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Correlates of disclosure of sexual violence among Kenyan youth

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ABSTRACT

Introduction: Sexual violence (SV) against children is a global health and human rights issue that can have short and long-term consequences for health and wellbeing. Disclosing SV increases the likelihood that children can access health and protective services and receive psychosocial support. Research in high-income countries has found that child SV survivors are more likely to disclose when they are girls/women, experience fewer SV events, and experience SV perpetrated by a stranger. No studies have examined correlates of SV disclosure in Kenya.

Objective: The objective of this research was to assess the correlates of disclosing SV among Kenyan youth ages 13–24 who reported an SV experience before age 18.

Methods: In 2010, the Kenya Ministry of Gender, Children and Social Development, the U.S. Centers for Disease Control and Prevention's (CDC) Division of Violence Prevention, the UNICEF Kenya Country Office, and the Kenya National Bureau of Statistics (KNBS) conducted a national survey of violence against children. These data were used to conduct weighted logistic regression analyses to determine which factors were correlated with reporting SV disclosure.

Results: Among the 27.8% of girls/women and 14.5% of boys/men who reported SV before age 18, 44.6% of girls/women and 28.2% of boys/men reported to have disclosed the experience. In weighted logistic regression analysis, the odds of disclosure were lower among survivors who were boys/men and among survivors who reported more SV events, and higher when any perpetrator was a family member.

Conclusion: More context-specific research on SV disclosure among young people is needed globally.

1. Introduction

Sexual violence (SV) against children is a global health and human rights issue that can have detrimental short and long-term effects on the survivor's health and wellbeing (Collin-Vezina, Daigneault, & Hebert, 2013). Disclosure of SV, in some cases, has a positive effect on health, by linking survivors to care and child protection systems, or providing psychosocial support, and decreasing psychological symptoms (Paine & Hansen, 2002; Ruggiero et al., 2004; Ullman & Filipas, 2001). Immediate linkage to services is critical when the survivor is at risk of HIV transmission, pregnancy, or severe physical injury. However, disclosure can increase psychopathology symptoms, particularly when the response to disclosure is negative (Edwards, Dardis, Sylaska, & Gidycz, 2014; Roesler, 1994). Reactions to disclosure depend on factors such as community perceptions of SV and the relationship of the perpetrator

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to the survivor (Jewkes, Penn-Kekana, & Rose-Junius, 2005; Ullman & Filipas, 2001). Whether or not the child discloses also depends on other factors, including the survivor's perception of the event and the survivor's demographic characteristics (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003). In this analysis, disclosure is defined as telling anyone about an SV experience and may include both formal and informal disclosure. The majority of research on SV tends to examine either intimate partner violence (IPV) or child sexual abuse (CSA) but does not often examine SV during childhood as a whole. All instances of CSA are considered SV during childhood, but IPV is only considered to be such when it is sexual in nature and occurs prior to the age of 18.

Few studies have examined SV against children in Africa, and even fewer have examined this problem in Kenya. This study explored the characteristics that are correlated with retrospective reporting of SV disclosure among Kenyan youth who reported SV. This analysis offers insights about which children who report SV in a survey are more likely to have disclosed SV, enabling public health practitioners to encourage disclosure among key sub-groups and to design interventions that enhance access to adequate medical and legal services for SV survivors.

1.1. Factors influencing SV disclosure

Community norms with respect to SV influence the likelihood that the child SV survivor will disclose, the recipient's reaction to the disclosure, and the health and legal infrastructure available for response. Only one study has examined Kenyan beliefs about SV, looking specifically at perceptions of CSA (Plummer & Njuguna, 2009). This study employed focus groups with child protection workers from different tribes to understand the risk and protective factors for CSA in Kenya (Plummer & Njuguna, 2009). Protective factors identified were: traditional values, placing a high value on children, and taboos. Risk factors identified were tribal factors, a culture of silence around sexual matters, gender roles, patriarchy, foreign influence, and individual-level factors such as orphan status or presence of a step-father (Plummer & Njuguna, 2009). These perceived risk and protective factors might influence the likelihood that a survivor will disclose. For example, gender norms, such as those that place a high value on virginity may influence a female survivor to not disclose SV, to protect her status as a virgin.

Community norms about gender and violence affect the outcome of SV disclosure in different ways across gender. In East and Central Africa, women reported that disclosure could reduce women's marriage prospects and increase the likelihood of mistreatment and stigmatization by family and community members (Byrskog, Olsson, Essen, & Allvin, 2014; Kelly et al., 2012). Boys may not disclose SV because of norms around masculinity (Easton, 2014), which expect them to resist sexual advances or to deal with the abuse on their own (Donnelly & Kenyon, 1996). Boys may believe that it is impossible for a girl or woman to be a perpetrator or that sexual abuse cannot happen to boys (Donnelly & Kenyon, 1996). In fact, a common reason for non-disclosure by boys is not perceiving the event as a crime (Lehrer, Lehrer, & Koss, 2013). Boys may fear being viewed as homosexual (Lehrer et al., 2013), especially in parts of Sub-Saharan Africa, where homosexuality is stigmatized and, at times, criminalized (Taegtmeier et al., 2013).

1.2. Correlates of disclosing SV

Several studies in middle to high income countries in Europe, North America, and Asia have examined the correlates of SV disclosure. Although the correlates of disclosure may vary across contexts (population vs. clinical, different countries), outcomes (CSA, childhood rape), data collection methods (telephone survey, chart abstraction, qualitative interviews), and analytic techniques (different modeling strategies), many studies have identified several common correlates of disclosure.

Girls more so than boys (Hanson et al., 2003; Lam, 2014; Lippert, Cross, Jones, & Walsh, 2009; Ullman & Filipas, 2005), and children living with both parents more than their counterparts (Kogan, 2004; Schonbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2012) are more likely to disclose SV. Having both parents in the home may reflect higher social support; whereas, orphans may not have a trusted adult in their lives to whom they can disclose. In some studies, children who are older at the time of victimization are more likely than younger children to disclose SV (Adefolalu, 2014; Lippert et al., 2009; Smith et al., 2000); however, other studies have found the opposite (Goodman-Brown et al., 2003). Older survivors may be more aware of the inappropriateness of the incident; whereas, younger children may not understand the abuse (Smith et al., 2000). However, younger children may more often tell someone about the abuse if they do not realize the stigma that accompanies SV (Smith et al., 2000). The survivor's age at the time of the survey may also influence the likelihood of disclosure. Studies have found that respondents who are older at the time of survey may be more likely to disclose (Lam, 2014; Lippert et al., 2009). For older respondents, there is likely to be a longer time period between the abuse and the survey. This distance from the event(s) may increase the respondent's willingness to disclose.

Survivors of intrafamilial perpetration less often disclose their experience than do survivors of perpetration by a non-family member (Goodman-Brown et al., 2003; Hanson et al., 2003; Kogan, 2004; Lange et al., 1999; Schonbucher et al., 2012; Smith et al., 2000). As intrafamilial abuse is associated with negative reactions from the community, children may anticipate such reactions and avoid disclosure. Lower rates of disclosure among intrafamilial SV survivors, however, may be confounded by other associated factors, such as lower survivor age and increased emotional violence (EV) (Lange et al., 1999; Taveira, Frazao, Dias, Matos, & Magalhaes, 2009). Children who experience SV perpetrated by a stranger are more likely to disclose SV in higher-income countries (Priebe & Svedin, 2008; Smith et al., 2000). This finding may be due to community perceptions that strangers usually perpetrate SV, implying that it may not translate to settings with different perceptions of SV (Davidsson, Benjaminsson, Wijma, & Swahnberg, 2009). Additionally, children may more clearly understand that the act is inappropriate when the perpetrator is unfamiliar to them (Smith et al., 2000).

Research on SV in high-income settings often discusses the 'severity' of the violence, but clear definitions for severity are not always provided. That said, more 'serious' or 'severe' cases of SV may more often be disclosed (Finkelhor, 1994; Lam, 2014),

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