

## **Prevalence of Sexual Violence among Individuals of Different Socio-Economic Status in Eldoret Municipality, Kenya**

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**Abstract:** Incidences of sexual violence in Kenya, especially in urban areas, have been shrouded in mute and silence. This is partly because of the social stigma attached to this problem among several socio-cultural and socio-economic groups in the country. This examines the prevalence of sexual violence among individuals of different socio-economic status. The paper is based on a study conducted in Eldoret Municipality in Kenya. The study focused on of the socio-economic characteristics of victims, gender differences derived from sexual violence, age of victims, marital status and sexual violence and income levels of victims. This study adopted descriptive survey design. The target population comprised victims of sexual violence drawn from FC and households. Key informants were selected staff members of FC, police department and the Centre for Human Rights as well as chiefs, assistant chiefs and village elders. The study employed multi-stage, snowball, simple random and purposive sampling techniques in the selection of the study sample. Since the study was majorly descriptive, it mainly collected qualitative data although a small percentage of quantitative data was also collected. Questionnaire, structured and unstructured interview schedule, participant observation, CVA and content analysis were the main instruments of data collection for this study. Descriptive data was analyzed descriptively by computing measures of central tendency, frequency counts and percentages. Chi-square Correlation Coefficient was computed to establish the level of significance of correlation between study variables. The study established that sexual violence was more prevalent in individuals who were either illiterate or had attained primary level of education. Sexual violence was also prevalent among women than men. The study recommends that a comprehensive public awareness campaign on sexual violence be developed, delivered and evaluated by the Ministry of Health. The study also recommends that medical and legal charges for sexual violence victims be waived by the government.

**Keywords:** prevalence, sexual violence, individuals, socio-economic status, Eldoret Municipality, Kenya

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### **I. Introduction**

Sexual violence refers to any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work aimed at men and women (Campbell et al., 2009). Sexual violence may include sexual assault by acquaintances and strangers respectively in institutional environments, such as residential care facilities, jails and workplaces, home, urban and generally in public areas. UNHCR (2003) describe common forms of sexual violence. They include: rape and marital rape; child sexual abuse, defilement and incest; forced sodomy/anal rape; attempted rape or attempted forced sodomy/anal rape; sexual abuse; sexual exploitation; forced prostitution; sexual harassment and sexual violence as a weapon of war and torture. Sexual violence can be broadly clustered into two overlapping categories: explicit sexual violence, which includes sexual harassment, intimidation, abuse, assault and rape, and implicit gender violence, which includes brutal punishment, bullying by law enforcement authority, verbal and psychological abuse, that is gender specific (Heise, 2008). The latter are categorized as 'implicit' because they are forms of violence, which are physical, verbal or psychological in nature but have a gender dimension.

The prevalence of sexual violence is a particularly challenging figure to determine given that sexual violence is acknowledged to be under-reported by an unknown quantity. Prevalence estimates are known to be influenced by features of the crime and its meaning, such as fear surrounding the consequences of reporting. It is also influenced by design features of the prevalence studies themselves. Not only is underreporting a hindrance in estimating the true prevalence of sexual violence, but it has consequences that have made under-reporting an ethical concern (World Health Organisation, 2009).

Research severely under-reports abuse and, as such, is less likely to accurately identify the associations between risk factors and outcomes. In terms of policy and prevention stemming from such research, valuable programmes and interventions may be moved further down a long list of priorities if the problem is considered to be much smaller than it actually is (Pena, 2006).

While it is generally acknowledged that sexual violence is pervasive in all countries and at all levels of society, reliable statistics concerning the prevalence of sexual violence among people of different socio-economic status around the world, are very limited (Henning & Bronitt, 2012). It is also very difficult to establish true incidence rates, and even prevalence estimates, of sexual abuse, again largely because of problems of underreporting. The police have largely been blamed for not taking action in the event that individuals who are less affluent (those who occupy low socio-economic levels) in the Eldoret Municipality are sexually victimized.

These concerns have resulted in various studies to specifically examine the amount of under-reporting. For example, in the US, the US National Crime Victimization (NCV) Survey is a crime telephone poll conducted annually to detect levels of reported and unreported crimes. The National Crime Victim's Centre estimates that the reported levels of rape in most countries are 6 to 15 times lower than the true levels (Wolak & Berliner, 2001). For instance, in the 1980s in Finland, rapes were reported at the rate of 345 per year, while police estimated that the actual number was more in the region; 6,000-10,000 per year (European Commission, 1997).

Nevertheless, most international studies attempt to account for underreporting. From these figures, the best estimates indicate that 14-25 per cent of adult women and men have been raped and sodomized during their lifetime, respectively. At the other end of the continuum, sexual harassment at work will be experienced by 50 per cent of women during their lives (Russo, 2003).

The Human Rights Watch report (HRW) (UNHCR, 2002) has a wealth of statistics on rape but it does not provide urban area specific data. It cites one research study, which states that from 1996 to 1998, girls aged 17 and under constituted approximately 40% of, reported rape and attempted rape victims nationally. Efforts to solve the problems of sexual violence in many parts of the world recognize that sexual violence is more prevalent in the urban areas for both male and females (Schei & Bakkeiteig, 2010).

The work of agencies such as Zero Tolerance in the UK and the AAUW and studies such as Holmes' (1996) review of the literature in Australia show that this is clearly not the case. It is, however, true that its prevalence is likely to be highest in contexts with limited development of civic institutions, civil disorder and civil or political conflict, where drugs and arms trafficking are commonplace.

From a study on violence in heterosexual relationships in a South African township, Wood and Jewkes (2007) found out that physical assault, rape and coercive sex had become the norm, making it very difficult for young women to protect themselves against unwanted sexual intercourse, pregnancy, HIV infection, and other sexually transmitted diseases. As a result, multiple sexual partners featured in intensely competitive struggles for position and status within the male peer groups. The boys clearly saw sex as their right and so forced sex was legitimate. Girls found it difficult to escape from violent relationships because of the status attached to being in a relationship and fear of reprisals.

In a study of pre-marital sex in Kenya, one third of 10,000 girls reported that they were sexually active, of whom 40% said that their first sexual encounter was forced (Meddings & O'Connor, 1999). The WHO World Report on Violence and Health (WHO, 2002), referring to studies in parts of Nicaragua, Peru, Indonesia, Tanzania, South Africa, Mexico, Zimbabwe and the UK, suggests that 'up to one-third of adolescent girls report forced sexual initiation'. Clearly in this context, there is an important contradiction between the urban area as a location for high risk sexual practice and the urban area an effective forum for teaching about and encouraging safe sex.

The Akiba et al. (2002) study of urban area violence in 37 mostly industrialized nations established that it is widely prevalent, while the six case studies provided by Ohsako (1997) report sharp increases to what were in some cases already very high rates. However, there are few studies that specifically examine sexual violence in urban areas of Kenya. Most countries gather statistics on sexual assault but their published statistics do not identify whether the victims are urban area children, nor where the rape took place. However, sexual violence, mostly against women, is well documented in most societies, as is sexual violence in situations of civil conflict (where rape is a common form of retribution) and in many social institutions, including religious organizations, children's homes, prisons, the military and refugee camps (Butchart, 2001).

The Kenya Gender Series briefing book on violence and abuse against women, men and children documents physical and sexual abuse throughout the life cycle and in all locations (Percy & Mayhew, 1997). There are indications that boys too are victims of sexual abuse in urban areas. Garcia-Moreno (2010) has established that a predominance of single sex schooling shows boys being sexually abused by teachers.

In Pakistan, a USAID (1999) evaluation of a programme to improve girls' access to primary schools in North West of the country has also reported that some boys are enrolled in girls' schools because families believe that female teachers are 'less likely to be sexually abusive or violent.

In a large nationwide survey on peer sexual harassment in Jewish and Arab state urban areas in Israel (Zeira et al., 2002), interestingly, boys reported much higher levels of sexual harassment (between 21 and 50.5%) than girls (between 11.4 and 35.7%). Sexual assault and rape were not included in the survey, nor were

victims asked to identify the sex of the perpetrator. Reports of the coercion of boys or young men into sex by older women have also been reported in the wider society (WHO, 2002); so it is possible that such abuse also occurs in urban areas.

It is clear from the foregoing literature that the prevalence of sexual violence varies with a number of factors. In many parts of the world, these factors are multifaceted and there is no single factor that can be pinpointed to cause or exacerbate the prevalence of sexual violence both globally and in Kenya.

In Kenya, sexual abuse is now acknowledged as a significant problem. A study of patterns of crime in Kenya since 1950 concluded that there was a substantial increase in the number of sexual offences reported in the past 20 years (Young, 2001). The author proposed that this was more likely to be due to an increase in the reporting of abuse than to an actual increase in the prevalence of abuse. The number of convictions for sexual crimes was approximately 200 per year in the 1950s and by 1997 they had reached approximately 1,000 per year.

While recorded crime numbers have increased, there remains the concern that there is significant underreporting of abuse and in particular a shortfall in seeking legal redress. NASCOP figures from 1998-2000 showed that only a quarter of counselling clients for child sexual abuse had reported abuses, while only a third of those seeking counselling for adult sexual assault had reported to the police (36 per cent in 1998/9 and 33 per cent in 1999/2000) (NASCOP, 2004).

While there has been some progress concerning the process of reporting sexual abuses, there is an acknowledgement that many barriers still exist in obtaining a court hearing. A recent qualitative study by WHO (2009) has focused on the experiences of women who had reported abuse to the relevant authorities. Interviewing several women and a range of service providers, WHO identified multiple attrition points from reporting through to court proceedings where cases were removed from consideration by the justice system. The recommendations arising from the study ranged from trial preparation programmes and information packs for those abused, to better education of the public in exposing myths concerning rape or sexual abuse.

The definition of violence against women is inconsistent and interchangeable. The terms commonly used have different meanings in different regions and are derived from diverse disciplines. There are several terms referring to violence against women such as gender-based violence, violence by a male partner, battered women, sexual harassment and domestic violence.

However, there is increasing international consensus that violence against women should be considered as “gender-based violence,” as it largely stems from women’s subordinate status in society with regard to men. Referring to the Declaration on the Elimination of Violence Against Women (UNGA, 2006), violence against women means “any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.

According to this definition, violence against women includes spousal battery, sexual abuse of female children, dowry-related violence, rape and marital rape, female genital mutilation/cutting and other traditional practices harmful to women, non-spousal violence, sexual violence related to exploitation, sexual harassment and intimidation at work, in school and elsewhere, trafficking in women, and forced prostitution. Such definitions reflect a narrow perspective as individual acts of violence, force or coercion that gravely jeopardize the life, body, psychological integrity or freedom of women, is in service of perpetuating male power and control.

A broader definition moves beyond individual acts of violence to include forms of institutionalized sexism that severely compromise the health and well-being of individuals. This wider framework includes discrimination against women in food and medical care, female feticide, lack of access to safe contraception and abortion, and laws and social policy that perpetuate female subordination. According to the United Nations General Assembly (2006), the definition of violence against women was expansively defined as a form of social discrimination by using the term “discrimination against women”. Women, particularly, need the right of freedom in terms of political, economic, social, cultural, civil and any other field. In other words, “violence against women is a clear violation of women’s inherent human rights, including the rights to life, liberty and security of person, equality, equal protection under the law, and freedom from all forms of discrimination”.

Some specific groups of women, such as those belonging to minority and indigenous groups, refugees, migrants; those in poverty living in rural or remote communities; those in institutions or in detention, with disabilities, and those in situations of armed conflict and foreign occupation; and the elderly, displaced, repatriated and sex workers are particularly vulnerable to violence. Subsequently, acts of violence against women also include violation of their human rights in situations of armed conflict, in particular murder, systematic rape, sexual slavery and forced pregnancy; forced sterilization, abortion, coercive/forced use of contraceptives, female infanticide and prenatal sex selection.

Dunkle (2008) noted that based on the Article 1 of Declaration of the Elimination of Violence Against Women, the term of “violence against women” means any act of gender-based violence that results in or is related to physical, sexual or psychological harm or suffering to women. It includes threats of acts, coercion or arbitrary

deprivation of liberty, whether occurring in public or private life.

The definition of violence against individuals is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.

### **Prevalence and Experience of Sexual Violence of Marginalised Groups**

General population studies often exclude marginalised groups either intentionally or unintentionally because the methods of access to the population, e.g. telephone contact only or interviews in a dominant language, do not facilitate communication with such groups. Groups can be marginalised from the overall society in a number of ways.

There may be language or cultural differences or location-related barriers such as residence in collective or institutional settings, e.g. prisons or armed forces accommodation. The communication problems may extend beyond language to include cognitive or emotional challenges to interaction with others, e.g. those with a learning disability or mental health problems. Groups may also be marginalised because of social judgements about their place in society, e.g. those of a different racial group or those whose identity or lifestyle is not approved of by others in the larger society, e.g. those who are homosexual in orientation or those who work in prostitution.

Not all marginalised groups will be expected to be at increased risk of sexual violence. Some, by their in-group's beliefs and their pattern of social interaction with the wider society, may even be at reduced risk (EC, 1997). However, the concern with exposure to sexual violence among marginalised groups is both at the level of prevalence and at the level of barriers to disclosing and seeking help following the abuse. These groups are homeless women, prisoners, prostitutes, persons with a learning disability and persons with mental health problems.

## **II. Materials and Methods**

The study was conducted in Eldoret Municipality. Eldoret is the Headquarters of Uasin Gishu County within the vast Rift Valley Province of Kenya. This town was chosen for the study because it is one of the fastest growing towns in Kenya and at one time it was ranked one of the safest towns in which to live in Kenya (GoK, 2010). However, recent media reports are painting a gloomy picture about the changing social lifestyle in the municipality. Cases of violent robbery, prostitution, murders, increased size of unemployed population and other social problems are on the rise exponentially making the municipality relatively insecure compared to the years before.

This study was conducted through qualitative investigation that used a descriptive and explanatory study design to meet the first objective. Descriptive surveys constitute an essential element in the methodology of researching sexual violence cases. They are essential in providing information about the prevalence, incidence and patterning of sexual violence. There have been four generations of surveys, each usually revealing a higher rate of sexual violence and violence than the previous generation (NASCO, 2004a). In addition to these national surveys, there are a number of studies which are smaller in scope or use less sophisticated sampling methods (e.g. Leach & Machakanja, 2000), which have been important in developing innovative ways of asking relevant questions about the nature of sexual violence against individuals.

The population for the study comprised the victims of sexual violence who were drawn from households within the study location. Key informants were identified from staff members of health facilities who were constantly attending to the sexual violence victims. Chiefs, their assistants, and village elders of administrative areas and leaders of community policing groups within the study location were also identified as key informants. Selected police officers who were operating within the study area were also included in the list of key informants.

The research used multi-stage (cluster) sampling technique and snowball sampling technique. In the multi-stage sampling technique, the entire study area was stratified into four quadrants. Two quadrants were sampled randomly from the four quadrants. Two residential estates - Langas and Kimumu – were sampled, one from each of the selected quadrants. Victims were chosen from the two selected residential estates to make a sample size of 384 victims.

Snowball sampling technique was used to locate individuals who were difficult to trace; through the use of social networks. In addition, members from the police department and health facilities, community based organisations and government departments were chosen purposively to be part of the key informants during the study. Members of the focused group discussion and community vulnerability assessment were 8-12 per group and were also selected purposively.

The main data collection instruments for this study were questionnaire, non-participant observation, structured and unstructured interviews, focus group discussions and Community Vulnerability Assessment



(CVA). Tools for data collection were based on the indicators to be assessed, and the objectives of the study. The study relied on both primary and secondary sources of data.

Both qualitative and quantitative data were collected for this study. Qualitative data were analyzed descriptively in form of measures of central tendency, frequency counts and percentages. Quantitative data were coded and analyzed inferentially using Chi-Square goodness of fit in order to determine the level of significance of correlation between the study variables. All data were analyzed at a level of 95% or  $\alpha = 0.05$ . The results were presented in form of tables, charts and graphs.

### **III. Results and Discussion**

#### **Gender Differences and Sexual Violence**

This paper provides estimates of the extent of sexual violence in the study area. Since there are several definitions of the forms of sexual violence in active use in public policy, this study reports the extent of such using a range of definitions. Attention is also paid to the extent to which multiple victimization and overlaps between different forms of sexual violence affect victims.

The study investigated various forms of sexual violence. The forms of sexual violence encountered among the victims were rape, sodomy, forced sexual advances, sexual enticements, and sexual intimidation. The results of the focused group discussions revealed the following:

Dorothy (not her real name) was raped when in Class 4 and forced to drop out of school. She opted to take up commercial sex work. She reported that there were incidences when she was confronted by rapists whenever she came from her work (CSW) particularly in the wee hours of the morning. Sandra (not her real name) reported that she was lured by money and gang raped by five men.

Jepkemoi (not her real name) narrated her ordeal and indicated that she sustained injuries from a rape incidence by three teenagers who were on a revenge mission after she earlier on turned down their sexual advances. This happened when she was returning to her residence.

Clara (not her real name), who is aged sixty and lives in Kimumu, reported that she was a victim of marital rape who also suffered sexual abuse from friends of her drunkard husband. She said that the drunken friends of her husband molested her sexually by inserting bottles into her genitalia.

Victims who worked as CSWs reported cases of multiple rape in the brothels in which they work. They indicated that potential clients stream in with other clients (locally called *dira*) who sexually abuse them in turns without paying them for the services rendered. The CSWs, however, explained that they were fully aware of the dangers of the HIV and AIDS pandemic and were, therefore, keen on protected sex. They said that they ensured that this was negotiated and agreed upon with their clients before sexual intercourse. Even so, in the brothel rooms *diras* often turned around and demanded unprotected sex. This, the CSWs declined. They told of cases where *diras* attempted to remove the condom in the course of sexual intercourse. This resulted in scuffles often attracting the intervention of fellow CSWs.

According to the CSWs, such scenarios can be avoided if female condoms were made readily available and affordable. A female condom retails at Ksh 150 while male condoms are obtained free of charge in brothels, lodgings and hospitals. Plate 1 shows male and female condoms available in the market. In terms of size, the female condom is bigger than the male condom and are both designed to suit the respective sex organs. When used, the female condom better protects the woman from pregnancy and STIs than does the male condom. While, as earlier explained, the man can remove or break the male condom in use in the course of sexual intercourse, he has no control over the use of the female condom which is usually inserted into the woman's vagina. Besides, the male condom can accidentally break or come off during sexual intercourse. These reasons, CSWs said during an FGD, make the female more preferable to the male condom.



**Plate 1: Male and Female Condoms**

Source: FCH 2013

There were significant differences among the victims reporting the various forms of sexual violence ( $\chi^2 = 44.321$ ,  $df = 4$ ,  $p = 0.0002$ ).

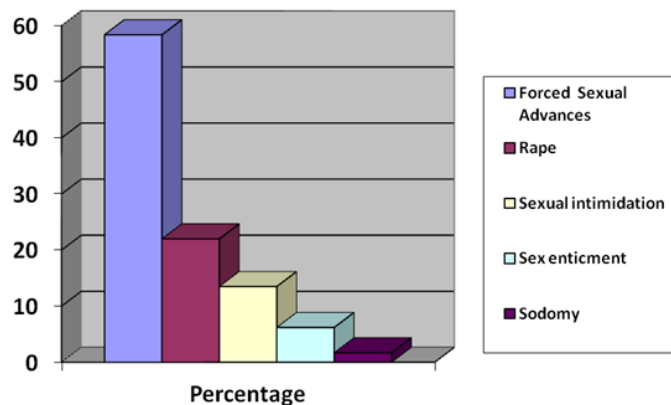
**Table 1.** Chi-Square Test \*Sexual Violence Forms\*\*Gender

	Forms of sexual violence	Value
Gender	Chi-Square	44.321. <sup>a</sup>
	Male	13
Total	Female	341
	Sig.	.0002
	N of Valid Cases	354

Source: Field Data, 2013

The findings of the study indicated that the most prevalent form of sexual violence was forced sexual advances at 207(58.4%). These findings are corroborated studies by Fox (1999) which established that female students fear sexual assault and violence in urban areas and in society generally, and feel threatened by males' forced sexual advances, inappropriate touching (including on the buttocks and breasts) and undoing of girls' brassieres.

Rape was second in gravity at 71(22%) and then sexual intimidation at 48(13.5%), sexual enticement at 22(6.2%) while sodomy was reported to be the least prevalent form of sexual violence at 6(1.69%) among the victims. These findings were as illustrated in Figure 2 below.

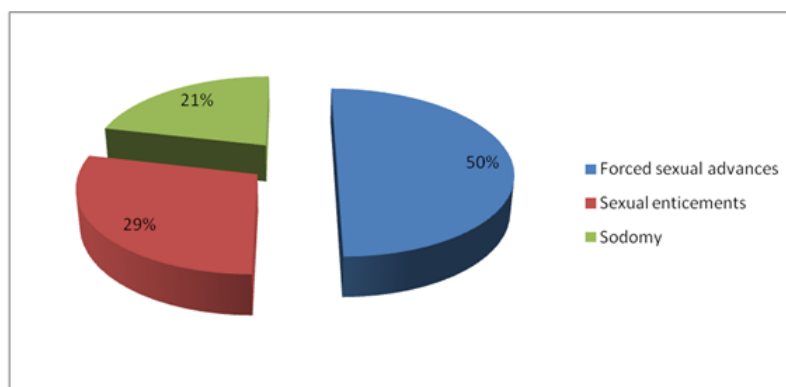


**Figure 2.** Prevalence of Forms of Sexual Violence in EMC

Source: Field Data, 2013

The prevalence of sexual violence cases among victims was analyzed on the basis of their gender. There were significant gender differences in the prevalence of all forms of sexual violence between male and female victims ( $\chi^2 = 156.432$ ,  $df = 4$ ,  $p = 0.0000$ ).

Forced sexual advances cases were high among male victims, 6(50%), followed by sexual enticements, 4(29%), and sodomy, 3(21%). None of the male sexual violence victims reported to have either been sexually intimidated (Figure 3).



**Figure 3.** Reported Sexual Violence Forms among Male Victims

Source: Field Data, 2013

This finding is corroborated by studies that were conducted by Lieb, Quinsey and Berliner (2008) who found out that men are not only less likely to be sodomised but are also less likely to report these incidences compared to female victims. Barker, Tremblay and Nagin (2006) also consent that for this reason, information about the extent of sexual violence against males is especially limited and that it is also very difficult to establish true incidence rates, and even prevalence estimates, of sexual abuse, again largely because of problems of underreporting.

A majority, 261(76.7%), of the female victims reported to have been sexually intimidated while 14% (48) reported to have experienced forced sexual advances. Those female victims who reported to have experienced cases of sexual enticement and rape were 18(5.1%) and 11(3.2%) respectively. Sodomy was the least experienced form of sexual violence among female sexual violence victims since only 3(1%) of the female victims reported to have been sodomized. This is illustrated on Table 2.

These findings can be explained by the sex-role spill-over theory propounded by Maeder (2000) of sexual harassment, which states that sexual harassment occurs when males expect women to conform to gender role stereotypes. This theory opines that one gender role for women is that they should love and nurture individuals at all times. This explains why, in the study, a great number (261) of female victims accounting for 76.7% were sexually intimidated.

Sexual intimidation occurred in marital relationships where men used sex matters to demand submissiveness from their wives. Victims who had gone through university education also reported cases where their lecturers asked for sexual favours in exchange for good grades. They said that those who did not comply were victimised and ended up performing dismally in particular subjects.

One female victim of sexual intimidation (a high school teacher) intimated:

My husband had been having extra marital affairs for a long time. This behaviour was risky considering that HIV and AIDS is real. When I complained and even denied him conjugal rights for my own safety, he discontinued constructing our family house claiming I was not being respectful. He says that he will resume construction once we resume our sex life.

Another female victim of sexual intimidation (a university graduate) narrated her story as follows: I am sure I would have got a better grade in my statistics paper had I given in to the sexual demands of the concerned lecturer. Those of my classmate, who gave in to this intimidation, scored straight A's even though they were not half as smart as I was in this subject. I am glad that I stood firm, though.

**Table 2.** Forms of Sexual Violence Meted on Female Victims

Form of sexual violence	Frequency	Percentage
Sexual intimidation	48	14.0%
Forced Sexual advances	201	58.9%
Sexual enticements	18	5.3%
Rape	71	20.8%
Sodomy	3	1%
<b>Total</b>	<b>341</b>	<b>100</b>

Source: Field Data, 2013

#### Level of Education and Sexual Violence

Significant differences in cases of forms of sexual violence meted on victims were reported among victims with varying levels of education ( $\chi^2 = 166.432$ ,  $df = 4$ ,  $p = 0.0000$ ). Table 4.4 presents this analysis.

**Table 3.** Chi-Square Test \*Sexual Violence Forms\*\*Level of Education

Forms of sexual violence		Value
Level of Education	Chi-Square	166.432. <sup>a</sup>
	Male	13
Total	Female	341
	Sig	.0000
	N of Valid Cases	354

Source: Field Data, 2013

The study established from the victims that cases of rape and sexual enticement meted on the victims were higher than other forms of sexual violence among victims who had no formal education. The victims who had attained primary level of education reported the highest number of all the forms of sexual violence that had been meted on them. Victims who had attained university education and tertiary education respectively reported the least number of cases of sexual violence that had been meted on them.

These findings are illustrated on Figure 4. This is attributed to the fact that the literate group is more knowledgeable about the risk factors of sexual violence as opposed to the illiterate or semi-illiterate group and therefore, would take appropriate measures to ensure their safety.

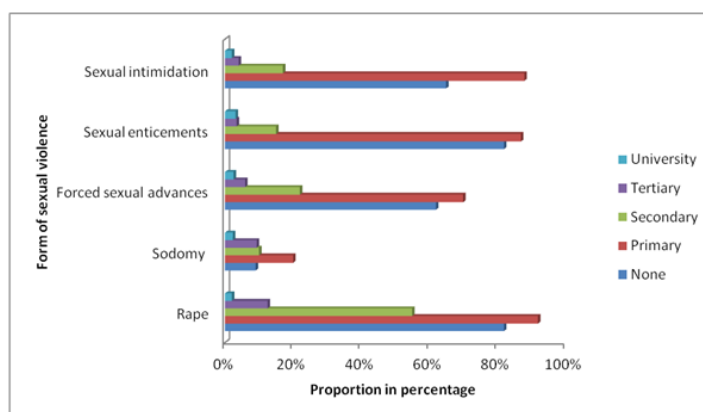


Figure 4. Forms of Sexual Violence Meted on Victims of Varying Education Levels

Source: Field Data, 2013

### Age and Sexual Violence

There were significant statistical differences in the prevalence of various forms of sexual violence among individuals of different age groups ( $\chi^2 = 167.141, df = 16, p = 0.0001$ ). Table 4 illustrates these findings.

Table 4. Chi-Square Test \*Sexual Violence Forms\*\*Age

Forms of sexual violence		Value
Age	Chi-Square	167.141. <sup>a</sup>
	Male	13
Total	Female	341
	Sig	.0001
	N of Valid Cases	354

Victims aged between 13 and 18 years reported the highest number of cases of various forms of sexual violence that had been meted on them. The victims aged 50 years and above reported the least number of cases that had been meted on them. These findings are presented on Figure 5.

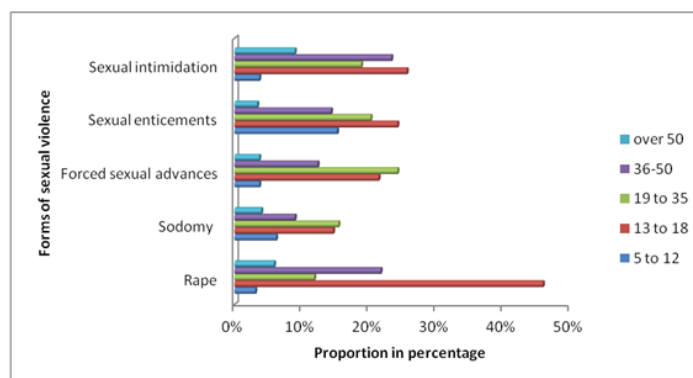


Figure 5. Forms of Sexual Violence Meted on Victims of Varying Age

Source: Field Data, 2013

The findings on the forms of sexual violence suffered by victims of various age brackets are attributed to the fact that in Kenyan families' sex has remained a taboo subject. This leaves children with little information about their bodies and sometimes armed with the scanty knowledge, they experiment what they have learnt with detrimental results (Oyaro, 2013). Often, they will also seek information from peers who are equally ill informed. Besides, the dressing code of individuals aged between 13 and 18 years is often provocative and, therefore, is a likely reason for high rape cases among these victims.

One tactic rapists and attempted rapists use to justify their actions is to point out the intended victim's behaviour as a justification unto itself (Russo, 2003). For example, a common stereotype regarding sexual assault is that women are responsible in some way for their sexual violence that is meted on them. In other words, for a person whose beliefs condone rape, women who flirt with many men, wear provocative clothing, or get drunk in public are indicating they are available and willing to have sex regardless of what they actually communicate women's behaviour essentially means that they inherently consent to sex; if they did not want sex, then the women should not engage in any of those behaviours at any time (Swart, 2000).



These factors are further compounded by the fact that individuals of this age bracket are teenagers who are curious and explorative in matters of sexuality to an extent that they indulge in activities that expose them to sexual violence more than any other age group. For instance, they venture into night clubs oblivious of the dangers that may be involved. The Canadian Uhan Victimization Study (2003) that people who attended the greatest number of evening activities outside of the home had the highest reported incidences of sexual assaults. Individuals aged over 50 are considered to be sexually inactive. Their sex curve is generally on a declining trend. Potential perpetrators may, therefore, not see them as possible prey for sexual violence because they are considered un-appealing. In his study, Feld (2004) suggests that a significant portion of our societal values needed to be 'revamped' and that developing accurate theoretical understanding of rape attitudes and assaultive behaviour would increase the effectiveness of attempts to alleviate sexual violence.

**Marital Status and Sexual Violence**

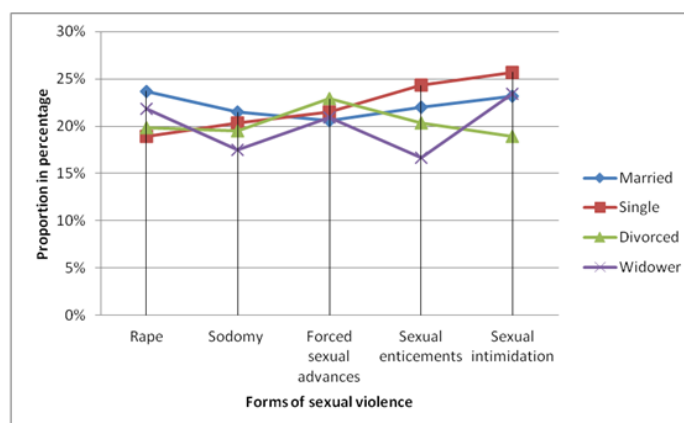
The findings of this study from the victim’s questionnaire indicated that there were no significant differences in the prevalence of various forms of sexual violence among victims of varying marital status ( $\chi^2 = 22.43$ ,  $df = 12$ ,  $p = 0.6782$ ) as shown in Table 5.

**Table 5. Chi-Square Test \*Sexual Violence Forms\*\*Marital Status**

Forms of sexual violence		Value
Marital status	Chi-Square	22.43 <sup>a</sup>
	Male	13
Total	Female	341
	Sig	.6782
	N of Valid Cases	354

Source: Field Data, 2013

Figure 6 presents the findings of the prevalence of forms of sexual violence among victims of different marital status. These findings pointed to the fact that individuals’ decisions to commit sexual offences are not influenced by the marital status of the potential target. Whereas an offender is less likely to sexually violate individuals with high income levels, high literacy levels, very advanced age and whereas men are more likely to target women and girls as their victims than they target fellow men, marital status of a potential victim was insignificant as a determinant of sexual violence.



**Figure 6.** Forms of Sexual Violence Meted on Victims of Different Marital Status

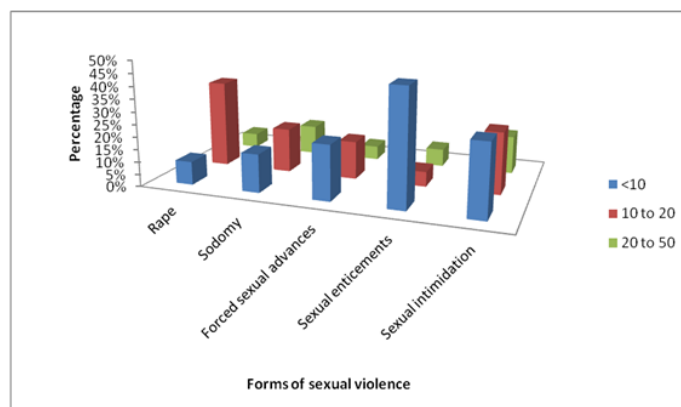
Source: Field Data, 2013

**Income Levels and Sexual Violence**

Victims who were earning less than Ksh 10,000 per month reported the highest number of cases of sexual enticements followed by sexual intimidation and forced sexual advances that had been meted on them. Victims who were earning between Ksh 10,000 and Ksh 20,000 per month had experienced the highest number of cases of sexual intimidation, sexual enticements and rape. Victims whose monthly income ranged between Ksh 20,000 and Ksh 50,000 experienced the least number of rape and sexual enticements cases. Figure 7 presents these findings. Victims earning less than ten thousand shillings per month were the most affected. This is because they reported high incidences of all forms of sexual violence that were studied in this research. A previous study conducted by Kilonzo (2003) shows an undeniable link between poverty and sexual violence. He found out that living without one’s basic needs being met can increase a person’s risk for sexual victimization

and that perpetrators of sexual violence target individuals who seem vulnerable as a result of being economically challenged. They exploit individuals caught in Catch-22 situations created by poverty.

Poverty is among the root causes of sexual violence and has a daily presence in the lives of many individuals. Therefore, the thread of economic advocacy must be woven throughout the fabric of all intervention and prevention efforts. Economic advocacy is a social justice issue and among the philosophical building block of the sexual violence crisis movement. According to a report on the Daily Nation (2013) girls are lured into sexual intercourse in exchange for personal effects such as sanitary towels and body oil. Poverty stricken individuals, due to desperation to meet their basic needs, will compromise their dignity and give in to sexual advances all for small financial tokens. For this reason, orphans, unemployed youth (mainly young girls), unemployed and underemployed single mothers often become victims of sexual intimidation and sexual enticement.



\*Income values are in thousands

**Figure 7.** Forms of Sexual Violence Meted on victims of Varying Income Levels

Source: Field Data, 2013

There were significant differences in the frequency and occurrence of various forms of sexual violence among the victims ( $\chi^2 = 88.118$ ,  $df = 8$ ,  $p = 0.0001$ ). Rape and sodomy victims reported that they experienced these forms of sexual violence only once, while forced sexual advances, sexual enticements and sexual intimidation were experienced more than once by the victims reporting the same. Table 6 illustrates these findings.

**Table 6.** Chi-Square Test \*Sexual Violence Forms\*\*Frequency

Forms of sexual violence		Value
Frequency	Chi-Square	88.118. <sup>a</sup>
	Male	13
Total	Female	341
	Sig	.0001
	N of Valid Cases	354

Source: Field Data, 2013

Forms of sexual violence other than rape and sodomy were more frequent due to their subtle nature and prevailing societal perceptions of sexual violence. Generally, society would only sneer at such behaviour but does not consider them as criminal offence. Whether society will condemn forced sexual advances, for instance, is often determined by the amount of force used on the victim based on available evidence. A study by Kim and Motsei (2002) has found out that women who work in a sexualized work environment are less likely to conclude that harassing behaviour is actually harassment; they are more likely to brush off harassment as a normal part of the workday. Whereas women working in a non-sexualized environment have a greater likelihood of believing that sexual harassment is occurring, the contrary is true.

These forms violence are also difficult to prove to the police and in a court of law. This scenario does not only discourage reporting such incidences but also gives leeway to the perpetrators to indulge in such vices on a regular basis. Sodomy and rape were less frequent due to the heavy penalty levied on perpetrators when proven culpable. Religious leaders who were part of the key informants, however, expressed concern over a subtle form of sodomy that was creeping into Eldoret Municipality. One pastor of a local church said:

Wealthy men in this town are luring our teenage boys into unspeakable acts. They win them with big cars and money. Parents are now worried for their sons who are being turned into women of sorts. We are literally seeing events of Sodom being replayed in our society...(referring to a biblical story in Genesis 19:4-5,

which says "...all the men from every part of the city of Sodom – both young and old – surrounded the house and called to Lot 'where are the men who came to you tonight? Bring them out to us so that we can have sex with them'").

#### **IV. Conclusion and Recommendations**

This research has established that the forms of sexual violence that were encountered among the sexual victims in Eldoret Municipality were rape, sodomy, sexual advances, sexual enticements, and sexual intimidation. The most prevalent forms of sexual violence were forced sexual advances followed by rape and sexual intimidation. Cases of sodomy were minimal in Eldoret Municipality. There were significant differences in the prevalence of various forms of sexual violence among people of different socio-economic status and in the frequency of occurrence of various forms of sexual violence among the victims with rape and sodomy being reported to have been the least frequent forms of sexual violence in Eldoret Municipality.

A comprehensive public awareness campaign on the prevalence of sexual violence be developed, delivered and evaluated in Eldoret Municipality. Information on available services on sexual violence should be widely disseminated. Alongside a national toll free telephone hotline, a plan for wide dissemination of information in health settings such as general hospitals and in social service settings such as learning institutions and in other public places is needed. All those responsible for promoting public awareness or providing educational, health-related or law enforcement-related services on the issue of sexual violence, incorporate information on the particular issues concerning vulnerability for specific groups in their activities.

#### **References**

- [1]. Akiba, M., LeTendre, G.K., Baker D.P. and Goesling, B. (2002). "School victimization: national and school system effects on school violence in 37 nations". *American Conflict resolution al Research Journal*. 39(4): 829-853.
- [2]. Barker, E.D., Tremblay, R.E. and Nagin, D.S. (2006). "Development of male proactive and reactive physical aggression during adolescence". *Journal of Child Psychology and Psychiatry*. 47: 783–790.
- [3]. Butchart K. (2001). "Female genital mutilation and the responsibility of reproductive health professionals". *International Journal of Gynaecology Obstetrics*. 46: 127-135.
- [4]. The CUVs (2003). *Final Report, Changing the Landscape: Ending Violence and Achieving Equality*. Ottawa: Canadian Panel on Violence against Women. Daily Nation (2013)
- [5]. Dunkle, K. (2008). "Gender-based violence, relationship power, and risk of HIV Infection in women attending antenatal clinics in South Africa". *The Lancet*. 94: 1415–1421.
- [6]. European Commission (1997). "Report of the Fourth World Conference on Women". Beijing 4-15, September 1997. New York: United Nations
- [7]. Feld, E. (2006). *Violence against women in Northern Uganda*. Max publishers. Uganda.
- [8]. Fox, C. (1999). "Girls and women in conflict resolution and training in Papua New Guinea", in Heward C., and Bunwaree, S. (eds) *Gender, Conflict resolution and Development: Beyond Access to Empowerment*, London: Zed Books.
- [9]. Garcia-Moreno, C. (2010). "Dilemmas and opportunities for an appropriate health-service response to violence against women". *Lancet*. 359:1509-14.
- [10]. Government of Kenya. (2010). *Report on the cases of sexual violence in Kenya*. Government Printers, Kenya.
- [11]. Heise L.L. (2008). *Violence, Sexuality, and Women's Lives in Conceiving Sexuality: "Approaches to Sex Research in a Post Modern World*. Paggermon Press, UK.
- [12]. Henning, T. and Bronitt, S. (2012). "Rape victims on trial: Regulating the use and abuse of sexual history evidence", in Eastal, P. (ed.), *Balancing the Scales: Rape, Law Reform and Australian Culture*, The Federation Press, Sydney, pp. 76–93.
- [13]. Holmes, D. (1996). *What is Rape Trauma Syndrome?* Occasional Paper 4-92, Institute of Criminology, University of Brisbane, Australia.
- [14]. Kilonzo, N. (2003). *Conceptualising Vulnerability to Sexual Violence & HIV: Implications for Practical Responses*. LVCT & CARE.
- [15]. Kim, J. and Motsei, M. (2002). "Women enjoy punishment: attitudes and experiences of gender-based violence among PHC nurses in rural South Africa". *Social Science and Medicine*. 54: 1243–1254.
- [16]. Leach, F. and Machakanja, P. (2000). "A Preliminary Investigation into the abuse of girls in Zimbabwean Junior secondary schools", DFID conflict resolution Research No. 39, London: DFID.
- [17]. Maeder, S. (2000). *Schools are for Girls Too: Creating an Environment of Validation*, Were Hinton D C.: USAID, Bureau for Africa, Office of Sustainable Development.
- [18]. Meddings, M. and O'Connor, P. (1999). *HIV and Partner Violence: What Are the Implications for Voluntary Testing Counselling and Testing Programs in Africa*. Horizons Project.
- [19]. NASCOP. (2004a). *Kenyan National ARV Guidelines*. National AIDS and STD Control Programme, Ministry of Health, Nairobi.
- [20]. NASCOP. (2004b). *Kenyan National Clinical Manual for ARV providers*. National AIDS and STD Control Programme, Ministry of Health, Nairobi.
- [21]. Ohsako, T. (1997). *Sexual Violence at School: Global Issues and Interventions*, Paris: UNESCO/IBE.
- [22]. Oyaró K. (2013) "Why we Must Educate our Children Early on sex" *The Standard Newspaper*, July 11, 2013
- [23]. Pena L., (2006). "Risk Factors for Child Sexual Abuse". *Aggression and Violent Behaviour*, 6, 203–229.
- [24]. Percy, A. and Mayhew, P. (1997). "Estimating sexual victimization in a national crime survey: A new approach". *Studies on Crime and Crime Prevention*. 6(2): 125-50.
- [25]. Russo, J. (2003). "Reported frequency of domestic violence: Cross-sectional survey of women attending general practice". *British Medical Journal*, 324, 271–274.
- [26]. Schei, B. and Bakketeig, L.S. (2010). "Gynaecological impact of sexual and physical abuse by spouse: a study of a random sample of Norwegian women". *Brazilian Journal of Obstetric and Gynaecology*. 96: 1379–83.

- [27]. Swart, L.M. (2000). "Girls and women in conflict resolution and training in Papua New Guinea", in Heward C., and Bunwaree, S. (eds) *Gender, Conflict resolution and Development: Beyond Access to Empowerment*, London: Zed Books
- [28]. UNHCR (2003). "Report of the Fourth World Conference on Women". Beijing 4-15 September 1995. New York: United Nations.
- [29]. United Nations General Assembly (UN-GA). (2006). In depth study on all forms of violence against women: Report of the Secretary-General.
- [30]. USAID (1999) *Promoting Primary Conflict resolution for Girls in Pakistan*, Washington DC: USAID.
- [31]. WHO (1997). *World report on violence and health: Summary*. WHO library Cataloguing – in Publication Data. Geneva
- [32]. Wolak K. and Berliner, R. (2001). *Love is a Dangerous Thing: Micro-dynamics of Violence in Sexual Relationships of Young People in Umtata*, Pretoria: Medical Research Council Technical Report. Wood, & Jewkes, (2007)
- [33]. World Health Organization, WHO. (2002). *World Report on Violence and Health*, Geneva: World Health Organization. World Health Organization; 2002.
- [34]. World Health Organization, WHO. (2009). *World report on violence and health*. Jewkes R, Sen P, Garcia-Moreno C. Chapter 6: Sexual Violence. Geneva Switzerland: World Health Organization; 2008.
- [35]. Young, L. (2001). "Juvenile prostitution and child sexual abuse: A controlled study". *Canadian Journal of Community Mental Health*, 6, 5-26.
- [36]. Zeira, A., Astor, R.A. and Benbenishty, R. (2002). "Sexual harassment in Jewish and Arab Public Schools in Israel". *Child Abuse and Neglect*. 26(2): 149-166.