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Cultural protective and risk factors: Professional perspectives about child sexual abuse in Kenya

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ABSTRACT

Objective: The aim of this study was to explore perspectives on cultural risks and protective factors among professionals in Kenya.

Method: An exploratory/descriptive survey of Kenyan professionals working to prevent or intervene with child sexual abuse was undertaken to determine their perspectives on how tribal culture impacts vulnerability to sexual abuse. Participants at a conference workshop, were grouped according to tribal affiliation and asked to list key factors that they believe increase or decrease risk to children of sexual abuse in that tribe. Participants from seven ethnic groupings (Somali, Miji Kendas, Luo, Kamba, Kikuyu, Kalenjin, Kisii) identified factors which were then categorized by themes using qualitative examination.

Results: Participants identified a number of cultural factors that protect children from sexual abuse as well as those that create risk for sexual abuse. Strong similarities were identified across groups; however in some cases factors viewed as risks by some were viewed as protective by others.

Conclusions: In this exploratory study in Kenya, professionals identified many culturally supported practices that protect against or create potential risks for child sexual abuse. Awareness of traditions and practices may inform creation of interventions for preventing child sexual abuse.

Practice implications: Cultural/community level factors must be considered in designing prevention and intervention programs, particularly in more collective societies.

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Introduction

Addressing child sexual abuse in Africa is complicated by a multitude of other problems (e.g., poverty, the AIDS epidemic, governmental instability, slums, educational deficits, and child labor) that sometimes overwhelm continental resources. Responses are also hampered by a lack of empirical data to guide interventions in these countries, where laws about child abuse are only recently being enacted and implemented. Further, Western programs and ideologies are sometimes adopted, with little attention to the distinctive needs, cultures, and strengths inherent in African communities. For this descriptive study, professionals were asked to identify factors that they believe may contribute to protection from and risk for sexual abuse in their home communities. The purpose of this study was to identify factors that may contribute to the appropriate design and effectiveness of sexual abuse prevention and intervention programs in multi-ethnic societies such as Kenya.

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Sexual abuse: Significant, but understudied in Kenya

In 2006, Kenya passed a Sex Offense Act that established what legally constitute sexual abuse of a child. Prior to the passage of this act, responses to child sexual abuse were hampered by a lack of minimum sentences and a failure to acknowledge the sexual abuse of male children. Although not all components of the Act were universally supported, the Act provided exhaustive definitions of child sexual abuse in Kenya, including sexual contact with unmarried girls before age 16 and boys before age 12, trafficking, defilement, forced marriage, and incest (Sexual Offenses Act of 2006).

Child sexual abuse is considered a significant problem in many African countries, yet few studies actually document incidence or prevalence rates, or examine the unique dynamics in specific African cultures. The exception is South Africa where more empirical studies have been conducted, often focusing on the interaction between child sexual abuse and HIV infection (Andersson et al., 2004; Jewkes et al., 2006; September, 2006). For example, in a country where over 20,000 cases of child sexual abuse are reported each year, one school sample suggests that as many as 54% of the respondents had experienced child sexual abuse with a person at least 5 years their senior (Madu & Peltzer, 2000). Another South African survey found that 24% of teens had been sexually assaulted at their school (National Youth Victimisation Study, 2005). Whether this type of abuse is as common in Kenya is unknown. The empirical findings that exist in Kenya, as in much of the rest of Africa, are unpublished in the international literature or exist only in the form of reports (Lalor, 2004a). The availability of data from other countries, though useful, does not address dynamics of child sexual abuse that may be unique to Kenya.

Child sexual abuse in Kenya appears to include types of sexual maltreatment common elsewhere (African Medical and Research Foundation, 1994). Additionally, due to poverty, deaths related to AIDS, child labor, lack of educational options, and the violence related to the 2007 elections, children in Kenya are likely to be exposed to multiple risks for sexual abuse. Governmental reports as well as international authorities agree that rates of child sexual abuse are high in Kenya, where 40% of the population is children (Kenyan Central Bureau of Statistics, 2006). Kenya's government estimates 52% of the 33 million people live in poverty. Approximately 250,000 children lived on the streets in Kenya in 2002, although a government program may have reduced those numbers (Consortium for Street Children, 2002). Street children are at universal risk of being sexually abused and some Kenyan children are trafficked for prostitution and domestic servitude (End Child Prostitution And Trafficking, 2004).

As many as 2.1 million adults and children are living with HIV/AIDS in Kenya, the 9th highest prevalence of the disease in the world (Kenya Demographic and Health Survey, 2003). AIDS orphans are at particular risk for abuse since guardians may be unable to financially support additional children, and protectiveness may be compromised if children are not with biological parents. According to Amnesty International (2000) in Kenya, "there is a reported pattern of abuse by men who target minors for sex in the belief that they are less likely to be infected with the HIV/AIDS virus. Men infected with HIV/AIDS also have reportedly raped young girls under the illusion that they will be "cleansed" by having sex with a virgin. This belief not only increases children's vulnerability to HIV and AIDS, but also increases their risk of being sexually abused (Heise, Ellsburg, & Gottemoeller, 1999).

UNICEF reports that 40,000 Kenyan youth, aged 12–19, are exploited in commercial sex every year (United Nations Children's Fund, 2006). According to the International Labor Organization, approximately 30,000 girls under age 18 are engaged in prostitution in Kenya (2005). Child sex tourism has been a particular problem in coastal African areas, especially due to limited options for financial gain and pressure from parents to earn money (United States Department of State, 2004). This is not just a problem generated and sustained by tourists since 40–75% of those exploiting children through sex tourism are believed to be Kenyan men, rather than foreigners (United Nations Children's Fund, 2006). Though figures are imprecise for abuse of children in the commercial sex industry, virtually no figures exist for incest or child sexual abuse in the family.

Kenyan professionals report high rates of coerced early sex or forced marriage, sexual use of child domestic workers, and female genital mutilation (African Network for the Prevention and Protection Against Child Abuse and Neglect, 2001; IRIN, 2005). A survey of 2400 women found that over half of Kenyan girls lose their virginity by the age of 16, with 2/3 never discussing sex with either their mothers or sisters. Silence about sexual matters, and confusion about what legally constitutes abuse, may contribute to an apparently high incidence of sexual abuse in Kenya (Munene, 2007) and, at the same time, obscure Kenya's distinctive experiences and dynamics.

A research agenda for Kenya

UNICEF reports the need to develop a "properly researched information base" for African countries (2006). While knowledge of the extent of the problem is important, equally important is understanding the context, the mechanisms and distinctive dynamics of child sexual abuse, so that programs can be appropriately designed.

The documentation of child sexual abuse requires a clear definition and an understanding of it as a significant problem. Pierce and Bozalek (2004) and Lalor (2004b) have concluded that there is a need to develop first a clear understanding of how the public, policy makers, and professionals define child abuse. It remains to be seen if sexual abuse is considered to be as serious an issue in Kenya as in South Africa, where social workers, human services workers, police, and laypersons ranked sexual abuse and child prostitution as the most serious types of maltreatment (Pierce & Bozalek, 2004).

Recognizing the complexity of contextual factors in child sexual abuse research, Lachman (2004) suggests an ecological approach to the issue. Efforts to understand and intervene in sexual abuse in Kenya, which has 42 tribal groups, must take into consideration intergroup differences within the nation's borders, as well as differences between Kenya

and other African countries. Understanding child sexual abuse may have unique aspects or dynamics in distinctive tribal/ethnic groups in Kenya is a first step in deciding the best ways to intervene. At the same time, much can be learned from the experience of South Africa. One study in South Africa indicates that increased media attention to the problem of child sexual abuse may have influenced public attribution of victim blame, exacerbating the problem of shame and under-reporting (Collings, 2002). Collings calls for studies that assess culture-specific understandings of child sexual abuse.

Sexual abuse of children has been referred to as an epidemic and a public health crisis (World Health Organization, 2001). Yet, no studies exist in the published literature that document the qualitative differences between cultures regarding sexual abuse nor do any studies provide a descriptive analysis of the dynamics of child sexual abuse in Kenya. This lack of qualitative depth leaves a gap in the literature (Lalor, 2004a). One notable exception is a focus group study that challenges researchers to go beyond individual risk factors and change efforts to create a more comprehensive and nuanced understanding of the forces creating risk of sexual abuse in an African context (Petersen, Bhana, & McKay, 2005).

Few studies about abuse of African children distinguish the results from different countries in Africa, and fewer yet between diverse tribes within any given country. Korbin (2002) challenges us to "unpack" culture in our child welfare research to both understand intergroup and intragroup differences to inform our understanding of etiology as well as our prevention and treatment services. This is particularly important when collectivist values are dominant in a country, such as on the African continent (Hofstede, 1980).

Risks and protective factors

For purposes of this study, "risks and protective factors" refer to beliefs or practices that enhance or impede the actual occurrence of child sexual abuse. This definition is built on the premise that preventing child sexual abuse from happening is preferable to building internal strengths so that children survive better-adjusted after abuse. This definition emphasizes what can keep abuse from happening to a child or put him/her at greater risk of sexual abuse. In using this definition, it is important that risk factors are not seen as direct causes of the abuse but as contributing factors (National Center for Injury Prevention and Control, 2007).

Protective factors provide barriers to child sexual abuse. Individual protective factors may include: intelligence, educational level of mother, or personality traits. Family protective factors may include strong family relationships and good communication, a family system that is open to outside influences, and household monitoring of the child (DUS Department of Health and Human Services, 2006).

Many articles mention community risk factors, school risk factors, or even societal risk factors; yet few actually study these levels, nor do they report on findings examining these broader levels of risks/protective factors. Petersen et al. (2005) used an ecological approach to understand multiple streams of influence for risk of child sexual abuse, arguing that distal influences, such as community values, are at least as important as proximal influences such as individual and family factors in understand child sexual abuse. Whether a culture is more individualistic or collectivist has an effect on relationships, responsibility, choices, self-construals, attitudes, conflict, and values (Triandis, 1995).

This ecological model is now widely promoted as child abuse is recognized as a public health issue worldwide (World Health Organization, 2001). The ecological model provides a framework for those intervening to prevent child abuse (or any adverse social problem) at four levels of activity: individual, family, community, and society. This model shifts thinking away from what the potential victim, or even his/her family should do to ensure health or safety, a recognition that social structures may promote abusiveness, through overt or covert means.

A central problem with discussing community level interventions is that the concept of "community" is not operationalized consistently in the contemporary literature. In many Western cultures, community is a loose affiliation of people living in proximity, sharing parks, community services, and local politicians. In non-Western cultures however, communities may be defined more often in relationship to kinship and other social group affiliations. Clear definitions of "community" are lacking and the permeable boundaries of a cross-pollinating world make definitions of community problematic worldwide. Given these widely divergent definitions, the term "community" needs to be operationalized in any given context and for any given study.

Some writers who focus on community level interventions discuss neighborhood characteristics, such as high crime or lack of cohesion, while others focus more on primary social networks and supports (Korbin, 2002). Discussion of "community" risk factors for substance abuse, for example, include availability of drugs, attitudes held about drug use, low attachment to community, and high levels of poverty (Hawkins, Catalano, & Miller, 1992). The National Resource Center for Community-based Child Abuse Prevention combines family and community protective factors, citing attachment, parental resilience, child development knowledge, social connections, and concrete community support resources as factors that promote protection on the community level (2007). In the United States, the National Center for Injury Prevention and Control at the Center for Disease Control (NCIPC) lists poverty, isolation, and access to housing as key to preventing child injury, neglect and abuse at the community level (2007).

In Kenya, community is largely defined by tribal culture, where people strongly identify with their tribal roots, including parts of the country where their families originally lived. Although these also are not completely discrete categories, and people belong to multiple "communities", tribal traditions are strong and provide one method for examining community-based understanding and intervention. Understanding cultural values and norms should inform both appropriate activities to pro-

tect children and strategies for using cultural strengths and community leaders as central components to those interventions, using empowerment-based practice (Rose, 2000).

Examining cultural protective factors and risks

In Kenya, despite varying degrees of acculturation to "modern" ways, people recognize their historical family tribal background as one major defining characteristic of identity. Forty two Black-African tribes living within Kenya's borders have infused the nation with many languages, belief systems, religious rituals, community traditions, and forms of relationships. Each of these is sometimes further categorized into one of 10 major ethnic groupings, including Kikuyu, Luo, Kisii, Kalenjin, Kamba, Nomadic tribes (including Somali), and Miji Kendas (different sub-tribes from the coastal region), Luhyia, Meru/Embu, and Maasai. Despite hostilities between some tribal and ethnic groups, others have co-existed peacefully and conflicts between groups seemed relatively minor until the December, 2007, election. However, given the recent violence, where tribal divisions have grown and been accentuated, the importance of recognizing group identities has become even greater.

Cultural practices may be either protective of children or enhance their vulnerability. An example of a cultural protective factor may be the valuing of children by a community, in actions as well as words. The endorsement of FGM (Female Genital Mutilation, or Female Genital Cutting) may be viewed as a cultural risk factor in some tribes, but is nonetheless still practiced as a rite of passage in some others.

Professional examination of risks and protective factors: An exploratory descriptive study

Subjects

Data were collected from a sample of 36 professionals who work in the area of child abuse intervention and treatment. Because little knowledge exists regarding perceptions of risk and protective factors by members of a cultural group themselves (rather than assessments by outside observers), groups of professionals from different tribal groups in Kenya were asked to work together to identify key risks and protective factors regarding child sexual abuse within their culture. The training was designed to provide team-building training for those working to intervene in child abuse cases in their communities. Although the training provided information on physical and sexual abuse, the data were collected without any prior discussion of what causes or contributes to child sexual abuse.

The subjects were Kenyan professionals who worked either in the medical field (doctors, nurses, public health), as Child Protective Workers, or as police officers. Twenty two participants worked at the Children's Department, nine were police officers, and five worked for the Ministry of Health. All of the participants were Black Africans. Of the 36 participants, 25 (69%) were male. Participants came from eight divisions in the Nairobi Province as well as Nakuru, Mombasa, Kakamega, Kisii, Meru North, Garissa, and Nyeri. Approximately 80% of the participants had worked in the field of child abuse and neglect for less than five years. Half of them spent at least 50% of their time working on child abuse and neglect cases in their current positions.

Methods

Recruitment occurred at training in Kenya sponsored by a regional child abuse organization. The study was approved by a university IRB. Anyone not wishing to participate in the study was free to withdraw. Verbal consent was given for the anonymous study. No participants withdrew from participation. At this professional training, each participant was asked for his/her own tribal affiliation. Whereas some participants had strong ties to two, or even three tribal cultures, most had the strongest identification with one and were instructed to select that tribal group. Next, each tribe's name was placed on a flipchart sheet and people gathered by the name of the tribe with which they most identified. A total of seven tribes were identified by the 36 participants. This study was limited by including only those tribes where at least 4 representatives of that group were present. While Maasai and Meru tribes were also represented, they had too few to form a group and chose to work together, so data from their group were not included in the charts, although individual quotes have been included.

Groups had between four and eight members participating in the exercise to identify key factors in their tribe which may protect against child sexual abuse. The teams were asked first about tribal strengths to emphasize the positive aspects and pride in their affiliation prior to listing possible negative cultural aspects. The exercise was open-ended with no categories provided by the trainers.

Data analysis

The lists of risks and protective factors were written by the groups themselves as part of the workshop and were developed without any outside questioning or dispute. These lists were written, presented orally by a representative of each group at the workshop, and later group lists were collected by the workshop leaders. Notes were also taken by the workshop presenters on comments made to further explain the categories in the overall workshop session. Later, all notes and lists

were collected, including statements representing examples of the group ideas about cultural factors that protected children in their tribe from child sexual abuse:

Using grounded theory, researchers allowed for the categories of analysis to emerge from the data (Charmaz, 2006). A list of all protective factors was compiled and themes were identified in the data, including material from each group's oral presentation, the collected lists, and the notes taken by the workshop trainers. Using three sources of information helped to clarify the intent and meaning of the data and improve data reliability (Yin, 2003) by use of triangulation.

Two researchers independently listed all protective factors and then together created a list of major categories/themes. Terms were operationalized so that categories and themes were clearly defined and discrete. The researchers individually coded each group's responses and discussed and resolved the few discrepancies in their rating outcomes. Identified risk factors for possible child sexual abuse were collected and analyzed in the same manner. A content analysis was undertaken of all material collected (Krippendorf, 2004). The researchers, one a White Euro-American and one of Indian nationality, provided outside perspectives in interpreting the data. The results were then examined by and interpreted by a third researcher, a Black Kenyan native who could provide more in-depth explanations and interpretations.

Results

Both remarkable similarities and a few differences between groups emerged from the analysis of both risks and protective factors for child sexual abuse. Table 1 provides the results of protective factors listed for each of the tribes with the clustered category. Protective factors fell mostly in the following thematic categories: gender separation, modesty, harsh deterrents, religious beliefs, sex and gender taboos, adult guidance and supervision, family ties, and valuing children. In fact, five of the groups (out of seven) selected five of the same categories as a protective factor even though no predetermined categories were provided.

A sample of responses from different respondents provides examples for professionals' perspective on what *protects* children from child sexual abuse. Many of these statements endorsed traditional values as inherently protecting children and implied or stated that the imposition of modern ways may be harmful to children.

> "Traditional laws protected children. Those found guilty of sexual offenses would be fined heavily, stoned, excommunicated, forced to migrate or have to undergo a humiliating cleansing ceremony." (Luo tribe)

> "Because our women and girls dress modestly, not like in the west, this protects them from as much sexual abuse or assault." (Meru tribe)

Some groups focused on how gender expectations may have provided a specific level of protection, with clear roles and separation based on gender seen as protecting children:

> "Separate housing setup for males and females. Girls are not allowed to serve food to their fathers or other males in the household. Once a girl is over seven years she is relocated to a separate dwelling." (Maasai)

> "Having a high dowry price for virgins protects girls from sexual abuse." (Kisii tribe)

> "Many mothers are homemakers so children are always under close monitoring." (Miji Kendas)

Another topical area emphasized the importance of family and children in their tribes. Professionals believed that high valuing of children reduced the chances of abuse:

> "We have a strong extended family system. Orphans are always cared for by relatives." (Luo tribe)

> "Taboos about sex serve to protect our children. For instance, the threat of death if one had sexual relations with a child." (Luo tribe)

> "Cultural values wherein children were cherished as they were considered the future society." (Kikuyu tribe)

Risk factors, on the other hand, were not simply the flip side of protective factors. The primary clustering for risk factor answers were: patriarchy (male dominance and violence), foreign influences, social changes, the role of children, sexual

Table 1
Responses from professionals from each tribe on cultural protective factors.

Protective factors	Separation	Harsh deterrents	Sex and gender taboos	Guidance and supervision	Importance of virginity	Religion	Modesty	Value children	Family structure
Ethnic groups									
Somali	✓		✓		✓	✓	✓		
Miji Kendas		✓	✓	✓	✓	✓			✓
Luo	✓	✓	✓	✓	✓		✓	✓	✓
Kamba		✓				✓		✓	
Kikuyu	✓			✓		✓		✓	
Kalenjin	✓	✓	✓	✓	✓				
Kisii	✓	✓	✓	✓	✓				

Table 2
Responses from professionals from each tribe on cultural risk factors.

Risk factors	Gender roles	Sexual norms	Culture of silence	Patriarchy	Social change	Role of children	Individual risks	Foreign influences	Poverty
Ethnic groups									
Somali	√	√	√		√	√		√	√
Miji Kendas	√	√	√	√					
Luo	√	√		√	√		√		
Kamba	√	√	√	√	√	√	√		
Kikuyu					√		√		
Kalenjin	√	√	√			√			
Kisii	√	√	√	√		√			

norms, gendered roles and practices, individual risk factors (orphaned, have a step-parent), a culture of silence and cover-ups, and poverty. Table 2 details responses from each tribe on risk factors within their community.

Similar themes emerged across tribes, but some differences were also apparent. For risk factors, six of the seven professional groups independently identified gender roles and sexual norms as risk factors for sexual abuse in their tribes. Five of the seven groups also saw the "culture of silence" as a risk factor. Patriarchy, social changes, and the role assigned to children were identified as cultural risk factors for sexual abuse in four of the seven groups. Statements showed attitudes that both modern influences and traditional ways placed children at considerable risk for abuse, in the opinion of these professionals. Certain traditional tribal practices were cited as *risk factors*:

> "It is considered a sign of wealth if a man marries many wives so he may marry young girls in preparation for old age." (Miji Kendas)

> "After circumcision or FGM, children are encouraged to engage in sex. One way was through the influential songs sung during and after the initiation ceremonies." (Kisii)

> "Kamba lifestyle of traveling long distances to fetch firewood and water, herding exposes young children, especially girls, to abuse." (Kamba)

> "Dominance of men leads to low empowerment of women." (Miji Kendas)

> "The tradition of FGM (female genital mutilation) is still practiced." (Kalenjin)

However, external influences were also seen as placing children at risk of child sexual abuse. For example, the following statements came from the groups representing different Kenyan tribes regarding risk factors for child sexual abuse that hold social change and modern society as primary risk factors for child sexual abuse:

> "Easy availability of pornographic videos exposes children to sexual matters very early." (Somali)

> "An influx of refugees from across the borders has led to changed lifestyles, which may have a negative influence." (Somali)

> "Recent phenomenon of large numbers of children orphaned by AIDS who may be vulnerable to abuse, as caregivers are reducing in number." (Luo)

Each category was operationalized to be both discrete and distinctive. See Table 3 for definitions which guided categorization of the protective and risk factors. When further divided into individual level items, family level items, and cultural/community level items, the majority of all comments fell under cultural/community level.

Discussion

The results of this exploratory descriptive research indicate that risk and protective factors operate at a cultural/community level, according to some Kenyan professionals. In examining the factors that contribute to safety or risk of sexual abuse to their community's children, these professionals rarely mentioned individual child or family level variables. Although wording the assignment differently may have resulted in more discussion of child or family level risks, tribal level factors were deemed as critically important in addressing the source of child sexual abuse protection or possibility. Not only does this finding support the work of Petersen et al. (2005), but it is quite possible that cultural level factors are more important in a collectivist society.

Naming and recognition of certain cultural level factors as risk or protective-enhancing may provide valuable data to understand how to prevent child sexual abuse on a larger scale in these cultural groups. Addressing cultural level risks and protections are potentially more effective, efficient, and long-lasting than those aimed at individuals or families.

Respondents in this study identified protective factors that endorsed traditional values in religion, punishment for crimes, rigid gender roles, and valuing of virginity. However, in considering cultural risk factors for child sexual abuse, many similar factors were identified including strict patriarchy, lack of children's rights, sexual norms and attitudes, and defined gender

Table 3
Definitions of individual, family and cultural categories for tables.

Protective factors	
Individual level items	*Modesty* was a category reserved for the concept that dress or behavior on the part of the potential victim, in this case always mentioned about females, would prevent abuse.
Family level items	*Family structure* indicated some way family operated in the culture to protect children: grandmothers teaching children or mothers staying home to better supervise the children.
	Guidance and supervision had similarities with family structure, but needed to specifically address the way children were cared for, watched, and given guidance.
Cultural group level items	*Religion* or a reference to faith needed to be mentioned explicitly to be included, although some of the related practices (i.e., modesty) were clearly religiously endorsed.
	Separation was a category for mention of keeping males and females separate, not just as a practice, but specifically to help prevent abuse.
	Value children included any groups that discussed the importance of children, the children as a future resource, or that children are well-loved in the culture.
	Harsh deterrents were when known punishments were seen as discouraging sexually abusive behavior, with outcomes so severe that potential offenders would not dare act.
	Sex and gender taboos included references that men and women were expected to behave differently or had different rules.
	Importance of virginity was explicitly stated by the group as protective. There were references to dowries, monetary loss, family pride, and rituals that celebrated virginity until marriage.
Risk factors	
Individual level items	*Individual risks* included anything that might indicate increased risk based on status or situation of a child such as divorce, homelessness, or being an AIDS orphan.
Cultural group level items	*Gender roles* were social roles or expectations that differentiated males and females that placed children at increased risk of sexual abuse.
	Patriarchy included any reference to the fact that male dominance or perceived superiority may perpetuate abuse.
	Culture of silence was a category for those who discussed tribes protecting their own or social norms discouraging discussion of such topics as sex or abuse.
	Sexual norms included ideas and practices that included sex or sexuality, for example, endorsing FGM or early marriage.
	Role of children indicated children being low status, not permitted to speak, not being valued and lacking in power.
External factors	*Foreign influences* required mention of an outside influence as bringing child sexual abuse to their culture, or increasing its incidence, such as Western values, pornography, or the internet.
	Social change noted that social upheavals (war, refugee camps) and transitions of people from rural to urban life increased risks.
	Poverty was a category not rated unless it was specifically stated.

roles. In sum, the results of this study show a wide range of disagreement regarding what may contribute to child sexual abuse. Kenyan professionals sometimes blamed and other times lauded the old traditions. Similarly, change as a result of a shrinking and changing world was viewed as both somewhat positive and somewhat negative.

Comments collected from this study show how child sexual abuse is contextualized distinctively based on culture. It challenges the appropriateness of simply borrowing prevention or intervention approaches from western cultures, where issues and realities are different. A first step in addressing the issue of child sexual abuse is to use expertise of those from within indigenous cultures. With an appraisal from within a culture, including an evaluation of strengths of the cultural mores, these professionals are in an ideal position to develop culturally appropriate programs. Programs are strongest when both content and process value the culture and are based on a respect for that culture.

Professionals are only beginning to grapple with cultural factors that are strengths, and others that are weaknesses, in protecting children from child sexual abuse. If professionals do not have clear ideas of what a risk versus a protective factor is in a specific cultural context, efforts to prevent abuse will be operating in an atheoretical fashion or actually at odds with other programs. One effort may cancel out another, since the aim of one intervention may be to strengthen a cultural value while another program may be attempting to diminish that same value, each on behalf of protecting children. For example, separating genders may be for the intention of minimizing the chances of sexual abuse options; however, instead it may serve to increase sexual violence by reducing comfort and respect between genders in some contexts.

Many tribal groups in Kenya are in the process of acculturation, with varying levels of western influence altering their traditional beliefs and customs. It is probable that professionals, such as the police officers, social service providers, and medical professionals who participated in this study, embrace values from both traditional and modern-world perspectives. Degree of acculturation may change the assessment of a factor as a risk versus a protective factor. The assimilation of people may vary across tribes and certainly within tribes as well. Further studies are required to ascertain the role of acculturation in such assessments.

Another possibility is that a purely traditional tribal society may have protective factors so long as it remains completely intact, while the interaction of traditional and modern values and practices may place children at risk during times of

transition. The traditional extended family may have provided safety nets for women, children, and the aged that no longer exist, yet discrimination and stigma against the less fortunate persists, leading to more homelessness. Being straddled between traditional and modern systems may provide the worst of all worlds for children and families.

In certain cases, cultural practices themselves may not encourage child sexual abuse, although sometimes they may, but the distortion or misuse of the practice or tradition can lead to excessiveness or excuses. For example, encouraging early sexual experimentation after puberty's rites of passage may not encourage child sexual abuse, but adults distorting this value for their own purposes may well be abusive.

This process of acknowledging cultural risk factors, addressing them from within and seeking feedback from other cultural groups, can lead to asking more in-depth questions and building stronger ideologies. From this two-pronged approach, more effective prevention and intervention strategies might be derived.

As an exploratory, descriptive effort, this study has limitations. First, data were collected from a convenience sample and the sample is small, so the results cannot be generalized beyond this group. Because the participants in the study were professionals who may have received prior training on child sexual abuse, their ideas and beliefs may not reflect those of others in their respective tribes. The purpose of the study was to begin to identify some areas to generate future questions and research into these issues. In addition to supporting the importance of using a cultural lens in examining risks and protective factors for child sexual abuse, this study identified a number of factors that may be examined in later qualitative and quantitative studies.

Prevention and intervention approaches may be designed differently when based on an understanding of cultural risk and protective factors, especially in a collectivist society such as exists in much of Africa. Community-generated strategies are more likely to be implemented long-term by those likely to take leadership in culturally appropriate activities in a particular locale. Because the efforts are always building on cultural strengths and pride, the solutions allow for consideration of change as well.

Conclusions

Child sexual abuse continues to be an understudied and yet major problem in Kenya. More research is required to understand not only incidence, prevalence, and individual level risks, but also the various cultural and community risk and protective factors. This study addresses the need for cultural protective/risk factor assessment by surveying professionals working to address the problem of child sexual abuse in their home districts. Rather than simply borrowing or imposing practices from other cultures, the involvement of tribal insiders, feedback from outsiders, and considering strengths and weaknesses of the cultural mores and practices, may lead to the development of promising practices that will better serve the children of Kenya.

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