

# CAUSES AND PSYCHOSOCIAL EFFECTS OF RAPE IN KILIFI COUNTY: A CASE OF KILIFI NORTH SUB-COUNTY

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**Abstract:** The purpose of this research was to extend into the existing body of knowledge on the causes, and psychosocial effects of rape in Kilifi North Sub County. Present research increases our understanding regarding one of the social issues which has profound effects on the society through various corners. The purpose of the study was to establish the causes and psychosocial effects of rape. The study was guided by the following objectives; to find out the common rape cases, the causes of rape, and the psychosocial effects of rape. The intervention measures that would be taken by the community and the government to reduce rape cases and effects in Kilifi North sub county. The answers to the formulated questions was to bring out the importance of the study to the local community; Kilifi County Government and Non-Governmental Agencies that help in the fight, against rape cases around the world and particular here in Kenya. The study area was Kilifi North Sub County of Kilifi County. The study adopted a descriptive survey research design. This design was appropriate for the study since the researcher was able to determine the perceptions of local community and survivors of rape on the causes, psychosocial effects of rape and intervention measures to reduce the cases and effect of rape. The target population comprised of 300 in which a sample of 30 cases of rape and 20 respondents include the police officers, trauma counselors and local community was drawn through the use of purposive sampling techniques. Primary data was gathered using self-administered questionnaires and face to face interviews. Data collected was analyzed using descriptive statistics. The data was analyzed through the use of statistical package for social science (SPSS) and Microsoft excel to generate quantitative reports through tabulation, percentages, and measure of central tendency. The analysis of face to face interviews was open to emergent concepts and ideas. The findings of the study; the common rape cases reported were defilement, women rape, attempted rape, incest and anal rape. The causes of rape in Kilifi North Sub County were due to; high poverty rates, unemployment, disco at night during funeral ceremony, failure to report the cases of rape to the authority in case the perpetrators were close people and African culture. The psychosocial effects of rape were; intense feeling of anger, insomnia, low self esteem, night mares, panic attack or anxiety and flash backs of the event. The rape cases were linked with social issues such as unemployment, substance abuse, HIV and early pregnancy. The study found the recommendation as intervention strategies for rape cases; to encourage community dialogue on issue of gender based violence, sensitization on how to prevent and deal with rape cases, introducing child protection unit at police stations and hospitals to provide good services to survivors of rape or sexual assault.

**Keywords:** psychosocial effects, social issues, common rape cases, gender based violence, sexual assault.

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## 1. INTRODUCTION

### 1.1 Background Information:

Rape is a criminal offense defined as forcible sexual relation with a person against that person's will or consent. According to the United Nations, the sexual assault of women is a common feature of conflict (UN Report on Women, 2012).

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There appears to be differences between rape victims and society's interpretation of the definitions of rape. This is supported by many researchers who suggest that rape can be defined in various ways, and includes physical, legal, psychological, sociological and subjective aspects (Lawrence & Van Rensburg, 2006).

There has been much debate on whether to regard women who have been raped as "survivors" or as "victims". This study will refer to individuals who have been raped as survivors.

International statistics suggest that one in five women will be raped in their lifetime (Frazier & Burnnet, 1994). Rape is a major social, public health and human rights issue around the world (WHO 2014). It has gained much attention because of its negative effects on survivors.

The rape survivors may be emotionally damaged and may experience psychological problems (Buddie & Miller, 2001). In addition, the consequences of rape may include unwanted pregnancies (which may result in unsafe abortions), pelvic inflammatory diseases, and sexually transmitted diseases, all of which may be devastating.

Rape is experienced as an unexpected and intrusive violation, which at once impacts on all dimensions of the survivor's existence, and ultimately disrupts to some degree one's manner of being in the world (Roos & Katz, 2003). The survivor is left with what appears to be a continuous struggle to adjust back into society again. The rights to the dignity, privacy and integrity of every person are basic to the ethos of the constitution and to any defensible civilisation (Lawrence & Van Rensburg, 2006). Rape is therefore a very serious offence, as it involves a humiliating, degrading and brutal invasion of the privacy, dignity and person of the survivor.

A national survey in the USA, found that 14.8 percent of women over 17 years of age had reported having been raped in their lifetime, while 0.3 percent of the sample had reported having been raped in the previous year (WHO, 2008). In Africa, South Africa is reported to have one of the highest rates of sexual violence in the world (Adar & Stevens in Peterson, Bhana & McKay, 2005).

In recent years, researchers have witnessed a growing recognition of the links between violence against women and HIV. One immediate expression of this link relates to the transmission of HIV following rape (Kim, Martin & Denny, 2003). The act of rape may sometimes be brutal, and the survivor may experience tearing which increases the chances of HIV entering her body. Rape is also sometimes perpetrated by more than one perpetrator, which again increases the chances of the HIV virus transmission (Wood, Jama, Jewkes, Nduna & Levin, 2002). Therefore, the act of rape is not only physically and emotionally traumatic, but there is also a chance of acquiring the HIV virus. Rape affects millions of people each year worldwide (Kim, 2000).

The Sexual violence in Kenya has increased over the past several years; a recently released survey by the African Network for the Prevention and Protection against Child Abuse Neglect-Kenya Chapter 2014 (October 2014). Kenyans have witnessed an enormous increase in rape cases involving men and women of all ages. it reveals that in Kenya, one in three girls and one in five boys experience at least a case of violent sexual abuse before they reach age 18.

According to report by the United Nations, 32 percent of Kenyan girls younger than 18 have experienced some form of sexual violence or harassment. That number may even be higher due to the large number of unreported rapes, for fear of stigma (WHO, 2014).

Incidents of rape are particularly concerning due to its relationship with the Human Immunodeficiency Virus-HIV (Kim, 2000). In recent years, researchers have witnessed a growing recognition of the links between rape against women and AIDS. One immediate expression of this link relates to the transmission of HIV following rape (Kim, Martin & Denny, 2003).

The act of rape may sometimes be brutal, and the victim may experience tearing which increases the chances of HIV entering her body. Rape is also sometimes perpetrated by more than one perpetrator, which again increases the chances of the HIV transmission (Wood, Jama, Jewkes, Nduna & Levin, 2002).

Therefore, the act of rape is not only physically and emotionally traumatic, but there is also a chance of acquiring the HIV. One of the reasons why it is so difficult to collect such data is that most of the rape cases do not reach the medical or legal sector.

It is only through investigation of the cases of rape that the present study can be able to find out; causes of rape and their psychological trauma and effective preventive strategies to reduce the effects of rape in Kilifi North Sub County.

### 1.2 Statement of the Problem:

Kenyans have witnessed an enormous increase in rape involving men and women of all ages. According to report by the United Nations, 32 percent of Kenyan girls younger than 18 have experienced some form of sexual violence or harassment. That number may even be higher due to the large number of unreported rapes cases, for fear of stigma (WHO, 2014). Rape has gained much attention because of its negative effects on victims. The rape victims may be emotionally damaged and may experience psychological problems (Buddie & Miller, 2001). In addition, the consequences of rape may result in unwanted pregnancies, teenage pregnancy, abortions, suicide cases, single parenthood and sexually transmitted diseases, all of which may be devastating. The victim is left with what appears to be a continuous struggle to adjust back into society again. The rights to the dignity, privacy and integrity of every person are basic to the ethos of the constitution and to any defensible civilization (Lawrence & Van Rensburg, 2006).

Most research has focused on perpetrators of rape whom already had been convicted and sentenced for their crimes. Others mainly focused on college males and their likelihood of perpetrating sexual violence; specifically, rape (Gidycz, et al. 2007).

In Kenya a research was done on remedy against barbarity of rape in Kitale (Murrey, 2007). A number of studies have focused on only rape myths and others on general perceptions around what causes rape.

Kilifi County reported to have one of the highest rates of rape cases in Kenya with 97.9 percent among the 47 Counties in 2013-2014 (Kenya National Police, 2015). Kilifi North sub-county is among seven sub-counties in Kilifi County and was current leading with reported rape cases in the county. There was need to find out; common rape cases, the causes of rape, the psychosocial effects associated with rape.

### 1.3 Purpose of the study:

The purpose of this study was to investigate the cases of rape and to come up with interventions and recommendation, on how to reduce the cases and effects of rape in Kilifi North Sub County.

### 1.4 Research Objectives:

The objectives of the study were to:

- i) Find the common rape cases reported in Kilifi North Sub County
- ii) Identify the causes of rape in Kilifi North Sub County
- iii) Determine the psychosocial effects of rape survivors in the community
- iv) Identify intervention strategies for reducing cases and effects of rape

### 1.5 Research questions:

The study seeks to answer the following questions:

- i) What were the common cases of rape in Kilifi North Sub County?
- ii) What were the causes of rape in Kilifi North Sub County?
- iii) What were the psychosocial effects of rape survivors in Kilifi North community?
- iv) What were the intervention strategies for reducing cases and effect of rape?

### 1.6 Justification of the study:

Rape is a psychological and social problem. It can affect any society in the world. It was important to carry out this study as it helped in reducing and managing the effects of rape in Kilifi North Sub County

### 1.7 Significance of the study:

The study could be used by NGOs dealing with Gender Based Violence to back their demand on preventing rape cases in Kilifi County: Kilifi Gender-Based Violence Network, National AIDS Control Council, CLAN, COVAW-K, DHYLs and FIDA.

## 2. LITERATURE REVIEW

### 2.1 Types of rape:

There were related studies to understanding and explaining the common types of rape around the world, namely, intimate partner rape, Male to male rape, gang rape, infant and children rape.

#### 2.1.1 Intimate Partner Rape:

Violence among partners took several forms. Research indicated that in many countries a substantial proportion of women experienced physical, emotional, financial and sexual abuse (WHO, 2008).

Women who were physically abused by their partners were more likely to be emotionally abused and or vice versa. Sexual violence between partners included forced intercourse and other forms of sexual coercion (Jewkes, Vundule, Maforah & Jordan, 2001)

The prevalence rates of rape in intimate partner relationships appeared to be very high. Available data suggested that in some countries nearly one in four women experienced sexual violence by an intimate partner (WHO, 2008).

Sideris (2000) argued that women's definition of violence was informed by socially held beliefs, cultural values, religious practices and historical experiences. Intimate partner rape was frequently reinterpreted by the victim as stemming from overwhelming affection (Jewkes et al., 2006).

The fact that women were often emotionally involved with their partners and economically depended on those who victimized them has major implications for the dynamics of abuse and approaches to dealing with it (WHO, 2008).

Some writers suggested another factor that made intimate partner rape victims not report their abuse. They suggested that sexual violence by a husband or intimate partner was often perceived to be less serious than stranger rape (Frese, Moya & Megias, 2004). Society shuns the reporting of such type of abuse by supporting beliefs that emphasized men's entitlement over their partners.

#### 2.1.2 Male-to-Male Rape:

The phenomenon of sexual assault upon males had been largely overlooked by society. Gender stereotyping, taboos, misconceptions and reluctance to acknowledge the possibility of male-to-male rape especially outside of institutions, such as prisons, had contributed to the scarcity of investigative findings (Roos & Katz, 2003).

Ignorance and disbelief about sexual assault among males had made it impossible for society to acknowledge male sexual violations. There were also a number of myths that perpetuated the ignorance around male rape. These myths stem from the traditional view of masculinity, which dictated that men should be strong, assertive, sexually dominant and heterosexual (Herek, 1986).

Prevalence rates of male rape were difficult to calculate. However, surveys revealed that the incidence of male rape was surprisingly common (Davies, 2002). In Kenya, statistics on male rape were difficult to obtain and did not appear to be recorded by police. This possibly reinforced the beliefs that male rape did not occur. A number of factors had been found to contribute to the small number of reported male rapes. These included the victim's reluctance to report male rape, the difficulty for researchers to conduct studies on male rape, stigmatization of rape victims and the notion that victims were responsible for attracting the assault (Davies, 2002).

The current legal definition of rape included all rape victims, irrespective of gender or area of bodily assault (Ross & Katz, 2003). However, male rape survivors remained hidden and estranged. Male rape had largely been assumed to occur within institutions. However, a few studies had been published and they indicated that male rape was a serious problem both outside and inside of institutions (Garnet, Herek & Levy, 1990). The causes of male rape were complex. Male-on-male rape was a crime of violence rather than a crime of homosexuality, sexual desire or sexual gratification (Anderson, 1982).

#### 2.1.3 Gang Rape:

Gang rape is rape of a person by two or more perpetrators (WHO, 2008). Internationally, it was reported that one in 10 sexual assaults reported in the USA involved multiple perpetrators. Gang rape was a defiling and humiliating act, and was

often a punishment (Wood, 2005). The use of excessive force and debasement vividly showed that rape was linked to other needs besides sexual gratification (Deming & Eppy, 1981). Gang rape therefore, crystallized the power issue that was at the nexus of rape.

Gang rape had also been found to be associated with heightened masculinity and masculine aggression (Vogelman, 1990). Masculine entitlement appeared to be evident in gang rape as some men were found to gang rape in response to women saying “no” to their sexual demands. Sexual aggression has a defining characteristic of manhood in the group and was related to the wish to be held in high esteem (WHO, 2008). Gang rapes demonstrated the complexity of sexual offences as each offender had his or her own psychological constitution and accordingly had different thought processes and motives for committing the offences (Lawrence & Van Rensburg, 2006). They had different techniques of operating. For example, Vetten and Haffejee (2005) found that in 20 percent of gang rape cases, the perpetrators deceived women into voluntarily accompanying them to the site of the rape by pretending to know a friend or family member or offering the victim employment or transport. Another feature of gang rape was to force the victim’s husband or boyfriend to watch the offence (Vogelman & Eagle, 1991). This served as an illustration of the rapist’s greater power relative to the other man, since this man is perceived as incapable of safeguarding and controlling “his woman”. This type of rape served to affirm the rapists’ masculinity while destroying that of another man (Vogelman & Eagle, 1991).

#### **2.1.4 Infant and Child Rape:**

Child abuse including child labour, rape, neglect and physical violence against children was increasingly being recognized as a global public health problem (WHO, 2008). To law enforcement agencies and the public, sexual assaults, and especially the assaults of young children, was a major concern (WHO, 2008). The surge in the rape of children and babies was shocking and cases such as these commonly receive attention in the media. Child rape was not a fringe activity that was conducted by a small number of psychologically disturbed individuals or pedophiles. The World Report on Violence and Health identified child rape as an important public health problem, as it was associated with increased risk of sexual and reproductive health problems, mental health problems increased health risk behaviors (Jewkes et al., 2005).

Recently child rape in Kenya had become a major concern and there was growing support for the theory that child rape was related to a myth that intercourse with very young virgin or infant will enable the perpetrator to rid himself of HIV/AIDS or other sexually transmitted infections (Pitcher & Bowley, 2002).

#### **2.2 Effects of Sexual Assault and Rape:**

The frequency of unreported rapes pointed to a culture of secrecy and silence around rape: rape and defilement were associated with negative and stigmatized attributes such as promiscuity, unfaithfulness, and personal weakness (WHO, 2008).

Rape affected the health and wellbeing of women, leading to increased levels of depression, distress, and trauma (UNFPA, 2012). Rape compromised the ability of women to cope with daily life (Kilpatrick, 2004), and women could experience anger, thoughts of revenge, and nightmares (Calhoun, 2008). Survivors were likely to experience fear and anxiety (Briere & Jordan, 2004).

Cohen and Roth (1982) reported that rape victims were generally acutely distressed during the first few months. They could also develop chronic difficulties including nightmares, low self-esteem, fear, depression, shame and other psychological disorders (Campbell, Dworkin & Cabral, 2009). Women could react to rape differently, depending on their personality, past experience, and the support received after the incident (UNFPA, 2012). One reaction was to blame themselves for the rape (Frese, Moya & Megius, 2004) and to exhibit high levels of emotional and cognitive distress, including helplessness, loneliness, sadness, and a desire for revenge, which were some of the general symptoms of depression.

Survivors could make negative self statements and exhibit cognitive distortions associated with depression including restlessness, sleeplessness, fearful thoughts, and poor appetite (Pauwels, 2002). They could feel extremely tense, humiliated, and guilty about the experience, may blame themselves for not fighting the perpetrator hard enough, and could develop revengeful thought. Kilpatrick, (2004) reported that survivors could have different immediate reactions after rape: some exhibited shock and distress through words and tears, while others had more internalized suffering.



### 2.3 Theoretical Framework:

A theoretical framework was formed by a theory or a synthesis of several theories. The study discussed some of the theoretical perspectives related to understanding and explaining the causes of rape. This Framework was based on a combination of three theories: Social Learning Theory, Psychoanalytic Theory and Attribution Theory

#### 2.3.1 Social Learning Theory:

Social learning theory, by Albert Bandura (1971) pointed that learning was a cognitive process that took place in a social context and could occur purely through observation or direct instruction.

In addition to the observation of behavior, learning also occurred through the observation of rewards and punishments, a process known as vicarious reinforcement. Social learning theory portrayed rape as part of aggressive behavior toward women learned through four interrelated processes (Ellis, 1989). The four processes were:

1) a sex-violence linkage effect, 2) a modeling effect, 3) a rape myth effect and 4) a desensitization effect. These four processes held that rape was a strong association between sexuality and violence.

Rape therefore occurred due to repeated exposure to rape scenes. This led to men becoming accustomed to acts of violence towards women (Ellis, 1989). This theory therefore suggested that men could perceive rape as a norm, and hence developed no respect for women and their bodies. Pornography studies revealed that males who view pornography victimizing women were more likely to behave aggressively towards women (Weber, 1992).

Social learning theory also suggested that men who subscribed strongly to traditional sex roles were more likely to behave more aggressively toward women. Social and cultural learning were responsible for rape.

It was suggested that rape was common and since there was no outcry from society against it, rapists did not perceive it as wrong. For example, many victims were victimized by society by being blamed for the offence.

Other writers had even suggested that our societies to some extent were responsible for rapes (Jewkes et al., 2005). For example, many victims were victimized by society by being blamed for the offence and the justice system further failed with the appraisal of the perpetrators. This could lead perpetrators to perceive rape as a non-serious offence. In other words, through learning that being a rape perpetrator did not lead to major consequences, these offences were perpetuated.

#### 2.3.2 Psychoanalytic Theory:

Psychoanalytic theory (Freud, 1905) suggested that a rapist could have one of a number of possible motives, including aggressive, sadistic or sexual. A rapist with an aggressive aim intended to defile, humiliate and harm his victim.

Researchers had frequently reported a link between adverse childhood experiences; particularly sexual abuse and parental intimate partner violence, with rape perpetration Malamuth et al. (1985) argued that childhood trauma in some way influenced developmental processes, which could include feelings of inadequacy, which were masked by anger, and an exaggerated need to control women sexually.

The offender offended as a way to direct feeling of rage into the victim. The offence was not primarily a sexual act but one that occurred within a sexual context and where emotions of anger and control were exerted onto the victim.

This understanding suggested that the object of the rage, the victim, represented an authority figure that needed to be controlled, hurt and degraded (Groth, 1979). This theory concluded that the motivation of rape was the need for power and control and not sexual desire (Pollack, 1988).

#### 2.3.3 Attribution Theory:

Heider (1958) was the first to propose a psychological theory of attribution but (Weiner, 1986) developed a theoretical framework that had become a major research paradigm of social psychology. It was based on the premise that before a person could make a causal judgment he or she had to first perceive the event; a cognitive process of categorizing information, making judgments and evaluations must take place (Wiener in Frieze, 1979).

Attribution theory was concerned with how individuals interpreted events and how this related to their thinking and behavior. Attribution theory assumed that people tried to determine why people did what they did. A person seeking to understand why another person did something could attribute one or more causes to that behavior. It also provided explanations as to how behavior and motivation were affected by the beliefs people hold about events.

Attributions were needed to make sense of the world, as people need to explain events in order to make sense of their lives and the world around them. Rape was an important issue facing Kilifi North sub County and for this reason everyday people need to make sense of it, and to explain it. Attribution concerning the cause of the rape had important implications for how others responded to the rape victim. This was important based on the impact the experience of rape had on the victim.

**2.4 Conceptual Framework:**

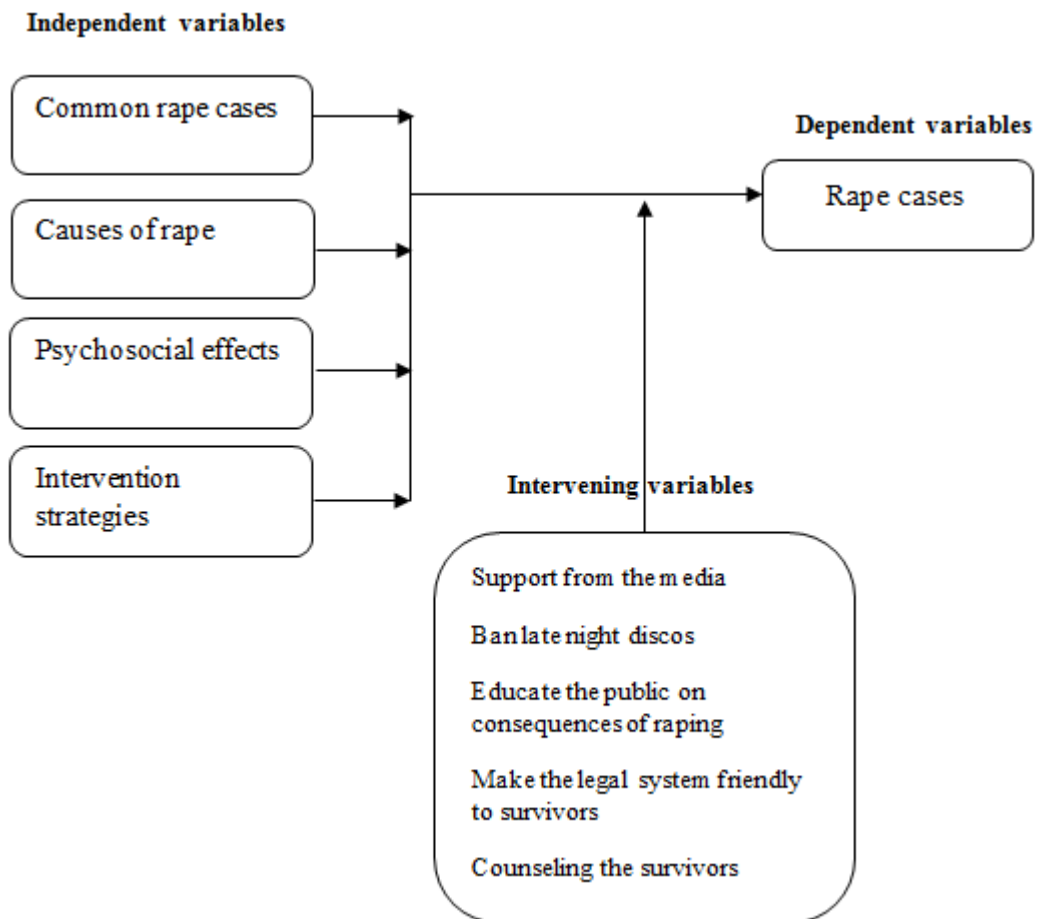


Figure 2.1: Causes and Psychosocial effects of Rape cases

**3. RESEARCH METHODOLOGY**

**3.1 Research Design:**

Descriptive survey design was used. According to (Orodho, 2005), a descriptive survey is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals. In this design, individuals of different backgrounds were sampled, and then subjected to predetermined uniform questions, by questionnaires or interviews.

This design was preferred since the data collected was systematic, respondents answered uniform questions; hence it was possible to determine the distribution of characteristics among the population.

This design was appropriate for the study since the researcher intended to determine the perceptions of police officers, trauma counsellors and community at large on the causes of rape at the time of study.

### 3.2 Location of the study:

The study was carried out at Kilifi North Sub-County, which has seven Wards namely; Tezo, Sokoni, Kibarani, Matsangoni, Dabaso, Mnarani and Gede-Watamu.

The study was only focused in areas of the wards that had reported rapes cases or attempted rape at Hospital, and Police stations within the seven wards, as these areas, rape cases were expected to be reported.

### 3.3 Target Population:

The target population referred to the survivors of rape and the local community in the sub county, it was estimated about 300 rape cases were reported at hospitals and police stations in Kilifi North Sub-County. It was from these cases where a sample of 30 survivors of rape and the selected 20 respondents were collected as the sample size. Mugenda and Mugenda (1999), quoting Gay (1983), stated that descriptive studies require a minimum of 10% of the accessible population for any study.

### 3.4 Sampling techniques:

Sampling was the procedure a researcher used to gather people, places or things to study (Orodho and Kombo, 2002). Sample in this study was the selected number of individual's adults, without specific age group, as long as they worked closely with rape cases. Purposive sampling technique was used in data collection of rape cases.

The participants in the study consisted of police officers and trauma counselors that provide services to rape survivors and/or perpetrators. It was anticipated that accessing perceptions of this group would assist in gaining a greater understanding of the problem of rape and the complexities involved in understanding the causes of rape and its prevention.

#### 3.4.1 Inclusion criteria:

The study included in Kilifi North Sub-County:

- i) All the survivors of rape and those working with rape cases
- ii) All the raped cases recorded at Hospitals and Police Stations

#### 3.4.2 Exclusion criteria:

The study excluded in Kilifi North Sub-County:

- i) All the rapists convicted in prisons
- ii) All the cases in Police and Hospital that are not related with rape cases

### 3.5 Research Instruments:

This was the process of developing instruments with which the researcher would collect the necessary information (Mugenda & Mugenda, 2003). A questionnaire and interview schedules were used per respondent. This was a research instruments that gathered data over a large sample. It had some advantages including the following; confidentiality was upheld, saved on time, each item included had a specific purpose that contributed to the study and since they were presented in paper format there was no opportunity for interviewer bias.

### 3.6 Data Analysis methods:

Data analysis referred to examining what had been collected in a research study and making deductions and inferences. In this study, the analysis was both qualitative and quantitative approach.

#### 3.6.1 Analysis of Qualitative Data:

The qualitative research is any type of research that produces findings not arrived at by statistical procedures or other means of quantification (Mugenda & Mugenda, 2003).



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The study made use of qualitative data collection methods to gather and to analyze information. Obtaining qualitative information allowed the researcher to access the participant unique and genuine experiences of their lives and of this particular phenomenon. Qualitative research also allowed for a rich and deep understanding of individuals in a specific context and captured the meaning that the events had for the individuals.

Qualitative research had certain distinctive characteristics. Some of the characteristics included providing in depth and interpretive understanding of the social world of the research participants. The samples were usually small in scale and were purposively selected on the basis of salient criteria. Qualitative approach was adopted where qualitative data, such as finding out the views of respondents on a certain issue was not always computable by arithmetic relations. The responses were categorised into various classes which were called categorical variables.

The data collection methods usually involved close contact between researcher and the research participants as it became evident in the succeeding section. The analysis of this data was open to emergent concepts and ideas. The data also produced detailed descriptions and classification.

### 3.6.2 Analysis of Quantitative Data:

This is the process of presenting and interpreting numerical data (Mugenda, 1999). Data obtained was critically evaluated, to selectively retain genuine ones and discard the suspicious responses. The final data was then conducted using SPSS statistical package version 16. The information collected was presented in form of tables, figures and pie chart and findings were reported, discussed and summarized.

### 3.7 Data management:

Burns and Grove (2003) defined informed consent as the prospective subject's agreement to participate voluntarily in a study, which was reached after assimilation of essential information about the study. The researcher sought an introductory letter from Kenya Methodist University after cleared to carry the data collection, made an official application, to the National Council for Science and Technology, for research authorization, and sought permission from the Kilifi North Sub County Director of Education to conduct the study. The researcher then made able an official application in writing to the department of research in Kilifi County referral Hospital and Kilifi County Commissioner to be allowed to use the referral hospitals and Police stations in Kilifi North Sub County for the study and explain the purpose of the study and the target respondents. After permission was granted by the authorities of various institutions, the researcher visited the hospitals and Police Stations to collect Data.

## 4. DATA ANALYSIS, INTERPRETATION AND PRESENTATION

### 4.1 Cases of Rape reported:

The table below presents the information gathered from the Kenya Police and the Kilifi-County Referral Hospital for the past five years (2013-2017) in relation to the reported cases of Rape. The table show that the reported cases rate for the last five years has been increasing.

Table 4.1: Cases of rape 2013-2017

Rape cases reported	2013	2014	2015	2016	2017	Totals
Kenya Police Stations	110	118	124	149	152	653
Kilifi Referral Hospital	230	250	253	303	306	1,342
<b>Totals</b>	<b>340</b>	<b>368</b>	<b>377</b>	<b>452</b>	<b>458</b>	<b>1,995</b>

Source: Kilifi North Police stations and Kilifi County Referral Hospital, (2018)

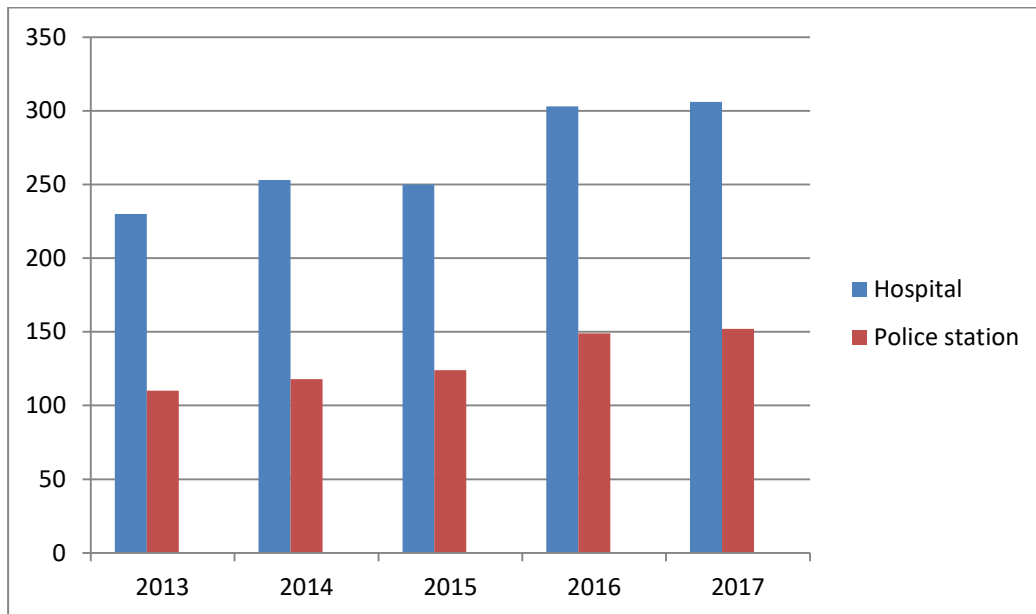


Figure 4.1: Hospital and Police rape cases rate between 2013 and 2017

The figure above shows the comparison between Hospital and Police station reported cases of rape in Kilifi North Sub County of Kilifi County for the last five years.

**FINDINGS:**

According to the table 1 and figure 2 above it is clear there is an increase in rape cases rate in Kilifi North Sub County for the last five years. The study therefore needs to look for ways to reduce the problem to a minimal or contain it. The same data shows that, the reported rape cases in Hospital are higher than the Police station in the same area in each year period. The ranges of the cases registered in both institutions are 89 for cases in Kilifi Referral Hospital records and 45 for the Kenya police registers. Implying that, many survivors of rape like to report their cases in Hospital to seek treatment or prevention of pregnancy and HIV infection, then going to Police station. This clearly shows that there is more emphasis on the aspect of justice to the victims as compared to the aspect of medical importance of the survivors of rape and sexual offences in the local of the study.

**4.2 Results pertaining to the first research objective:**

First research objective was to find the common rape cases reported in Kilifi North Sub County. This was collected from secondary data of records from Kilifi County Referral hospital and Kilifi County Police station.

Table 4.2: Kilifi North Sub County common rape cases 2013 to 2017

Common cases of rape	2013	2014	2015	2016	2017	Total cases
Women Rape	27	31	34	12	10	114
Male Rape	4	3	0	0	0	7
Girls Defilement	194	206	212	271	281	1,164
Boys Defilement	5	10	7	20	15	57
<b>Total cases yearly</b>	<b>230</b>	<b>250</b>	<b>253</b>	<b>303</b>	<b>306</b>	<b>1,342</b>

Source: Kilifi County Hospital records office

**NB:**

Male rape or boy’s defilement include sodomy or anal rape without the consent and depending on the age of the survivor.

Table 4.3: Kilifi North Sub County common rape cases 2013 to 2017

Common cases of rape	2013	2014	2015	2016	2017	Total cases
Rape	9	11	8	12	14	54
Attempted Rape	2	4	3	3	4	16
Defilement	93	96	102	117	122	530
Incest	6	7	11	17	12	53
<b>Total cases yearly</b>	<b>110</b>	<b>118</b>	<b>124</b>	<b>149</b>	<b>152</b>	<b>653</b>

Source: Kilifi County Police station records office

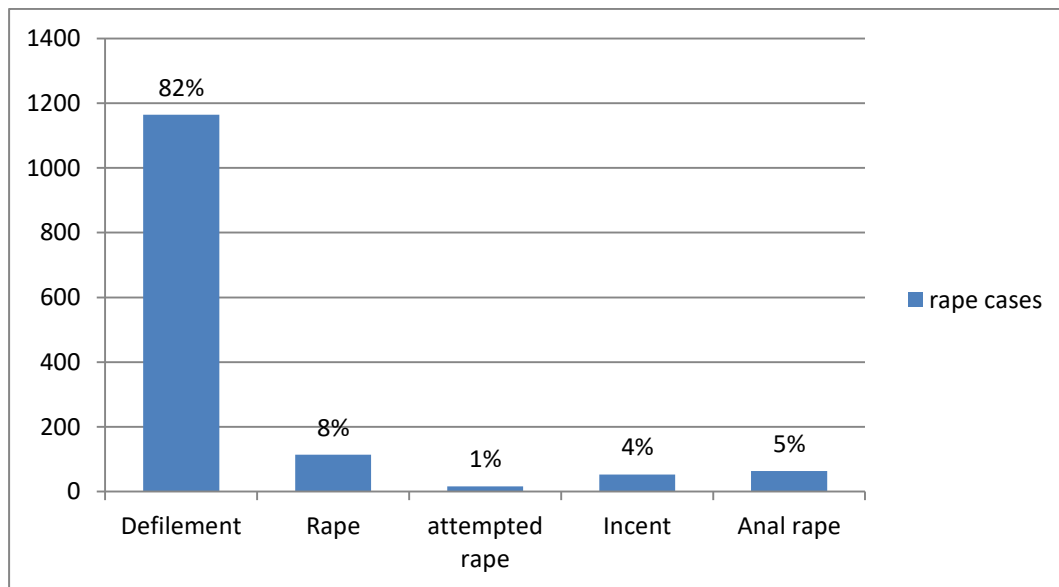


Figure 4.2: Hospital and Police common rape cases between 2013 and 2017

The figure above shows the most common rape cases in Kilifi North Sub County

**FINDINGS:**

According to the figure 3 above shows that the most common kind of rape in Kilifi North Sub County are Defilement cases with 82 per cent of rape cases occurred before girls reached the age of 18, 8 per cent being women above 18 years, 5% being acts of sodomy to men and boys, and 4 percent being Incent rape and 1% attempted rape.

The finding shows that young girls stand at high risk of being raped than the older women in Kilifi North Sub County.

**4.3 Results pertaining to the second, third and fourth research objectives:**

The above objectives of this study were to identify; the causes of rape in Kilifi North Sub County, the psychosocial effects of rape, the strategies and intervention of rape in Kilifi North Sub County. To achieve this objective the study collected data and information from the survivors of the rape cases, the police officers, trauma counsellors and some community members who were purposive informant to the study within Kilifi North Sub-county.

**4.4 The Rate of Response of the Study:**

Table 4.4

Clusters of respondents	Target population	Sample Population	Returned questionnaire	Rate of responses
Survivors of Rape	300	30	28	93%
Community Members	20	20	19	95%
<b>Totals</b>	<b>320</b>	<b>50</b>	<b>47</b>	<b>94%</b>

Source: Field data

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The table above presents the rates of respondent of the different clustered groups of respondents of the study. The sample size of the study consisted of 50 respondents which were drawn from two different clusters; the survivors of the rape cases and some community members who were purposive informant to the study within Kilifi North Sub-county. The total number of the returned questionnaires tallied to 47 which imply that the rate of response was 94% for the whole study. The response rate was a high which is an important aspect of the study. This rate of response can be attributed to personal collection of data through questionnaires and interview schedule.

**4.5 Gender of the respondents of the study on the survivor and the community respondents:**

**Table 4.5**

Gender of the Respondents	Male survivors	Male Community Respondents	Female Survivors	Female Community Respondents
<b>Frequencies</b>	2	8	26	12
<b>Percentages</b>	7%	40%	93%	60%

Source: Field data.

The table above shows the distribution of the gender across the clusters of the respondents. The presentation shows that the study gathered its information more of it on the female gender as compared to their male counterparts with a percentage of 93% and 7% for male survivors and 60% and 40% for the community respondents. This is a clear indication that in Kilifi-North Sub-County the female gender is dominantly affected by sexual and rape issues. It confirms that indeed the female gender or sex is still vulnerable to rape and cases to do with sexual offences. The fear of disclosing gender on the community members involved was also noted as 21% of the respondents could not indicate their gender in the questionnaires which could be because of the seriousness of the information that they gave out as far as the community of the Kenyan Coast region is concerned.

**4.6 Age of the Respondents of the Study on Survivors and the Community Members:**

**Table 4.6**

Age of distribution categories	Frequency	Percent
Bellow 18 years	19	67.9
(18-25) years	6	21.4
(26-59) years	3	10.7
<b>Total</b>	<b>28</b>	<b>100.0</b>

Source: Field Data.

The table above shows the distribution of age categories of the survivors of rape cases in the local of study, Kilifi North Sub-County. The distribution of the gathered data shows that most of the victims 67.9% are below the age of 18 years. This shows that the young ladies are the target of the perpetrators involved the sexual related issues and rape. Low numbers of the victims, 32% were above the age of 18 years which is the age that the country declares one to be adult. The study age based data gathered shows that young girls are vulnerable to rape and sexual offences in the study local.

**Table 4.7**

Age of distribution categories of Community respondent	Frequency	Percent
<b>18 years and below</b>	2	10.5%
<b>18-25 years</b>	3	15.8%
<b>26-59 years</b>	13	68.4%
<b>Total</b>	<b>19</b>	<b>100.0</b>

Source: Field Data.

The above table shows the distribution of the age of the respondents of the community members involved in the study. This shows that the research gathered most information from elderly purposive respondents as 68% of the respondents

were of the age bracket of 26 to 59 years. This leads to reliable information on rape and sexual offences psychological effects on the victims. This is because the elderly respondents could be parents to the victims and or might have had some good time to interact with the victims. The findings of the study did not exclude the youths as 26% of its respondents were drawn from the youths of age between 18 and 25 years.

**4.7 Education Level of the Survivors of rape and the Community Members:**

Table 4.8

Level of education of the respondent	Frequency Of the Survivors	Frequencies of the Community	Percent of the Survivors	Percent of the Community
Primary	20	3	71.4	15.8
Secondary	2	8	7.1	42.1
Dropped out	1	4	3.6	21.1
University	5	4	17.9	21.1
Total	28	19	100.0	100.0

Source: Field Data.

The table above shows that distribution of the victims of rape and the community members in terms of their level of education. The findings show that most of the survivors of rape in this particular area of study are primary school pupils with a prevalence rate of 71%. Very minimal cases were recorded with an increase in level of education as the victims in the secondary and university levels had 7% and 18% respectively. This is a clear indication that most of those who fall victims of rape are the girls in primary school. The study also gathered information from a relative informed community as more than average 63% had secondary school and above knowledge and less than average 37% were drawn from those with primary education and drop outs.

**4.8 Source of Income of the Parent/guardian of the Survivor of Rape:**

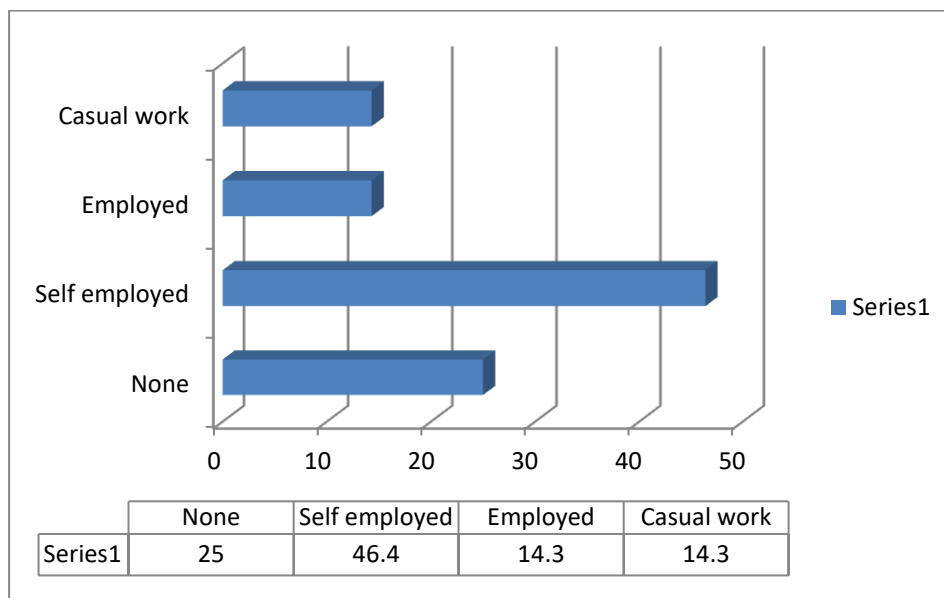


Figure 4.3

Source: Field Data

The bar chart above show the occupation as it was distributed across the parents or guardians of the survivors of rape within the local of Study. It is clear that most of the survivor’s slightly below average 46% were self-employed in various sectors of the local economy. It there can be deduced that most of those who fall victims are pupils’ girls who are being taken care of by self-employed guardians and parents who are relying self-employment which is a known sector that one requires that most of the time to maximize on the income and hence rendering the survivors vulnerable to the perpetrators.

4.9 Kinds of Rape:

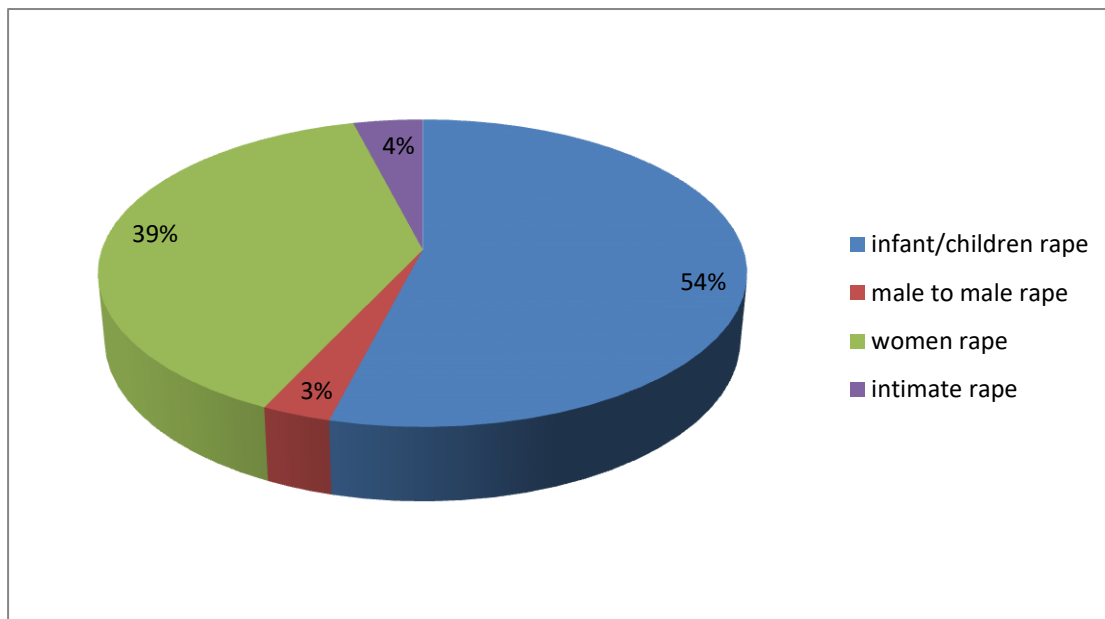


Figure 4.4

Source: Field Data.

There are several types of rape that are known and that were under investigation in particular study. Among these types of rape were prevalent in the area of study are as presented on the pie-chart above. Ranging from infant/children rape, male to male rape, Female rape, gang rape, intimate partner rape all the way to elderly partner rape were under investigation to understand the exact types and prevalence in the area of study. It was found that infant or child rape was dominant rated at 54% that was closely followed by female rape that was rate slightly below average 39%. The other form of rape that was found to be affecting people in Kilifi North Sub-County was the Intimate partner that was at 4% and Male to male rape was at 3%. The gang rape and Elderly rape were not an issue to the residents of the area of study as it was clearly noted as zero rates.

4.10 Kinds of Rape as per the Sexual Offences Act 2006 in the Laws of Kenya:

Table 4.9

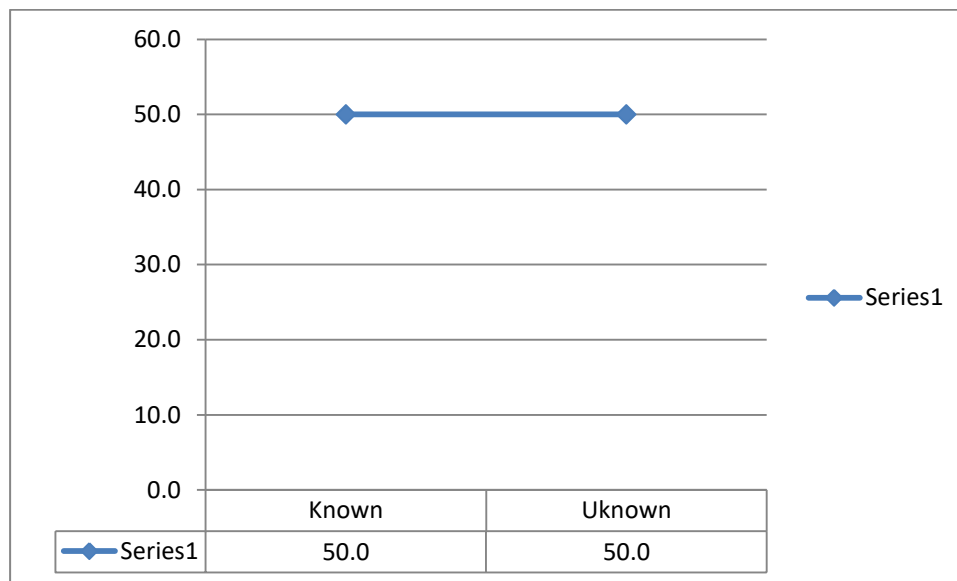
Kinds of rape in sex offences Act of Kenya law	Frequency	Percent
Rape	6	21%
Attempted rape	3	11%
Defilement	15	54%
Attempted defilement	4	14%
Total	28	100.0

Source: Field data.

The table above shows the most survivors of rape filled the questionnaires were reported defilement 54% which was closely followed by rape that was rated at 21%. Attempted defilement was at 14% Attempted rape was rated at 11%. As per the laws of Kenya defilement was the most prevalent.



**4.11 Status of the Perpetrator in the rape cases:**



**Figure 4.5: Statuses of the Perpetrators**

Source: Field Data

The line graph above shows that the Perpetrators were known in as many cases as those that were not known perpetrators. This is clearly noted as the graph shows balance of 1:1 ratio between the two aspects. It could imply that as much as the perpetrators are known then reported cases of rape should be equal to those that are not reported which are not the case of this study. The survivors’ mentions; Boyfriends, Neighbors, classmate, cousin brother, well known boda boda boys and school teachers are cited to be the perpetrators who were highly associated with the rape cases in the local of the study.

**4.12 Cases reported to the police station for evidence gathering prosecution:**

**Table 4.10**

Did you report to the police station	Frequency	Percent
Yes	23	82.1%
No	5	17.9%
<b>Total</b>	<b>28</b>	<b>100.0</b>

Source: Field Data

The table above shows the cases that were reported to the police station against those that were not. As per the findings most 82% of the cases were reported while 18% were not reported to the police station. This could mean that the society is serious about the matter at hand. As for those who did not report to the police station mention different reasons such as; they did not know the perpetrators, their parents fail to report and decided to settle the matter (financially) with the perpetrator, fear to be blamed by the police officer for the rape and also fear to jail the relatives in case of incest rape.

**4.13 The survivor choice of reporting centre, knowledge of evidence required for prosecution, need for attending hospital and need to report the matter to the police station:**

**Table 4.11**

Criterion	Yes.	No.
Did the survivor go to hospital	100%	0%
Did the survivor receive counseling	100%	0%
Willingness to report to police station	85%	15%
Did the survivor know the evidence needed for prosecution	82%	18%

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Knowledge on procedure of gender based violence reporting desk (Mean session, range in session 47/28 and )	96%	4%
Does the survivor still have any feelings and problems due to the incidents	21%	89%

Source: Field Data

The table above shows the various aspects that were under investigation in the study to assess the knowledge and how the survivors dealt with the challenges of the psychological incidents that they got involved. The survivors of the painful events were all taken to hospital and this means that they all got counseled at the hospital. The mean counseling sessions had a mean of 1.8 with a range of 3 across the distribution. However 15% of the survivors were not willing to go ahead and report the matter to the police station for prosecution. These are the few aspects that exist in families that find the perpetrators to be amongst their family members and hence avoid disclosing the matter to for prosecution which is the only way that they use to protect the perpetrators.

It was found that all the survivors were informed on the procedures used by the gender-based violence reporting desk. It was founded that 21% of the survivors are still living with psychological effects of the traumatizing incidence that they faced in their life such as; intense feeling of anger, insomnia, low self esteem As compared to 89% who clearly shown that they did not have those feeling and this can be contributed by the counseling session that the survivors are undergoing when attending hospitals as 100% of the survivors were able to attend the counseling sessions in hospital.

**4.14 Kilifi North Sub-County has got a serious rape problem:**

Table 4.12

Kilifi North has a serious rape problem today	Frequency	Percent
Strongly agree	5	26.3
Agree	12	63.2
Disagree	2	10.5
<b>Strongly Disagree</b>	0	0
<b>Total</b>	<b>19</b>	<b>100</b>

Source: Field data

The table above shows the rate at which community of Kilifi North Sub-country rated the prevalence of rape cases. The study found out that the community felt that there is serious problem with 89% while those who felt there was a little problem in the society in the local of study were 11%. The strategies that the community is using to reduce the prevalence of these cases were; local leaders’ sensitization of the community in local barazas, awareness about the existence of the Sexual Offences Act of 2010 and the penalties have been in the forefront within the area.

**4.15 Results pertaining to the second research objective:**

The second objective of the study was to find out the causes of rape in Kilifi North Sub County. The study established through its Community questionnaires (see Appendix B), interview with police officers and trauma counselors (see Appendix C), realized that there are several key factors that led to the rape prevalence within Kilifi North Sub-County. It was noted that these factors in some cases leads to a key role as a root cause of the rape cases in the area.

The causes that were found to be the source of the problems in study local were; prevalence of high poverty rates, poverty exposes school girls to temptation to have money for personal use hence men take advantage and when they refused rape them. Unemployment for the Youth in Kilifi North Sub County led them used substance abuse and alcohol consumption, the rise and increase of wearing clothes that tempt men. Women dress slogan “my dress my choice” bring temptation to boda boda “Motorcyle riders” men and other substance abuser to commit rape offenses. The male community respondents blame females for being raped as they induced the perpetrator with their revealing clothes.

The increasing funeral discos “Disco matanga” that attracts school going pupils among other young girls who are vulnerable to rape and lust among some men. Disco Matanga as well known in Kilifi County where school girls attended

at night and men get drunk then led to raping cases or sexual assault when escorting school girls back home to their parents at night.

The Situational challenges that some of the survivors did not manage to help themselves from were indicated as a minor cause of rape within the study local. This is in the cases where the survivors found themselves in situations that they fall prey to the perpetrators. Some of these cases in the region included those who were raped by teacher, cousins and parents.

Some survivors do not report their cases to the police stations especially those raped by their relatives or person they really know such as teachers, neighbors and boyfriends. They do not report their victims because they are afraid of tarnishing their personality and dignity especially if they are married women. This may lead to continue habit of rape in the society as the perpetrators are not sentenced to jail to be example to other men with the intention of committing the offenses.

African culture also plays a part in causes of rape in Kilifi North Sub County, since it states that, a husband has power and rights over his wife’s body, so he can have it (sex) whenever he wants it. Most of those asked if rape can happen in a marriage they said “No” as the husband can demand sex as he wishes according to them.

**4.16 The results pertaining to the third objective:**

The third objective of the study was to determine the psychosocial effects of rape from the survivors and the community at large.

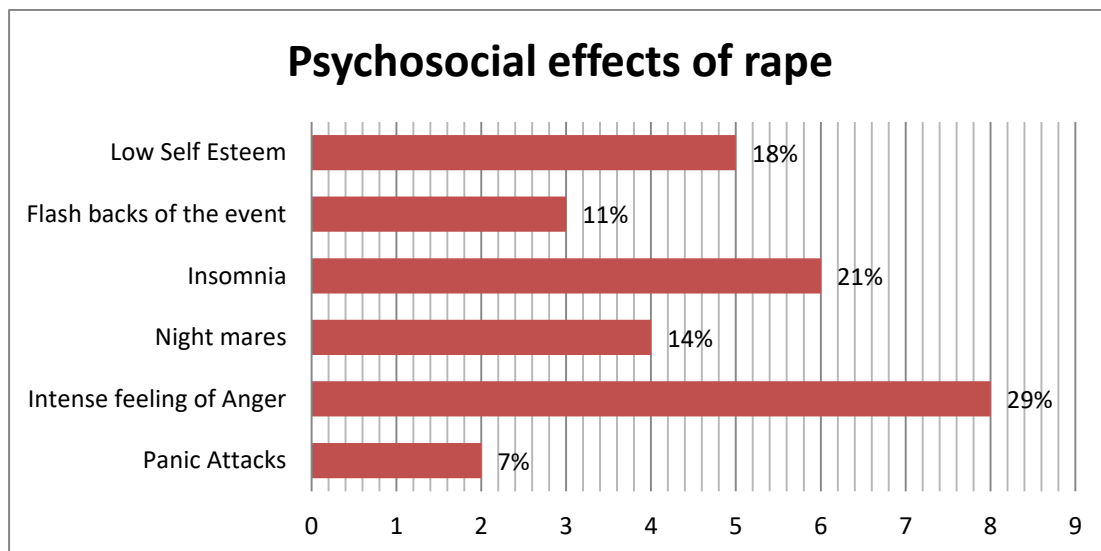


Figure 4.6: Psychosocial effects of rape

Source: Field Data

There are several psychosocial effects of rape that are known and that were under investigation in this particular study. Among these types of effects prevalent in the area of study are as presented on the bar-chart above. Ranging from Intense feeling of Anger, insomnia, low self esteem, night mares, Flash backs of the event and Panic attacks/Anxiety the exact types and prevalence in the area of study. It was found that intense feeling of Anger was dominant rated at 29% that was closely followed by insomnia that was rate slightly below average 21%. The other form of effects that was found to be affecting survivors was low self esteem that was at 18%, night mares was at 14%, followed by flash backs of the event 11% and Panic Attack 7% .

**4.17 Social effects of Rape on Society:**

Rape is a direct threat to the society; and it is spreading like a disease. It affects children badly. It can cause damage to their emotional, psychological, cognitive, and physical development. Rape can leave a deep scar of the minds of children and can destroy their whole personality. Rape can cause damages not only on children but also on the society as a whole. The increase of rape rate in the society has very evident linkages with increased drug abuse.

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Rape was also perceived by participants to be a concern due to its relationships with other social issues. Rape was perceived as linked with issues such as unemployment, substance abuse, HIV and early pregnancy. These social issues were perceived to either contribute to the causes of rape, increased victim's vulnerability to being raped, or made the problem of rape socially significant.

Society blame the survivor of rape to be responsible for rape, either in whole or in part. They refers to the attitude that certain survivors behaviors (such as flirting or wearing sexually provocative clothing) may have encouraged the assault. This can cause the survivors to believe the crime was indeed their fault.

Rape is especially stigmatization in cultures with strong customs and taboos regarding sex and sexuality. For example, a rape survivor who was previously a virgin may be viewed by society as being "damaged". Victims in these cultures may suffer isolation, be disowned by friends and family, be prohibited from marrying, be divorced if already married.

### 4.18 Results pertaining to fourth research objectives:

The fourth objective of the study was to identify intervention strategies for reducing cases and effects of rape in Kilifi North Sub County.

Creation of awareness to both parents and children on issue of sexual offenses and rape, encourages community dialogue on Gender Based violence, coming up with County policing or by laws on controlling causes of rape such as Banning the Disco during the funeral preparation at night "Disco Matanga"

Educate the community on importance of parental care to their children, sensitization on how to deal with rape cases and ways of finding the justice. Parent to educate their children on sexual education at home level

Introduction of sex education and learning sexual offenses act 2006 in all level of education, there will be likelihood of a decline of rape in society.

Kilifi county government to support counseling centers for Sexual offences and substance abuse.

Rape awareness campaigns should be regarded as a major social problem. Educate boda boda about sexual offense Act of 2006 and severe punishment of committing rape.

Introducing child protection unit at police stations to provide good services to survivors of rape and improvements in the process of prosecution of perpetrators

## 5. CONCLUSIONS AND RECOMMENDATIONS

### 5.1 Discussion and conclusions:

Rape is not about the usual physical wounds- it is about the psychological and social.

It is more compound than normal batter, it is indeed, a violation of the inner centre of life, relationship and right to control one's divine love, enjoyment and relaxation out of sex.

The study found out the most prevalent types of rape as: - Defilement, women rape, sodomy rape, incest rape and attempted rape. The conclusion summary of study is that, there is evidence to suggest that rape is highly in the recent past in Kilifi North Sub County.

Its causes mainly includes: socio – economic factors, cultural practices; age, physical appearance, gender and academic levels. That there are, also a lot of other factors that go into this habit in a given period of time and Mainly, that occurrence, along with, avoidance rape is seldom unsystematic. Often, it is not possible to predict both the likely potential victims and perpetrators.

The interview established that the trauma counselors and police officers are not happy and comfortable with their working conditions when counseling survivors of rape in their working spaces as they need a special room for counseling.

From the research findings it can be concluded that males are the main perpetrators of rape case and their failure to understand females' language and actions in particular is one of the major causes of rape.

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It was established through this study that males and females have different perceptions on rape particularly on the request for sex. Many male subjects agreed that it was normal for a female to say “no” to a sexual request by a male, even if she wanted sex. This is contrary to the views of most females who pointed out that when they say “no” they really mean it.

### 5.2 Recommendations:

Following the above findings this study makes the following recommendations:

1. That there should be intensive awareness campaigns against rape and sexual offences in Kilifi County and its environs. Educate Community or awareness campaign on justice and medication of the survivors of rape and sexual offence
2. That the Community should be sensitized on abandoning bad cultures that protect offenders who commit sexual offences and rape for example challenging cultural beliefs that men are superior to women and they have a right over women.
3. That the County Commissioner of Kilifi County, to ban the local chiefs to participate or allow negotiation between families on settlement payment at chiefs’ office when rape reported and also ban the night funeral discos
4. That to start Guidance and Counseling, Reproductive Health Education, HIV/AIDS & Life skills Education in Primary schools to ensure that all students are exposed to such critical knowledge and skills.
5. That the police officers and trauma counselors need to continue with training courses on counseling and attending supervisions

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