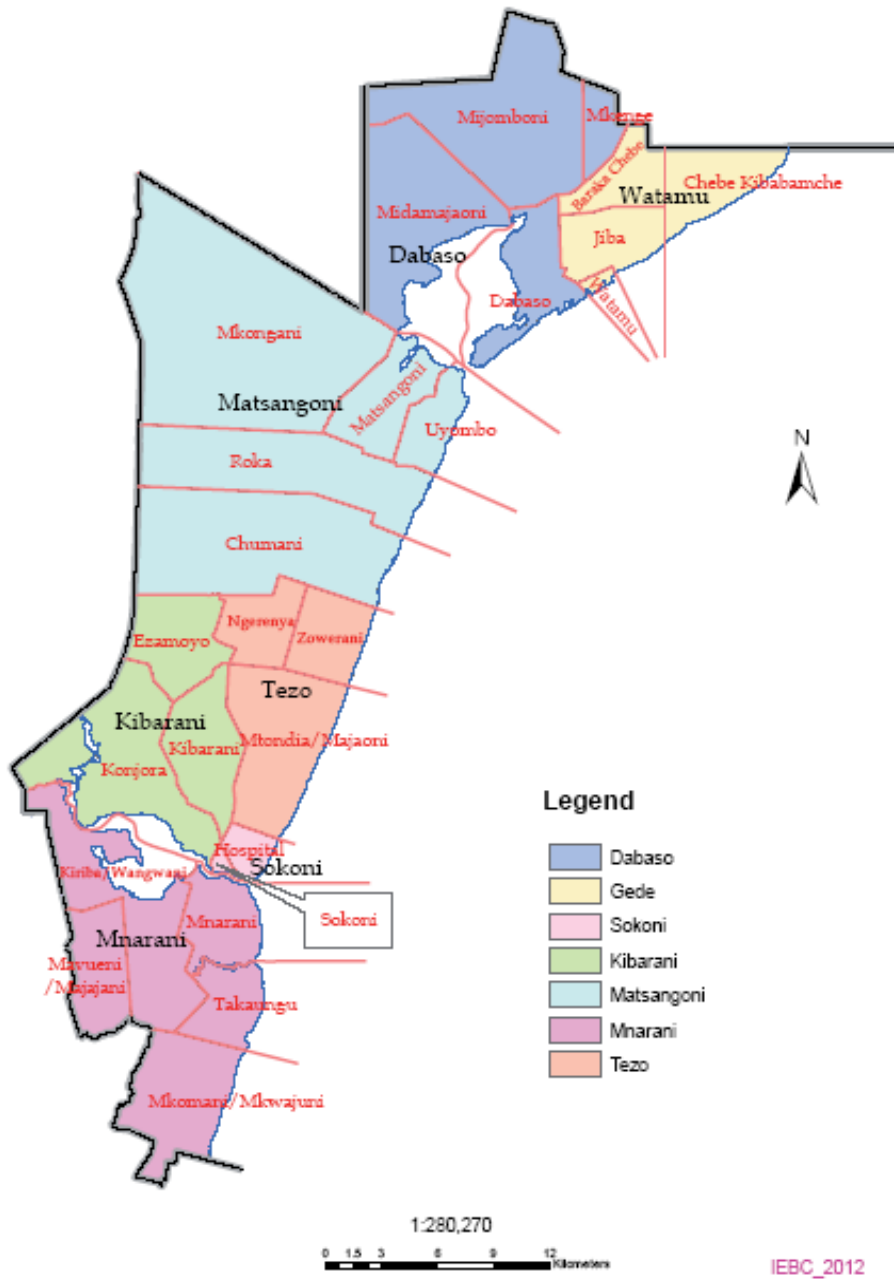
POLICE OFFICERS AND TRAUMA COUNSELLORS

1. What kinds of rape are prevalent reported or handling in your department?
2. What are the psychosocial effects of rape that you can observe when attending the survivors?
3. What do you perceive as effective interventions for addressing psychosocial effects of rape in Kilifi North Sub-County?

APPENDIX F: Kilifi County map, Kenya



APPENDIX G: Kilifi North Sub – County map, Kilifi County, Kenya



APPENDIX H: Ethical Clearance Letters



KENYA METHODIST UNIVERSITY

P. O. Box 267 Meru - 60200, Kenya
Tel: 254-064-30301/31229/30367/31171

Fax: 254-64-30162
Email: info@kemu.ac.ke

21st August 2017

Commission Secretary,
National Commission for Science, Technology and Innovations,
P.O. Box 30623-00100,
NAIROBI.

Dear Sir/ Madam,

RE: MOHAMED ABDULRAHMAN ABDULLATIF (MCO-5-7247-2/2014)

This is to confirm that the above named is a bona fide student of Kenya Methodist University, Department of Theology, Religious Studies and Counseling, undertaking Master of Arts in Counseling. He is conducting a research study titled "Causes and Psychosocial Effects of Rape in Kilifi County: A Case of Kilifi North Sub-County"

We confirm that the thesis proposal has been reviewed and approved by KenMU Scientific Ethical Review Committee (SERC).

In this regard, we are requesting your office to issue a permit to enable him collect data for his Research.

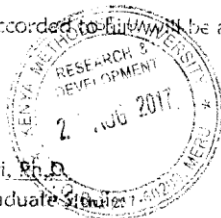
Any assistance accorded to him will be appreciated.

Thank you

Dr. John Muchiri, Ph.D.

Director, Postgraduate Studies

Encl





KENYA METHODIST UNIVERSITY

P. O. BOX 267 MERU - 60200, KENYA
TEL: 254-064-30301/31229/30367/31171

FAX: 254-64-30162
EMAIL: info@kmu.ac.ke

3RD AUGUST, 2017

Mohamed Abdulrahman Abdullatif
Kenya Methodist University

Dear Mohamed.

SUBJECT: ETHICAL CLEARANCE OF A MASTERS' RESEARCH THESIS

Your request for ethical clearance for your Masters Research Thesis titled "Causes and Psychosocial Effects of Rape in Kilifi County : A Case of Kilifi North Sub - County" has been granted to you in accordance with the content of your project proposal subject to tabling it in the full Board of Scientific and Ethics Review Committee (SERC) for ratification.

As Principal Investigator, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the project.
2. Changes, amendments, and addenda to the protocol or the consent form must be submitted to the SERC for re-review and approval prior to the activation of the changes. The Proposal number assigned to the project should be cited in any correspondence.
3. Adverse events should be reported to the SERC. New information that becomes available which could change the risk: benefit ratio must be submitted promptly for SERC review. The SERC and outside agencies must review the information to determine if the protocol should be modified, discontinued, or continued as originally approved.
4. Only approved consent forms are to be used in the enrollment of participants. All consent forms signed by subjects and/or witnesses should be retained on file. The SERC may conduct audits of all study records, and consent documentation may be part of such audits.

5. SERC regulations require review of an approved study not less than once per 12-month period. Therefore, a continuing review application must be submitted to the SERC in order to continue the study beyond the approved period. Failure to submit a continuing review application in a timely fashion will result in termination of the study, at which point new participants may not be enrolled and currently enrolled participants must be taken off the study.

Please note that any substantial changes on the scope of your research will require an approval.

Thank You,

Dr. Wamachi

Chair, SERC

Cc: Director, Research & Innovation

03 AUG 2017



THE PRESIDENCY

MINISTRY OF INTERIOR AND CO-ORDINATION OF NATIONAL GOVERNMENT

Telephone: (041)7522103
Fax: (041) 7522474
Email dcckilifi@yahoo.com
When replying please quote

Deputy County Commissioner
Kilifi North Sub-County
P. O. Box 29 - 80108
KILIFI

Ref: ED.12/40 VOL.1/9

And Date: 24th January, 2018

Mohamed Abdulrahman Abdullatif
Kenya Methodist University
P. O. 267 – 60200
MERU

RESEARCH AUTHORIZATION

You have been authorized to carry out research on "Causes and Psychosocial Effects of Rape in Kilifi County, A case of Kilifi North Sub-County" for the period ending 21st September, 2018.

You are advised to report to the County Director of Medical Services and County Director of Education, Kilifi County before embarking on the research project.

SELINA J. MAITHA
DEPUTY COUNTY COMMISSIONER
KILIFI NORTH SUB-COUNTY

c.c.

County Director of Medical Services
KILIFI COUNTY

The County Director of Education
KILIFI COUNTY

MINISTRY OF EDUCATION
STATE DEPARTMENT OF BASIC EDUCATION
KILIFI COUNTY

Telephone 041-7522432
EMAIL:cdekilificality@yahoo.com
Fax no. 7522432
When replying/telephoning quote



County Education Office
P O Box 42 -80108
KILIFI

Ref: KLF/CDE/G.10/I/325

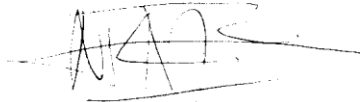
24th January, 2018

TO WHOM IT MAY CONCERN

RE: RESEARCH AUTHORIZATION -
MOHAMED ABDULRAHMAN ABDULLATIF

The above named is a student from Kenya Methodist University. He has been authorized to conduct a research on " Causes and Psychosocial effects of rape in Kilifi County, a case of Kilifi North Sub County" for the period ending 21st September, 2018.

Any assistance accorded to him will be highly appreciated.



KARATI MOSES N.
COUNTY DIRECTOR OF EDUCATION
KILIFI

Copy to:

The Sub County Director of Education
KILIFI NORTH



**KILIFI COUNTY GOVERNMENT
DEPARTMENT OF HEALTH SERVICES
OFFICE OF THE COUNTY DIRECTOR**

**When Replying quote
Email: chmtkilifi@gmail.com
REF: HP/KCHS/VOL.VIX/35**

**P. O. Box 9-80108
Kilifi
Date: 1/29/2018**

**Mohamed Abdulrahman Abdullatif
Master of Arts Student,
Kenya Methodist University.**

**RE: DEPARTMENTAL AUTHORIZATION TO CARRY OUT RESEARCH IN KILIFI
NORTH SUB-COUNTY**

The Kilifi County Department of Health Services is in receipt of your request to conduct a study titled, "**Causes and psychosocial effects of rape in Kilifi County a case of Kilifi North Sub-County**" that has received ethical approval from National Commission for Science Technology & Innovation (NACOSTI) **Ref: NACOSTI/P/17/78519/19237.**

The Department is glad to grant you authorization to conduct your study in **Kilifi North Sub County** in line with the approved study protocol. It is required that you engage the Sub County Public Health Nurse prior to commencing data collection.

Upon completion of the study, you are required to share your study findings, conclusion and recommendations with the Department of Health Services, Kilifi County.

Sincerely,

**Dr. Bilali Mazoya
Ag. Director of Health
Kilifi County**

Cc: CEC Department of Health
COH Department of Health

*REC. 14/01/2018
Ref: HP/KCHS/VOL.VIX/35
Adm. NO. 100
1/29/2018
A. M. M. M.*



REPUBLIC OF KENYA



**National Commission for Science,
Technology and Innovation**

**RESEARCH CLEARANCE
PERMIT**

Serial No.A 15887

CONDITIONS: see back page

Permit No : NACOSTI/P/17/78519/19237

Date Of Issue : 21st September,2017

Fee Received :Ksh 1000



**Director General
National Commission for Science,
Technology & Innovation**