

**REHABILITATION AND INTEGRATION OF ABUSED CHILDREN: A CASE STUDY
OF PUBLIC AND PRIVATE REHABILITATION INSTITUTIONS IN NAKURU
DISTRICT, KENYA**

By

JACINTA WANGARI MBUGUA

**A Research Report Submitted to the Graduate School in Partial Fulfillment of the
Requirements for the Award of Master of Education Degree in Guidance and Counselling
of Egerton University**

EGERTON UNIVERSITY

AUGUST, 2006

DECLARATION

This project report is my original work and has not been presented for the award of any other degree or diploma in any other university.

Signature _____

Date _____

Jacinta Wangari Mbugua

RECOMMENDATION

This project report has been submitted for examination with my approval as University supervisor.

Signature _____

Date _____

Prof. A. M. Sindabi

COPY RIGHT

© 2006

Jacinta Wangari Mbugua

All rights are reserved. No part of this work may be reproduced or utilized, in any form or by any means, electronic or mechanical, including photocopying, recording or by any information storage or retrieval system without prior written permission of the author or Egerton University.

DEDICATION

To my children Sammy, Margaret and Emmanuel

ACKNOWLEDGEMENT

A number of people have contributed immensely towards the completion of this research project. This work was done under the supervision of Prof. Aggrey Sindabi. I am indebted to him for his invaluable assistance, insights, criticisms and guidance without which this study would not have been a reality. My sincere gratitude goes to all the children, and managers of the three sampled rehabilitation institutions and the government children's Department officers who participated in my research. Special thanks to Prof. Mundoh for her encouraging support throughout the study. Above all Glory be to God for His grace that has brought me this far.

ABSTRACT

The increasing number of child abuse cases in Kenya does not only affect the future socio-economic development and well being of the country, but also its security and safety. In Nakuru district, identified abused children are taken to rehabilitation institutions for care, protection and later integration back into the society. However, little documented information exists on the actual rehabilitation process in these institutions and later integration of the children back into the society. This study sought to evaluate the rehabilitation and integration of abused children in public and private rehabilitation institutions in Nakuru district, Kenya. This study adopted an *ex post facto* research design. The target population included all the abused children, managers and caretakers in the three rehabilitation institutions, and government officials from the children's department, probation and municipal welfare office in Nakuru district. A sample of 149 children, 6 managers, 9 caretakers, and 3 government officers was selected and included in this study. Primary data was collected through administration of two sets of questionnaires (children, managers and caretakers) to the selected respondents and an interview schedule with the government officials (children's department, probation and municipal welfare officer). Collected data was analyzed using descriptive statistics with the aid of a computer programme - Statistical Package for Social Sciences (SPSS) version 11.5 for windows. Data presented in this study supported the following findings: the main causes of all forms of child abuse in the study area stem from the family and the society; the services offered in the rehabilitation institutions are adequate enough to rehabilitate and later integrate the child into the society; public and private rehabilitation institutions have different criteria of admitting children even though all of them are supervised and regulated by the government; rehabilitated children are adequately prepared for integration back into the society; and both the rehabilitation institutions and the government agency responsible for handling child abuse cases face challenges in undertaking their responsibilities. Based on these study findings, three key recommendations were made: there is need for the society and families to re-evaluate the plight of children in the society in order to stem child abuse; there is need for the government to develop uniform criteria for admission of children into private and public rehabilitation institutions so as to treat abused children equally; and there is need for the society to be more involved in the integration process of the rehabilitated children so as to ensure swift and efficient acceptance.

TABLE OF CONTENTS

DECLARATION	ii
RECOMMENDATION.....	ii
COPY RIGHT	iii
DEDICATION.....	iv
ACKNOWLEDGEMENT.....	v
ABSTRACT	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	ix
LIST OF FIGURES	x
LIST OF ABBREVIATIONS AND ACRONYMS	xi
CHAPTER ONE: INTRODUCTION	1
1.1 Background Information.....	1
1.2 Statement of the Problem.....	2
1.3 Purpose of the Study.....	3
1.4 Objectives of the Study.....	3
1.5 Research Questions	3
1.6 Significance of the Study.....	4
1.7 Scope and limitations of the Study.....	4
1.8 Assumptions of the Study	5
1.9 Definition of Terms	6
CHAPTER TWO: LITERATURE REVIEW.....	8
2.1 Introduction.....	8
2.2 Child Abuse.....	8
2.2.1 Forms and Types of Child Abuse	8
2.2.2 Causes of Child Abuse.....	10
2.2.3 Effects of Child Abuse.....	11
2.3 The Kenya Children’s Act 2001.....	11
2.3.1 Children’s Institutions.....	12
2.3.2 Treatment of Children in Children’s Institutions	13
2.3.3 Children in Need of Care and Protection	13
2.4 Services Provided in a Rehabilitation Institutions	13
2.5 Other Methods of Caring for Abused Children.....	15
2.6 Theoretical Framework.....	15
2.6.1 Psycho-social theory	15
2.7 Conceptual Framework.....	17
CHAPTER THREE: RESEARCH METHODOLOGY.....	19
3.1 Introduction.....	19
3.2 Research Design.....	19

3.3 Location of the Study	19
3.4 Population of the Study	19
3.5 Sampling Procedure and Sample size.....	20
3.6 Instrumentation	22
3.7 Data Collection Procedures.....	23
3.8 Data Analysis	23
CHAPTER FOUR: RESULTS AND DISCUSSION	24
4.1 Introduction.....	24
4.2 Demographic Characteristics of the Respondents.....	24
4.2.1 Age and Gender of the Sampled Children	24
4.2.2 Family Background of the Sampled Children.....	26
4.2.3 Level of Education of the Sampled Children	27
4.3 Forms and Types of Child Abuse.....	28
4.3.1 Physical Abuse	32
4.3.2 Emotional/Psychological Abuse.....	33
4.3.3 Neglect/abandonment Abuse.....	34
4.3.4 Sexual Abuse	35
4.4 Services Offered to Abused Children in the Rehabilitation Institutions	36
4.5 Criteria of Admission of Abused Children in Rehabilitation Institution.....	39
4.6 Integration Methods in the Rehabilitation Institutions	41
4.7 Challenging Facing rehabilitation Institutions	43
CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	47
5.1 Introduction.....	47
5.2 Summary of the Major findings	47
5.3 Conclusions.....	48
5.4 Recommendations	48
5.4.1 Suggestions for Further Research.....	49
REFERENCES	50
APPENDICES	53
APPENDIX A: CHILDREN QUESTIONNAIRE	53
APPENDIX B INSTITUTION MANAGERS AND CARE TAKERS QUESTIONNAIRE ...	58
APPENDIX C: GOVERNMENT OFFICER INTERVIEW SCHEDULE	63

LIST OF TABLES

Table 1 Name of the Institution and the Sampled Children Population	21
Table 2: Age of the sampled Children	25
Table 3: Gender of the Children	25
Table 4: Type of Family of the Sampled Children	26
Table 5: Gender of the Single-Parent.....	27
Table 6: Attending School while at Home	27
Table 7: Reasons for not Attending School.....	28
Table 8: Causes of Child Abuse in Nakuru District	29
Table 9: Common Types of Physical Abuses.....	32
Table 10: Common Types of Emotional/Psychological Abuse.....	33
Table 11: Common Types of Neglect/Abandonment Abuse	34
Table 12: Common Types of sexual Abuse	36
Table 13: Services Offered To Abused Children.....	37
Table 14: Criteria of Admission of Abused Children	39
Table 15: Methods of Integrating Rehabilitated Children into the Society	41
Table 16: Challenges of the Rehabilitation Institution	43
Table 17: Suggestions to Improve Children’s rehabilitation Institution.....	45
Table 18: Suggestions for a Better Life	45

LIST OF FIGURES

Figure 1 Relationship between Child Abuse and Institutionalised Rehabilitation	18
--	----

LIST OF ABBREVIATIONS AND ACRONYMS

ANPPCAN: African Network for Prevention and Protection against Child Abuse and Negligence.

CLAN: Children's Legal Action Network

G.O.K: Government of Kenya

ILO: International Labour Organisation

UNCC: United Nations Convention of Children.

CHAPTER ONE: INTRODUCTION

1.1 Background Information

The social, economic and political changes that characterise the modern society have served to erode the close and communal way of life that used to epitomise the African traditional societies (Ndubai, 1971; Ombima, 1989). The close social ties, responsibility and care that used to bind people together in the society have all crumbled and been replaced by an egocentric way of life. People are more worried about their own social and economic security and do not seem to care about the rest of the society. Children have been the most affected by these changes because of their innocence and vulnerability. The modern society has therefore been characterised by the ever-increasing number of child abuse and neglect cases (Ndubai, 1971; Naroll, 1983; Ombima, 1989; Kubo, 1990; Kilbride & Kilbride, 1993). The major forms of child abuse have included familial, extra-familial and institutional abuses. These forms occur in four major types including physical, emotional/psychological, neglect/abandonment, and sexual abuses (Children Legal Action Network - CLAN, 2003; Jean, 1990; Donellan, 1998).

According to the Children Department Annual Report (2000), there are over 600,000 children in Kenya who have no proper access to basic human rights, needs and services and are in need of special protection and care. These children have been subjected to this kind of life due to orphanage; change in family structures (declined status of the extended family); negligence; abandonment; poverty; marital/family conflicts; early and irresponsible pregnancy; war; and diseases, among others. More than 45,000 of these children are in need of institutionalized rehabilitation and care. The government of Kenya has attempted to address child abuse in the country by putting in various initiatives and necessary legal framework to protect children from abuses and at the same time punishing child offenders (Nation, 2006, June). Such legislations include the passing of the Children Act 2001 (Cap 586, Laws of Kenya) which is aimed at promoting the well-being of the child in the country. The Act spells out and addresses the rights that a child is entitled to and the role of the government in protecting these rights (G.O.K., 2001).

The same Act also establishes children's rehabilitation schools and remand homes. It also allows for establishment of charitable children's institutions by private initiatives for the care and

protection of children (CLAN, 2003; Levi, 2002; National News, 2001; Kenya, 2001). The State was to assume the responsibility of a “parent” of these abused children. Myers (1991) observes that the activities of these institutions are supposed to ensure that the needs of the children are well taken care of without compromising their basic human rights.

In the recent past, the country has witnessed unprecedented growth in the number of abused children as a result of the changes in the social, economic and political factors characterizing the modern society (Children Department Annual report, 2000; Njuguna, 2004). According to the Rift Valley Children Department (2006), Nakuru district is one of the worst affected regions in the country in terms of child abuse. The district, and Nakuru town in particular, has experienced a sharp increase in the number of abused children. The increase has been attributed more to poverty, change in social structures, and the frequent ethnic and tribal clashes that have been recurring in Likia, Mauche and Molo areas since the introduction of multi-party politics in the country in early 1990s. The report of the Akiwumi Judicial Commission of Enquiry into the Tribal Clashes in Kenya (G.O.K., 1999) observed that most of the victims of the 1990-92 and 1997-1998 tribal clashes in Rift Valley Province ran into Nakuru town for safety, shelter and even food. Some of the children and their parents find themselves in the streets and the sprawling slums in the town. Majority of the children have been taken into various public and private rehabilitation institutions in the district. These institutions are expected to provide for care, protection and later integration of the children back into the society. However, the actual rehabilitation and integration process of the abused children taken into these institutions has always remained elusive.

1.2 Statement of the Problem

In the past two decades, Nakuru district has witnessed unprecedented growth in the number of abused children. The increase has been attributed more to poverty, changes in the social structures and frequent ethnic and tribal clashes that have been recurring in the area since early 1990s. In the district, identified abused children are taken to rehabilitation institutions for care, protection and later integration back into the society. However, little documented information exists on the actual rehabilitation process in these institutions and later integration of the children back into the society. This study therefore sought to provide some insights into the rehabilitation

and integration of abused children in public and private rehabilitation institutions in Nakuru district.

1.3 Purpose of the Study

This study sought to evaluate the rehabilitation and integration of abused children in government rehabilitation institutions in Nakuru district, Kenya.

1.4 Objectives of the Study

In order to achieve the purpose of this study, the following specific objectives were stated:

- (i) To establish the forms of child abuse among children admitted in rehabilitation institutions in Nakuru district.
- (ii) To determine the services offered to the abused children in the rehabilitation institutions.
- (iii) To determine the criteria used in admitting/accepting an abused child in the rehabilitation institutions.
- (iv) To identify the common integration methods used by the rehabilitation institutions to fit the rehabilitated children back into the society
- (v) To identify the challenges facing the rehabilitation institutions in undertaking their duties and responsibilities.

1.5 Research Questions

The study sought to address the following research questions:

- (i) What are the forms of child abuse among children admitted in rehabilitation institutions in Nakuru district?
- (ii) What services are offered to the abused children in the rehabilitation institutions?
- (iii) What criteria are used in admitting/accepting an abused child in the rehabilitation institutions?
- (iv) What are the common integration methods used by the rehabilitation institutions to fit the rehabilitated children back into the society?

- (v) What challenges face rehabilitation institutions in undertaking their duties and responsibilities?

1.6 Significance of the Study

In order to address the ever-increasing number of child abuse cases in the country, detailed studies are needed to evaluate the rehabilitation institutions and programmes that have been put in place to take care, protect, rehabilitate and later integrate abused children back into the society. This study was premised on the fact that evaluating rehabilitation and integration programmes in the rehabilitation institutions in Nakuru district is crucial in understanding the extent to which these institutions are able to restore the hope of these children in life; their success and failure; and the challenges they face in undertaking their duties and responsibilities. Such a study help in providing information that could be useful to the government, children institutions, rehabilitation centres, Children's Department, policy makers and individual families in evaluating the ability of these institutions in rehabilitation and integration of abused children. The output of this study also help in providing input into projects and programmes that seek to address child abuse menace in the study area and the country at large.

1.7 Scope and limitations of the Study

The study focused on rehabilitation and integration of abused children in public and private rehabilitation institutions in Nakuru district of Rift valley province, Kenya. The district has two public rehabilitation institutions and 15 registered charitable children's institutions. These institutions have a total population of 999 children with 118 from the public institutions and 881 from charitable children's institutions (District Children's Department, Nakuru). The district was chosen as a research site due to the available evidence of the ever increasing number of abused children in the area (Rift Valley Provincial Children's Department, 2006). The study used both public and private rehabilitation institutions so as to adequately evaluate the operations of all institutions handing abused children in the area. It also targeted abused children aged 10 and above years as they were believed to be in a better position to recall what happened to them than their junior counterparts.

The study encountered a number of limitations which could impede answering the research objectives. These limitations included:

- (i) The abused children were likely to have been stigmatised and even formed negative attitudes towards those people who committed the heinous abuses to them. This might have made potential respondents apprehensive about other people in the society, especially foreigners, and therefore affect development of a good rapport with the researcher. However, the researcher sought for the assistance of the caretakers in the institutions to assist in developing an amiable rapport with the respondents.
- (ii) Time, manpower and financial resource constraints precluded a more comprehensive coverage of all the rehabilitation institutions in the study area. However, only three rehabilitation institutions and a sample of respondents were included in this study.

1.8 Assumptions of the Study

The study was based on the following assumptions:

- (i) There were many cases of child abuse in Nakuru district.
- (ii) The Children's institutions in the district rehabilitate abused children and later integrate them back into the society.
- (iii) The government supervises and regulates the activities of these institutions.
- (iv) Rehabilitated children are easily integrated back into the society.

1.9 Definition of Terms

In this section, operational definitions are presented as used within the context of this study.

Adoption: Vesting parental rights and duties relating to a child to someone who is not biologically his/her parent.

Abandoned child: A child deserted or left alone by whoever is responsible for him/her.

An orphan: Children under 18 years who have lost one or both parents through death.

Charitable children's institution: A home or institution established private individual and organizations to care for, protect or rehabilitate children.

Child: A boy or girl under the age of 18 years.

Child abuse: Any physical, sexual, psychological and mental injury to a child.

Child's right: Basic needs that a child must have to ensure his/her growth and development.

Counselling: Involves helping an individual to deal with or remove frustrations and obstacles that interfere with their lives and develop his/her most acceptable self by thinking through the situation him/herself in an accepting atmosphere.

Destitute: A person lacking means, poor or poverty stricken.

Foster parent: A person taking care and maintenance of a child who is not legally his/hers. The care taker is not a parent, relative or guardian of the child.

Guardian: Someone appointed to take over parental responsibility of a child after the death of a parent. The person can be appointed by a parent through a will or by a court order.

Guidance: A process of helping learners to develop self understanding, capabilities for making realistic career decisions and overcome personality deficits for optimal academic progress.

Guidance and counselling: Includes all services that help an individual in understanding of him/herself, his/her attitude, interests, abilities, physical, mental and social maturity for optimum development.

Integration: Refers to mixing or assimilation. In this study, integration refers to the process of assimilation/mixing of a rehabilitated child back into the society.

Neglect: Willful assault, ill-treatment, abandonment and exposure of children to unnecessary suffering or injury to health.

Parent: The father or mother, or any person who has been given the responsibility to maintain a child or has been given custody of the child.

Rehabilitation: Refers to treatment, healing, remedy or cure. In this study, rehabilitation refers to the treatment, healing, remedy or cure of abused children by designated institutions.

Rehabilitation institution/school/centre: An authorised institution established by the government for the reception, maintenance, training and rehabilitation of children ordered to be sent there by the Children Court. Formally known as Approved Schools.

Remand homes: Institutions that may be established by the government for the reception of children (normally under 14 years) whose cases are still on going in court.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature on child abuse and rehabilitation institutions. The review discusses child abuse including forms and types of abuse, causes of child abuse and effects of child abuse; the Kenya Children Act; and other methods of caring for abused children. The chapter also outlines the theoretical and conceptual framework to be used in guiding this study.

2.2 Child Abuse

The term child abuse is normally defined subjectively depending on a number of varying factors including cultural background, upbringing (parenting), professional experience and media, among others. According to the UK National Commission as cited by CLAN (2003), child abuse consists of anything which individuals, institutions or processes do or fail to do which directly or indirectly harms children or damages their prospects of safe and healthy development in adulthood. Delany (1976) considers child abuse as failure to provide a child with care that circumstances demands. The various definitions give weight to certain factors (like age and the effect on the child) according to personal and professional experiences, values, and beliefs, among others. In Kenya, the Laws of the country through the Children Act 2001 have standardized the definition of child abuse for uniform application and avoidance of contradictions. The Children Act 2001 (Cap 586, Laws of Kenya) defines child abuse as anything that causes physical, sexual, psychological and mental injury to a child (CLAN, 2003; National News, 2001). This section will therefore discuss the various forms and types of abuse, causes of child abuse and effects of child abuse.

2.2.1 Forms and Types of Child Abuse

Forms of child abuse are defined in terms of where the abuse commonly occurs. They include familial, extra-familial, and institutional abuses. Familial abuse occurs within the family or home, extra-familial abuse occur outside the family while institutional abuse occurs within institutions like schools, hospitals, churches, mosques, and day care centres, among others. The various forms of child abuse manifest themselves in four major types of abuse including physical, emotional/psychological, neglect/abandonment and sexual abuse (CLAN, 2003).

Physical abuse refers to those abuses that lead to actual harm directed on the body of a child and therefore manifests physically. They could occur by inflicting injury such as bruises, burns, head injuries, fractures, slapping, caning, burning, battering and child labour (CLAN, 2003; National News, 2001). However, not all injury caused to a child is a case of physical abuse. An adult or older child might inflict injury on a child by accident, for example, whilst playing football. What matters is whether the child was knowingly put at risk or whether the parent, guardian or older child paid reasonable attention to their child's safety.

Emotional or psychological abuses entail persistent or severe emotional ill treatment or rejection that has, or is likely to have a serious effect on the child development. This abuse leads to emotional and psychological harm of children. It normally results from all types of abuse and may include the following: persistent withdrawal of love and affections; constant shouting at, threatening, demeaning or teasing; persistently being over-protected; discrimination and other forms of harassment that undermines a child's self esteem and self image; excessive and disproportional demands that a child cannot meet in relation to his/her age; and deprivation of access to social contact and resources (like schools) necessary for normal development (CLAN, 2003; National News, 2001; Dallape, 1987).

Neglect/abandonment abuse encompasses failure to provide the basic needs of a child, leaving a child without any care or under the care of strangers. Children can suffer from neglect when: any of their basic needs are not adequately met; they are left unsupervised in situations which present possible dangers; and when left alone at an age that is inappropriate for their physical or emotional development (CLAN, 2003; National News, 2001).

Sexual abuse, on the other hand, occurs when adults exploit their power, authority or position and use children to gratify their own needs. This might affect children of all gender and ages. Most of the acts of sexual abuse occur in private and the abuser struggle to prevent discovery. The child is often threatened to keep silent and many children feel such a strong sense of guilt and shame that they are reluctant to speak about what has happened to them. Examples of sexual abuse activities include enticing or forcing a child to engage in fondling, masturbation, oral or anal intercourse or full sexual intercourse; making a child observe inappropriate sexual

behaviour; and showing a child pornographic books, videos or photographs or engaging them in inappropriate discussion about sexual matters (CLAN, 2003).

2.2.2 Causes of Child Abuse

According to the Children Act 2001 and CLAN (2003), the common risky factors that contribute to child abuse and neglect include:

- (i) Emotional state of the parents. Parents going through emotional stress and depression are at times involved in violent outbursts. The parent might also have anti-social personality or criminality tendency.
- (ii) Lack of parental love. Most parents who don't show love to their children physically abuse them.
- (iii) Children born out of wedlock are always victims of abuse from step parents due to the weak bonds of love between them.
- (iv) Family differences or disputes, quarrels and fights lead to physical abuse of children. Children find themselves embroiled in these kinds of fights or are unhurt unknowingly.
- (v) Poverty in a family is likely to lead to child labour. The stresses that parents go through because of poverty lead to physical abuse of children.
- (vi) Children misbehaviour at times leads to child abuse by parents in the name of discipline.
- (vii) Drug abuse by the care givers.
- (viii) Sibling rivalry through fighting for favours.
- (ix) Divorce/separation of families.
- (x) Parents putting a lot of pressure on children by demanding too much from them.
- (xi) Communal violence such as tribal clashes. Another form of exploitation and moral deformation occurs by using children in war situations and training them to use weapons. This leads to creation of a war mentality, of hatred, of violence, a mentality of revenge, and of the right to use force in solving one's differences.
- (xii) Undesirable characteristics of the child including mental retardation, handicaps, or hyperactivity make them susceptible to abuses

- (xiii) Background of the parents. A person who was abused as a child may also grow up to be an abuser.

2.2.3 Effects of Child Abuse

The effects of cruelty to children are wide ranging and profound. They vary according to the type of abuse, and how long it has been endured but can widely include: physical injuries, death, development of delinquency, run away from home into the streets, poor performance in the school, school drop out, stunted growth and development, drug and substance abuse, suicide or other self-harm, anxiety, and fear (CLAN, 2003; National News, 2001). However, the effects will vary according to the form of abuse meted on the child.

For the physical abuse, some of the effects include withdrawal/apathy, aggressive behaviour, anxiety, running away from home, delinquency, seeking out attention, fearfulness, speech or learning disabilities, and self-destructive behaviour, among others. Some of the effects of sexual abuse include guilt, feeling of helplessness, promiscuity, shame, withdrawal, and anxiety, among others. Lastly, for neglect and emotional abuse we have withdrawal/apathy, anxiety, running away, seeking out attention, depression, fearfulness, drug and alcohol abuse, lethargic, and isolation, among others.

2.3 The Kenya Children's Act 2001

Legally, in Kenya, different types of child abuse are dealt with as different offences outlined in different laws such as Penal Code and the Children Act 2001 (Cap 586, Laws of Kenya). Of major concern is the Children Act 2001 which has fused together the numerous legal implications of violation of children's rights. The Children Act 2001 (Cap 586, Laws of Kenya) seeks to promote the well being of all children in Kenya. It makes available the provisions of the United Nations Convention on the Rights of the Child (1989) and the African Charter on the Rights and Welfare of the Child (1990) for children in Kenya. The Children Act repealed certain laws that were used in Kenya for children's welfare including the Guardianship of Infants Act, Adoption Act, and the Children and Young Persons Act. The Act brings together in one law all requirements concerning guardianship, fostering and adoption, custody, maintenance, care and

protection of children, administration of children's institutions, rights and responsibilities of a child and role of parents and of government in promoting and protecting the rights of the child (CLAN, 2003; National News, 2001; Kenya, 2001).

Some of the rights to be enjoyed by a child in the Act and which are the responsibilities of the government and family include: right to life, right to be protected from discrimination, right to live and be cared for by parents, right to education, right to religious education, right to health, protection from economic exploitation, right not to be recruited to war, right to name and identity, right from abuse, neglect or slavery, right for children with disabilities to be treated with respect, protection from sexual exploitation, protection from harmful drugs, right not to be subjected to female circumcision, early marriage or other harmful cultural rights, protection from torture, cruel punishment or unlawful arrest right to privacy and right to play (CLAN, 2003; National News, 2001; Kenya, 2001). A parent is required to maintain the child, especially by providing education and guidance, immunization, proper food, clothing and shelter and medical attention. He/she is also required to protect the child from neglect, discrimination and abuse.

2.3.1 Children's Institutions

Section 47-72 of the Act establishes children's rehabilitation schools and remand homes. It also allows for establishment of charitable children's institutions by private initiatives for the care and protection of children. These institutions are placed under the Ministry of Home Affairs in the Children's Department. The Act specifies guidelines for setting up and management of the institutions and handling of children. The Ministry is responsible for setting up of rehabilitation schools where children whose rights have been violated can stay and be cared for. The ministry therefore oversees the general management of the rehabilitation schools and remand homes, and regularly supervises them to make sure that they meet the required standards and objectives. A rehabilitation school shall have separate sections for children of different sexes and age categories, and separate sections for child offenders and children in need of care and protection (CLAN, 2003; National News, 2001; Kenya, 2001).

2.3.2 Treatment of Children in Children's Institutions

According to the Act, the management of a rehabilitation school may, with the authority of the Director of Children's Services, give a child permission to leave the institution after proper rehabilitation has been carried out. The institutions are only supposed to admit persons under the age of 18 years. Thereafter, one can only be allowed to be in the institution for a maximum of three years. After leaving a rehabilitation school, the child is supposed to be supervised by an officer appointed by the Director for a period of two years, or until he reaches the age of 21 years. Where a child is difficult or keeps running away from the school, or is of bad influence to others, the Director may apply to have the court to extend the child's stay at the institution (if he/she is below the age of 16 years) or have the child sent to a corrective institution like remand home (if he/she is 17 years and over).

2.3.3 Children in Need of Care and Protection

Section 119 of the Act describes the circumstances when a child is in need of care and protection: orphaned or has been abandoned or is a destitute; parents are imprisoned; homeless or are beggars; prevented from receiving an education; a female child subjected to FGM or early marriage or children exposed to harmful cultural practices; a child exposed to domestic violence; a child who is pregnant; a child who is terminally ill or whose parents are terminally ill or has a disability; a child who is sexually abused; a child exposed to child labour; a child who is truant or falling into bad associations; and a child who is displaced as a consequence of war, civil disturbance or natural disturbance, among others. Any person who believes that a child is in need of care and protection should report the matter to an authorized officer and the child taken to a place of safety.

2.4 Services Provided in a Rehabilitation Institutions

According to Parker (1988), there are five goals that should be met by residential care institutions. These are care, rehabilitation, education, preservation and preparation for independence. The institution should give impetus to the creation of a caring environment in which children's physical needs for food, clothing and shelter as well as emotional needs for respect; privacy and affirmation are met in a spirit of mutual partnership between caregivers and

the young people themselves. They should also provide therapeutic assistance to children who have been severely damaged emotionally as a result of their early childhood experiences.

Ndubai (1971) argues that a child living in an institution should be helped to develop a sense of security and self confidence which entails the utter elimination from his/her mind of any idea that he is a second class human being. Any money spent to provide for the basic needs of such a child is money well spent. Ndubai adds the child is never supposed to feel like apologizing for his home whether that home is a private household or an institution. Rather, the child should be proud of it and be able to hold his head high. He also notes that an essential and integral duty of any institution should be to prepare the children for the future. To this end therefore, an attempt can be made to provide a home situation by providing smaller units with a mother who is responsible for the day to day care unit and mother/father figures for larger settings. Here, children can be given responsibilities that would normally be entrusted to them in their own homes, for example, looking after younger residents and helping with the domestic work. Dallape (1987) adds that abused children should not be kept apart from the rest of the community, for example, it would be better to send them to ordinary schools, allow them to visit relatives and have relatives visit them. The children may also have advisers at their disposal, for example, psychologists, medical doctors and teachers. The children may also get good education and training in preparation for the future.

Pringle (1969) feels that the children's institutions are supposed to provide the child with a setting in which one can come to terms with what has happened in the past and develop to the limits of his capacity. There should be a climate that is secure, comforting and stimulating while not being over protective. The institution has to be concerned with the total child and view his development, physically, intellectually, socially and emotionally as an interrelated and intertwined process of growth. Morgan and Righton (1989) support by arguing that young people coming into residential care need security and a sense of belonging, neither of which they may have experienced in great measure before. The residential homes are therefore supposed to replace their sense of failure in personal relationships with success in other aspects of their lives. This would benefit the young people in need of care mainly because they were either abandoned or were forced into the homes by difficult circumstances at home.

2.5 Other Methods of Caring for Abused Children

The Children Act 2001 (Cap 586, Laws of Kenya also gives other options of taking care of children in need of care and protection other than institutionalization. This includes foster care placement or adoption of the child. Foster care placement means the placement of a child with a person who is not the child's parent, relative or guardian and who is willing to undertake the care and maintenance of that child. This is done through a care give by the Director of children Services and the manager of the institution. The foster parents should be a married couple, single woman aged above 25 years (but she may not foster a male child), and a single man aged above 25 years (but she may not foster a female child). Adoption vests parental rights and duties relating to a child to a person whom the order has been granted. An adoption committee has been established to oversee adoption issue in the country. The child to be adopted must be at least six weeks old, must be registered adoption society, a resident of Kenya and has been in continuous care and control of the applicant for a period of three consecutive months before filing of the application. The person applying for adoption should be at least 21 years older than the child, a relative of the child, and a mother or father of the child

2.6 Theoretical Framework

There are several theories that explain the developmental stages that a child goes through and how each of the stages should be handled in order to ensure a normal and healthy development. This study will be guided more by the psycho-social theory.

2.6.1 Psycho-social theory

Erikson believes that the interaction between an individual and the environment produces eight psycho-social stages. Each of them centres on a developmental crisis with two possible opposing outcomes of the attempt to resolve the problems inherent in that stage. Thus, there is the positive outcome and the negative or dysfunctional outcome. Whether the outcome is positive or negative will depend on how well each of the stages is handled. Although the psycho-social theory identifies eight of these stages, this study will concentrate on the first five which relates to children. We have a stage of basic trust versus mistrust which occurs in the period of 0 - 1 year. Here the child learns to either trust or mistrust people. This is followed by a

stage of autonomy versus shame and doubt which occurs in the period between 1 - 3 years and the child either learns to be autonomous or doubts and is ashamed of himself. The initiative versus guilt stage comes between 3 - 6 years when the child either learns to develop his own initiative or feel guilty. After this comes the stage of industry versus inferiority at the age of 7 - 12 years where the child needs a lot of freedom and guidance without which he might develop a low - self esteem. Between 12 - 18 years the child is in the stage of identity versus role-confusion. Here, the child learns to develop a sense of independence and identity. Failure to do this leads to role confusion.

The implication of this theory is that child development is a complex phenomenon which needs all the stages of development should be followed. Parental rejection according to Hurlock (1982) can jeopardize normal security feelings for the child, undermine its self esteem and induce a feeling of helplessness and frustration which can permanently disable the child in his adjustment. Many young children, who feel rejected, suffer from enuresis, feeding difficulties, nail-biting and other heinous mannerisms. As they grow older, anti-social behaviour is common. This includes aggression, cruelty, lying, stealing, swearing, seeking attention, praise, and unnecessary help and showing off. The children caretakers in the rehabilitation are supposed to be well informed of these stages and the needs of the children in each of the stages. Caretakers should understand that some specific behaviour is simply related to developmental stages. At every stage, an individual is supposed to acquire developmental tasks which follow a pattern and are related hierarchically. Unless each stage is successfully handled, the individual is likely to meet with greater stresses in his adult life.

2.7 Conceptual Framework

This study conceptualizes that any society is bound to face numerous social, economic and political challenges in its day-to-day life. These challenges have their greatest impact on the most vulnerable members of the society, especially children. Children have had to suffer the most as they are still dependent on the senior members of the society, who happen to be part and parcel of the causes of these challenges. One of the major social challenges is the issue of child abuse (independent variable) and what the society is doing to solve it. Abused children are deprived of their basic and essential rights, needs and services for a happy and prosperous growth and development. The government of Kenya has come up with laws and regulations to establish institutionalised care, protection, rehabilitation and later integration of such children back into the society (dependent variable). However, the actual care, protection, rehabilitation and integration will depend on a number of intervening/extraneous variables including the qualifications of the caretakers, the number of caretakers, attitude of the caretakers and children and the supervision/regulation mechanisms put in place. The above relationships can be illustrated in Figure 1 which guided this study.

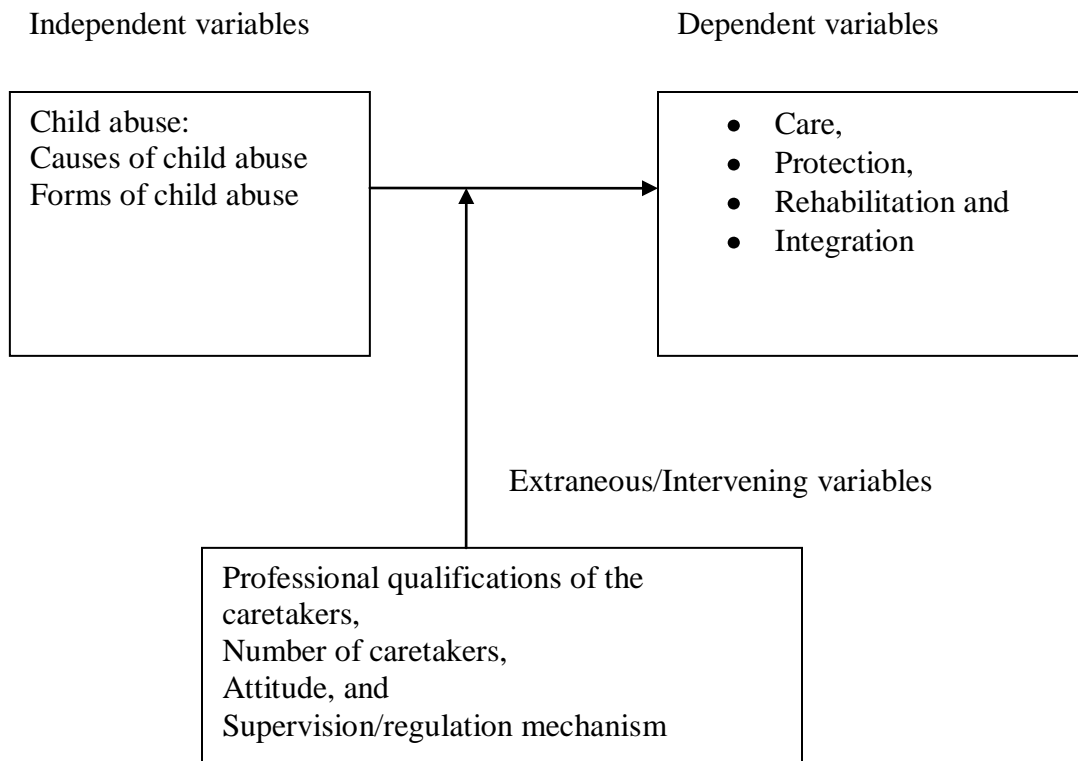


Figure 1: Relationship between Child Abuse and Institutionalised Rehabilitation

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the methodological procedures used in data collection and analysis. Discussed in details are the research design; location of the study; population of the study; sampling procedure and sample size; validity and reliability; data collection; and data analysis.

3.2 Research Design

This study adopted an *ex post facto* research design. This is a research design which brings out possible antecedents of events that have already occurred and therefore cannot be manipulated. This means that the researcher investigates possible cause-and-effect relationships by observing an existing condition or state of affairs and searching back in time for the plausible causal factors (Kerlinger, 1973). In this study, the independent variable (child abuse) is taking place in the society and the research starts with the observation of the dependent variable (rehabilitation institutions and their functions). The researcher proceeded to study the independent variable in retrospect for their possible relationship to, and effects on, the dependent variable.

3.3 Location of the Study

The study was conducted in Nakuru district of Rift Valley province, Kenya. The district also serves as the headquarters Rift Valley province. The district was chosen as a research site due to the available evidence of the ever increasing number of abused children in the area. The study used both public and private rehabilitation institutions so as to adequately evaluate the operations of all institutions handling abused children in the area.

3.4 Population of the Study

The target population for this study included all the abused children, managers and caretakers from two public rehabilitation institutions (Nakuru Juvenile Remand Home and Probation Girls' Hostel) and one charitable children institution (International Children Mission), and government officials from the children's department, probation and municipal welfare office in Nakuru district. The two public rehabilitation institutions had a total population of 118 children – 78 and

40, respectively, while the charitable children institution had 125 children (Rift Valley Provincial Children’s department, 2006). The study only targeted abused children aged 10 and above years as they can be believed to be in a better position to recall what made them to be admitted in the institution than their junior counterparts. A sample of 149 children, 6 managers, 9 caretakers and three government officers (one each from the children department, probation and municipal welfare office) will be selected and included in this study.

3.5 Sampling Procedure and Sample size

Ideally, it was preferable to collect data from all the abused children, managers and caretakers in all children rehabilitation institutions and government officials responsible for the welfare of the children in the study area. However, because of time, manpower and financial constraints, sampling was inevitable. Both non-probability and probability sampling procedures were used to select the required respondents for this study. The two types of sampling were used hand in hand at different stages.

Purposive sampling was used to select one charitable children’s institution and the two public rehabilitation institutions in the area. The two public rehabilitation institutions (Nakuru Juvenile Remand Home and Probation Girls’ Hostel) were selected because it is the responsibility of the government to take care and protect abused children in the country. In addition to this, the International Children Mission charitable children institution was also selected to represent the private rehabilitation institutions and assist in adequately evaluating rehabilitation and integration of abused children by both the public and private sectors.

In order to determine the sample size of abused children to be drawn from the 243 abused children admitted in the two public rehabilitation institutions and the charitable children’s institution, this study adopted a formula by Kathuri and Pals (1993) for estimating a sample size, n, from a known population size, N.

$$n = \frac{\chi^2 NP (1-P)}{d^2 (N - 1) + \chi^2 P (1 - P)}$$

Where:

n = required sample size

N = the given population size, 243 in this case

P = Population proportion, assumed to be 0.50

d² = the degree of accuracy whose value is 0.05

χ² = Table value of chi-square for one degree of freedom, which is 3.841

Substituting these values in the equation, estimated sample size (n) was:

$$n = \frac{3.841 \times 243 \times 0.50 (1 - 0.5)}{(0.05)^2 (243 - 1) + 3.841 \times 0.5 \times (1 - 0.5)}$$
$$n = 149$$

Probability sampling was used to select the 149 abused children from the three institutions to be included in the sample. Proportionate stratified sampling was used to determine the number of children to be drawn from each institution (Table 1 below). This ensured that the sample was proportionately and adequately distributed according to the population of each institution. For example, from the Juvenile Remand Home, it was 78 divided by 243 and then multiplied by 149 which resulted into 48 children.

Table 1:

Name of the Institution and the Sampled Children Population

	Number of children in the institution	Sampled population
Nakuru Juvenile Remand Home	78	48
Nakuru Probation Girls' Hostel	40	25
International children Mission	125	76
Total	243	149

Given the number of children that are supposed to be drawn from each institution, purposive sampling was then be used to select only those aged 10 years and above. In cases where the number of children aged 10 years and above was more than the required number, simple random sampling was used to select only the specific number required. This was done using random number table. The child corresponding to the number picked was included in the sample. Purposive sampling was also used in this study to select 2 managers and 3 caretakers (from each institution), and three government officers (one each from the children department, probation and

municipal welfare office). Each of these groups was targeted for specific information about child abuse and rehabilitation programme in the study area.

From the above two sampling procedures, a total of 149 children, 6 managers, 9 caretakers and 3 government officials formed the sample size for this study. Therefore a sample size of 167 respondents was selected and included in the study. However, only 132, 2 managers, 6 caretakers and 2 government officers correctly completed the questionnaire. The remaining 17 children, 4 managers, 3 caretakers and 1 government officer never filled the questionnaires and were therefore not used in the final analysis.

3.6 Instrumentation

Primary data was collected through administration of two sets of structured questionnaires (children, and managers and caretakers) and an interview schedule (for the government officials). Each instrument aimed at collecting specific information from the targeted respondents. The children questionnaire elicited information on causes of their abuse; the person responsible for the abuse; the place from where the said abuse took occurred; their needs in the institution; and the advantage and disadvantages of being in the institution over their actual homes, among others. The manager and care taker questionnaire sought information on the common causes of abuse in the study area and among the children in the institution; mode of admission of the children in the institution, services offered to the abused children, needs of the abused children; how the institution is meeting these needs; methods of integration; and their professional qualifications, among others.

The government official interview schedule sought information on the problem of child abuse in the study area, rehabilitation institutions in the area, the role of government in regulating and supervising these institutions; and the overall performance of these institutions, among others. Secondary data was also collected to supplement the primary data. These data was collected from documented information on child abuse and rehabilitation institutions in the study area and beyond. Sources of this information included government offices and libraries (books, journals, theses, periodicals, and other publications).

The face validity of the research instruments was then established in order to make sure that they reflect the content of the concept in question. First, the researcher went through the instruments in relationship with the set objectives and ensured that they contain all the information that answers the set objectives. Second, experts from the Department Of Psychology, Counselling and Educational Foundations were consulted for their opinion on the instruments. The instruments were then taken for piloting on a population that is similar to the target population, two charitable children's homes in the district. It included 10 children, 1 manager and 1 caretaker from each charitable children's home. The objective of piloting was to allow for modifications of various questions in order to rephrase, clarify and clear up any ambiguities in the questionnaire. Piloting also assisted in testing the reliability of the instruments. A reliability coefficient using Cronbach's alpha value of 0.75 was obtained for the children questionnaire and assumed to reflect the internal reliability of the instruments. Such a reliability coefficient was considered to be sufficient enough to confirm the internal consistency of the instrument (Fraenkel & Wallen, 2000).

3.7 Data Collection Procedures

The researcher proceeded to collect data from the selected respondents after receiving permission from the University; Ministry of Home Affairs (Children Department); and Ministry of Local government (Social welfare office) in Nakuru district. Permission was also sought from the managers of the two rehabilitation institutions to be used in the study. Data was then collected through administration of the three instruments.

3.8 Data Analysis

Data collected was processed and analyzed to facilitate answering the research objectives and questions. This was done using descriptive statistics. The descriptive analysis (percentages, tables, pie charts, bar graphs and cross-tabulations) was used to summarize and organize data and to describe the characteristics of the sample population. This was done with the aid of a computer programme - Statistical Package for Social Sciences (SPSS).

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents a discussion of the research results. The discussion addresses the research objectives of the study including: to establish the forms of child abuse among children admitted in rehabilitation institutions in Nakuru district; to determine the services offered to the abused children in the rehabilitation institutions; to determine the criteria used in admitting/accepting an abused child in the rehabilitation institutions; to identify the common integration methods used by the rehabilitation institutions to fit the rehabilitated children back into the society; and to identify the challenges facing the rehabilitation institutions in undertaking their duties and responsibilities. The findings of these objectives were analyzed descriptively using Statistical Package for Social Sciences (SPSS) version 11.5 for windows.

4.2 Demographic Characteristics of the Respondents

This section briefly describes the demographic characteristics of the sampled respondents in the three rehabilitation institutions used in this study. Such a description is important in providing a clear understanding of the respondents included in the study and influences the results based on the objectives of the study.

4.2.1 Age and Gender of the Sampled Children

In this study, the 132 sampled children from the three rehabilitation institutions were aged between 10 and 20 years with a mean age of 13.9 years. These ages suggests that most of the children admitted in rehabilitation institutions were still very young and therefore vulnerable and manipulable to various forms of child abuses. The children were still very young to understand what was happening to them and even to defend themselves against such aggressions. It can therefore imply that most of the child abusers target defenceless and vulnerable children in the society. Table 2 summarizes the age distribution and composition of the sampled children.

Table 2:

Age of the sampled Children

Age	Frequency	Percent	Cumulative Percent
10	12	9.1	9.9
11	18	13.6	22.7
12	13	9.8	32.6
13	7	5.3	37.9
14	23	17.4	55.3
15	25	18.9	74.2
16	16	12.1	86.4
17	10	7.6	93.9
18	3	2.3	96.2
19	3	2.3	98.5
20	2	1.5	100.0
Total	132	100.0	

Table 2 demonstrates that 93.9 percent of the sampled children were aged between 10 and 17 years. Out of the 132 sampled children, 79 (59.8 percent) of them were male while 53 (40.2 percent) were female (Table 3). This suggests that child abuse affects all children in the society and therefore no particular gender is safe from these heinous activities. However, the slight difference in gender could be attributed to the fact that female children, by nature, tend to persevere even in the harshest circumstances as compared to their male counterparts. Female children are therefore more likely to continue staying in their homes or society even when they are being abused without reporting. But male children are more likely to take the risk of running away, seeking for help and/or report the culprit, whenever they are being abused.

Table 3:

Gender of the Children

Gender	Frequency	Percent
Male	79	59.8
Female	53	40.2
Total	132	100.0

4.2.2 Family Background of the Sampled Children

The family background that a child is socialized and brought up in is a strong determinant of the protection and well being of that child. In this study, the 132 sampled children were asked about the type of family that they came from. Table 4 depicts their responses.

Table 4:

Type of Family of the Sampled Children

Type of family	Frequency	Percent
Single-parent	61	46.2
Dual/two parent	53	40.2
No parent	18	13.6
Total	132	100.0

From Table 4, 46.2 percent reported coming from single-parent (broken) families, 40.2 percent came from dual-parent families while 13.6 percent were from no-parent families. This suggests that no particular kind of parenthood is safe from cases of child abuse among its children. However, a closer examination reveals that a bigger proportion of the sampled children came from single-parent families. This indicates that children from broken families were more likely to be abused as compared to their counterparts from other types of families. Hamner & Turner (1985) support this by arguing that many single parents are more often than not unable to continue instilling good discipline in their children after the departure of the other parent. Many easily give in to all the demands of their children in an attempt to compensate for being single parent and do not set limits for these demands. Others opt to use physical punishment as a way of controlling their deviant children. However, such punishment can produce other undesirable behavioural reactions from the children including fear, anger and negative feelings. The treatment of the child by the single parent is in most cases greatly influenced by the gender of that parent. Therefore the 61 children who had reported that they came from single-parent families were asked about the gender of the parent. Table 5 summarizes their responses.

Table 5:

Gender of the Single-Parent

Gender	Frequency	Percent
Male	19	31.1
Female	42	68.9
Total	61	100.0

From Table 5, 68.9 percent of the sampled children came from female single-parent families while 31.1 percent were from male single-parent families. The gender difference of the single parent suggests children from female-headed single parents were more likely to be abused than their counterparts from male-headed families. Female single parents are at times overwhelmed by the responsibilities of taking care of the children alone and therefore some resort to abusing their children in the name of discipline or generally neglect their children thus making them vulnerable to abuses.

4.2.3 Level of Education of the Sampled Children

The level of education of a child reflects the extent to which one is vulnerable to manipulation and abuse. Children with low level of education can easily be manipulated and abused and are more likely not to open up and report in cases of abuse. Therefore, the level of education that the sampled children had attained before admission into the rehabilitation institution signifies the extent to which they were vulnerable to the kind of abuse that they incurred. It also portrays their level of understanding of the form and type of abuse that was committed to them and where to report such cases. In this study, the sampled children were asked about whether they were attending school while at home and before they were admitted to the institutions. Table 6 summarizes their responses.

Table 6:

Attending School while at Home

	Frequency	Percent
Yes	112	84.8
No	20	15.2
Total	132	100.0

Table 6 indicates that 84.8 percent of the sampled children were attending school while at home and before admission into the rehabilitation institutions. This suggests that the children were more likely to have been aware of the kind of abuse that they went through and if possible the person who committed to offence to them. 92.9 percent (104) of them were in primary school while the remaining 7.1 percent (8) were in lower classes of secondary school. This indicates that even though the respondents were attending school before joining the rehabilitation institutions, the abusers targeted more of primary school children. Primary school children are still very young, defenceless and vulnerable.

The study enquired the reasons why 20 (15.2 percent) of the respondents who were not attending school while at home. Table 7 depicts the main reasons.

Table 7:

Reasons for not Attending School

	Frequency	Percent
Lack of school fees	16	80.0
Not interested in education	4	20.0
Total	20	100.0

An examination of Table 7 shows that 80.0 percent of the respondents were not attending school while at home because of lack of school fees. This was attributed to the poverty levels of their families who could not afford paying school fees. When a child does not attending school, he/she is more likely to engage in delinquent activities and/or be vulnerable to abuse such as child labour. 20.0 percent of them were not interested in education. They indicated that nobody showed any interest in their lives and therefore they saw no need to attend school. This suggests cases of neglect of children who were supposed to be attending school.

4.3 Forms and Types of Child Abuse

The first objective of this study sought to establish the forms of child abuse among children admitted in rehabilitation institutions in Nakuru district. In order to adequately assess the forms and types of child abuse among the sampled children from the three selected rehabilitation institutions in Nakuru district, this study started by examining the main causes of child abuse in

the area. The eight sampled officials from the three rehabilitation institutions and two government Children’s Department officers enumerated a number of risk factors that contributed to child abuse among children admitted in rehabilitation institutions in the study area. Table 8 summarizes their responses.

Table 8:
Causes of Child Abuse in Nakuru District

Cause	Officials		Government officers	
	Frequency	Percentage out of 8	Frequency	Percentage out of 2
Lack of parental love, care and control	7	87.5	2	100.0
Drug abuse	7	87.5	2	100.0
Family dysfunctionality	6	75.0	2	100.0
Poverty	6	75.0	2	100.0
Breakdown of traditional family structure	5	62.5	2	100.0

Note: Sampled Officials were 8 while government officers were 2

An examination of Table 8 indicates that there were various causes of child abuse among children admitted into rehabilitation institutions in Nakuru district. 87.5 percent of the sampled officials from the three institutions and all the government officers reported lack of parental love, care and control. The respondents reported that poor parent-child relationship, care and even control deny the child a role model and someone to guide his/her behaviour. Such a child end up not knowing what is good or bad for him/her, not protected from dangerous people and therefore vulnerable to manipulation and abuse of various forms and kinds. According to the children’s Department (2002), lack of parental love, care and control leads to inadequate supervision of the children behaviour and surrounding, difficulty in controlling behaviour, inappropriate discipline and inconsistent parenting. All this increases the vulnerability of the child to various forms of abuse. West (1973) supports this by observing that parents who do not show love, care and control over their children are more to act destructively towards them and this increases chance of abuse and neglect of children by the parents themselves or other people. Children who are the victims of such distant parents are more likely to be abused or neglected by the very parents or other people. Baumrind (1991) observes that poor parent-child relationship make children not to

be cheerful, self-controlled and self-reliant, purposive and achievement-oriented. All these are likely to make children vulnerable to abuses and lure them into juvenile delinquent behaviour.

87.5 percent of the eight sampled officials from the three institutions and all the government officers reported drug abuse by both the people who are around the child and the child him/herself exposes one to abuses. The respondents noted that most of the delinquents and destitute in rehabilitation institutions in Nakuru district are victims of drug abuse. Drug abuse among child themselves predisposes them to deviant behaviours. However, the situation is made worse when the people who are supposed to be taking care of the child are themselves drug abusers. Such people are more likely to be affected psychologically and therefore easily abuse children under their care. Children's Department (2002) observes that drug abuse affects the physical and social functioning of the victim and at times is associated with antisocial behaviour. Straus (1990) and Roosa, Tein, Gropperncher, Michads, and Dumkal (1993) supports this by observing that a family, child or society with drug abuse problems are characterized by antisocial behaviours which are not conducive for better growth and socialization of the children.

75.0 and 62.5 percent of the eight sampled officials from the three institutions and all the government officers observed that family dysfunctionality and breakdown of the traditional family structures also causes child abuse in the study area. They reported that family disharmony and the change from the traditional family structures have increased child abuse cases as the society degenerates to egocentrism. Family dysfunctionality, as a result of divorce, violence, desertion, abandonment, and/or separation has led to broken families. The absence of one parent has negative consequences, especially to the vulnerable and innocent children. Such families encounter problems of socializing and controlling their children as compared to intact families. Wakhu (1997) supports this by adding that the situation is further complicated in cases where the remaining parent decides to remarry. Step parents do not fully devote themselves to the children but instead mistreat and abuse them.

The respondents reported that breakdown in the traditional family structures has made the society to gradually loss the social cohesion and responsibility that used to traditionally bind people together. Traditionally, everyone was responsible for one another and accountable to the

whole society. However, things seem to have changed as people take care of themselves first before the society. Therefore, the responsibility and care for children has been left to families alone. Ombima (1989) observes that traditionally, the rearing of children was a shared responsibility of the extended family and clan. However, the extended family has in the recent past been slowly eroded giving way to the nuclear family which does not enjoy the support of members with common ancestors. The erosion of the extended family has had adverse effects on children who are the most vulnerable members of the family. Naroll (1983) summed such a situation as “weakened moral nets” as parents have turned out to be the major abusers of their own children. Kilbride and Kilbride (1993) argued that such abusive parents were traditionally controlled by the extended family members who could intervene to protect the child.

75.0 percent of the eight sampled officials from the three institutions and all the government officers also reported that poverty and low socio-economic status of majority of the households in Nakuru district as contributor to the increasing child abuse cases in the area. Inability to provide for the basic and essential needs of the children may lead to vulnerability and manipulation as the children search for alternative sources of provisions. Ombima (1989) agrees with this by arguing that poverty in most cases lead to negligence and abandonment of children. Majority of the abandoned children usually comes from poor families which are unable to adequately provide food, shelter, clothing, medical attention and education for its members. McLloyd (1990) and McLoyd, Jayaratane, Ceballo and Borquez (1994) adds that poor and unemployed parents usually experience considerable psychological distress, feel helpless, insecure, are controlled by external forces, and are not able to support and nurture their children adequately. Children from such families are more likely to be abused as they look for alternative means of survival.

After establishing the most common risk factors contributing to child abuse among children in rehabilitation institutions and Nakuru district in general, the study sought to identify the common forms and types of child abuse among these children. From literature review, CLAN (2003) defined forms of child abuse in terms of where the abuse commonly occurs and categorized them into four groups physical, emotional/psychological, neglect/abandonment and sexual abuse. In this study, all the officials of the sampled rehabilitation institutions and the government

children’s department officers in Nakuru district reported that the four forms of child abuses take place in the district and had affected some of the children undergoing rehabilitation in the area. The study therefore examined each of these categories separately and the common types of abuses in each.

4.3.1 Physical Abuse

Physical abuse refers to those abuses that lead to actual harm directed on the body of a child and therefore manifests physically. The respondents enumerated the common types of physical abuses in the area. Table 9 summarizes these physical abuses.

Table 9:
Common Types of Physical Abuses

Type	Officials		Government officers	
	Frequency	Percentage of 8	Frequency	Percentage of 2
Bruises	6	75.0	2	100.0
Cuts	6	75.0	2	100.0
Fractures	6	75.0	2	100.0
Burns	5	62.5	2	100.0
Child labour	5	62.5	2	100.0

Note: Sampled officials were 8 while government officers were 2

From Table 9, the common types of physical abuses among children in rehabilitation institutions in Nakuru district included bruises, cuts, fractures, burns and child labour. The variations in the responses of the eight sampled officials from the three institutions were attributed to the fact that each was citing the types that he/she has witnessed among children under their care. The first four types of physical abuses occur as a result of inflicted injuries on the physical body of the child while the fifth occur when a child is forced to go and work either as a source of income to the family or to feed him/herself. CLAN (2003) and National News (2001) have also identified these and others as the common physical abuses which are inflicted injuries to the child.

4.3.2 Emotional/Psychological Abuse

Emotional or psychological abuses entail persistent or severe emotional ill treatment or rejection that has, or is likely to have a serious effect on the child development. This abuse leads to emotional and psychological harm of the children. This form of abuse encompasses of types of abuse that are likely to affect the emotional or psychological state of a child. The eight sampled officials from the three institutions and government officers also enumerated the common types of emotional/psychological abuses in the area. Table 10 summarizes these emotional/psychological abuses.

Table 10:

Common Types of Emotional/Psychological Abuse

Type	Officials		Government officers	
	Frequency	Percentage of 8	Frequency	Percentage of 2
Discrimination	6	75.0	2	100.0
Disproportionate demands	5	62.5	2	100.0
Denial of access to social contacts and resources	5	62.5	2	100.0
Lack of love and affection	3	37.5	2	100.0
Threatening and demeaning a child	3	37.5	2	100.0

An examination of Table 10 indicates that the most common types of emotional/psychological abuses among children in the three sampled rehabilitation institutions as reported by the officials included discrimination, disproportionate demands and denial of access to social contacts and resources. The least common ones included lack of love and affection, and threatening and demeaning of a child. The government officers reported that all the five types of emotional/psychological abuses occurred in the sampled institutions and Nakuru district at large. Discrimination was reported to be common in broken families where the remaining parent has decided to remarry. The step-parent usually discriminate the children of the other partner in terms of access to basic and essential needs. Wakhu (1997) supports this by arguing that step-parents do not fully devote themselves to the children but instead mistreat and abuse them.

Disproportionate demands were reported to occur when parents or adults in a family places demands on a child that are not age-appropriate or are beyond the ability of the child. This put

the child under a lot of pressure in order to fulfil the demands. If not well taken care of, such a child is likely to develop emotional/psychological problems. The respondents also reported that there had been numerous cases of parents denying their children access to social contacts and resources such as schools. This commonly affected children who are sickly or disabled and therefore their parents are shying away from exposing them to the public. The sickly and disabled children are at times neglected and even thrown out of the family due to the social stigma surrounding persons with disabilities in many societies. Lack of love and affection towards the child by the parents and immediate family members is usually traumatizing and at times leads to emotional/psychological problems. This is made worse when combined with constant threats and demeaning attributes to the child.

4.3.3 Neglect/abandonment Abuse

Neglect/abandonment abuse encompasses failure to provide the basic needs of a child, leaving a child without any care or under the care of strangers. The eight sampled officials from the three institutions and government officers also enumerated the common types of neglect/abandonment abuses in the area. Table 11 summarizes these neglect/abandonment abuses.

Table 11:
Common Types of Neglect/Abandonment Abuse

Type	Officials		Government officers	
	Frequency	Percentage of 8	Frequency	Percentage of 2
Failure to provide the basic needs	8	100.0	2	100.0
Leaving the child unsupervised in dangerous situations	7	87.5	2	100.0
Abandonment	7	87.5	2	100.0

From Table 11, the most common types of neglect/abandonment abuses among children in the three sampled rehabilitation institutions as reported by the officials and the government officers included failure to provide for the basic needs of the child, leaving the child unsupervised in dangerous situations and abandonment. These abuses were reported to be common where parents or people responsible for the maintenance of the child are less responsive of the needs of the

child. Failure to provide for the basic needs mostly occur in poverty-stricken or irresponsible families. In such cases the child is left unattended and therefore vulnerable to any manipulation in a bid to acquire basic needs, especially food.

Cases of child abandonment were reported to be rampant in the study area as parents dump their young children on the streets. Dallape (1987) attributes increased abandonment of children to baby dumping. This occurs when pregnant teenage girls are faced with strong social sanctions from relatives, friends and community members. The social stigma and inability of such young mothers to take care of their newly born babies force them to dump their children in hidden places to die or put them on the doorsteps of institutions in hope that someone will take care of them. Ombima (1989) supports this by observing that child abandonment is an issue that cannot be ignored. It is now a common feature in the society and is given much coverage by the news media. Wakhu (1997) adds that there are numerous reported cases of infants who have been picked by policemen by the roadside or in dustbins. The children are usually taken to rehabilitation institutions or given to someone who will be willing to take care of them. Some of the neglected children end up on the streets.

Leaving children unsupervised and in dangerous situations was reported to be common in the urban slum areas where parents work as casual labourers or go out to look for work. Such parents usually leave their children unattended in the slum as they can not afford to hire or employ a babysitter. These children have been the target of rapists and other child abusers.

4.3.4 Sexual Abuse

Sexual abuse, on the other hand, occurs when adults exploit their power, authority or position and use children to gratify their own needs. The eight sampled officials from the three institutions and government officers were also requested to enumerate the common types of sexual abuses in the rehabilitation institutions and Nakuru district in general. Table 12 summarizes these sexual abuses.

Table 12:
Common Types of sexual Abuse

Type	Officials		Government officers	
	Frequency	Percentage of 8	Frequency	Percentage of 2
Enticing/forcing a child into anal, oral or full sexual intercourse	8	100.0	2	100.0
Exposure of a child to inappropriate sexual intercourse	5	62.5	2	100.0
Exposure of a child to pornographic materials	5	62.5	2	100.0

An examination of Table 12 indicates that the common types of sexual abuses among children in rehabilitation institutions and Nakuru district in general included enticing/forcing a child into anal, oral or full sexual intercourse; exposure of a child to inappropriate sexual intercourse; and exposure of a child to pornographic materials. The respondents reported that sexual abuse cases, especially rape, defilement and incest, targeting minors have been on the increase in Nakuru district. They attributed this to degeneration in the societal morals and values as older people lure, entice and target vulnerable children for their own sexual gratifications. Most of these cases were said to go unreported, unlike other forms of abuse, since they happen in private and the victims are threatened to keep silent. The victims also feel guilt and shame to openly speak about the ordeal. The effects of these abuses are emotionally/psychologically traumatizing to the child who might end up thinking that every other person is a potential abuser.

4.4 Services Offered to Abused Children in the Rehabilitation Institutions

The second objective of the study sought to determine the services offered to the abused children in the rehabilitation institutions. Children's rehabilitation institutions are established and approved by the National Council for Children's Services to take care, protect and/or rehabilitate children. In this study, the eight sampled officials from the three institutions enumerated the services that they provided to abused children under their care. Table 13 summarizes these services.

Table 13:

Services Offered To Abused Children

Service	Frequency	Percentage out of 8
Care	8	100.0
Rehabilitation	8	100.0
Education	5	62.5
Preservation	4	50.0
Preparation for future independence	3	37.5

From Table 13, all the eight sampled officials from the three institutions reported that they provided care and rehabilitation of the abused children admitted to their institutions. Caring of the abused children in the institutions involved provision of the basic needs of the children including food, clothing and shelter. According to Parker (1988) and Children’s department (2002), the institutions are required to provide a caring environment in which the children’s physical needs for food, clothing and shelter as well as emotional needs for respect; privacy and affirmation are met in a spirit of mutual partnership between caregivers and the children themselves. Provision of such basic needs should be adequate and sufficient. Ndubai (1971) adds that a child living in a rehabilitation institution should be helped to develop a sense of security and self confidence which entails the utter elimination from his/her mind of any idea that he is a second class human being. The child is never supposed to feel like apologizing for his home whether that home is a private household or an institution. Rather, the child should be proud of it and be able to hold his/her head high.

Rehabilitation in this institutions involved provision of therapeutic assistance and guidance and counseling to the children who had been severely damaged emotionally as a result of their abuse experiences. Nakuru Girls’ Probation Hostels and International Christian Ministry and Destitute charitable children institution offered education services to children under their care. The sampled officials reported that they facilitate the education of the children under their care by sending the school-going-age children to primary and secondary schools around. For those who had finished their primary and secondary school education, the institutions also provided vocational training aimed at equipping the children with the necessary technical skills for future independence. When the 71 children from Nakuru Girls’ Probation Hostels and International Christian Ministry and Destitute charitable children institution were asked about what they were

doing while in the institution, 77.5 percent (55) reported that they attended school (primary and secondary) while 22.5 percent (16) attended vocational training. Dallape (1987) supports the provision of educational services to abused children in the institutions by observing that it would be better to send them to ordinary schools with all other children and ensure they get good education and training in preparation for the future.

50 and 37.5 percent of the eight sampled officials from the three institutions also reported that they preserve and prepare children under their care for future independence, respectively. This was done by ensuring that the basic and essential needs of the children are well taken care of and that they are adequately prepared to be independent in future. According to Ndubai (1971), an essential and integral duty of any institution should be to prepare the children for the future. Morgan and Righton (1989) support by arguing that the institutions should uphold the human dignity of the children by ensuring that they overcome the ordeal that befell them and therefore forge a head in life.

The study also enquired from the government officers about the services that the Children's department through the Children's Act (2001) recommends for the children's rehabilitation institutions. The officers reported that rehabilitation schools, such as Nakuru Girls Probation Hostels, are required to receive, maintain, take care of and rehabilitate children offenders and truants. Children offenders are those children who have broken the law, charged in a children's court and admitted to the hostels for rehabilitation and reform. Such children should be placed under the care of a counselor or be placed in an educational institution or a vocational training programme. Remand home, such as Nakuru Juvenile Remand Home, are required to ensure safe custody of those children accused and arrested of breaking the law and are yet to appear in a juvenile court. Lastly, charitable children's institutions, such as the International Christian Ministry and Destitute charitable children institution, are required to take care of, protect and rehabilitate needy children.

Adequate provision of these services will ensure that the institutions are able to meet the needs of the children. The eight sampled officials of the three institutions and government officers noted that the Director of Children Services supervises and regulates the activities of the rehabilitation

institutions in order to make sure that they do not deviate from their mandate and that the needs and the rights of the children are well taken care of.

4.5 Criteria of Admission of Abused Children in Rehabilitation Institution

The third objective of the study aimed at determining the criteria used in admitting/accepting an abused child in the rehabilitation institutions. The three sampled children's rehabilitation institutions in this study admitted abused children differently depending on the procedure spelt out in the Children Act (2001). The eight sampled officials from the three institutions were therefore asked to give the criteria used in admitting abused children. Table 14 summarizes the various ways of admitting abused children in these institutions.

Table 14:

Criteria of Admission of Abused Children

Criteria	Frequency	Percent
Court order committal	6	75.0
Children in need of help and care	2	25.0
Total	8	100.0

From Table 14, 75.0 percent of the respondents reported that they admitted children in their institutions using a court order committal. The 6 respondents were from the Girls Probation Hostel and Remand Home. Children offenders are arrested after the probation officer has investigated the committed offence. They are then taken to the remand homes to await charges in the children's court. Upon hearing the case and finding one guilty, the court charges and sentences the child. For those children who the court feels that can not be effectively rehabilitated and supervised from their natural homes are sentenced for a certain period of time and committed to a probation hostel. The Rotich (2003) and Children Act (2001) support this kind of admission for those children who require closer supervision and rehabilitation.

The 25 percent of the respondents who reported admitting children in need of help and care were from the International Christian Ministry and Destitute charitable children institution. According to the Children Act, charitable children institution admits a child who is in an emergency situation and in need of care and protection. An authorized officer or any person who is

convinced that the child is in need of care and protection may also report the matter to a children's court which can order that the child be admitted to a charitable institution for rehabilitation. Charitable institutions are also allowed to admit those children who come to seek for help on their own or those found in helpless situations.

All the three institutions were under close supervision and regulation of the Director of Children's Services who monitors the progress of children admitted to ensure that he/she is well taken care of, protected and rehabilitated. The Children Department (2002) has stipulated that admission of children in rehabilitation institutions should not occur without an official document issued by a government agency with relevant authority confirming that the child is really in need of care, protection and rehabilitation. The officials of the institution should explain to the child the reason for admission and other matters necessary for his/her stay in the institution so that the child feels assured and secure.

In addition to the criteria used to admit children in rehabilitation institutions, the Children Act has also specified the way a child should be treated while in the centres. First the children should be treated according to their needs and well-being. In this study, the sampled officials reported that they always tried their best to make sure that children are arranged and treated according to their needs and kind of abuse committed to them. This was so as to adequately cater for their diverse needs. For the Remand home and the International Christian Ministry and Destitute where there were female and male children, the managers reported accommodating them in separate room to ensure privacy and good mannerism. However, Probation girls and Remand home institutions treated children of all ages but having the same needs together. They reported that though the Children Act prohibit that, they had forced to do it due to lack of adequate resources and facilities and the increasing numbers of children admitted to these institutions. However, International Christian Ministry and Destitute recognized age differences and treated the children according to their ages. This was done so as to avoid any undesirable influence of either the young and older children on one another. They had categorized the children into two groups: those below 14 years and those above 14 years. They had also special programme for each age group with children less than 14 years involved in personal hygiene and attending

school while those above 14 years were engaged in peer counseling of the young ones, attending school and vocational training.

4.6 Integration Methods in the Rehabilitation Institutions

The fourth objective sought to identify the common integration methods used by the rehabilitation institutions to fit the rehabilitated children back into the society. The objective was inspired by the fact that the objectives of any children’s institution is to take care of, protect and rehabilitate. This can only be possible if the institutions have put in place sufficient mechanisms that will ensure that the rehabilitated child fits back into the society. Therefore, any care, protection and rehabilitation of children without proper methods and procedures of integrating the child into the society will render all the efforts useless and fruitless. But this can only happen when the rehabilitation institution has adequately prepared both the child and the society for acceptance and integration. The rehabilitated child is supposed to have reformed, and be assured of acceptance and a positively changed society while the society is supposed to be ready to accept the child and be assured that the child is changed and socially-acceptable. In this study the eight sampled officials from the three institutions enumerated the common integration mechanisms that they used in fitting the child back into the society. Table 15 summarizes these integration methods.

Table 15:
Methods of Integrating Rehabilitated Children into the Society

Integration methods	Frequency	Percentage out of 8
Encouraging family members and friends to visit them	7	87.5
Attending school with other children outside the institution	5	62.5
Attending religious functions outside the institution	5	62.5
Encouraging them to visit family members and friends	4	50.0
Participating in extracurricular activities with children from other institutions	3	37.5

An examination of Table 15 indicates that 87.5 percent of the respondent reported encouraging well-meaning family members and friends to visit the children in the institution. This is meant to maintain the bond between the child and his/her family members and friends. It also assists in

demonstrating to the child and the family that the institution is there for the good of all of them. There is therefore life after the institution. The Children Department (2002) has also stipulated that every child in a rehabilitation institution has a right to receive regular and frequent visit by the family members and other close people as long as the visitor has good intentions and does not exert negative influence in the child. However, the institution is supposed to guard the child from being visited by unremorseful abuser who might rekindle the bad memories of the abuse in the child. 50 percent of the respondents also reported encouraging the child to visit the family members and friends. The Children Department asserts that in case of death, serious illness or injury to a family member, the authority should give permission to the child to visit the home and even attend funeral. Maintaining contact and correspondence with the family members through letters and telephone communications, keeps the child and family aware of the situations both at home and in the institution.

Attending social activities and functions such as schools and church with other children outside the institution creates a bond between the child and the society. It also reminds the child of the need to overcome the incidence that has placed him/her in the institution so as to join the rest. Attending such functions and social activities prepares the child to effectively fit into the society upon release. All these efforts are geared towards adequate preparation of both the child and the society for acceptance and integration.

The respondents reported that in addition to the above integration methods, the institutions have developed follow-up mechanisms to ensure that the released child is properly integrated into the society. The officials from the probation hostels and remand home reported that before releasing the child, the probation officers visit the family and/or the society to counsel and encourage them to accept the rehabilitated child back into the society. In cases where the abuser can be traced, the probation officer counsels him/her to demonstrate that the action meted on the child was undeserving and should never be repeated. The institution also encourages well-meaning members of the society to frequently visit and talk to the child so as to show them that there are still people who care for them.

4.7 Challenging Facing rehabilitation Institutions

The fifth objective sought to identify the challenges facing the rehabilitation institutions in undertaking their duties and responsibilities. The eight sampled officials from the three institutions reported a number of challenges that they encountered in undertaking their duties and responsibilities in the study area. Table 16 summarizes these challenges.

Table 16:

Challenges of the Rehabilitation Institution

Challenges	Frequency	Percent
Inadequate resources	3	37.5
Lack of adequately trained personnel	3	37.5
Stubborn children/behaviour	2	25.0
Total	8	100.0

Table 16 indicates that 37.5 percent of the respondents cited inadequate resources as a major challenge facing rehabilitation institutions in undertaking their responsibilities. They noted that the varying nature of demands and the delicate stage of development of the children under their care require adequate and constant availability of financial and material resources. Such resources were at times not sufficient and easily available to adequately take care of the varying needs of the children. This was complicated further by the ever-increasing number of children in need of care, protection and rehabilitation. In most cases the number of children admitted into these institutions exceeded their capacity to provide for their needs.

In connection with financial and physical resources, 37.5 percent of the respondents reported that rehabilitation institutions lacked adequately trained personnel skilled in child care, protection and rehabilitation. With lack of such vital knowledge, the personnel were limited in the extent to which they can successfully handle their responsibilities. They also complained of lack of refresher courses that could boost their ability to effectively handle their responsibilities. 25.0 percent of the respondents noted that some of the children admitted in their institution were too stubborn and hard to rehabilitate. In some cases of abuse, the abused children might have been very much affected by the ordeal which requires advanced examination and referral services by superior experts who are not easily available. In other cases, the effect of the abuse might have

made the child apprehensive and suspicious of the intentions of any other human being by equating him/her to the person responsible for the abuse. In such situations, therefore, the child can not be easily rehabilitated. Other children might have been poorly socialized and neglected in life making them not to appreciate any efforts by the institutions to effectively assist them. Others are brought into the institutions when they are beyond control and therefore are not easy to rehabilitate.

In addition to the challenges facing rehabilitation institutions in the study area, the two sampled government children's officers also reported that the government faces challenges in handling cases of abused children in Nakuru district, and the country at large. The challenges included lack of qualified personnel, lack of adequate support from the society and unattainable direct solutions. The officers noted that effectively handling and rehabilitation of abused children requires adequately qualified personnel not only in guidance and counseling but also in all other spheres concerning behaviour change and child abuse. However, majority of the rehabilitation centres, especially charitable children institutions, lacked such qualified personnel.

The officers also reported that the society has been very much uncooperative and in most cases do not adequately support the government efforts to apprehend and charge notable child abusers. The society at times conceal vital information about the abusers, do not want to appear in court as witnesses of the alleged abuse, and even assist the culprit in hiding. There were also cases that once an abused child has been taken to a rehabilitation institution, there are usually neglect and lack of support from the family members and the society. The family members and the society assume that all will be well and therefore there is no other assistance that they can give to that child. The officers observed that it is lack of such support and cooperation from the society that had cases of child abuse to continue unabated.

In connection with lack of support and cooperation from the society, the officers reported that it was impossible therefore for the children department, juvenile court and the rehabilitation institutions to come up with direct solutions in rehabilitation and integration of abused children. Effective rehabilitation and integration demands ample support and cooperation of the society at large.

Given the above challenges, the government officers reported that they had put in place some mechanisms to assist in mitigating them. Such mechanisms included instituting court orders without fear or favour, and networking with all other organizations involved in addressing child abuse cases in the country. The officers also made a number of suggestions that could improve children institutions taking care of child abuse in the country. Table 17 summarizes these suggestions.

Table 17:
Suggestions to Improve Children’s rehabilitation Institution

Suggestion	Frequency	Percent
Continuous supervision, regulation and follow-up	1	50.0
More residential institutions to be set up	1	50.0
Total	2	100.0

From Table 17, one of the officers reported that there is need for the government to continue supervising, regulating and making regular follow-up of the rehabilitation institutions so as to ensure that they remain faithful to their mandate. The other officer suggested that there was a need for the government and the private sector to set up more residential rehabilitation institutions taking care of rehabilitation of child abuse so as to effectively manage the increasing cases of child abuse in the country. The 132 sampled children also made their own suggestions that would ensure a better future life. Table 18 summarizes their responses.

Table 18:
Suggestions for a Better Life

	Frequency	Percent
Pursue and advance in education	95	72.0
Adequate provision of basic needs	12	9.1
Institutions create job linkages	8	6.1
More guidance and counselling	8	6.1
Adequate facilities and resources	5	3.8
Praying and worshipping God	4	3.0
Total	132	100.0

From Table 18, 72 percent of the sampled children wanted to pursue and advance their education so as to be able to lead a better life tomorrow. It was curious to note that some of them reported that they wanted to advance in education and pursue careers that would enable them assist in addressing cases of child abuse in the country.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the major findings of the study based on the research objectives. Also included are the conclusions drawn from the findings and the recommendations made including suggestions for further research.

5.2 Summary of the Major findings

Based on the objectives of this study and the analysis presented in chapter four, the following major findings were established:

- (i) The main causes of child abuse in the three sampled rehabilitation institutions, and Nakuru district in general, were lack of parental love, care and control; drug abuse; family dysfunctionality; poverty; and breakdown of the traditional family structures. The admitted children in the three institutions had gone through various types of child abuse covering all the four main forms of child abuse including physical, emotional/psychological, neglect/abandonment and sexual abuse.
- (ii) The three rehabilitation institutions offered five types of services to the admitted children including care, rehabilitation, education, preservation and preparation for future independence.
- (iii) Government rehabilitation institutions admitted children on the basis of a court order committal while charitable children institutions admitted children in need of help and care. However, the operations and management of the institutions are supervised and regulated by the Director of Children Services through the respective district children's department and probation officers.
- (iv) The institution prepares rehabilitated children for integration back into the society in a number of ways including encouraging family members and friends to visit children, attending religious and other social services with other children outside the institutions, and occasional visit of their families. In addition to the above methods, the institutions had developed follow-up mechanisms, using probation officers, to counsel and encourage the family and society to accept the rehabilitated child back into the society.

- (v) The main challenges facing rehabilitation institutions in undertaking their duties and responsibilities included inadequate supply of resources, lack of adequately trained personnel in child care, and stubborn children. The government also faced a number of challenges in handling cases of child abuse in the area, and the country at large. They included lack of qualified personnel, lack of adequate support from the society and unattainable direct solutions.

5.3 Conclusions

Based on the above summary of the major findings, the study makes the following conclusions:

- (i) The main causes of all forms of child abuse in the study area stem from the family and the society.
- (ii) The services offered in the rehabilitation institutions are adequate enough to rehabilitate and later integrate the child into the society.
- (iii) Public and private rehabilitation institutions have different criteria of admitting children even though all of them are supervised and regulated by the government.
- (iv) Rehabilitated children are adequately prepared for integration back into the society.
- (v) Both the rehabilitation institutions and the government agency responsible for handling child abuse cases face challenges in undertaking their responsibilities.

5.4 Recommendations

From the above conclusions, this study makes the following recommendations about child abuse in the study area and beyond:

- (i) There is need for the society and families to re-evaluate the plight of children in the society in order to stem child abuse.
- (ii) There is need for the government to develop uniform criteria for admission of children into private and public rehabilitation institutions so as to treat abused children equally.
- (iii) There is need for the society to be more involved in the integration process of the rehabilitated children so as to ensure swift and efficient acceptance.

5.4.1 Suggestions for Further Research

This study suggests the following areas for further research on rehabilitation and integration of abused children:

- (i) Influence of the family environment on child abuse.
- (ii) Level of societal awareness of forms and types of child abuse

REFERENCES

- Baumrind, D. (1991). "The influence of parenting styles on Adolescent competence and substance use". *Journal of Early Adolescence*. 11 (March): 56 – 95.
- Children's Legal Action Network – CLAN (2003). Child Rights and Protection. A Handbook for Community Children's Paralegal Worker.
- Children's Department (2002). The Guidebook for assessment and classification at the children remand homes and rehabilitation schools. Office of the Vice President and Ministry Of Home Affairs, Heritage and Sports. Nairobi: Government Press
- Daily Nation (2006, 15th June). Combating Violence against Children. *The Daily Nation Newspaper*, pp. 21
- Dallape, Fabio (1987). *An Experience with Street Children*. Nairobi: Undugu Society of Kenya.
- Gall, M. D.; Borge, W. R.; and Gall, J. P. (1996). *An Introduction to education Research*. 6th Edition. New York: Longman.
- G.O.K. (1999). *Report of the Judicial Commission of enquiry into the Tribal Clashes in Kenya*. Nairobi: Government Printers.
- Government of Kenya (2001). *The Child Act Cap 586 Laws of Kenya*. Nairobi: Government Printers.
- Hamner, J.T. and Turner, H. P.(1985). *Parenting in contemporary society*: New Jersey:Prentice - Hall, Inc.
- Hurlock E. B. (1972). *Child development*: New York: MCGraw Hill Series.
- Jean, L.F. (1990). *Child Sexual Abuse*. Polity press in Association with Blackwell Publishers.
- Kathuri, N. J. & Pals, D.A. (1993). Introduction to Educational Research. Njoro: Egerton University press.
- Kerlinger, F. N. (1973). *Foundation of Behavioural Research*. New York: Holt, Rinehart and Winston.
- Kilbride, J. & Kilbride, P. (1993) *Changing family life in East Africa: Women and children at*

- risk*. Nairobi: Gideon S. Were Press.
- Kubo, P. (1990) *Advocacy for the Rights of the child. Paper presented at the pre summit workshop on the theme: A Kenyan perspective to the world summit on children*, Nairobi, 1990.
- Levi, L.W. (2002). *Rehabilitation Process of Juvenile Delinquents in Kenyan Approved Schools*. Unpublished Doctoral Thesis, Egerton University.
- Meyer, W. J. & Dusek, J. B. (1979). *Child Psychology: A Developmental Perspective*. Lexington, D.C.: Heath Company.
- Morgan, S. and Righton, P., (1989). *Child care concerns and conflicts*. London: Hodder and Stroughton.
- Mugenda, O.M. & Mugenda, A.G. (1999). *Research Methods – Quantities and Qualitative Approaches*. Nairobi: Acts Press.
- McLoyd, V. C. (1990). The Impact of Economic hardship on Black Families and Children: Psychological Distress, Parenting and Socio-economic Development. *Child Psychology*, 61. 311-346.
- McLoyd, V. C., Jayaratane, R. E., Ceballo, R., and Borquez, J. (1994). Unemployment and Work Interruption among African American Single Mothers: Effect of parenting in Adolescent socio-emotional Functioning. *Child Psychology*, 65. 562-589.
- Naroll. R. (1983). *The moral order*. Los Angeles Beverly Hills: Sage publications.
- National News (2001). “Improving Management of Children Homes”. *Update Issue No.1*
- Parker, R. (1988) *Residential Care For Children In New Residential Care*. London: H.M.S.O.
- Roosa, M.W., Tein, J.Y., Gropperncher, N., Michads, N.& Dumkal, L. (1993). Mothers’ parenting behaviour and child mental wealth in families with a problem drinking parents. *Journal of Marriage and the Family* 55 (February): 107-118.
- Rotich, W.K. (2000): *An Assessment of Probation Services in Kenya*. Unpublished Master’s Thesis. Kenyatta University, Nairobi.
- Straus, M.A. (1990). The National family violence surveys. In straus, M. & Gelles, R.J. (Eds) 1998. *Physical Violence in American Families*. New Brunswick, N.J.: Transaction books.

West, D.J. and Farrington, N.P. (1973). *The Delinquent Way of Life*. New York: Crane Russak.

APPENDICES

APPENDIX A: CHILDREN QUESTIONNAIRE

My name is Jecinta Wangari Mbugua, a student at Egerton University undertaking a Masters degree in Guidance and Counselling. As part of the requirements of the course, I am required to undertake a research project in my area of study. My research topic is on the “Rehabilitation and Integration of Abused Children: A Case Study of Government Rehabilitation Institutions in Nakuru district”. You have been selected as one of my respondent in this research project. Your sincere and correct answers will be important in attaining this goal. All information will be treated with utmost confidentiality.

Background Information

1. Name of the Institution _____
2. Gender Male Female
3. Age _____
4. When did you join this institution? _____
5. Who brought you to this institution?
 - i. Myself
 - ii. Police
 - iii. Court order
 - iv. Friends
 - v. Parent
 - vi. Relative
 - vii. Others (specify)
6. Where were you living before you came to this institution?
 - i. At home
 - ii. On the streets
 - iii. With a relative
 - iv. In another rehabilitation institution
 - v. Others (specify)

Family Background

7. Are your parents alive?

- Yes No Don't know

8. If yes in 7, which parent is alive?

- Both
 Mother
 Father

9. If yes in 7, are they living together?

- Yes No

10. If No in 9, why are they not living together?

- (i) They have separated/divorced
(ii) They are working in different places
(iii) One is working far away from home
(iv) Others (specify)

11. Which of the following family members were you living with before joining the home?

- | | |
|--------------------------|----------------------------------|
| (i) Father | (v) Father and siblings |
| (ii) Mother | (vi) Mother, father and siblings |
| (iii) Mother and father | (vii) None |
| (iv) Mother and siblings | |

12. If None in 11, who else were you living with before joining the home?

- | | |
|---------------------|--------------------|
| (i) Relative | (iv) Friends |
| (ii) Neighbour | (v) Good Samaritan |
| (iii) Foster parent | |

13. Is any of your parents working?

- Yes No

14. If yes in 13, who?

- Both
 Mother
 Father

15. If any of the parents was employed, was the salary enough to provide for the family needs including shelter, clothing and food?

- Yes No

16. If the parents were not employed or the salary was not enough, how else were they meeting family needs?

- (i) Begging
- (ii) Donations
- (iii) Sending us to go and beg on the streets
- (iv) Sending us to go and work
- (v) Doing nothing
- (vi) Others (specify) _____

17. Were you attending any school while at home?

- Yes No

18. If Yes in 17, in which class were you before coming to this institution? _____

19. If no, why? _____

Children Abuse

20. What made you come to this institution?

- (i) Loss of parent(s)/guardian
- (ii) Abandoned
- (iii) Poverty at home
- (iv) Separation of parents
- (v) Disagreed with the parents
- (vi) Negligence by the parents/guardian
- (vii) Violence at home
- (viii) Sexual abuse
- (ix) War/ethnic clashes
- (x) Disability and sickness
- (xi) Arrested from the streets
- (xii) Delinquent acts
- (xiii) Others (specify) _____

21. Do you remember the person who committed the above abuse to you?

- Yes No

22. Have you ever lived on the streets?

- Yes No

23. If yes, for how long did you live on the street? _____

24. What do you do while in this institution?

- (i) Attend school
- (ii) Attend college
- (iii) Learn vocational skills
- (iv) Nothing
- (v) Any other (specify) _____

25. What are your needs in this institution?

- (i) Food
- (ii) Clothing
- (iii) Shelter
- (iv) Education
- (v) Training
- (vi) Love and care
- (vii) Counseling
- (viii) Spiritual guidance
- (ix) Others (specify) _____

26. Is the institution meeting all these needs?

Yes

No

27. Does the institution meet any of the following needs:

	Yes	No
Spiritual needs (religious)		
Need for love and affection		
Food , clothing and shelter		
Play time and facilities		
Protection and care		
Educational		
Counselling		

28. What career do you want to take after leaving this institution? _____

29. Do you think the institution is preparing you adequately to venture into the career?

Yes

No

30. Give any suggestion that you think would make your life better than what it is in this institution? _____

APPENDIX B INSTITUTION MANAGERS AND CARE TAKERS QUESTIONNAIRE

Background information

1. Name of institution _____
2. Job status Manager Caretaker
3. Designation in the institution eg. Warden, manager etc _____
4. Number of children in the institution _____
5. Age of the manager/caretaker _____
6. Marital status
 - i. Single
 - ii. Married
 - iii. Widowed
 - iv. Separated
7. Do you have any professional training in child care/affairs?
 Yes No
8. If yes, indicate the type of professional training?
 - i. Social work
 - ii. Child psychology
 - iii. Pastoral training
 - iv. Criminology
 - v. Guidance and counselling
 - vi. Others (specify)
9. At what level of education did you attain the above professional training?
 - i. Seminar/workshop
 - ii. Certificate
 - iii. Diploma
 - iv. Bachelors degree
 - v. Masters degree
 - vi. Ph.D.
10. If No in 7, what motivated you to engage or work in this institution? _____

11. Number of years worked in children institutions? _____

Child Abuse

12. What are the major causes of child abuse among the children in this institution? _____

13. What are the main forms and type of child abuse common among children in this institution?

i. Physical abuse _____

ii. Emotional/psychological abuse _____

iii. Neglect/abandonment abuse _____

iv. Sexual abuse _____

14. What criteria are used in admitting children in this institution? _____

15. What is the average age range of children in this home?

Minimum _____

Maximum _____

16. Do you treat children of all ages together?

Yes No

17. If No, under which age categories have you divided your children? _____

18. What special programme have you assigned to each of the above mentioned age categories in 17? _____

19. What is the gender of children in your home?

Female Male Male and female

20. How many children do you have per each gender?

Male _____ Female _____

21. What are the basic needs of the children in this institution?

- | | |
|----------------|-------------------------|
| (i) Food | (v) Training |
| (ii) Clothing | (vi) Love and care |
| (iii) Shelter | (vii) Counseling |
| (iv) Education | (viii) Others (specify) |

22. Is the home capable of effectively meeting these needs?

Yes No

23. What services do you provide to children this home?

- i. Care
- ii. Rehabilitation
- iii. Education
- iv. Preservation
- v. Preparation for independence
- vi. Others (specify)

24. How many workers do you have in this institution? _____

25. Categorize them according to their work and give the number in each category? _____

26. Do you have a trained counsellor in this institution? Yes No

27. What roles does the government play in the operations and management of this institution? _____

28. What methods do you use in this institution in integrating the rehabilitated children back into the society?

- (i) By attending schools with other children outside the home
- (ii) Participating in games with other institutions
- (iii) Encouraging family members, relatives and friends to visit them
- (iv) Encouraging them to visit family members, relatives and friends
- (v) Attending church services outside the home
- (vi) Others (specify)

29. What follow-up integration mechanisms have you put in place to ensure that the released child is properly integrated in the society? _____

30. How do you make sure that the child enjoys the following?

a) Privacy _____

b) Security _____

c) Respect/self esteem _____

31. What do you do to compensate for the child's lack of motherly love and affection? _____

32. What are the major challenges facing the rehabilitation institutions in undertaking their duties and responsibilities _____

APPENDIX C: GOVERNMENT OFFICER INTERVIEW SCHEDULE

1. Name (optional) _____
2. Age _____
3. Gender
 Male Female
4. Designation
 Children Department officer Municipal welfare officer
 Probation officer
5. For how long have you worked in this district in that capacity? _____
6. How many children institutions have been established in this district?
 - i. Government rehabilitation schools _____
 - ii. Remand homes _____
 - iii. Charitable homes _____
7. How many children are in these institutions?
 - i. Government rehabilitation schools _____
 - ii. Remand homes _____
 - iii. Charitable homes _____
8. What are the major causes of child abuse among the children residing in these institutions? _____

9. What are the main forms and type of child abuse common among children in this institution?
 - v. Physical abuse _____

 - vi. Emotional/psychological abuse _____

vii. Neglect/abandonment abuse _____

viii. Sexual abuse _____

10. What criteria are used in admitting children in these institutions? _____

11. What role does your office play in the running and management of these institutions? _____

12. What services and activities are recommended to be offered by each of the above categories of institution?

i. Government rehabilitation schools _____

ii. Remand homes _____

iii. Charitable homes _____

13. What are some of the common challenges facing children institutions in the district? _____

14. What is your assessment of the performance of the children institutions in Nakuru district? _____

15. What challenges does the government face in handling abused children in the country? ____

16. How does the government meet these challenges? _____

17. Give any suggestions that can improve children's institutions taking care of the abused children in the country? _____
