

THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

Effects of Gender Violence on Self-Esteem among the Adolescents of Turkana County, Northern Kenya

Chibundu Onyemachi Onyesoh

Student, Department of Gender and Human Right Studies, The Life Care Initiative, Kenya

Abstract:

Violence against women has been one of the most prominent issues and a major public health concern. It is a principal violation of basic human rights and has both physical and mental effects on the victim. Evidence suggests adolescent self-esteem is influenced by beliefs of how individuals in their reference group perceive them. However, few studies examine how gender-based violence-related affects self-esteem among adolescents of Turkana populations in northern Kenya. This study examined the effects of sexual violence on adolescents' self-esteem in Turkana County. Descriptive survey method was used to get preliminary results and Chi-squared test and Spearman was used to test the significant of variables. The study established that incest was the most commonly reported among the girls, followed by defilement, forced early marriage and forced hugs, inappropriate touching of the body parts body and suggestive teasing, which were found to be the major types of sexual violence among young girls in Turkana County. The study concluded that sexual violence is prevalent in Turkana County and violence with young girls and adolescents as the victims. The study recommends that enforcement and implementation of laws and policies related to gender-based violence must be improved to include advocacy and capacity building required for the law enforcement agencies as well as institutions that implement the national policy on gender-based violence with men, boys and community leaders must be sensitized on the rights of women through community mobilization activities by the community health volunteers, women groups and civil society organizations.

Keywords: Gender based violence, human right violation, sexual violence, self-esteem, adolescent health, gender equality, abuse, mental health, psychological well-being

1. Introduction

1.1. Overview

World Health Organization defines violence as "The intentional use of physical force or power, threatened or actual that results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation." According to García-Moreno and Stöckl (2009), the inclusion of the word "power" broadens "the conventional understanding of violence includes those acts that result from a power relationship, including threats and intimidation." Moreover, du Vall (2014) and Oram, Khalifeh and Howard (2017) suggest that violence against women has long been a prominent and widespread area of concern in public health. It is also a principal violation of basic human rights, which impairs, particularly, women's right to life, right to freedom from torture and other cruel, inhuman or degrading treatments or punishments, and to the highest attainable standard of physical and mental health.

Evidence suggests adolescent self-esteem is influenced by beliefs of how individuals in their reference group perceive them. Self-esteem, defined as a favourable or unfavourable attitude toward the self, is associated with physical and mental well-being in young adulthood, even when controlling for factors such as depression, gender, and socio-economic status (Trzesniewski et al., 2006; Khosravi et al., 2016). Although self-esteem results from an internal process of evaluating one's own skills and competencies, that process is influenced by what adolescents believe parents and peers think of them (Harter, 1993). In fact, many early self-esteem theorists have posited that self-esteem is a predominantly social construct, and an individual's concept of self is significantly shaped by how he or she believes they are perceived by others in a given reference group (Cooley, 1902). Social norms theory, which is primarily used to explain how an individual's perceptions of others' behaviours and opinions shape his or her own behaviour, can help elucidate how the phenomenon described above may be operationalized. Social norms are the unwritten rules regulating what is appropriate in a society or group.

Gender-based violence remains a problem; it remains a human rights violation. It is an unrelenting assault on human dignity, depriving people of their human rights. Freedom from violence is a fundamental human right, and gender-based violence undermines a person's sense of self-worth and self-esteem. It affects not only physical health but also mental health and may lead to self-harm, isolation, depression and suicidal attempts. Gender-based violence threatens a person's physical and psychological integrity as everyone has the right to feel safe and secure, and where this is not present, people's ability to function in the family, community and society is likely to be impaired, as self-realization and development are affected. Gender-based violence is an obstacle to the realization of every person's well-being and his or

her right to fulfilment and self-development. Moreover, gender violence is a form of discrimination. It is deeply rooted in harmful stereotypes and prejudices against women or other people who do not fit into a traditional gender binary or heteronormative society. For that reason, gender-based violence can have the effect of pushing women and others who are affected to the margins of society and making them feel inferior or helpless. It remains further an obstacle to gender equality because gender equality remains central to safeguarding human rights, upholding democracy and preserving the rule of law. Gender-based violence contributes to cultivating a heteronormative society and perpetuates the power of men. Therefore, it remains under-reported as well; perpetrators often have impunity, and it affects everyone.

Witnessing or facing sexual violence, according to Devries *et al.* (2013), has long-term effects on the mental health of women. Literature asserts that domestic violence and abuse increase the likeliness of weaker self-esteem. According to the WHO, about 35% of women in the world have undergone all forms of violence. However, some studies indicate that approximately 70 percent of women go through violence from sexual partner (s) (WHO, 2013; Amaya *et al.*, 2016).

Sexual violence is a serious and widespread global problem that affects the lives of millions of men, children, and women (WHO, 2015). It is estimated that more than 1.3 million men, women and children aged between 15-44 years die each year as a result of SGBV (UN, 2016; WHO, 2014 & 2016). Used narrowly, SGBV covers incidents of physical beating such as punching, stabbing, slapping, throwing acid, setting on fire and choking that may result in injuries ranging from minor bruises to killing (UNFPA, 2016; WHO, 2013). Sexual violence can also be used broadly and consists of repeated episodes of verbal abuse, harassment, confinement, threats and coercing.

Gender-based violence, and in particular violence against women, is one of the most pronounced expressions of the unequal power relations between women and men. The main cause of the violence is the perpetrator himself or herself: it is very important to keep in mind that a person who has been affected by gender-based violence is never responsible for the perpetrator's actions. There is no single factor that can explain gender-based violence in our societies, but rather, a myriad of factors contribute to it, and the interplay of these factors lies at the root of the problem. Violence is often associated only with physical violence, neglecting other nonphysical forms. Violence is a complex issue, and categorizing different types of violence can never be exact. (WHO) has mentioned that psychological violence, physical violence, forced marriages, sexual violence including rape, female genital mutilation, forced abortion and forced sterilization, sexual harassment, aiding or abetting, and attempts are unacceptable justifications for crimes, including crimes committed in the name of so-called honour.

Violence against women takes various forms, ranging from emotional to sexual. Global studies show that women all over the world face violence in various forms at the hands of various people (Stöckl *et al.* (2013), Packota (2000) and Niaz (2003). The most common forms of violence that a woman faces, according to Stöckl *et al.* (2013), are domestic violence, abuse and sexual violence. Worldwide, 35 percent of the women have experienced intimate partner or non-partner sexual violence (WHO, 2013). The 2013–2014 Crime Survey of England showed that around 2.2 percent (approximately 355000) of women aged 16 to 59 have suffered some kind of sexual assault, along with 8.5 percent of women (1.5 million) had experienced domestic abuse in the past year Stöckl *et al.* (2013). According to Basile *et al.* (2010), in the United States, more than 10 million adults experience domestic violence annually. According to Morgan and Kena (2018), in addition, the number of intimate partner victims has seen an increase of 42 percent from 2016 to 2018 in the U.S.

Although the manifestations and forms of SGBV experienced vary from place to place, there is no doubt that women are over-represented among the victims of SGBV perpetrated throughout history and have been subjected to physical, psychological or sexual abuse by the men in their lives, whether brothers, boyfriends or husbands within the family and home settings (UNICEF, 2000; Ondicho, 2000). Normally, SGBV starts as minor attacks and escalates both in intensity and frequency with time. Sexual violence against women in Africa is estimated to be high. At least 36% of women in Africa have also experienced sexual violence by their intimate partners (WHO, 2013).

In Africa, a woman, when married, is part of the man's property; hence, there is no issue of sexual violence since a man is entitled to have sex any time he demands. This power relations and control has promoted the increase of sexual violence in Africa (WHO, 2013). The available data shows that, in Africa, approximately half of the women aged between 15 and 49 (48%) in Zambia and 39% of women in Kenya have experienced physical violence, and one in five (21%) in both countries reported sexual violence (Keesbury *et al.*, 2012). The roots of violence against women originated from the long-time discrimination against women that resulted from not only biased cultural practices and societal attitudes but also gendered policies and laws that failed to address gender equality issues or have some discriminative provisions (Human Development Trust HDT, 2011). Violence itself and a threat to violence are the ultimate weapons used by most men to affirm their masculinity or to ensure continuing control and male domination of women.

According to McCleary-Sills *et al.* (2012), violence against women is widespread in Tanzania. At least 20% of Tanzanian women aged 15-49 years and about 14% of women in the Kibaha district have experienced sexual violence in their lifetime, respectively, whereas 44% of ever-married women had been physically and/or sexually abused by an intimate partner.

In Kenya, the prevalence of Sexual Violence Against young girls at (55%) among females is exceptionally high (Child-line, 2008). Sexual Violence Against young girls is the leading in terms of reported cases at the Gender-Based Violence Recovery Centers (GBVRCs) of the Mental Health Department Kenyatta National Hospital, Nairobi, and The Nairobi Women's Hospital. According to "CRADLE" Child Rights Advisory Documentation and Legal Centre (2009), the children's foundation, 79 % of girls in Kenya aged between 13 and 15 years had been sexually abused. The National Survey on Violence against Young experienced sexual violence during their childhood (National Survey on Violence against Children, Kenya, 2010). Sexual Violence Against young girls presents risks for Kenyan young girls. Because of such abuse,

many young girls live through feelings of confusion, guilt, anger, mistrust, sadness, and psychological and emotional deprivation (Kenya Health Demographic Survey, 2010). Such abuses expose the young girls to PTSD and depression that interferes with their psychological functioning and low self-esteem, which in turn interferes with the young girls' social functioning and poor performance in school (DSM V, 2013; Roberts et al., 2009).

Estimates show that 14 percent of the women of Kenya and 6 percent of their male counterparts who have ages between 15 and 49 have gone through issues of sexual violence even one time in their life. The female gender in Kenya goes through more violent cases than males. In numerous parts of the country, females and males are brought up differently. This creates an issue of power imbalance between them. Men are raised to prove their masculinity, whereas girls are brought up to be compliant and calm.

In Kenya, it was noted that sexual violence limits the ability of girls and young women to achieve their educational potential, reduces opportunities to enhance family health by disempowering women's access to services, and limits their social and economic development (Garcia-Moreno et al., 2011). Other negative impacts of sexual violence include the increased risk of disease, reduced interest in school, and psychological trauma (Abuya et al., 2012).

1.2. Statement of the Problem

A study by Kenya Demographic Health Survey (KDHS, 2014) shows an increase in cases of violence perpetrated on women in the age brackets 15-49 by men (National Crime Research Centre NCRC, 2014). For example, studies by Ondicho (1993) and Olungah (2006) indicate that Kenya recorded an increase in the number of criminal cases of bodily harm inflicted on women by men. Gender Violence Recovery Centre at Nairobi Women's Hospital (2012) recorded 2,532 cases of gender-based violence, the number of which shows an increase in violence against women. The vice of sexual abuse among children in Kenya, especially the defilement of girls, has become a menace that calls for vigorous means of dealing with it. Early one in three Kenyan girls experience sexual violence before the age of 18 (UNICEF, 2010).

Sexual Violence Against young girls poses a danger to the growing processes, thus affecting learning outcomes as girls live in fear of sexual molestation by their elders. Over the years, a lot of focus has been placed on statistics of abused girls at the expense of the factors catalyzing this vice. It is believed that parents are important actors in protecting the girl child from any kind of violence, including sexual abuse. Knowledge, attitudes and practices with responsible teaching are instrumental in the prevention of girl sexual abuse. However, despite the numerous studies conducted in Kenya on this subject, sexual violence and the role it plays in affecting girls' self-esteem is lacking. Therefore, there is a need to conduct thorough research on assessing how sexual violence impacts a girl's self-esteem. It is for this reason that the current study aimed at investigating the effects of sexual violence on young girl's self-esteem: a case study of Turkana County.

1.3. Research Objective

- To assess the effects of sexual violence on young girls' self-esteem in Turkana County.

1.3.1. Specific Objectives

The study was guided by the following specific objectives:

- To examine the types of Sexual violence among adolescents in Turkana County.
- To establish the influence of sexual violence on adolescent self-worth in Turkana County.
- To examine the mitigation strategies to counter the effects of sexual violence on adolescent self-esteem in Turkana County.

1.4. Research Questions

- What are the types of sexual violence meted out to adolescents in Turkana County?
- How do the types of sexual violence in (1) above affect the adolescent self-worth?
- What mitigation strategies have been put in place to address the effects of sexual violence on self-esteem among adolescents in Turkana County?

1.5. Assumptions of the Study

- The study assumed that there exists sexual violence among adolescents in Turkana County.
- Sexual violence affects adolescent self-worth in Turkana County.
- There are mitigation strategies that deal with sexual violence and its effects on adolescents.

1.6. Justification and Significance of the Study

As the Turkana, sexual violence data from the national crime center (NCRC, 2022) showed that rape in the county currently stands at 34.6 per cent against the national average of 12.9 per cent. Cases of assault stand at 35.7 per cent compared with the national average of 15.7 per cent. The rate of child abuse, including neglect and other sexual abuse, stands at 23.7 per cent compared with the 4.3 per cent national average. More than 60 per cent of sexual GBV cases reported through the Kenya Health Information System are with girls below the age of 18 years. This is extremely high and requires addressing with practical solutions from this study.

The study will be instrumental in dealing with the sexual violence that young girls in Turkana go through at the community level and at higher levels. This will ensure that the long-term effects, like low self-esteem, will be addressed adequately or prevented altogether. The findings of this study may be used to influence policymakers in Turkana County, which has a higher population in the rural areas, practising nomadic pastoralism device mechanisms that can help in

reducing sexual violence and rehabilitating especially the girls who are affected and or stigmatized because of sexual violence. For instance, the Gender-Based Violence Recovery Centre (GBVRC) can be put up in sub-county hospitals and health centres to ensure victims have quick access to services. The study will contribute to knowledge in the area of sexual violence and its effects and will act as a point of future research.

1.7. Scope of the Study

The study was conducted in one sub-county in Turkana County, the most populated sub-county of Turkana West. The study aimed at establishing the effects of sexual violence on adolescents' self-esteem. Specifically, the study focused on the types of Sexual violence among young girls, the effects of various Sexual violence on young girls' self-esteem in Turkana County and mitigation strategies to counter Sexual violence among young girls' self-esteem in Turkana County. The population for this study consisted of young girls aged between 13 and 17 years in Turkana County.

1.8. Limitations and Delimitations of the Study

Due to the nature of the study, there were many emotional reactions, especially by the survivors of sexual violence, that made it difficult for the researcher to get full narratives in some cases. This was overcome by providing empathy and providing enough time for the respondents to recap the incidents. Some respondents were reluctant to provide information that they viewed as confidential. Respondents were also reluctant to offer information for fear that it could be used against them. The researcher handled the problem by carrying an introductory letter from the college.

1.9. Definition of Terms

- Adolescents: In the context of this study, it refers to boys and girls aged between 13 and 17 years.
- Sexual Violence: A range of specific acts that may or may not involve actual physical contact, including rape, incest, exposure to sexual materials, exposure of the child to sexual act deliberately or unknowingly and uncomfortable or intensive touching of a child. It can also be defined as any violence, physical or psychological act, carried out through sexual means or by targeting sexuality (Baker, Campbell & Straatman, 2012).
- Self-esteem: This study is specific to Rosenberg scale of self-esteem that uses perception and self-worth as the measures of self-esteem. Rosenberg describes self-esteem with a 10-item scale that aims to measure how people feel and think about themselves (Rosenberg, 1965).

2. Literature Review

2.1. Introduction

This chapter provides the literature review of the study. It relates previous research and studies and their findings. This chapter mainly focuses on sexual violence and its influence on young girls' self-esteem and looks into the strategies used to counter sexual violence. Further, it explores the theory that guides the study, the conceptual framework, and the chapter summary.

2.2. Types of Sexual Violence

Sexual violence (SV) refers to a sense of touch or forced sexual encounters regardless of the existing relationship (Saltzman et al., 2012). Sexual violence is mostly influenced by power relations and control and often involves using dominance over another individual. SV can be experienced by people of all ages and can occur as a single incident or as a continuous form of abuse. Sexual violence can be encountered through friendships, including a friend/acquaintance, a current or former spouse or partner, a family member, or a stranger. There are myths in Africa as well as other parts of the world that sexual violence occurs between strangers, takes place in dark alleys or other remote locations, involves physical brutality and is provoked by women who are perceived to act promiscuously or who dress in a particular style of clothing, or walk alone at night (Macdowall et al., 2013).

Sexual violence based on the sexual abuse lens includes direct physical contact, such as unwanted touching or any kind of rape, which is also known as "defilement" for young people under the legal age of consent. According to the United Nations Children's Fund (UNICEF, 2014), sexual violence comprises any sexual activities imposed by an adult on a child for which the child is entitled to protection by criminal law. UNICEF (2014) also includes sexual exploitation for commercial purposes in its definition of sexual violence. It also includes utilizing children in audio or visual images of sexual abuse and using children for prostitution, sexual slavery, sexual exploitation in travel and tourism, and trafficking for purposes of sexual exploitation (within and between countries). Sexual violence also includes the sale of children for sexual purposes and forced marriage. Sexual activities are also considered abuse when an act is committed against a child by another child and if the offender is significantly older than the victim or uses power, threats, or other means of pressure to coerce a sexual act.

Sexual violence based on the sexual harassment lens is defined by Meyer (2008) as any behavior that acts to shape and police the boundaries of the traditional gender normal of heterosexual masculinity and femininity, including sexual harassment, sexual orientation harassment, and gender non-conformity harassment. Some examples of this type of behavior include suggestive comments, suggestive gestures, teasing or other invitations of a sexual nature. The literature is a reflection of a range of behaviors considered sexual harassment. This can be verbal in nature, e.g., (body shaming, sexual rumours, uttering sexual remarks and accusations, dirty jokes and stories). Sexual harassment can be physical in nature, e.g. (grabbing and rubbing of body parts, touching and pinching parts like sexual assault. Harassment can be visual,

e.g., (displaying nude pictures of an obscene nature and watching pornography). Both girls and boys can be victims of sexual harassment, and sexual harassers can be fellow students, teachers, principals, janitors, coaches, and other school staff. Sexual orientation harassment is any hidden or obvious behavior that reinforces negative attitudes toward gay, lesbian, bisexual individuals and transgender populations. Gender non-conformity harassment occurs when students are targeted because of their gender expression or their public performance of masculinity or femininity (Meyer, 2008).

Sexual violence affects millions of people, brutally shattering the lives of women, men and children. Establishing the prevalence of sexual violence can be challenging, mainly because only a small portion of all victims actually file a police report or seek medical assistance. Victims of sexual abuse refrain from seeking help and treatment because of stigmatization and shame. Specifically, it is estimated that less than 10 percent of sexual assaults are reported to the police (Baker *et al.*, 2012).

Moreover, the cause of violence, according to WHO, can be categorized into cultural, legal, economic and political factors. Cultural factors include the patriarchal and sexist views that legitimize violence to ensure the dominance and superiority of men. Other cultural factors include gender stereotypes and prejudice, normative expectations of femininity and masculinity, the socialization of gender, an understanding of the family sphere as private and under male authority, and a general acceptance of violence as part of the public sphere (e.g., street sexual harassment of women), and/or as an acceptable means to solve conflict and assert oneself. The legal factors causing gender-based violence include being a victim of gender-based violence itself, which is perceived in many societies as shameful and weak, with many women still being considered guilty of attracting violence against themselves through their behaviour. This partly accounts for enduring low levels of reporting and investigation. A lack of economic resources generally makes adolescents and women vulnerable to violence. It creates patterns of violence and poverty that become self-perpetuating, making it extremely difficult for the victims to extricate themselves. When unemployment and poverty affect men, this can also cause them to assert their masculinity through violent means. Political causes form part of the causes of gender violence in that the under-representation of women in power and politics means that they have fewer opportunities to shape the discussion and to affect changes in policy or to adopt measures to combat gender-based violence and support equality. The topic of gender-based violence is, in some cases, deemed not to be important, with domestic violence also being given insufficient resources and attention. Women's movements have raised questions and increased public awareness around traditional gender norms, highlighting aspects of inequality. For some, this threat to the status quo has been used as a justification for violence.

Violence against girls is a global social, economic, human rights and public health issue with significant negative health and social impacts. The Convention on the Rights of the Child states that all children have the right to be protected against all forms of violence, exploitation and abuse, including sexual abuse and sexual exploitation (Young, Grey & Boyd, 2013). The short- and long-term effects of such violence and exploitation are severe, not only for the victims but also for families and communities, and constitute a serious mental concern. Violence against women and the exploitation of children include all forms of physical or psychological abuse, injury, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

Lack of data and reliable records regarding sexual violence at the community level-related cases hinders efforts to combat it. Sexual violence can negatively impact the health of an individual as it leads to physical, psychological and emotional disorders such as pregnancy, STIs including HIV, shock, anxiety, depression and post-traumatic stress disorder or rape trauma syndrome (Ashbaugh & Cornell, 2012).

2.3. *Effects of Sexual Violence on Young Girl's Self-esteem*

Witnessing or facing violence has a long-term effect on the mental health of women. Literature asserts that domestic violence and abuse increase the likeliness of depressive disorder, according to Devries *et al.* (2013). According to Jones, Hughes and Unterstaller (2001), Coker *et al.* (2002) and Romito, Turan and De Marchi (2005), not just physical violence but psychological domestic violence and abuse have also been shown to have similar detrimental effects as physical violence with respect to depressive disorder, PTSD (Post Traumatic Stress Disorder) and psychological stress. However, there is a dearth of work on the association between violence and depressive symptoms among married and unmarried adolescents in India. Although adolescents have been identified as an at-risk age group, almost no study delves into their psychological response to having witnessed or experienced violence.

Sexual gender violence is a major social problem that is considered a "global health problem of epidemic proportions" by the World Health Organization (WHO, 2019). Despite legislative efforts, awareness-raising campaigns, and the programs and resources that have been developed, official statistics continue to reflect an increase in victims. Globally, and according to the UNFPA 2021 GBV fact sheet, 48,650 GBV cases were registered from January to June 2021, about 1142 cases monthly and 38 cases daily. Every child deserves to grow up free from harm. However, Gender-Based Violence continues, effectively ending their childhoods and risking their futures. Gender-based violence occurs in every part of the country and across all economic and social groups. Sadly, one in three women and girls will experience sexual or physical violence in their lifetimes.

Gender-based violence against children is perpetuated physically, sexually, psychologically and/or economically and seeks to deny access to resources or services that may help lift a victim out of the cycle of violence. Violence that has effects on children, according to WHO (2019), includes sexual violence, child marriage, sexual harassment, female genital mutilation, intimate partner violence, trafficking, sexual exploitation and abuse. The impacts are significant in both the short- and long-term and can include serious physical injuries, sexually transmitted infections such as HIV/AIDS, forced and unwanted pregnancies, and a greater risk of maternal mortality.

Children who are married off at a young age are more likely to face sexual, physical and economic violence. Child marriage also triggers and exacerbates a cycle of gender discrimination, threatening girls' education, health and safety around the world. Boys are also victims of trafficking and gender-based sexual violence and exploitation, but due to stigmatization, the numbers continue to be vastly underreported. Adolescent boys over the age of 10 are also particularly vulnerable to being detained because they are regarded as security threats for their – or their families – alleged association with armed groups. Children are tortured or abused, kept with adult prisoners, not provided proper legal support, or live in conditions that are against international standards for juvenile justice.

Gender-based violence negatively impacts the development of the affected children. Domestic violence has been identified as the most prevalent type of violence experienced by different families in this community, especially in a physical form. The effects of gender-based violence are long-term and have devastating consequences and include insomnia, phobias, aggression, low self-esteem, and impaired problem-solving skills, which in the long term affect personal ability and capability.

Stigmatizing attitudes could have a negative effect on sexually abused children, especially if the sexual violence among children (SVAC) incident was known among other pupils in the school. Experiencing childhood trauma and adversity, including SVAC, is a risk factor for depression, anxiety, and other psychiatric disorders. Therefore, multiple comorbid diagnoses in sexually abused children are a reality (Nyaga, 2009; Khasakhala *et al.*, 2013). Merikangas *et al.* (2010) found high comorbidity of mental disorders among the American adolescents. Children who experience stigma from abuse develop both guilt and shame. Some studies have investigated negative self-esteem as a possible outcome of SVAC. For instance, SVAC could trigger difficulties such as emotional distress, lack of confidence and low self-esteem (Sperlich & Seng, 2016).

Antoinette (2010) reported that as many as 84% of the sample study group in South Africa indicated that they had suffered from depression at some point in time as a result of SVAC. Gelaye *et al.* (2009) demonstrated that Students in Ethiopia who reported experiences of any sexual violence were nearly twice as likely to be classified as having moderate depression as compared with non-abused students. Similarly, Sumner *et al.* (2016), in their study, of 1456 boys in Kenya aged 13-24 years who had experienced sexual violence, 90% had depressive symptoms, and the range of experiencing sexual violence before the age of 18 years was 14.8%.

Sexual violence towards the girl child has been persistent because of certain reasons. One factor that has contributed to the situation is that the female gender has certain viewpoints and a mindset that low societal status is an expectation that society has for them to conform to their duties and roles (Duffy *et al.*, 2014). Sexual violence comes with social and emotional issues such as esteem issues and depression (Williams & Finkelhor, 2013). In order to lessen the effects of sexual violence, it is important for parents to make reports to child protection or to law enforcers.

Parental willingness to report sexual abuse cases indicates their importance in child development and protection. Furthermore, the understanding of parental cognizance of sexual abuse cases towards their baby girls and reporting them is crucial. Failure to report the cases puts the girls in a bad way, which may cause self-esteem issues (Berliner & Elliot, 2012). Failure to report leads to serious repercussions towards the community.

Craig (2010) further suggested that parents' attitudes and beliefs concerning some aspects of victimization could contribute to understanding the severity of the situation and reflect their willingness to intervene. Little research has been done examining parent's attitudes regarding sexual violence and the influence it has on their willingness to respond to young girl's disclosures of sexual victimization. Therefore, investigating the association between attitudes and readiness to intervene is of particular importance since these attitudes will later determine the effectiveness of parent's ability to address the matter effectively.

Wondie *et al.* (2011) conducted a study, and the findings showed that by the use of the Rosenberg scale, 318 children abused felt self-worth to a lesser degree compared to children who had not undergone any form of abuse. A similar study discovered that emotional response behavior was witnessed from children who had undergone sexual abuse (Lewis *et al.*, 2015). Swanston *et al.* (2013) found that children who went through sexual abuse had self-esteem issues in comparison to the other children.

Acts of sexual abuse violate the victim's physical integrity and psychological makeup, which is why sex abuse is identified as one of the most dehumanizing offences. SGBV abuse is associated with psychological problems such as post-traumatic stress disorder, anxiety, depression and low self-esteem that can lead to victimization, as well as the reduced ability of a woman to work, care for her family and contribute to society and her life in general (UNFPA, 2008). As a huge destruction of gender-based violence, sexual violence involves harassment, sexual assault and rape, as well as discrimination. In schools, this is a concern that the world in general needs to give importance to. It affects children's emotional and societal stability (UNESCO, 2015). Teachers and caregivers are instructed to stabilize society (UNESCO, 2015). Teachers and caregivers are instructed to keep a watchful eye on any physical or behavioral changes in the children in order to combat any possible repercussions. According to Deveney (2013), child abuse has an effect on children not only when they are young but also when they progress to their older years of life. This interferes with the child's normal growth and development process.

Not only do girls fall victim to gender-based violence. Boys do, but it is crucial to understand how the two circumstances may differ. According to findings brought forward, girls fall at higher risk of falling victim to sexual violence, while boys undergo physical violence in most cases. Boys bully one another, while girls verbally abuse each other (Pinheiro, 2016).

Forms of violence cause insecurities and self-esteem issues, putting the victims at huge risk of developing mental health issues and depression (Jewkes, Sen, & Garcia-Moreno, 2012). Sexually abused persons may even attempt to end

their lives. They fear the opposite in most cases; hence, sexual abuse has been depicted to cause psychological issues in the end. The immediate repercussions of sexual abuse involve the acquisition of dreadful diseases such as sexually transmitted infections or HIV. The other effect would involve a lack of concentration in school, hence diminishing performance (Bott, 2010).

Psychosocial outcomes related to SV demonstrate that its impact on young girls is deleterious and has far-reaching negative consequences on young girls (Jewkes et al., 2010; Jaffee & Christian, 2014), and the economic burden of SVAC in any society is substantial (Corso & Fertig, 2010; Fang et al., 2012; Florence et al., 2013; Raghavan et al., 2014). Although little is known about the magnitude of the psychosocial outcomes of SVAC in the African Region, authoritative information is scarce (Finkelhor et al., 2009). Research shows that the global estimate of the prevalence of SVAC among females is 7-36% and 5-10% among males (Callender & Dartnall, 2010). Globally, one billion young girls were exposed to violence in the year 2014 and two billion young girls in 2013 experienced physical, emotional or sexual violence (Hillis et al., 2016).

2.4. Strategies to Counter Sexual Violence

There is a growing awareness that systems in society, by virtue of their accessibility to girls and expertise in girl's development, are in a unique position to identify possible sexual abuse cases and intervene on behalf of young girls (Riggs, 2012).

There has been an introduction of sex education in various factions of society to address the issue of sexual violence among young girls. According to UNESCO (2009), the most fundamental role of giving understandable sexual education to young girls is to accord them the information that would help them sieve out their actions and partake in activities that would not put them in harm's way. It is also important to provide sexual education, as nothing is better than to have well-educated girls.

Many schools in Kenya, for example, have adopted the need for the provision of sex education. Teachers should be properly trained and guided on the topics of conversation with the girls. It is only highly trained teachers who can provide the necessary educational support to their young peers, just like professional and health workers (UNESCO, 2007). It is important to begin sexual education at the primary school level rather than providing it at the secondary school level. This is because, in primary schools, sexual abuse cases are also reported (Williams & Finkelhor, 2013). Some of the impediments to sex education include a lack of adequate finances, lack of political support, opposed communities and unreliable authorities (Ajzen, 2015). It is very important to understand that school attendance itself poses a huge risk of risk behavior not just for girls but for boys as well. It is, therefore, important to work on the vulnerability of the situation by allocating the required resources and political/ authoritarian support that is needed.

While there exist barriers to how parents report, such as fear or misreporting and consequences of reporting, parents with training in reporting have shown more confidence in recognizing indicators; they are more knowledgeable about reporting procedures and ready to follow reporting guidelines (Matthews, 2011). A recent review of approaches to pre-service girl's child protection education at three Australian universities suggests that content can be positioned as a separate entity or integrated within a related unit of work such as Family Studies (Walsh et al., 2011). While there were advantages and disadvantages identified for both approaches, to develop deep, rather than the surface level, subject matter and expertise, there is a need for in-depth content delivered by sex educators with robust child protection knowledge (Walsh et al., 2011).

The elimination of the risk and reduction of vulnerability should be considered while preparing the goals of sex education. Programs seeking to completely reduce risks in entirety through discouragement of premarital sex should be well understood (Shakeshaft, 2012). Risk reduction relates to the reduction of issues pertaining to pregnancies and STIs. Parental role in preventing sexual violence is as important, too. They have the responsibility of nurturing their children with the right values and enabling them to develop the right virtues that would enable them to avoid any cases of violence that are inflicted on them. Parental support, education and encouragement are very important for the protection of the girl child as well as the boy child. More so, the mothers spend a lot of time with their children. Hence, they are at more liberty to understand their children well and to instill important knowledge and skills which would prove to be beneficial to the children when they step out (Trudginer & Crawford, 2014).

Some of the identified negative impacts of sexual harassment include trauma, depression and other psychological consequences (Rahimi & Liston, 2011). When teachers fail to recognize such sexual labeling as an act of violence and accept this as part of the normal school experience, the options for girls to report, be supported, and receive guidance on how to handle the behavior are limited and the behavior is further perpetuated.

Parents and various members of society require an understanding of what constitutes relevant and effective sexual violence prevention initiatives (Trudginer & Crawford, 2014). While professionals have a significant role to play, the parent's role in prevention is critical as they are in charge of the well-being of the children, especially the girl child, who is considered delicate in society. Women witness the social and emotional indicators, inappropriate behaviours and academic consequences (Cromer & Goldsmith, 2012) and are in a position to implement prevention strategies as part of their daily routine and practice. Significantly, parents who have knowledge, skills, and positive attitudes towards child protection for girls can contribute to the safety and well-being of their young girls.

Reilly (2009) describes how focusing solely on acts of violence and individual perpetrators and victims often leads to interventions focused on protecting victims or punishing perpetrators. Adopting a broader notion of sexual violence as a social behavior, including acts and verbal forms of sexual violence, leads to research and interventions that seek to understand the social conditions that produce and maintain it and interventions are directed toward transforming those

precipitating conditions. The notion that violence is inextricably related to power acknowledges the global relationship that women have had with men and reinforces the perspective that focusing on the prevalence or acts of violence ignores the gendered dimensions of violence and the workings of power that underpin violent acts.

2.5. Theoretical Framework

2.5.1. Social Ecological Model

This model is applicable to understanding the complex nature of violence. It was introduced in the 1970's and was used in studies involving child abuse (Garbarino, 1978). New-era researchers have used the model in intimate partner violence studies (Dahlberg et al., 2002). The ecological model uses a four-level model to understand violence and the effects it has on victims, as well as the prevention strategies. Besides, the model suggests violence prevention strategies involving multi-dimensional action that is sustainable instead of a single intervention. The first level is the individual, which identifies biological and personal history factors like age, income, and education. The prevention strategies at this level promote attitudes, beliefs, and behaviors that prevent violence, like education and offering life skills training. Secondly is the relationship level, which examines how close relationships between people may increase the risk of becoming a victim of violence. Close people like family members, peers and close friends have an influence on the behavior and attitudes of those they are related to. Strategies to counter violence at this level include family-based initiatives like good parenting and mentorship programs, programs to foster problem-solving skills and to promote healthy relationships.

Thirdly, there is the community level, which explores institutions such as schools, neighborhoods and workplaces. Social relationships are built in those settings that could lead to violence of one kind or the other. Prevention strategies could include policies within those institutions that discourage violence and addressing socio-economic factors that those institutions that discourage violence and addressing socio-economic factors that contribute to violence. The last and fourth level looks at the broad societal factors considered to encourage violence. Some of the societal factors include socio-cultural factors that propagate and push for inequalities between different groups in society. Prevention for this level may be through policies that push for the equality and inclusivity agenda (Dahlberg, 2002).

2.5.2. Traumagenic Dynamics Model

This study could not be extensively explained by the radical feminist theory. It is for that reason that the traumagenic dynamics model has been used to address the general objective: Effects of sexual violence on young girls' self-esteem. Abuse of children sexually has four outcomes, as explained by this model. The first outcome associated with this act is trauma in sexualization because of the negative image. As a result, young girls may end up becoming promiscuous by engaging in several sexual partners (Senn et al., 2012; Walsh et al., 2013). Secondly, children who have experienced sexual assault feel betrayed since they will feel deceived. Later in their life, they may lose trust in their partners, which may force them to even reject relationships which are very suitable (DiLillo & Long, 1999).

Stigmatization comes at the third stage, and it involves sentiments of prohibition and being distant from everyone else and unique. This is a direct result of unsafe conduct, as the individual feels explicitly unique, notwithstanding feeling disgrace and blame (Feiring et al., 2001).

The model's four builds have been credited to poor capacity with reference to mental examples. Injury to a more significant level may prompt sentiments of tension and seclusion just as low regard levels (Hazzard, 1993; Matorin & Lynn, 1998). Disloyalty and belittling may prompt a sentiment of absence of intensity and discouragement (Hazzard, 1993). In this way, the Traumagenic Dynamics model gives desperate clarification of the considerable impact of CSA that relates to both sexual and mental results (Walsh et al., 2013).

2.6 Conceptual Framework

The conceptual framework in figure 1 demonstrates the relationships between the dependent and independent variables under investigation. The dependent variable is the girl's self-esteem, while the independent variable that will be investigated to establish its level of influence on the dependent variable is sexual violence.

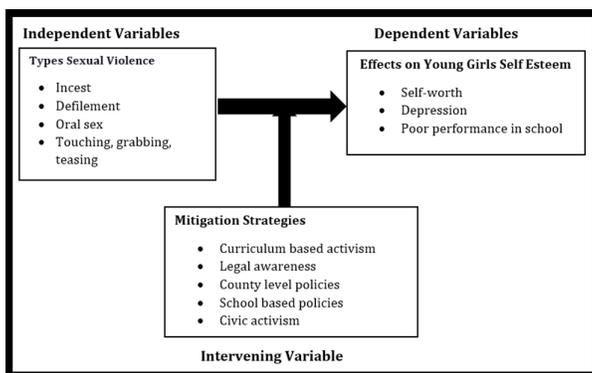


Figure 1: Conceptual Framework
Source: Author (2023)

2.7. Chapter Summary

A summary of selected empirical studies based on objectives has been presented and clearly highlighted their focus of study, findings and conclusions, the knowledge gaps and how the current study addresses them. The chapter has summarized the theory anchoring this study and empirical literature. It has further presented a conceptual model in a diagrammatic relationship with the variables of the study.

3. Research Methodology

3.1. Introduction

This chapter presents research designs, the target population of the study, sample size, data collection instruments and techniques and analysis techniques.

3.2. Research Design

This study used a descriptive survey method to investigate the effects of sexual violence on adolescent's self-esteem in Turkana County. This research design is probably the best method available to social scientists and other educators who are interested in collecting original data for the purposes of describing a population that is too large to observe directly (Mugenda & Mugenda, 2003). The proposed method was appropriate since it focused on collecting information from respondents on their experiences to describe the sample's current characteristics (Wambugu, Kyalo, Mbii & Nyonje, 2015).

3.3. Research Population

According to Mugenda and Mugenda (2003), a target population describes the accessible population from where a study sample is drawn and upon which the results of the study will be generalized. A population is a well-defined set of people, elements, events or groups of things that are under scrutiny by the researcher. The population for this study consisted of young girls aged between 13-17 years in Turkana West, the police, the chief officer in the Ministry of Gender, the health staff in the health facilities and the parents of the adolescent children in Turkana West. The KNBS (2018) data shows that 63,000 people are aged between 13 and 17 years.

3.4. Research Area

This study was carried out in Kakuma ward, in Turkana West Sub County of Turkana County in the North West part of Kenya, covering an estimated area of 77,000km² and has a population estimated at 939,080 people according to Situma (2013). It is a county in the former Rift Valley Province. It is the second largest after Marsabit County and the north-westernmost county in Kenya. Ninety percent (90%) of Turkana population lives in the remote rural areas that lacks infrastructure. Turkana County is bordered by Uganda to the west, South Sudan to the north, Ethiopia to the northeast, West Pokot County in Kenya to the south, and Baringo and Samburu counties to the east. It has seven sub-counties, namely: Kibish, Loima, Turkana Central, Turkana North, Turkana South, Turkana East and Turkana West. To the south and east, neighboring counties in Kenya are West Pokot, Baringo and Samburu Counties, while Marsabit County is located on the opposite (i.e., eastern) shore of Lake Turkana.

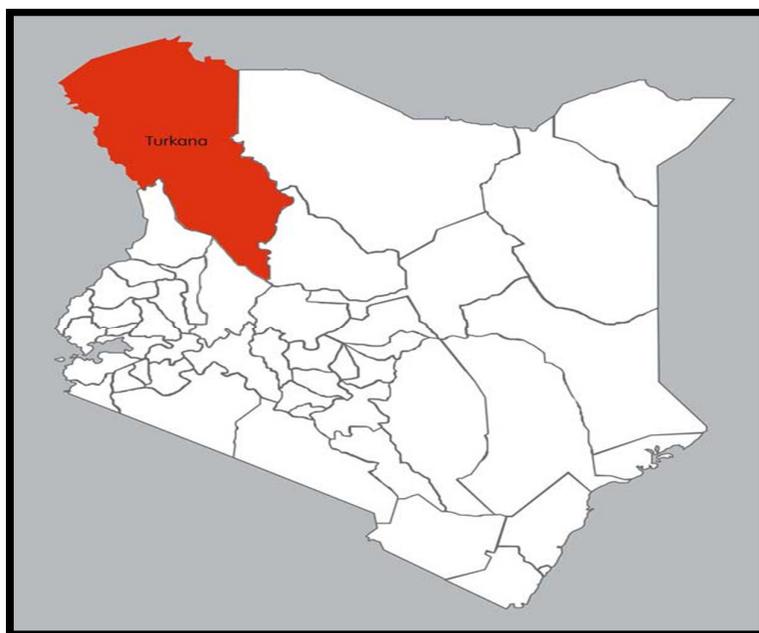


Figure 2

Accessible on: <https://learn.e-limu.org/topic/view/?t=1528&c=468>

3.5. Sampling Size and Sampling Procedure

Sample size, according to Kothari (2004), is a representative section of the entire population. A sample is a group of relatively small participants under investigation selected from a larger population. The process by which the sample is selected is the sampling procedure. A stratified random sampling technique was used to select respondents from a target group (strata). The reason for the choice of the sampling method was that it enabled the researcher to representatively sample even the smallest and most inaccessible subgroups. This allowed the researcher to sample the rare extremes of the given population.

In addition, the study used the following formula proposed by Yamane (1967) to determine the sample size:

Using Yamane (1967) formulae $n = N / (1 + N * (e)^2)$

Where:

n = sample size

N = the population size

e = the acceptable sampling error (10%) at 90% confidence level

Thus

$n = 63,000 / (1 + 63,000 * (0.1)^2)$

n = 50

Therefore, the sample size of the population was 50 girls aged between 13 and 17 in Turkana County. A Sampling error of 10% was used to reduce the sample size for easy data collection. So, the total no. of participants in the study will be 60, including 50 adolescents in Turkana West Sub County, 4 parents from the sub-county, 2 community health workers, one chief officer of the gender department in the county, one police in charge of gender desk, one clinical officer treating in the health facility and one legal officer. The community health workers in the above sub-counties, with the authorization of the Chief Officer in the Department of Gender and Department of Health Services, helped with leads to getting to the respondents attending youth clinics. The key informants further included the police in charge of the gender desk providing information on the types of sexual violence mostly reported on their desk, and their response mechanism, a Clinical officer at the sub-county health facility, A legal officer at the Lodwar Law Courts was interviewed on the types of SV that they prosecute most and on the legal mitigation strategies. They were purposely selected based on their expert knowledge, knowledge and professional experience in the field of SV.

3.6. Data Collection Methods

Both primary and secondary data collection methods were used. For primary data collection, a structured questionnaire was used to collect primary data from the adolescents aged between 13 and 17 years, and an interview guide questionnaire was used for key informants while secondary data was collected from various sources, including project proposals, baseline surveys, progress academy reports, articles, internet, online journals, Training manuals, published and unpublished research report mainly to get the statistics, prevalence and other studies carried out on gender-based violence.

3.7. Data Processing, Analysis and Presentation

The data for the study was analyzed both qualitatively and quantitatively. The Quantitative data collected was keyed in and analyzed with the aid of SPSS. The quantitative data generated was subjected to the descriptive statistics feature in SPSS to generate mean and standard deviation, which were presented using tables, frequencies, and percentages, while qualitative data consists of words and observations, not numbers. For qualitative data, data was transcribed, translated, coded and then subjected to thematic analysis in line with the study objectives. This helped to organize, analyze and find insights in unstructured or qualitative data interviews with open-ended responses in a short time.

To measure the variable of the study, this study will utilize a rank order type of comparative scale to measure the variables, and it will assess the associations between attitudes and social norms, and self-esteem. Key independent variables of interest included a scale measuring personal attitudes toward gender inequitable norms, a measure of perceived injunctive norms capturing how a girl believed her family and community would react if she were raped, and a peer-group measure of collective descriptive norms surrounding gender inequity. The key outcome variable, self-esteem, was measured using the Rosenberg self-esteem scale.

3.8. Ethical Consideration

Ethics are the norms or standards of conduct that distinguish between right and wrong i.e., acceptable and non-acceptable behavior. The researcher adhered to research ethical standards by citing all the sources to ensure the validity and reliability of the data. Relevant written permission to collect data was sought from the school and local authorities where the research was conducted. Respondents were informed that the information to be collected was treated confidentially and was used for academic purposes only. Respondents were also not required to write their names in the questionnaire. Any names that are used are pseudonyms to protect their identity. Due to the nature of the study, participants were allowed to suggest a venue of their choice to protect their privacy and ensure their comfort and convenience.

4. Data Analysis, Presentation and Interpretation

4.1. Introduction

This chapter contains the presentation and discussion of research findings and data analysis. It presents data that was collected using questionnaires and interviews. In the same chapter, data is interpreted, discussed and analyzed along the themes namely: forms of domestic violence, key perpetrators of domestic violence, factors for the increased prevalence of domestic violence.

4.2. Demographic Characteristics of the Respondents

The respondents' personal information included age, level of education, place of residence and religious affiliation.

Sex	Frequency	Percentage
Male	12	20
Female	48	80
Total	60	100

Table 1: Distribution of All Respondents by Gender

The majority of respondents were female 48 (80%). This was because females are the ones who suffer from gender-based violence, especially male adolescents.

Non-Adolescents' Occupation	Respondents	Frequency
Govt. employed	2	20
County Employed	3	20
Housewife	5	40
Total	10	100

Table 2: Occupation of Non-adolescents

The majority of non-adolescent respondents were housewives (50%). This was because this is the group that suffer's domestic violence mostly.

4.3. Distribution of Adolescents by Age

The study sought to establish the age of the respondents. From the findings, a majority (39, 78%) were aged between 13 and 15 years, while 22% (11) were aged between 16 and 17 years. This depicts that the respondents were within the age brackets to which the research targeted, and thus, the study got the required information in relation to the subject of the study. The study established that girls aged between 13 and 17 years are most vulnerable to gender violence since they are young and may not be able to protect themselves from the perpetrators, especially when they are approached with threats and intimidation. The researcher, therefore, analyzed the sixty respondents' level of education to establish their level of literacy.

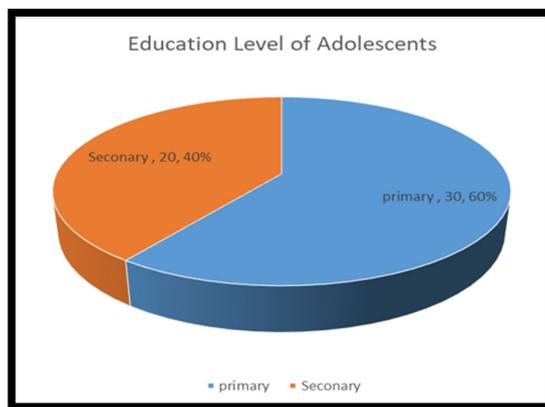


Figure 3: Distribution of the Adolescent Participants by Level of Education

The majority of the respondents (30), representing 60% of the total respondents, were in primary education, and 20 respondents, representing 40% of the total respondents, were in secondary school. This implies that they were able to express themselves, had knowledge and a higher chance of getting reliable data. These findings also imply that there is a lower transition from primary to secondary school, which could be caused by teenage pregnancy or even early marriages. The researcher then sought to find out if the religious affiliation of the respondents can contribute in any way to the causes or influences of sexual violence and understand whether religion can contribute to the study objective.

4.3.1. Distribution of All Participants by Religious Affiliation

Five percent of the respondents were Muslims and a majority 95% (57) were Christians. The Christians are a majority in Turkana County, which is a true reflection. Sexual violence is rampant among the Christian population, which is against Christian values, and it is a setback to the churches as they seem to slip.

4.4. Types of Sexual Violence

The respondents of the study were requested the form of sexual violence they experienced. The survivors of the sexual violence were asked to talk about their own experience, and the form of violence was categorized into the most common and their manifestation. The types of sexual and gender violence are shown in figure 4. According to the young girls and boys, incest (24, 40%) was the top form of sexual abuse and violence with people who are involved in their daily lives, and defilement was the second highest (22, 36%) that involved either attempted rape and or penetration, 15% (9) was oral sex which included different form of oral sex and also reported common type of SV and others 9% (5) which included inappropriate touching of private parts, suggestive teasing were reported. The findings are presented in figure 4 below.

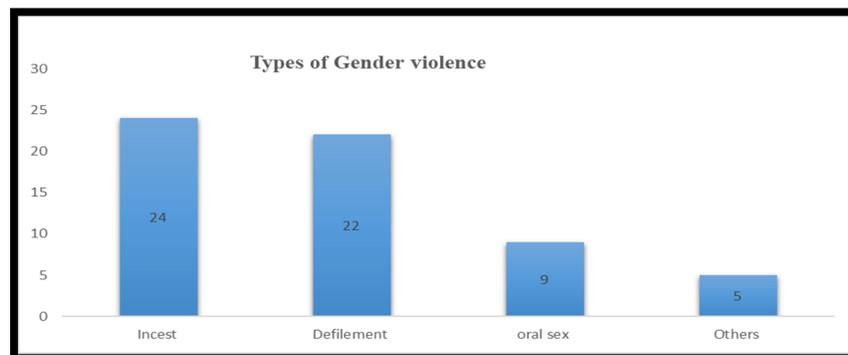


Figure 4: Types of Gender and Sexual Violence on Adolescents

4.4.1. Incest

The study established that young girls and boys suffer this form of sexual violence most, and according to young girls and boys, incest (40%) was the top form of sexual abuse and violence among people who are involved in their daily lives. Such people could be their legal guardians, cousins, family members and even fathers.

One of the girls stated:

I have experienced sexual violence since I was nine years old. The act was being done by my cousin I lived with, who threatened he would kill me if I ever reported the matter to anyone; I left to stay in a children's home for a duration of 6 years because I consider my family non-existent.

According to KIIs, the most common prevalent SV in the area were incest, attempted rape, defilement and general sexual exploitation. Manifestations and forms of SGBV are experienced in every place or from place to place, and there is no doubt that women are over-presented among the victims of SGBV perpetrators throughout history have been subjected to physical, psychological and sexual abuse by the men in their lives either by brothers, boyfriends or husbands within the family setting (UNICEF 2000 and Ondicho, 2000).

Feminists have been central to virtually every issue around child sexual abuse, from moral reformers in the 1800s and early 1900s to the 1980s survivors' movement (Breines & Gordon, 1983; Freedman, 2013). Secondly is the relationship level, which examines how close relationships between people may increase the risk of becoming a victim of violence. Close people like family members, peers and close friends have an influence on the behavior and attitudes of those they are related to. In the recent feminist analysis of child sexual abuse, it was discovered that the rate of CSA grew in the 1970s together with rape. A shocking discovery was that many of the victims were Children, and the perpetrators were relatives and close family members.

4.4.2. Defilement

The other type of SV experienced was Defilement at (36 %) which included attempted rape and sexual penetration. The responses from the questionnaires showed that this form of SV was indeed prevalent.

One of the girls stated:

I was defiled by an unknown person who operated a boda boda, but nobody in our area knew him.

Sexual violence based on the sexual abuse lens includes direct physical contact, such as unwanted touching or any kind of rape, which is also known as "defilement" for young people under the legal age of consent. According to the United Nations Children's Fund (UNICEF, 2014), sexual violence comprises any sexual activities imposed by an adult on a child for which the child is entitled to protection by criminal law.

UNICEF (2014) also stated that Sexual violence based on sexual abuse can include direct physical contact, such as unwanted touching or any kind of rape, which is also known as "defilement" for young people under the legal age of consent. It also includes utilizing children in audio or visual images of sexual abuse and using children for prostitution,

sexual slavery, sexual exploitation in travel and tourism, and trafficking for purposes of sexual exploitation (within and between countries). Sexual violence also includes the sale of children for sexual purposes and forced marriage. Sexual activities are also considered to be abuse when an act is committed against a child by another child and if the offender is significantly older than the victim or uses power, threats, or other means of pressure to coerce a sexual act.

4.4.3. Oral Sex

Oral sex (15%) was also reported as a common type of SV in the area by the respondents. This category includes any other form of oral sexual violence. One of the girls said:

I was not aware something wrong was being done to me because my cousin, who was in the university, used to force me to kiss him. It wasn't until one girl in our school reported our classmate for trying to kiss her that a number of girls from our class came out to report that they had been forced to kiss different men on different occasions.

This shows that due to ignorance and naivety, some young age girls might be abused without really knowing the actions. This kind of ignorance also shows that SV is rampant, and it may not be reported regularly by the victims, thinking that the act is normal or just the usual friendship or liking. The study established that apart from kisses and oral sexual activities, there are also other types of SV that the girls could easily assume to be normal, yet this may lead to more serious cases of SV.

4.4.4. Others

Other forms of sexual violence were reported at (9%), which include inappropriate touching of private parts and suggestive teasing, body shaming, as well as exposure to pornographic films. Another girl stated:

My class teacher used to call me to the office and delay me until very odd hours. He would then start touching my breasts and inserting his fingers in me.

A key informant stated:

Our girls were being stopped on the road by men who, at times, attempted to grab their body parts while on their way to school or when they went to the market.

Romantic touching without permission is a form of SV and can lead to rape, defilement and incest. When such an act is performed frequently, the perpetrator may advance his sexual urge and finally rape the victim. On many occasions, when such advances are tried on a young girl, she may not be able to interpret its meaning and end result. These types of sexual abuse could lead to rape, early pregnancies, and all sorts of STDs, psychological trauma, and delay in going to school or even school drop-out.

These findings agree with a study by Ashbaugh & Cornell (2012), who stated that sexual violence could negatively impact the health of an individual as it leads to physical, psychological and emotional disorders such as pregnancy, STIs including HIV, shock, anxiety, depression and post-traumatic stress disorder or rape trauma syndrome. Victims of sexual violence may also experience disturbed sleep, psychological and emotional disturbances, low self-esteem, sexual dysfunctions, and behavioural and eating disorders. Psychological and emotional trauma can manifest itself in physical reactions such as stomach-aches, headaches and back problems. Children are at times chased away from their homes by their parents and, at times, are regarded as outcasts, especially when they refuse the advances of their parents. Some of the girls who reveal sexual harassment by their fathers are chased and regarded as outcasts.

4.5. Effects of Sexual Violence on the Adolescents' Self-worth

The respondents were requested to indicate the effects of sexual violence on their self-esteem. The findings were presented on a five-point Likert scale where:

1 = strongly disagree;

2=disagree;

3= neutral;

4=agree;

5=strongly agree.

The findings are shown in table 3 below.

Statements	Mean	Std. Dev
How a girl feels about themselves is affected after she has been assaulted	4.22	0.1976
The relationship with family members, school mates and peers change	4.14	0.1189
There is loss of interest in what was previously enjoyed	4.39	0.1238

Table 3:How Sexual Violence Affects the Young Girls' Self-Worth

From the findings, the respondents agreed that sexual violence has caused them to lose interest in activities they used to enjoy (mean=4.39, followed by a change in how the girls feel about and view themselves (mean=4.22); young girls find it more difficult to mingle with their peers, have close relationships with their families and also to maintain a social life (mean=4.14). This means that the social, mental, psychological and physical lives of the victims suffer negatively.

This section presents findings on the effects of sexual violence on adolescent self-esteem, which are presented in the subsequent sections. The respondents were requested to indicate the consequences of sexual violence among young girls they are aware of. According to the respondents, the effects of sexual violence are depression and low self-worth, including prolonged sadness, feelings of hopelessness, unexplained crying, weight loss or gain, and loss of energy or interest in activities previously enjoyed. Also, poor academic performance and distorted social relations were discussed.

4.5.1. Self-worth

From the responses in the key informant interviews, it was apparent that the information regarding sexual violence incidents became known both within neighborhoods where the affected children reside and in the schools they attended soon after the incidents.

This was related to caregivers' reports that schools attended by children were close to their residences. As a result, there were reports of stigma both at school and home and in the caregiver's view; these resulted in low self-esteem among sexually abused children. Caregivers reported cases where adults within neighborhoods questioned victims of sexual violence to obtain information about the incident, while in schools; sexually abused children were taunted by colleagues, impacting their self-esteem.

A KI stated:

Whenever we have visitors, she locks herself in the room. If I send her to the shop, she will use long routes to avoid meeting people who know her. She has lost confidence in facing people completely.

One respondent, an adolescent girl, stated:

I consider myself a warrior because I still lived with my father in the same house and had to pretend that nothing was happening for 4 years. But that was the worst mistake I ever made because I lost my self-value, and it happened again with a teacher and then with my cousin.

Every time my father made advances, I could not even cry; I was resigned to the fact that I was his object, and he used me however he pleased. All that is now behind me, and that is why I can afford to sit here and talk to you. I have actually taken up the role of a peer educator in my school, and I hope to recover fully, although I don't think self-worth is something you can recover.

This response shows the level of effect of SV on a victim's self-worth. It clearly indicates that the damage caused by SV continues to haunt the victim psychologically for her entire life. Hence, any attempts at SV should be discouraged at all costs because of the long-lasting effects it has on adolescents.

According to Agar *et al.* (2008), the findings are consistent with a study done in India among rural adolescent girls with average and low self-esteem. Kim & Cicchetti (2006), in their study, found that physical and emotional abuse, including SV, predicted initial levels of self-esteem. These findings are consistent with study findings that show that females who had experienced child sexual abuse had negative appraisals of themselves and had developed post-traumatic stress disorders (Dyer *et al.*, 2013).

There is a significant association between low and average self-esteem and a change in attitude towards school in the current study. However, previous studies have not reported significant associations between low and average self-esteem and a change in attitude towards school. The significance could be explained by the fact that the environment of the child after experiencing sexual abuse could be a source of stigma, hence affecting the child, especially if the sexual abuse is known among her or his fellow students.

These study findings concur with the study findings by Syengo *et al.* (2008). In their study, the prevalence of depression among children who had experienced sexual violence was (46%). The depression among children who had experienced sexual violence was (46%). The difference could be due to the time the two data were collected. The study by Syengo *et al.* (2008) also found that the prevalence of depression among children was 41.3%. Some of the after-effects of SV are depression and loss of social relationships, among others.

4.5.2. Depression

The responses of key informants showed a clear impact of SV on the emotional well-being of children and depression. Despite the absence of formal assessment for or probing specific signs of depression in children during the interviews, the caregivers mentioned signs pointed to depression in adolescents following sexual gender violence. Depression was manifested through parental or guardian reports of anxiety, hopelessness and depressive symptoms like anger, irritability in children, sleep changes and loss of interest in daily activities in the affected children. The children also had difficulties functioning and enjoying life the way they did before the incident. One of KI stated:

...after she was sexually abused, my daughter started showing signs of deep thoughts, and at one time, she attempted to throw herself into the river where I had sent her to bring water. She is not mentally all right.

A KI, a police officer, stated:

Adolescents are constantly emotionally disturbed by the SV incident. She has attempted suicide once and cries most of the time when they narrate their case at the police station.

A clinical officer stated:

At the hospital, one of the victims showed signs of forgetfulness, and she was erratic, which forced us to give her anti-depressants to calm her.

Munzer *et al.* (2016) found that children who have experienced sexual violence had an elevated risk of developing depression. The findings of this study that sexually abused children develop depression after the incidence of sexual violence is consistent with study findings by (Teicher *et al.*, 2010 & Mizenberg *et al.*, 2008). Trauma in children changes

the chemistry and even the structure of the brain; consequently, the child's brain becomes damaged by the abuse, bringing with it the vulnerability to depression.

Children who have experienced sexual violence have a very high incidence of depression. The incidence of severe and moderate depression found among the children in this study is comparable with study findings by Mugambi & Gitonga (2015) and Sumner et al. (2016), where 80% and 90% of the children and adolescents had varying degrees of depression due to sexual abuse. Gelaye *et al.* (2009) found that students who had experienced sexual violence were twice or more likely to experience depression than non-abused students.

Antoinette (2010) reported that as many as 84% of the sample study group in South Africa indicated that they had suffered from depression at some point in time as a result of gender violence. Gelaye *et al.* (2009) demonstrated that Students in Ethiopia who reported experiences of any sexual violence were nearly twice as likely to be classified as having moderate depression as compared with non-abused students.

The study found that sexual violence has led young girls to avoid activities, people, or places that remind them of the event. Such a situation is likely to affect the young girls' academic performance. It can even lead to high school drop-out rates among the victims of SV due to depression.

4.5.3. Academic Performance

Poor performance emerged as a major impact of gender violence on the academic progression of school-age children, and this manifested through deteriorating school grades, repetition of the academic year, absenteeism or drop-outs. Parents reported below-average performance in school examinations. Indeed, in one case, a child who had been sexually abused attempted the final national examination after being absent from school for a prolonged period following the gender violence and was unable to attain the points required to proceed to high school within the formal educational system. As a result, the mother opted to enroll the child in a vocational training institution where her performance continued to be poor.

One of the respondents said:

My daughter was in class 8. She has since not been able to go to school, but she went to do her national exam and got 197 (out of a possible 500) marks in the Kenya Certificate of Primary Examination.

My son is still in school, and his performance was affected by the gender violence. I have taken my daughter for a catering course. The gender violence has totally affected her school performance...

The poor performance in school work was perceived by both parents, who reported having taken action to stem the deteriorating performance. The remedial actions included making school visits to discuss performance, and in a specific case, the parent and teachers organized remedial hour lessons to help the child keep up with the academic requirements.

This study found that sexually abused children performed poorly in school as a result of the sexual abuse incident, and this poor performance in school impacted their self-esteem. This is consistent with the study by Gaclmngi (2005) among secondary school students, who noted that low self-esteem was a risk factor for poor academic performance among school-going children. Fathi-Ashtiani *et al.* (2007) and Aryana (2010), in their study among adolescents and students, found that positive self-esteem had an impact on academic achievement and that an increase in self-esteem was related to a decrease in anxiety and depression. Seka (2012) in her study noted that a psychological problem is another problem that sexually abused children experience, which undermines their self-esteem.

This study found that gender violence was associated with low and average self-esteem in children. The study findings are consistent with findings by Burack *et al.* (2006), who found that maltreated children had lower self-worth than their peers, which could lead to self-harm, risk-taking behavior and poor performance in school. This is also comparable to a study by Wondie *et al.* (2011) among child sexual abuse survivors in Ethiopia that showed that sexually abused children had a lower degree of self-worth compared to non-abused children.

4.5.4. Social Relationships

Gender violence comes with significant strain on social relationships and family well-being. The most drastic changes in family and social relations were reported when the perpetrator was a family member. Such cases ended up in marital breakup and loss of financial stability, especially when the perpetrator happened to be the main provider for the family, and also impacted the relationships between the defiled child and other family members who commonly reported strained relations with victims related to their adjustment to the SVAC experience.

One of the girls' stated:

I can no longer play with my classmates or even go to the river together. Every time they make jokes about boys or the changes in their bodies, I feel like they are attacking me. One day, my best friend told me that her mother warned her against spending time with me. What do I do when I do when my friends run away from me? I actually wish I could not have been born or even run away and started a fresh life where nobody knew me.

Mwangi (2013) in her study noted that sexually abused children experience psychological problems, including running away from home, which may predispose children to being violent later in life, particularly boys. In her study, 67% had psychological problems.

The study found that young girls perceive their elders as unresponsive and ineffective in responding to dangerous and intrusive situations, which further reinforces their reluctance to report sexual victimization. The study also found that

girl's agreement with gender inequitable statements did not translate to a diminished concept of self; in contrast, being surrounded by peers who adhere to norms that devalue girls, such as sexual violence, resulted in a lower self-concept.

Acts of sexual abuse violate the victim's physical integrity and psychological makeup, which is why sexual abuse is identified as one of the most dehumanizing offences. SGBV abuse is associated with psychological problems such as post-traumatic stress disorder, anxiety, depression and low self-esteem that can lead to victimization, as well as the reduced ability of a woman to work, care for her family and contribute to society and her life in general (UNFPA, 2008). Sexual violence comes with social and emotional issues such as esteem issues and depression (Williams & Finkelhor, 2013). Stigmatization will involve sentiments of prohibition and being distant from everyone else and unique. This is a direct result of unsafe conduct as the individual feels explicitly unique, notwithstanding feeling disgrace and blame (Feiring *et al.*, 2001). It was, therefore, important for the researcher to establish the strategies to counter gender violence and their effects on the self-esteem of adolescents.

4.6. Strategies to Counter Gender Violence Effects on Self-Esteem of Adolescents

This section presents findings on mitigation strategies to counter Sexual violence, discussed as follows: The respondents were requested to indicate some of the measures that can be taken by parents to protect young girls from sexual violence. According to the respondents, the parent should be involved in the child's life and encourage the child to speak up. Then, someone knows that their voice will be heard and taken seriously, and it gives them the courage to speak up when something is not right. A parent can start having conversations on sexual violence with the children as soon as they begin using words to talk about feelings or emotions. The respondents indicated that being actively involved in a child's life can make warning signs of child sexual abuse more obvious and help the child feel more comfortable coming to you if something isn't right.

One of the girls noted:

I received treatment after I had been defiled, and the person who defiled me was sentenced, but what good is that if I have to carry the burden of the act all my life? You are expected to get back to your normal life, and they use you as a statistic of beneficiaries of their services. I have never received counselling; I have never been told to go back to the hospital for a check-up, and I have never had anyone try to ask me about my well-being thereafter.

Another young girl stated:

I feel like there has not been enough done to prepare us for such things when they happen. We need to be equipped with information on how to protect ourselves from perpetrators and also how to seek help in case the incident happens. That will go a long way toward building our confidence and giving us the power to face the perpetrators as well.

The respondents were asked to state which of the available reporting channels they had preferred to use. The findings are presented in table 4 below.

Reporting of Sex Abuse	Frequency	Percentage
Report to the local chief	14	23.3
Report to the police	35	58.3
Take the child to the hospital	10	16.6
Inform the neighbor	1	1.8
Total	60	100

Table 4: Reporting of Sex Abuse

From the findings in table 4 above, the majority (58.3%) of the young girls indicated that they reported to the police once their young girls were sexually abused, 23.3% reported to the chief, 16.6% took the child to the hospital, while 1.8% informed the neighbour. This was necessary in establishing if the reporting mechanisms are helpful to the victims of gender violence. This depicts that the majority of the respondents preferred to report to the police once their young girls were sexually abused. There seems to be more trust when reporting to the police because the victims fear victimization and stigmatization if they report to the chief or neighbors.

Sexual violence affects millions of people, brutally shattering the lives of women, men and children. Establishing the prevalence of sexual violence can be challenging, mainly because only a small portion of all victims actually file a police report or seek medical assistance. According to Médecins Sans Frontiers (MSF), No available statistics on sexual violence paint a true picture of the problem or its prevalence. Shame, stigmatization, fear, and many other known obstacles prevent many victims from seeking and receiving treatment. However, getting immediate medical care after sexual assault is critical in order to limit the potential consequences. In 2017, our teams treated over 18,800 victims of sexual violence (MSF, 2018). Specifically, it is estimated that less than 10 percent of sexual assaults are reported to the police (Baker *et al.*, 2012). It is, therefore, important to assess the effects of sexual violence on young girl's self-esteem

The key informants indicated that some of the mitigation strategies to address sexual gender-based violence (SGBV) included increasing access to a comprehensive and well-coordinated GBV response services, including livelihood support for survivors, increasing awareness and enhancing systems for the prevention of GBV through mitigating risk factor and strengthening community protection strategies, and mainstream GBV into all humanitarian response and maintain the updated comprehensive data needed to inform advocacy, planning, implementation and monitoring and evaluation of interventions.

The key informants further indicated the ways through which the problem of sexual violence could be addressed by probing the causes of the violence and devising the best mitigation strategies that would wipe the probe once and for all. In addition, equal rights for both genders should be enhanced to ensure that girls are not discriminated against by boys. This would act as a way of being a sister-brother keeper that would ensure individuals' minds about one another whereabouts and well-being.

The case narratives brought out strong points on the coping mechanisms which are in place and those that are lacking. The respondents emphasized the need for rescue centres that need to be established in Turkana for survivors, as well as accessible recovery centres and free counselling and rehabilitation centres.

One of the girls' stated:

I could not report my stepfather since he was the breadwinner of the family. We need to be told early in advance that the police have centers for us victims to sleep and live in.

The respondents were requested to indicate the areas they think the government should improve in the community to fight gender violence. According to the respondents, the government ought to present sex training in the educational plan to guarantee that kids are instructed on issues of sex. This would guarantee that they know about what is best for them and when they ought to take an interest. Also, the government should put in place mechanisms to ensure the well-being of the victims is taken care of until they fully recover.

One of the girls said:

I have been able to resume school after I gave birth as a result of being defiled. But that is not enough because I need to take care of other children at home and even do odd jobs after school and over the weekends. If the government could provide material support to victims like me so that we could give full attention to our studies, it would be good.

The study found that the parent should be involved in the child's life and encourage the child to speak up. It is important to reassure the victims that their voices will be heard, and that increases their confidence in reporting in case of an assault. A parent can start having conversations on sexual violence with the children as soon as they begin using words to talk about feelings or emotions. Moreover, the existing Sexual Offences Act (2006) in Kenya is the law responsible for ensuring perpetrators of sexual violence of any kind are convicted. It is in use, and many victims are receiving justice. The victims, however, need a policy to ensure their well-being throughout their lives.

The study compares to Omondi (2014) and Dngu *et al.* (2014), who found that the victims of gender violence who sought justice were confronted with a legal system that ignores, denies and at times condones violence against child victims while protecting the perpetrator. One of the Turkana County officer focal persons noted the following.

"It took 4 years of in and out of court, in and out of hospital for my neighbor child to ever get justice due to gender violence. The case was always dismissed as lacking evidence, which was discouraging."

The study further borrows from Reilly (2009), who describes how focusing solely on acts of violence and on individual perpetrators and victims often leads to interventions focused on protecting victims or punishing perpetrators. Adopting a broader notion of sexual violence as a social behavior, including acts and verbal forms of sexual violence, leads to research and interventions that seek to understand the social conditions that produce and maintain it and interventions are directed toward transforming those precipitating conditions.

In Turkana County, gender violence issues and its office where cases are heard are not clear, and the champions for gender violence only come in if their close relatives are directly affected. This study thinks that this gap needs to be bridged by ensuring offices that deal with such cases and counselling need to be at the sub-county level and good coordination of cases is in place.

5. Summary, Conclusion and Recommendations

5.1. Introduction

This chapter presents a summary, conclusion and recommendation on the effects of gender violence on self-esteem among the adolescents of Turkana County.

5.2. Summary

The study sought to study the effects of gender violence. The study investigated 50 adolescents aged between 13 and 17 years and ten key informants. The study sought to study the effects of sexual violence on adolescents' self-esteem in Turkana County. The study targeted adolescents between the ages of 13 and 17 years. The study had three study objectives: to examine types of sexual violence, to establish the effects of sexual violence and to examine the mitigation strategies that are used to counter those effects. The study used survey questionnaires and key informants as data collection tools. The study established that incest was the most commonly reported among adolescents, followed by defilement, Oral sex and forced hugs, inappropriate touching of body parts, body shaming and suggestive teasing, which were found to be the major types of sexual violence among adolescents in Turkana County.

The study revealed that the consequences of SV are complex and numerous. SV survivors' mental health outcomes are adversely affected; those who experience SV are at a bigger risk for exhibiting post-traumatic stress disorder, depression, suicidal tendencies, anxiety, insomnia, and drug and substance abuse. These lead to a low sense of self-worth and poor self-esteem in the victims, which leads to poor performance in school, disassociation from peers, and lack of interest in social activities. All these are due to the stigma that surrounds the victims and the close relatives of the victims as well.

The study found that the parent should be involved in the child's life and encourage the child to speak up. When someone knows that their voice will be heard and taken seriously, it gives them the courage to speak up when something is not right. A parent can discuss with their children on sexual violence as soon as they begin using words to talk about feelings or emotions. The study also found that sensitizing adolescents, especially girls, parents, police and local communities, to the nature and extent of sexual violence and giving them an opportunity to discuss this can help tackle gender violence issues. The government needs to update gender violence policies, create a desk in the police that deals with this, disseminate this to sub-county and ward levels so that cases can be dealt with immediately and ensure a working gender office.

The study also found out that the government ought to present gender and or sex education training in the educational curriculums and plan to guarantee children are instructed on issues of sex. This would guarantee that they know about what is best for them and when they ought to take an interest.

5.3. Conclusion

This study concludes that there are numerous gender violence forms existing in Turkana County; sexual violence is prevalent in Turkana, and violence with young girls is the victim. Incest is the most experienced type of sexual violence among young girls in Turkana County. Furthermore, acts of sexual violence such as incest, defilement, Oral sex and inappropriate body touching, which often occur together and with other forms of violence, range from direct physical contact to unwanted exposure to sexual language and images.

The study concludes that the information regarding SV incidents in Turkana County became known both within neighborhoods where the affected children reside and, in the schools, they attended soon after the incidents. This was related to caregivers' reports that schools attended by children were close to their residences. As a result, there were reports of stigma both at school and home and in the caregiver's view, these resulted in low self-esteem among sexually abused children. Caregivers reported cases where adults within neighborhoods questioned victims of sexual violence to obtain information about the incident while in schools, sexually abused children were taunted by classmates, negatively impacting their self-esteem.

Poor performance emerged as a major impact of SV on the academic progression of school-age children, and this manifested through deteriorating school grades, repetition of the academic year, absenteeism or dropouts. Parents reported below-average performance in school examinations. Indeed, in one case, a child who had been sexually abused attempted the final national examination after being absent from school for a prolonged period following the gender violence and was unable to attain the points required to proceed to high school within the formal educational system. As a result, the mother opted to enroll the child in a vocational institution, where her performance continued to be poor.

This study also concludes that SV came with significant straining of social relationships and family well-being. The most drastic changes were when the family and social relations were reported when the perpetrator was a family member. Such cases ended up in marital break-ups and loss of financial stability, especially when the perpetrator happened to be the main provider of the family, and also impacted the relationships between the defiled adolescents.

5.4. Recommendations

Based on the findings, the following recommendations are made:

There is a need for community involvement, community leadership participation, and education on Sexual and Gender Violence, and male advocacy against sexual violence can be involved. Creating a team of paralegals and community health workers should be adequately trained and equipped to deal with sexual violence cases at all levels of society. Multi-dimensional counselling centers should be established in different areas of the county and survivors offered free services until full recovery.

Furthermore, the study suggests and recommends that there should be a strengthened relationship skill by equipping adolescent girls and youth with vital soft skills like effective communication and self-confidence to build healthy relationships that can protect them from Gender-Based Violence.

Strengthen positive family relationships need to exist; families have a critical role in children's upbringing and should be places of sanctuary, growth, and development; hence, joy for a child has done mass sensitization to civilians on this matter in Kenya. Raising awareness of the dangers of harmful traditions, tackling violence against girls in school, transforming attitudes towards harmful practices at multiple levels and engaging respected stakeholders in the fight against violence remain paramount, and this study suggests ameliorated efforts of stakeholders on gender violence issues.

5.5. Areas of Further Study

It would be necessary to assess the impacts of services provided to gender violence victims to see whether they worked or not and see how they can be adapted to support the victims.

6. Abbreviations

AIDS	- Acquired Immunodeficiency Syndrome
Boda Boda	- A type of motorcycle with a space for a passenger often used as a taxi.
CSA	- Childhood Sexual Abuse
GBV	- Gender-Based Violence
GBVRCs	- Gender Based Violence Recovery Centers
HDT	- Human Development Trust
HIV	- Human Immunodeficiency Virus

HN	- Hemagglutinating – Neuraminidase
KDS	- Kenya Demographic Survey
KDHS	- Kenya Demographic Health Survey
KI	- Key Informant
KNBS	- Kenya National Bureau of Statistics
MSF	- Médecins sans Frontières
MSM	- Men who have Sex with Men
NCRC	- National Crime Research Centre
NSVACK	- National Survey on Violence against Children Kenya
PTSD	- Post-Traumatic Stress Disorder
SGBV	- Sexual and Gender-Based Violence
STDs	- Sexually Transmitted Diseases
STIs	- Sexually Transmitted Infections
SVAC	- Sexual Violence among Children
SV	- Sexual Violence
UN	- United Nations
UNESCO	- United Nations Educational, Scientific and Cultural Organization
UNFP	- United Nations Population Fund
UNICEF	- United Nations International Children's Emergency Fund
WHO	- World Health Organization

7. References

- i. Ajzen, W. (2015). *Sex and Relationship Education; a Step-by-Step Guide for Parents*. London: David Fulton publishers
- ii. Ashbaugh, K. & Cornell, W. (2012). *AIDS Knowledge and Attitudes of Pupils Attending Urban High Schools in Israel*. *Patient Education and Counselling*, 36, 271–278.
- iii. Austigmatization, B. A., Baker, J. & Short, M. B. (2012). 'Changing Emphasis in Sexuality Education in U.S. Public Secondary Schools, 1988-1999', *Family Planning Perspectives*, 32 (5), pp. 204-11 and 265.
- iv. Basile KC, Black MC, Breiding MJ, Chen J, Merrick MT, Smith SG, et al. *National intimate partner and sexual violence survey; 2010 summary report*. http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf.
- v. Basile KC, Smith SG, Breiding MJ, Black MC, Mahendra RR. *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0*.
- vi. Berliner, L. & Elliot, D. (2012). Knowledge, Attitudes and Behaviors Related to sexual violence Among Chinese Adolescents in Hong Kong. *Journal of Adolescence*, 21, 657–665.
- vii. Bhana, W. (2012). *The Role of Academic Discipline and Gender in High School Teachers' AIDS-Related Knowledge and Attitudes*. *Journal of School Health*, 71(1), 3–8.
- viii. Bott, J. P. (2010). *Exploring sexuality and the overburdened parent; a participant approach in a rural school in Kenya*. Pastoral Care, Blackwell Publishing Ltd. U.K.
- ix. Casey, E. A., & Lindhorst, T. P. (2009). *Toward a Multi-Level, Ecological Approach to the Primary Prevention of Sexual Assault: Prevention in Peer and Community Contexts*. *Trauma, Violence, & Abuse*, 10(2), 91–114.
- x. Coker AL, Davis KE, Arias I, Desai S, Sanderson M, Brandt HM, et al. *Physical and mental health effects of intimate partner violence for men and women*. *American journal of preventive medicine*. 2002. November 1; 23(4):260–8. 10.1016/s0749-3797(02)00514-7 [PubMed] [CrossRef] [Google Scholar]
- xi. Craig, L. & Mullan, K. (2011). 'Looking at Gender', in C. McLaughlin, C. Lodge and C. Watkins (eds), *Gender and Pastoral Care. The Personal-Social Aspects of the Whole School*. London. Basil Blackwell Ltd, pp.5–12.
- xii. Cromer & Goldsmith, (2012). *Study into the Attitudes, Knowledge and Behavior of Students at Higher Institutions of Learning*. Paper presented at the 3rd Zambian AIDS NGO Conference, Lusaka, Zambia.
- xiii. Cromer, Lisa & Goldsmith, Rachel. (2010). *Child Sexual Abuse Myths: Attitudes, Beliefs, and Individual Differences*. *Journal of child sexual abuse*. 19. 618–47. 10.1080/10538712.2010.522493.
- xiv. Dahlberg L.L, Krug E.G. *Violence-a Global Public Health Problem*. In: Krng E, Dahlberg L.L.
- xv. Mercy J.A, Zwi A.B, Lozano R, eds. *World Report on Violence and Health*. Geneva, Switzerland: World Health Organization; 2002:1–56.
- xvi. Devaney, J. (2013). *Chronic Child Abuses and Domestic Violence: Children and Families with Long Tenn and Complex Needs*. *Child & Family Social Work*, 13(4), 443–453.
- xvii. Devries KM, Mak JY, Bacchus LJ, Child JC, Falder G, Petzold M, et al. *Intimate partner violence and incident depressive symptoms and suicide attempts: a systematic review of longitudinal studies*. *PLoS Med*. 2013 May 7; 10(5): e1001439. Pmid: 23671407.
- xviii. Du Vall M. (2014). *The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence in the light of the Polish legal regulations and statistical values*. IN POLISH MEDIA DISCOURSE as exemplified in the debate.47. ISBN 978-92-871-7990-6, 2014. <http://www.refworld.org/docid/548165c94.html>.
- xix. Duffy, C. M. Kumar, B. S. & Aggarwal, O.P. (2014). *Perceptions of parents regarding sex education in National capital territory of Delhi*, *Indian Journal of Pediatrics*, 66:527–531.

- xx. Esuabana, S. (2017). *Perception of Parents towards Sex Education on Primary School Pupils in Calabar Education Zone of Cross River State, Nigeria*. *International Journal of Scientific Research in Education*, 10(2), 176–190.
- xxi. García-Moreno C, Stöckl H. (2009). *Protection of sexual and reproductive health rights: addressing violence against women*. *International Journal of Gynecology & Obstetrics*. 2009 Aug 1; 106(2):144–7. Pmid: 19560770.
- xxii. Jewkes, S. & Garcia, M. (2012). *The Attitudes of Parents towards the Introduction of Sexuality Education in Schools*. (Unpublished Thesis), University of Nairobi, Kenya.
- xxiii. Jones L, Hughes M, Unterstaller U. *Post-traumatic stress disorder (PTSD) in victims of domestic violence: A review of the research*. *Trauma, Violence, & Abuse*. 2001. April; 2(2):99–119. 10.1177/1524838001002002001. [CrossRef] [Google Scholar].
- xxiv. Macdowal, B. Macpherson, P. (2013). *Training Parents to safeguard children: Developing a consistent approach*. *Child Abuse Review*, 14, 317–330.
- xxv. Mathews (2011). *Child sexual abuse prevention: Research review and recommendations*. *Social Work Research & Abstracts*, 28(4), 6–15.
- xxvi. Morgan, R.E and Kena G. (2018). *Criminal victimization, 2016*. Bureau of Justice Statistics. 2018 Dec; 845. Retrieved from: <https://www.bjs.gov/content/pub/pdf/cv18.pdf>.
- xxvii. Muhwezi, W.W. Katahoire, A.R. Banura. C. (2015). *Perceptions and experiences of adolescents, parents and school administrators regarding adolescent-parent communication on sexual and reproductive health issues in urban and rural Uganda*. *Reprod Health* 12, 110.
- xxviii. Musau J.M., Jackson M. Musau, Leonard M. Kisovil and Warkach K. Tonui (2017). *The Demographic, Socio-Economic and Cultural Factors Influencing Non-Marital*.
- xxix. Niaz U. (2003). *Violence against women in South Asian countries*. *Archives of women's mental health*. 2003 Aug 1; 6(3):173–84. pmid: 12920615.
- xxx. Oram S, Khalifeh H, and Howard LM (2017). *Violence against women and mental health*. *The Lancet Psychiatry*. 2017 Feb 1; 4(2):159–70. Pmid: 27856393.
- xxxi. O'Toole, B. I., Oates, R. K., Lynch, D. L., Stern, A., & Cooney, G. (2013). *Child sexual abuse in Herra province, China: Associations with sadness, suicidality, and risk behaviors among adolescent girls*. *Journal of Adolescent Health*, 38, 544–549.
- xxxii. Packota V. J. (2000). *Emotional abuse of women by their intimate partners: A literature review*. *Education Wife Assault, Toronto*. 2000. Available from: <http://www.springtideresources.org/resource/emotional-abuse-women-their-intimatepartners-literature-review>.
- xxxiii. Pinheiro, R. (2016). *Prevalence of childhood sexual abuse among 2508 college students in 6 provinces of China*. *Zhonghua Liu Xing Bing Xue Za Zhi*, 31(8), 866–869.
- xxxiv. Riggs, N. R. (2012). *Parents' Experience with Reporting Child Abuse in Taiwan*. *Child Abuse & Neglect*, 34, 124–128.
- xxxv. Romito P, Turan JM, De Marchi M. *The impact of current and past interpersonal violence on women's mental health*. *Social science & medicine*. 2005. April 1; 60(8):1717–27. 10.1016/j.socscimed.2004.08.026 [PubMed] [CrossRef] [Google Scholar].
- xxxvi. Saltzman et al., (2009). *Prevention of Sexual Abuse Through Educational Programs Directed Toward Children*. *Pediatrics*, 120, 640–645.
- xxxvii. Senn, T. E., Braksmajer, A, Urban, M.A., Coury-Doniger, P., and Carey, M. P. (2017). *Pilot Test of an Integrated Sexual Risk Reduction Intervention for Women with a History of Childhood Sexual Abuse*. *AIDS Behav*. 21, 3247–3259.
- xxxviii. Shakeshaft, C. (2012). *Child Sexual Abuse Reporting Behaviour by Counsellors and their Need for Further Education*. *Health Education Journal*, 64, 302–322.
- xxxix. Stöckl H, Devries K, Rotstein A, Abrahams N, Campbell J, Watts C, et al. *The global prevalence of intimate partner homicide: a systematic review*. *The Lancet*. 2013 Sep 7; 382(9895):859–65. pmid:23791474.
- xl. Trudginer, S. & Crawford, K. (2014). *The Parents' Role in Child Sexual Abuse Prevention Programs: Implications for Sex Education*. *Australian Journal of Sexuality Education*, 37(11), 6.
- xli. UNESCO, (2012). *Reproductive Health Strategy to Accelerate Progress towards the Attainment of International Development Goals and Targets*, Geneva.
- xlii. UNESCO, (2015). *School-related Gender-Based Violence is preventing the Achievement of Quality Education for All*. Policy Paper 17 March 2015.
- xliii. WHO. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence Geneva: World Health Organization*, 2013.
- xliv. Williams, B. & Finkelhor, D. (2013). *Childhood Sexual Abuses among 1307 Adult Girls And Analysis on Results of Symptom Checklist-90 Test*. *Zhonghua Er Ke Za Zhi*, 44(1), 21–25.
- xlv. Yuko, M. Naren, W., Elizabeth, S. & Kishor, N. (2012). *The Relationship between Sexual Abuse and Risky Sexual Behavior among Adolescent Boys: A Meta-Analysis*. *Journal of Adolescent Health*, 51, 18–24.