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Reflections on Increasing the Value of Data on Sexual Violence Incidents against Children to Better Prevent and Respond to Sexual Offending in Kenya

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Abstract: In many countries, data collection on sexual violence incidents is not integrated into the healthcare system, which makes it difficult to establish the nature of sexual offences in this country. This contributes to widespread societal denial about the realities of sexual violence cases and the collective oppression of survivors and their families. Capturing detailed information about incidents (e.g., characteristics of perpetrators, where it happened, victims, and the offence) can dispel myths about sexual violence and aid in crime prevention and interventions. This article examines how information about sexual violence incidents—in particular, offences committed against children in Kenya—is gathered from two different data sources: the Violence Against Children Survey (VACS) and data collected by the Wangu Kanja Foundation (WKF), a survivor-led Kenyan NGO that assists sexual violence survivors in attaining vital services and justice. These two surveys provide the most comprehensive information about sexual and gender-based violence. The analysis indicates that, while the VACS provides information about the prevalence of sexual violence, it provides less detailed information about the nature of violence (e.g., characteristics of perpetrators, victims, and the offence) compared with the WKF dataset. We critically reflect on how validity and informativeness can be maximised in future surveys to better understand the nature of sexual violence, as well as other forms of gender-based violence, and aid in prevention and response interventions/programming.

Keywords: sexual violence; child sexual violence; survey data; data collection; gender-based violence

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1. Introduction

Sexual violence is a human rights and public health issue of concern worldwide and is defined as the use of coercion by any person in any situation to experience a sexual act. Sexual violence includes rape, attempted rape, unwanted sexual contact, and other non-contact offences [1]. It is one of the world's most widespread non-communicable diseases and human-rights abuses [2,3]. Some factors around the world that are associated with the perpetration of sexual violence include beliefs about sexual purity and family honour, patriarchal societies, the acceptability of violence against women, and weak legal punishments for sexual violence [1]. The 2014 Kenya Demographic and Health Survey (KDHS) indicated that approximately 45% of women and girls between the ages of 14 and 49 have been subjected to some form of violence, with 14% subjected to sexual violence [4]. In addition, sexual violence is frequently not reported to the police, and offenders are seldom arrested, let alone prosecuted [5,6]. Furthermore, victims are often held accountable for the offence, even by the organisations responsible for serving and protecting survivors (e.g., the police) [7].

The aim of this paper is to critically discuss the types of data that are needed to improve our understanding of the nature of sexual violence in low- and middle- income countries, and in Kenya in particular. Kenya is a country that has a growing national grassroots network of sexual violence survivors that assists victims and advocates for policy and practice change nationally. Like in many countries, survivors in Kenya struggle to access vital services (e.g., emergency medical care, safe shelters), and prosecutions are extremely rare. We consider data held by the Survivors of Sexual Violence in Kenya Network (hereafter, the Network), a grassroots survivor-led community organisation that has been gathering data about sexual violence and other violations. These data on violations against children can help us to better understand the types of offences that are occurring, the vital services that are needed, and the causes of case attrition along the case referral pathway when survivors seek vital support.

A key driver of sexual violence, which predominantly affects women and children, is gender inequality: Kenya ranks 142 out of 189 countries on the Gender Equality Index, with 11 million women in Kenya experiencing sexual and/or physical violence during their lifetime [8,9]. Compounding this, in Kenya, survivors face overly bureaucratic and poorly resourced systems that are laced with corruption, and they are often fearful of reprisal by perpetrators and discouraged by non-empathetic responses from law enforcement [10]. Survivors also face stigma from their communities and families. The impact of sexual violence itself, coupled with the poor societal response to sexual violence, negatively impacts the survivor's health, the development of their children, and the economic and social attainment of their families; thus, cycles of violence and pain continue, and multiple, layered, and even simultaneous experiences of violence persist into future generations, creating new challenges and blocking change [2,11–13].

Sexual violence affects people in Kenya starting at a young age and is a daily reality [14]. This occurs partly because violence is often used as a means of conflict resolution. Patriarchal ideals reinforce male social power, and violence is exacerbated by the widespread issue of poverty and low educational attainment. Additionally, victims of all ages are discouraged from reporting their cases to the authorities in Kenya. This, coupled with resource constraints, means that children often do not have access to justice [14]. A significant portion of the Kenyan population is children, with 40% of Kenyans being under the age of 18; 250,000 of these children live on the street [14]. Throughout the country, children face barriers to educational attainment. Some geographic regions have student–teacher ratios of 77 to 1 [15]. Dropout is also a significant issue, especially in pastoral communities [15]. Financial and resource constraints also lead to dropout. Many girls must miss school to fetch wood or water for their families, others are forced to miss days due to menstrual hygiene management issues, and still, others are pulled out of school to be married off, which leads to further violence [16].

The Kenyan legal framework prohibits violence against children. An early regulation pertaining to violence against children is the Children and Young Person Act of 1964. It penalises anyone responsible for assaulting, mistreating, neglecting, or abandoning children (or exposing them to any of these acts) aged 0 to 16 years [14]. The act was expanded in 2002 to grant rights to children, including rights to education, protection from harmful cultural rites, healthcare, and protection from child labour and armed conflict, as well as rights to protection from sexual abuse and exploitation [14]. The act was again revised in 2012 to include provisions that afford children protection from abuse and neglect, both physical and psychological, female circumcision and other cultural rites that may be harmful, sexual exploitation, and torture or cruel treatment [17]. The Sexual Offences Act was passed in 2006, and it provides definitions of child sexual abuse, such as prohibiting sexual contact with girls under the age of 16 who are unmarried and boys before the age of 12, and prohibits incest, defilement, trafficking, and forced marriage [18]. The term 'defilement' describes an act that causes the penetration of a child younger than age 18. Punishment varies depending on the age of the child. Defilement of a child younger than age 11 can carry a term of life imprisonment, whereas defilement of a child who is 12 to 15 years old

carries a minimum of 20 years imprisonment and defiling a child who is 16 to 18 years old carries a sentence of at least 15 years imprisonment [19].

Much of our knowledge about sexual violence and other forms of violations against children is based on the results of the Violence Against Children Survey (VACS), which is a UNICEF- and CDC-backed national survey that has been administered in various countries around the world, including Kenya, Rwanda, Lao PDR, and Uganda. The VACS is the main, if not the only, source of systematic data about sexual violence in many countries. For example, in the US, data about sexual offences are compiled across law enforcement agencies nationally via the Uniform Crime Reports and gathered via national victim surveys. Comparable data sources are not available in Kenya. However, national data on child sexual violence are critically important for developing, financing, and coordinating national prevention and response strategies; the next section provides an overview of how the VACS is conducted, along with an analysis of some of its key strengths and limitations, followed by a discussion of the ways in which data could be improved to help prevent child sexual violence in Kenya.

2. The Violence against Children Survey (VACS)

The VACS is administered periodically over so many years as a cross-sectional household survey throughout Kenya. The survey collects information about the national prevalence of violence and seeks to identify risk and protective factors, health consequences, and public knowledge of services. The VACS is conducted via collaborations between international aid organisations and local government bodies, such as the Ministry of Education and the National Bureau of Statistics. Kenya's 2010 VACS was the country's first national survey of violence against male and female children [20]. The VACS collects information on current and lifetime experiences of sexual, physical, and emotional violence for children, who are divided into two age groups: 13- to 17-year-olds and 18- to 24-year-olds. The 13- to 17-year-olds are asked about their experiences with violence during the 12-month period prior to their taking the survey, whereas the 18- to 24-year-olds are asked about their life experiences with violence [20]. The administrators choose households from different communities around Kenya based on randomly selected clusters, and then different areas are assigned as either male or female survey spots. This is to ensure the confidentiality of respondents' data, as well as to prevent male perpetrators and female victims from the same community both being interviewed in case the perpetrator finds out about the intention of the study and chooses to retaliate against their victim(s) for taking part [20]. Desired sample sizes for each sex were determined by using data from the Kenya Demographic Health Survey (DHS) to estimate the proportion of households with residents of the desired age and sex group [20].

The VACS interview process consists of a brief demographic interview with the head of the household, followed by a comprehensive interview of the household members, including questions about the respondent's experiences of having violence inflicted on them as a child [20]. The questions included in the survey were developed based on questions from other international and national surveys, such as the DHS, HIV/AIDS surveys, the WHO Multi-country Study on Women's Health and Domestic Violence Against Women, etc. [20]. Thirty-two teams with three-to-five interviewers and one team leader each collected data throughout the country, all supervised by coordinators from the Kenya National Bureau of Statistics and technical advisors from the CDC in the US [20]. Questions on the survey cover physical, sexual, and emotional violence for both sexes in both age groups. Physical violence includes being slapped, kicked, whipped, beaten with an object, pushed, punched, threatened, or attacked with a weapon [20]. Sexual violence includes unwanted touching in a sexual way, unwanted attempted intercourse, pressured intercourse, and physically forced intercourse. Finally, emotional violence includes being humiliated on purpose, made to feel unwanted, or threatened with abandonment [20]. The survey also collects information on the perpetrator's relationship to the victim, the location and time

of day of sexual violence incidents, help-seeking experiences, services received, health outcomes, etc. [20].

The 2010 VACS found that lifetime experiences of sexual violence prior to age 18 were reported by 32% of female respondents and 18% of male respondents aged 18 to 24 [20]. Lifetime physical violence was reported by 66% of females and 73% of males surveyed from the same age group [20]. Current levels of violence, defined as having experienced violence in the 12 months prior to the survey being administered, were also high; specifically, 11% of females and 4% of males aged 13 to 17 reported having experienced sexual violence in the previous 12 months, and 49% of females and 48% of males from the same group reported having experienced physical violence. While the VACS does not include information about the experiences of children who are younger than the age of 13, other studies have found that the most prominent age group for males to experience violence is 0 to 10 years old, and for females, it is 21 to 30 years old [21]. The Kenya DHS collects somewhat similar data on violence, although it focuses more on the adult population. Of note, however, is a question on the DHS that asks about the respondent's first experience of violence, including physical, sexual, or both types of violence. The question asks male and female respondents if they had endured their first experience of sexual violence at different ages, starting at 10 years old, then 12, 15, 18, and 22 [22]. The DHS does not ask who the perpetrators were of this first experience of violence, nor does it ask about help-seeking behaviour or the location of the incident. It also does not explain why these ages were chosen to measure the first experience of violence.

While the VACS provides important data on the national prevalence of different forms of violence experienced by children, there are limitations. First, neither the VACS nor the DHS survey children under the age of 13, or their parents, about life experiences with violence. Furthermore, the VACS does not gather in-depth information about incidents, such as the number of perpetrators involved, whether a weapon was used, whether and how the victim was injured, or whether the victim was alcohol-intoxicated, for example. This type of information can provide details about the perpetrator's behaviour that can aid in crime detection and prevention, such as by uncovering the perpetrator *modus operandi* for purposes of linking crimes committed by serial offenders [23]. Furthermore, the VACS does not provide information about the reporting of incidents to the police, or adjudication, which would allow for studying case attrition, such as identifying regions in which few reported cases are prosecuted. Finally, some of the information being reported by survivors in the VACS concerns incidents of violence that occurred long ago. When testimony about an event is taken relatively recently after the incident, it will be a more complete account [24].

To address knowledge gaps concerning sexual offences committed against children, information might be sourced alternatively from records held by the police, the judiciary, or the NGOs that assist survivors. Information from police and court records, assuming it was made available for research purposes, would provide an incomplete picture of sexual offences. First, few cases are reported to the police, and even fewer lead to a prosecution [25]. Second, while research on the characteristics of adjudicated cases in Kenya is lacking, research from other countries indicates that the characteristics of cases that are prosecuted differ from those that are not [26]. For instance, cases that fit with the 'real rape stereotype' (e.g., the offender is a stranger, the victim is severely injured and reports promptly) are more likely to be reported by victims and accepted by officials for prosecution. What is more, the characteristics of most of sexual offences differ markedly from the real rape stereotype. Consequently, the analysis of cases in which the perpetrator has been identified, arrested, prosecuted, and/or convicted provides a narrow and incomplete understanding of the sexual offending and, thus, has limited utility with respect to informing crime prevention and response strategies across the range of offenses that occur. Furthermore, in investigating and prosecuting sexual violence cases, medico-forensic evidence (e.g., anogenital injury) figures prominently in Kenya, and relatively little information is gathered from survivors about what they remember about the perpetrator and the incident itself [11]. However, the

survivor's testimony is indispensable for building a detailed understanding of the offences, as well as of how to prevent and respond to these crimes.

3. Community Data to Address the Limitations of the VACS

Against the backdrop of challenges faced by survivors seeking vital assistance and justice, the Network was established. It was born out of a national survivor-led movement in Kenya and established by the Wangu Kanja Foundation (WKF), a 15-year-old registered non-profit NGO that assists survivors in accessing post-rape care services [27]. The WKF was founded by Wangu Kanja, a rape survivor. The WKF supports adult and child survivors free of charge as they try to access services in Nairobi, the largest criminal jurisdiction in Kenya. The WKF is in Nairobi's Mukuru Kwa Reuben, one of the largest informal settlements in Kenya. It has a population of about 500,000 and a high rate of sexual violence. While many WKF clients are from Mukuru, they also come from surrounding counties. Victims learn about the WKF via radio advertisements and other media and contact WKF via walk-in or SMS, who will then support and accompany both adult and child survivors as they attempt to access services. For each client, the WKF collects data about case progression across the case referral pathway, gathering information about the offence, the victim, and the perpetrator(s), as well as about medical services the client can access, criminal investigation, and case adjudication.

In the next section, we provide an overview of the information being gathered by the WKF, and how it can be used to fill critical gaps in knowledge about sexual and other forms of violence committed against children. While we focus on children, our observations apply to offences committed against adults. We also discuss how collecting more detailed information from survivors about offenses on a routine basis throughout the country would enhance the knowledge base and assist in national efforts to prevent and respond to sexual and other forms of gender-based violence in Kenya, as well as in other countries.

4. A Community Approach to Information Gathering

Table 1 provides a summary of information about sexual violence gathered by the VACS and WKF. One of the most striking differences between the VACS and the data gathered by the WKF and Network concerns the extent to which detailed information is gathered about incidents. The VACS is designed to investigate the prevalence of different forms of violence in relation to age. The survivor's family circumstances, and socio-economic status are recorded in detail, as well as the survivor's attitudes towards help-seeking behaviour. Previous research has shown that children from low-income households are at higher risk of violence [28]; therefore, the household's economic status is important to gather.

In contrast, the WKF collects critical case-related information about the injuries suffered by survivors, as well as data on whether survivors received legal aid, retained forensic evidence, and if so, what it was, and whether the survivor accessed medical and police services. As previously mentioned, the lack of legal aid and timely access to medical and police assistance reduces the likelihood that medico-forensic evidence is recovered. The lack of such evidence is a major cause of case attrition [29]. Consequently, the WKF and Network data can provide valuable information about what evidence is most frequently gathered, and what evidence is most often lacking, which can provide leads about what services are needed to strengthen evidence and prosecutions.

The WKF and Network also record information about survivors' experiences as they negotiate the case referral pathway. Detailed information is obtained about the survivors' ability to access security (e.g., safe houses), medical attention, and police services, as well as information about whether the police documented the case and whether it was ultimately accepted for prosecution. Information about the survivors' medical status in relation to the violation, such as HIV test results, is recorded, unlike the VACS, which can provide information about whether survivors are able to access vital services in the aftermath of sexual violence.

Table 1. Items collected by the WKF compared with the VACS survey.

	Item	WKF	VACS
Demographic Information	Age	✔	✔
	Gender	✔	✔
	Location	✔	✔
	Marital Status		✔
	Education Status		✔
Incident Information	Relationship with Perpetrator	✔	✔
	Attack Location	✔	✔
	Attack Date	✔	
	Attack Time	✔	✔
	Injury Detailed	✔	
Service Access Information	HIV Test and Status	✔	
	Pregnancy Test and Status	✔	✔
	Forensic Evidence	✔	
	Seeking Medical Service	✔	✔
	Seeking Police or Legal Service	✔	
	Seeking Counselling Service	✔	✔
	Court Case Filed	✔	

The WKF and Network take a survivor-focused approach in gathering information from survivors; the community members gathering the information are trained human rights defenders, who are all survivors of sexual violence themselves. They assist the survivors in accessing services and conduct follow-up interviews about the status of the case and the services received. This is not necessarily the case for interviewers who collect data for the VACS.

One key example that demonstrates the value of the types of detailed data being gathered in real time by the WKF and Network concerns the data they collected about violations occurring against children during the COVID-19 pandemic [30–32]. The Network, which operates in all 47 counties in Kenya, continued to assist survivors during periods in which strict curfews were in place. The curfews created obstacles for survivors in accessing vital services and reporting crimes to the police. The data collected indicated that child survivors of sexual and other forms of violence were younger compared to pre-pandemic periods and that children were particularly likely to be violated during the day and by a neighbour [30–32]. In many cases, the neighbour gained access to the child by inviting them to their house under the guise of helping the child access the internet for home-schooling purposes.

The WKF and Network currently also have research underway that is investigating how to improve the quality of the data they are gathering about incidents using questioning techniques that focus on the behaviour of the offender. The research builds the capacity of those gathering data to ask questions that establish the behaviour (i.e., *modus operandi*) of the offender before, during, and after the offence. Behavioural techniques establish how the offender behaved during the offence, including how and where they initially approached the victim, how they maintained control over the victim, and how they left the scene of the crime. These techniques can be useful in at least two ways. First, behavioural information can help to create a more accurate picture of offending and dispel rape stereotypes about offences committed by perpetrators who are strangers as well as known to the victim. As

noted above, a 'real rape stereotype' exists wherein sexual violence is only believed to be 'real' if certain behaviours were exhibited (e.g., rape is committed by strangers, using a weapon, and victims physically resist). In reality, sexual violence often does not fit this stereotype, but the persistence of the idea of a 'real rape' means that the veracity or severity of survivors' stories can be downplayed or the survivors themselves can face blame for the offence [5]. Understanding in more detail the true picture of sexual violence in Kenya can provide support for survivors where the offences perpetrated against them deviate from this stereotype. Second, behavioural information can also be used to bolster investigative capacity, helping law enforcement, NGOs, and human rights defenders identify links between offences to highlight where serial offenders may be operating. This behavioural linking of crimes can be particularly useful in cases where no forensic evidence has been collected, or where it is too costly to process [33], but it does require a detailed level of behavioural information for this type of analysis to be conducted. In the Global North and in South Africa, this approach is supported by research [33–37], and such research provides a unique opportunity to document the 'who, what, when, where, and how' of stranger sexual offences [38] in Kenya. In addition to being of urgent relevance to partners and law enforcement stakeholders, the research will bring new insights to the sparse academic literature on the situational crime prevention of sexual offences [39], especially in low-resource contexts where criminal investigation infrastructure is lacking. The research currently being conducted by the WKF and the Network in collaboration the Rights for Time Network (www.rights4time.com, accessed on 20 February 2022) is investigating how behavioural information can be used in Kenya to understand the nature of the offences occurring and to solve crimes.

The survivor-centred approach to gathering data can also increase the willingness of survivors to report incidents that do not conform to the above-mentioned stereotyped views about what constitutes rape. For instance, survivors who were alcohol-intoxicated during the offence or who are acquainted with the offender may be more inclined to report information about their ordeal to the WKF and the Network than they are to VACS or DHS interviewers. Data about incidents of sexual violence in all its forms can serve to counter stereotypes about victims and decrease the stigma and blame that survivors encounter when reporting their cases to the authorities. Furthermore, the WKF and Network use trauma-informed methods to gather information and are trained in the essentials of interviewing techniques. This training is important considering that previous research has found that survivors were more willing to disclose sexual violence when a trauma-informed approach had been utilised [40]. The WKF and Network also function within their communities to raise awareness about what constitutes sexual violence, and this facilitates the reporting of incidents that survivors may not have otherwise realised were legal violations.

There are other key differences in the methodology employed by the VACS and WKF and Network that give rise to unique limitations of both types of surveys that future research must address. A strength of the WKF survey methodology is that it collects information prospectively from survivors in real time, as the case is progressing through the medico-legal system. In contrast, survivors retrospectively report incidents that occurred in the past on the VACS and DHS. The VACS and DHS also do not gather detailed intelligence about survivors' ability to access services. The WKF data, however, do not allow for inferences about the prevalence of sexual violence either within a region or nationally, as the data are gathered using convenience sampling rather than random sampling. To address the limitations of existing surveys, a national monitoring system should be put into place to routinely record information about incidents. Such a system could gather location-specific information to identify crime hotspots where additional security measures are needed to prevent violence, and where increased medical, police, and judicial service provision is necessary to respond to crimes. The system could also potentially assist survivors with reporting their cases to the authorities. Most medical facilities in Kenya do not have forensic laboratories, let alone the post-rape medical care forms required by the police to file charges [41].

Finally, the distressing nature of sexual and other forms of violence means that it is costly for survivors to disclose these incidents, particularly during police interviews. Some studies have shown, for instance, that the willingness of survivors to provide information to investigators is highly correlated with the costs (e.g., re-traumatisation, stigmatisation, etc.) survivors incur in providing that information [42]. However, it usually takes days to weeks for survivors to report a case and receive the necessary forms to complete, and they often need to have the means and time to visit more than one government-designated location/institution for medical examination. The process discourages survivors from engaging with the medico-legal system and re-traumatises and stigmatises them [11]. Initiatives that seek to gather information about sexual violence incidents from survivors need a strong and clear rationale for obtaining the information. Furthermore, the benefits to survivors arising from them disclosing information need to be at the forefront.

5. Conclusions

The aim of this article was to explore how a community approach to gathering detailed information about sexual violence incidents can provide a more comprehensive understanding of sexual offending against children in Kenya. Our research highlights that when collecting information about sensitive and distressing topics such as sexual violence, a key consideration is *how* the data are collected. The methods used to gather data impact the types of incidents that are disclosed. Different methods of data collection can affect (1) people's willingness to disclose incidents in the first place and (2) the accuracy and type of information they divulge [40]. As noted above, the WKF and Network members who gather data from survivors are also survivors of sexual violence and are trusted members of the survivor's local community. As such, this approach increases the willingness of survivors to disclose incidents and provide in-depth information about these assaults that can help increase knowledge about the violations that are occurring to better prevent and respond to crimes in the future.

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