CHILD SEXUAL ABUSE PROTECTION SERVICES IN LUNGA LUNGA SLUMS OF MAKADARA DISTRICT, NAIROBI

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ABSTRACT

The Kenya Government and Civil Societies have mounted many campaigns since 2003 in the media to create awareness on children rights, laws and encouraging members of the society to take increased responsibility in reporting CSA. Despite several measures put in place, the incidence of CSA has not significantly dropped. This study sought to assess the relevance and adequacy of Child Sexual Abuse protection services in Lunga Lunga slums. Specifically, to assess the prevalence of Child Sexual Abuse, to identify the CSA protection services available to children and the communities, to analyse the challenges effecting Child Sexual Abuse protection services and to assess the adequacy of Child Sexual Abuse protection services in Lunga Lunga slums.

The site of the study was Lunga Lunga slums which are located within the newly created Viwandani Division in Makadara District on the Eastern side of Nairobi County. The study used questionnaires and interview guides to collect primary data from different categories of respondents. The study also employed Focus group discussions to elicit data from committees tasked with prevention of CSA and members of the community.

It was found that initial sexual encounters in slums are generally attributed to sexual abuse or exploitation due to overcrowding in the living spaces, sharing of external toilets and poor lighting which precipitate CSA incidents. The occurrence of similar incidents involving the survivors of CSA was frequent. The protection measures against Child Sexual Abuse most widely known by the respondents were the criminal justice systems followed by the civil child protection system and government liaisons with stakeholders for sensitization of children and the public. The most common factors motivating victims to seek CSA remedial services were friendly and quick services rendered followed by mental and medical treatment and child protection and education.

The duration taken to receive CSA services by most survivors ranged from within one day to three days. Most respondents did not seek CSA protection measures due to poor criminal and child protection outcomes followed by corruption, legal challenges, threats and fear, verbal abuse and stigma and lack of information and awareness. The strategies recommended by most survivors for improving protective measures was supporting survivors and community in the criminal justice process followed by enhancing staff capacity of children agencies, medical and police doctor services and awareness creation. Majority of the survivors were of the opinion that the protection measures in preventing CSA were largely ineffective. The study concluded that the Child Sexual Abuse protection measures in Lunga Lunga slums are ineffective. This is due to poor criminal and child protection outcomes, legal challenges, verbal abuse, stigma and fear and threats, from perpetrators, their acquaintances and the public, and lack of information and awareness. Other reasons why the protection measures are considered ineffective are inadequate stakeholder capacity, corruption, poor CSA programmes and policies and societal apathy in reporting incidents.

This study recommends that the government through the Children’s Department formulates a policy on issues of child protection and especially on CSA, facilitates training on CSA for the provincial administration, the police, court officers and employ gender personnel to deal with sexual violation cases affecting children in every slum and police station. The government should increase the capacity of the police stations to deal with CSA. Further, it is recommended that the Children’s department, apart from considering gender sensitivity in staff deployment, should also have officers
assigned to deal with CSA cases only at least down to the divisional level and provide material and logistical support to facilitate Volunteer Children Officers. Government should ensure that every division has a designated health centre whose report is accepted by the police doctor and more police doctors should be employed to avoid delays in the processing of medical reports.

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