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# Types of Abuse Experienced by Adolescents Living in Charitable Children's Institutions in Nairobi County, Kenya

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## Abstract

Adolescents are at a high risk of exposure to possible abuse due to their vulnerability and dependence on caregivers. The objective of this study was to establish the types of abuse experienced by adolescents with mild and moderate symptoms of anxiety disorder and living in charitable children's institutions (CCIs). Data was collected from three CCIs in Nairobi County, Kenya. The sample size was made up of 115 adolescents who gave informed consent and met the inclusion criteria. The respondents were administered a socio-demographic questionnaire, which was asking questions about socio-demographic characteristics and previous experiences of abuse. The respondents also completed Beck's Anxiety Inventory (BAI) to be able to establish the presence and severity of symptoms of anxiety disorder. Respondents who experienced neglect were 60.9% while 42.1% experienced emotional abuse. Those who experienced physical abuse were 26.1% while 13.0% experienced sexual abuse. Males had a higher mean in physical abuse and neglect while females had a higher mean in sexual abuse and emotional abuse. These study findings are important because they would inform policy makers on the types of abuse adolescents living in CCIs have experienced and add to the existing body of knowledge on abuse among adolescents. Further, this information would enable policy makers to integrate treatment and prevention programs for abused adolescents living in CCIs. It is such abuses which were responsible for these adolescents ending up in CCIs in the first place.

*Key Words:* adolescents; abuse; neglect; Charitable Children's Institutions Kenya

## Introduction and background

History shows that child abuse has existed since the beginning of civilization although many sectors of society have not recognized it due to misbelief that parents or caretakers could mistreat their own children (Thomas, 1972). However, the last two decades have seen considerable

changes in the legal status of children and adolescents all over the globe as children and adolescents now have a right to the fulfillment of their developmental needs (UN General Assembly, 1989). There is now a common agreement in many cultures and religions that child abuse is prohibited.

This study defined child abuse to include all forms of physical and or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (World Health Organisation, 1999). Different studies have researched on different types of abuse especially sexual and physical abuse. However, this study went further to look at physical abuse, sexual abuse, emotional abuse and neglect.

Globally, the prevalence of reported child abuse is approximately 10% (Gilbert et al., 2009). In America, child protection service agencies received 7.2 million referrals involving child maltreatment in 2015, which was higher than in 2011 when 6.2 million children were referred for abuse and neglect (*Human Services Administration for Children and Families*, 2015). A study conducted among Taiwanese adolescents found that 91% of the adolescents had experienced at least one type of abuse (Feng, Chang, Chang, Fetzer, & Wang, 2015). Another study conducted in Western Kenya found that 67% of youth had experienced abuse prior to admission to an institution (Morantz, Coleb, Ayaya, Ayuku, & Braitstein, 2014). Though the foregoing indicates that child abuse is common in many countries, the prevalence keeps varying and it has been found to be highest in countries in Africa due to cultural differences, different definitions and samples used (Akmatov, 2011; Deeba & Rapee, 2015).

Norman et al. (2012) defined physical abuse as injuries sustained by children or adolescents due to intentional use of force which causes harm to the child's development, survival or health. This study adopted the same definition. Physical abuse may vary in severity and range from minor bruises, burns, or bites to major fractures of the bones or skull and finally lead to death in the most extreme situations. However, physical injuries may or may not be immediately visible. A meta-analysis conducted in Africa (South Africa, Egypt, Mauritania, Zimbabwe, Swaziland and

Nigeria) found that rates of prevalence of physical abuse among children and adolescents were between 7.6% and 45% with differences being caused by different definition and measures used (Meinck, Cluver, Boyes, & Mhlongo, 2015).

A study conducted in Egypt among youth aged 12-17 years found that 11.4% had experienced physical abuse (Pereda, Guilera, & Abad, 2014). Another study conducted in South Africa among 3515 children aged 10-17 years found that 56.3% had experienced physical abuse in their lifetime (Meinck et al., 2015). In Kenya, the statistics appeared to be higher as prior to 18 years, 66% of females and 73% of males had experienced physical abuse (UNICEF, 2012). A study conducted in South Africa among 603, 13-19-year-olds, found that there were no gender differences in youth who had experienced severe physical abuse (Meinck et al., 2015). However, both boys and girls in Kenya have been found to have equal exposure to abuse and neglect although statistics indicated that more males than females experienced physical abuse (Government of Kenya, UNICEF, & Global Affairs Canada, 2015).

Sexual abuse includes sexual intercourse, sexual contact, exploitation and any touching or non-touching with a child (Meinck et al., 2015). Non-touching sexual offences include frank discussions about sexual acts to stimulate the child's interest, voyeurism, obscene telephone calls, pornography and allowing children to witness or hear sexual acts. On the other hand, touching sexual offenses include incest, attempted intercourse, fondling of the genital and touching of breasts. An international meta-analysis found the prevalence of sexual abuse among females to be between 8-31% compared to males at 3-17% (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; as cited in ACC, 2015). Another meta-analysis conducted in Africa found the prevalence of sexual abuse among children to range between 1.6% to 77.7%. Differences in prevalence in this meta-analysis were caused by different definitions and measures (Meinck et al., 2015). A study conducted in South Africa found that approximately 9% of children aged 10-17 years reported to be victims of sexual offences (Meinck et al., 2015). However, the reported cases were a small proportion of the total number of crimes against children in South Africa. In Kenya, a study conducted among 13-17-year-olds found that 32% of females and 18% of males had experienced sexual abuse (UNICEF, 2012). The prevalence in Kenya was slightly higher than the global prevalence for sexual abuse for both sexes.

Emotional abuse could be the most difficult type of abuse to recognize (*The B. C. handbook for action on child abuse & neglect,* 2016*)*. This is because it consists of inappropriate patterns of interaction between a caregiver and a child (Maguire et al., 2015). Emotional abuse includes but is not limited to misusing, isolating, manipulation, constant criticizing, insulting, belittling or rejecting a child (Mennen, Kim, Sang, & Trickett, 2010). Emotional abuse has been found to affect a child's emotional development; self-concept and spirit, making him feel unlovable, unloved and worthless.

Neglect refers to refusal or failure by a parent or caregiver to provide necessary basic necessities like food, shelter, clothing, education, medical care and lack of age appropriate supervision (Mennen et al., 2010). It consists of acts of omission such as lack or absence of basic care like proper food, shelter, education, medical care, clothing, supervision and setting limits, love and attention, hygiene and abandonment (Maguire et al., 2015). A study conducted by Feng et al. (2015) found that parents who neglect their children usually have economic hardships or psychological problems of their own. This calls for the need to come up with interventions that target parents' needs in regard to social and economic status together with their mental health.

In America, it was estimated that 75.3% of children suffered neglect in 2015 (HHS & CB, 2015). In Los Angeles, 71% of youth had experienced neglect and in 95% of the cases, it was found to be accompanied by other forms of abuse (Mennen et al., 2010). Findings of a study conducted in South Africa showed that younger children were more likely to experience physical abuse while older children reported emotional and sexual abuse (Meinck et al., 2015).

Among adolescents who had experienced physical abuse, both males and females were equally predisposed although males had more instances of physical abuse compared to females who experienced more psychological abuse, emotional abuse, sexual abuse and neglect (Feng et al., 2015). In addition, children in urban areas were found to be more likely to report physical, emotional and contact sexual abuse compared to those in rural areas due to increased informal settlements in urban areas.

A similar study conducted in South Africa among 13-19-year-olds identified risk factors for abuse among adolescents to include family conflict, extreme poverty, living with caregivers and inconsistent discipline (Meinck, Cluver, Boyes, & Ndhlovu, 2015). Poor parenting skills and parents facing distress in their spousal relationship were identified as risk factors for physical and emotional abuse while protective factors included a family having a person who is employed, living with a caring caregiver and good parenting skills.

Previous research has shown that consequences of abuse and neglect on children may appear immediately or years later (Lamont, 2010). The effect of abuse and neglect has also been found to vary depending on differences in severity and frequency of abuse, developmental stage, duration of exposure and a child's resilience (Lamont & Bromfield, 2010). Other environmental factors such as family income, social support or neighborhood characteristics also affect the consequence of abuse and neglect. Previous research has concentrated on abuse in developed countries. This study sought to identify the types of abuse experienced by adolescents living in CCIs in Kenya in order to fill the knowledge gap. Further, this information would enable policy makers to come up with necessary interventions to prevent abuse among adolescents in the general population.

## Methodology

Guided by the research objective, the study used qualitative and quantitative mixed methods research design. Having received the necessary approvals, the study was conducted in three selected CCIs in Nairobi County, Kenya. The criteria for inclusion of respondents in the study were for a respondent to be between the age range of 13-18 years, living in the CCI and having symptoms of mild and moderate anxiety disorder. The sample size was made up of 115 respondents who met the inclusion criteria. The respondents aged 18 years signed consent forms while those below 18 years signed assent forms. Those respondents who did not provide approval did not participate in the study. They were then administered the socio-demographic questionnaire, which was read aloud to them. This was done to improve on the response rate. The socio-demographic questionnaire asked about the respondents' demographic characteristics like age, gender and whether they had experienced physical, sexual and emotional abuse and neglect, among other questions.

Beck's Anxiety Inventory (BAI) was administered to be able to identify if respondents had symptoms of anxiety disorder and establish the severity. BAI is made up of 21 phrases which represent symptoms of anxiety disorder according to DSM-5. BAI scales ranged from 0 (*not at all*) to 3 (*severely - it bothered me a lot*). This research used a cut-off point of 8 and above to indicate the presence of symptoms of anxiety disorder. The respondents checked how much they had been bothered by these symptoms in the previous month. Respondents with minimum and severe symptoms of anxiety disorder were excluded from the study. Additionally, respondents with symptoms of severe anxiety disorder were referred for counseling.

Data analysis was done using SPSS version 20. Data analysis began with checking the socio-demographic questionnaire and BAI test as respondents returned them after completion. This was to ensure completeness. Questionnaires and assessment tools were then coded and the data entered into a computer by the data entry clerk. The researcher went over the entered data to ensure that the data was entered correctly. Kinds of abuse and neglect were analysed using frequencies to determine the number and percentage of respondents who had experienced abuse and neglect. A univariate analysis using t-test and Anova test was also done. Analysed data was presented using frequencies and tables.

**Results**

Results of this study found that respondents who had experienced neglect were 60.9% while 42.1% had experienced emotional abuse. Respondents who experienced physical abuse were 26.1% while 13.0% had experienced sexual abuse. Males had a higher mean in physical abuse and neglect while females had a higher mean in sexual abuse and emotional abuse. Additionally, respondents of all ages had experienced abuse and neglect although the type of abuse or neglect varied by age.

The study sought to establish the socio-demographic characteristics of the respondents as seen in Table 1.

*Table 1: Socio-Demographic Characteristics of Respondents*

| Characteristic | N =115) | % |
|---|---|---|
| Gender | | |
| Male | 66 | 57.4% |
| Female | 49 | 42.6% |
| Age | | |
| 13 | 16 | 13.9% |
| 14 | 19 | 16.5% |
| 15 | 16 | 13.9% |
| 16 | 18 | 15.7% |
| 17 | 30 | 26.1% |
| 18 | 16 | 13.9% |
| On medication | | |
| Yes | 13 | 11.3% |
| No | 102 | 88.7% |
| Medication for | | |
| Chest pain | 7 | 70.0% |
| Abdominal | 2 | 20.0% |
| Polio | 1 | 10.0% |
| Reasons for coming to live in the CCI | | |
| Poverty | 41 | 38.3% |
| Better Future | 55 | 51.4% |
| Neglect | 11 | 10.3% |
| Blame yourself | | |
| Yes | 23 | 20.9% |
| No | 87 | 79.1% |

| Variables | Total (N=115) | |
|---|---|---|
| | N | % |
| Most stressful life event | | |
| Emotional | 36 | 38.3% |
| Physical | 18 | 19.1% |
| Neglect | 12 | 12.8% |
| Death of parent | 28 | 29.8% |
| Knowledge of Parents | | |
| Yes | 106 | 93.0% |
| No | 8 | 7.0% |
| Parents live together | | |
| Yes | 65 | 63.1% |
| No | 38 | 36.9% |
| Parents treated by a psychiatrist | | |
| Yes | 24 | 25.8% |
| No | 69 | 74.2% |

* $p < .05$

Table 1 presents the distribution of socio-demographic characteristics of respondents. The study had 66 males (57.4%) and 49 females (42.6%). This showed that the study had more male respondents than female. The respondents were between the ages of 13-18 years with a mean age of 15.65 (± 1.665 SD). The number of respondents who were 17 years old were 30 (26.1%) while those who were 14 years old were 19 (16.5). Respondents aged 16 years old were 18 (15.7%), those who were 13 years old were 16 (13.9%) and 15-year-olds were 16 (13.9%). Finally, respondents who were 18 years old were 16 (13.9%). This indicated that the respondents were distributed between the ages of 13 to 18 years.

Respondents who were on medication were 13 (11.3%). However, none was being treated for a psychiatric illness. The reasons why the adolescents came to live in the CCIs were grouped into

three; some came due to poverty, others in search of a better future, while there were those who came due to neglect. Respondents who came due to poverty indicated that their caregivers were not financially able to provide for them their basic needs like food and education. On the other hand, respondents who stated that they came in search of a better future gave reasons related to getting an education since the homes had schools and to have a better future than they would ordinarily get from the care they received from their caregivers. In addition, respondents who stated that they came due to neglect gave reasons associated with death or absence of a caregiver to provide for them their basic needs. Adolescents who stated that they came to live in the CCI due to poverty were 41 (38.3%) while those who came in search of a better future were 55 (51.4%). In addition, those who came due to neglect were 11 (10.3%). This finding showed that a high number of respondents came to live in the CCIs in search of a better future.

The most stressful life events were grouped into emotional, physical, neglect and death of parent. Respondents who identified their most stressful life event as emotional were 36 (38.3%), while 28 (29.8%) reported that their most stressful life event was the death of a parent. In addition, 18 (19.1%) respondents reported their most stressful life event as physical while 12 (12.8%) reported neglect as their most stressful life event. These findings indicated that the stressful life events respondents had experienced were physical, emotional, caused by neglect and the death of a parent.

Respondents who knew their parents prior to admission to the CCIs were 106 (93%). Of those who knew their parents, 65 (63.1%) reported that their parents lived together while 38 (36.9%) reported that their parents were not living together. This indicated that a majority of the respondents knew their parents prior to coming to live in the CCIs and more than half of them stated that their parents were living together. Respondents who reported that one or both of the parents had not been treated by a psychiatrist or counselor were 69 (74.2%) as compared to 24 (25.8%) whose parents had been treated by a psychiatrist. Respondents who had been cared for by caregivers, other than their fathers or mothers, were 70 (61.9%). This finding is not surprising as not many people of this socio-economic status, seek psychiatric help due to financial constraints. Further, it is cultural for extended family members to care for children or adolescents in the absence of their parents.

Analysis was done to establish which type of abuse or neglect the respondents had experienced as seen in Table 2.

*Table 2: Types of Abuse Experienced by Adolescents Living in CCIs*

| Variables | Total | | Male | Female | | | |
|---|---|---|---|---|---|---|---|
| | N=115 | % | N=66 | N=49 | chi2 | df | p value |
| Physical abuse | | | | | 2.639 | 1 | .104 |
| Yes | 30 | 26.1% | 21 | 9 | | | |
| No | 85 | 73.9% | 45 | 40 | | | |
| Sexual Abuse | | | | | 2.134 | 1 | .144 |
| Yes | 15 | 13.0% | 6 | 9 | | | |
| No | 100 | 87.0% | 60 | 40 | | | |
| Emotional abuse | | | | | .275 | 1 | .600 |
| Yes | 48 | 42.1% | 26 | 22 | | | |
| No | 66 | 57.9% | 39 | 27 | | | |
| Neglect | | | | | .102 | 1 | .750 |
| Yes | 70 | 60.9% | 41 | 29 | | | |
| No | 45 | 39.1% | 25 | 20 | | | |

Table 2 presents the types of abuse experienced by respondents. Respondents who had experienced neglect were 70 (60.9%) while those who had experienced emotional abuse were 48 (42.1%). On the other hand, respondents who had experienced physical abuse were 30 (26.1%) while 15 (13.0%) respondents had experienced sexual abuse. These findings indicated that adolescents living in CCIs had experienced physical abuse, emotional abuse, sexual abuse and neglect.

Analysis of means of types of abuse experience in relation to socio demographic characteristics among the respondents was done as presented in Table 3.

*Table 3: Means and Standard Deviations of Type of Abuse in Relation to Socio-Demographic Characteristics (N=115)*

| Variables | Total | Physical abuse | | neglect | | sexual abuse | | emotional abuse | |
|---|---|---|---|---|---|---|---|---|---|
| | N | mean | SD | mean | SD | mean | SD | mean | SD |
| Sex | | | | | | | | | |
| Male | 66 | 32 | .469 | 62 | .489 | 9 | .290 | 40 | 494 |
| Female | 49 | 18 | .391 | 59 | .497 | 18 | .391 | 45 | .503 |
| P value | | .106 | | .752 | | .147 | | .604 | |
| Age | | | | | | | | | |
| 13 | 16 | 13 | .342 | 44 | .512 | 6 | .250 | 25 | .447 |
| 14 | 19 | 16 | .375 | 47 | .513 | 26 | .452 | 47 | .513 |
| 15 | 16 | 37 | .500 | 56 | .512 | 6 | .250 | 44 | .512 |
| 16 | 18 | 28 | .461 | 67 | .485 | 6 | .236 | 33 | .485 |
| 17 | 30 | 30 | .466 | 67 | .479 | 13 | .346 | 55 | .506 |
| 18 | 16 | 31 | .479 | 81 | .403 | 19 | .403 | 37 | .500 |
| P value | | .542 | | .223 | | .356 | | .440 | |
| On medication | | | | | | | | | |
| Yes | 13 | 15 | .376 | 69 | .480 | 23 | .439 | 23 | 39 |
| No | 102 | 27 | .448 | 60 | .493 | 12 | .325 | 45 | 500 |
| P value | | .355 | | .516 | | .258 | | .142 | |
| Reasons for coming to CCI | | | | | | | | | |
| Poverty | 41 | 32 | .471 | 59 | .499 | 17 | .381 | 54 | .505 |
| Better future | 55 | 24 | .429 | 58 | .498 | 7 | .262 | 31 | .469 |
| Neglect | 12 | 33 | .492 | 83 | .389 | 17 | .389 | 42 | .515 |
| P value | | .623 | | .251 | | .307 | | .095 | |
| Most stressful life event | | | | | | | | | |
| Emotional | 36 | 22 | .422 | 78 | .422 | 11 | .319 | 42 | .500 |
| Physical | 18 | 44 | .511 | 61 | .502 | 17 | .383 | 53 | .514 |
| neglect | 12 | 8 | .289 | 58 | .515 | 17 | .389 | 33 | .492 |
| Death of parent | 28 | 29 | .460 | 54 | .508 | 21 | .418 | 61 | .497 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| P value | | .148 | | .214 | | .746 | | .318 | |
| Blame self | | | | | | | | | |
| Yes | 23 | 30 | .470 | 70 | .470 | 17 | .388 | 48 | .511 |
| No | 87 | 26 | .444 | 60 | .493 | 13 | .334 | 40 | .492 |
| | | .705 | | .394 | | .559 | | .478 | |

Table 3 presents the mean scores for respondents who experienced physical abuse, emotional abuse, sexual abuse and neglect in relation to socio-demographic characteristics. Male respondents who had experienced physical abuse had a mean of 32 (±.469 SD) while females had a mean of 18 (±.391 SD). The mean for males who had experienced neglect was 62 (± 489 SD) while females had a mean of 59 (±.497 SD). Females who experienced sexual abuse had a mean of 18 (±.391 SD) while males had a mean of 9 (±.290 SD). Female respondents who experienced emotional abuse had a mean of 45 (±.503 SD) while males had a mean of 40 (±.494 SD). These findings indicated that males had a higher mean in physical abuse and neglect while females had a higher mean in sexual abuse and emotional abuse.

Respondents aged 15 years had the highest mean in physical abuse of 37 (± .500 SD) while 18-year-olds had the highest mean in neglect of 81 (± .403 SD). On the other hand, 14-year-olds had the highest mean in sexual abuse of 26 (± .452 SD) while 17-year-olds had the highest mean in emotional abuse of 55 (± .506 SD). These findings indicated that respondents of all ages experienced abuse and neglect although the type of abuse and neglect varied by age.

Adolescents who reported that their most stressful life event was the death of a parent had the highest mean score in physical abuse of 29 (±.460 SD), sexual abuse mean of 21(±.418 SD) and emotional abuse mean of 61 (±.497 SD) compared to respondents whose most stressful life event was related to emotional issues, physical issues and neglect. These findings indicated that respondents who lost one parent or both were more exposed to physical abuse, sexual abuse and emotional abuse compared to those respondents whose parents were alive.

Respondents who blamed themselves for what happened to them in the past had higher mean scores in physical abuse at 30 (±.470 SD), emotional abuse at 48 (±.511SD), sexual abuse at 17

(±.388 SD) and neglect at a mean of 70 (±.470 SD) compared to those respondents who did not blame themselves for what happened to them in the past. These findings indicated that respondents who experienced abuse and neglect tend to blame themselves for what had happened to them in the past.

Adolescents who reported that they came to live in the CCI because of neglect had the highest mean score in neglect (μ=83, ± .389 SD), physical abuse (μ=33, ± .492 SD) and sexual abuse (μ=17, ±.389 SD). Adolescents who came to the CCIs because of poverty had the highest mean score in emotional abuse (μ=54, ± .505 SD) while those who came to search for a better future had the lowest mean in all the categories in the different types of abuse and neglect. However, there were no statistical differences in mean scores regarding the reasons why the adolescents came to the CCIs.

*Caregivers' Care and Types of Abuse Experienced*

An analysis was done to establish the respondents perception of caregiver's care and type of abuse experienced as seen in Table 4

.

*Table 4: Caregivers' Characteristics and Types of Abuse Experienced by Respondents*

| Variables | Total | Physical abuse | | neglect | | sexual abuse | | emotional abuse | |
|---|---|---|---|---|---|---|---|---|---|
| | N=115 | mean | SD | mean | SD | mean | SD | mean | SD |
| Knowledge of parents | | | | | | | | | |
| Yes | 106 | 25 | .432 | 61 | .489 | 11 | .318 | 43 | .497 |
| No | 8 | 38 | .518 | 63 | .518 | 25 | .463 | 25 | .463 |
| *P* value | | .421 | | .948 | | .260 | | .328 | |
| Parent live together | | | | | | | | | |
| Yes | 65 | 29 | .458 | 54 | .502 | 12 | .331 | 43 | .499 |
| No | 38 | 18 | .393 | 71 | .460 | 13 | .343 | 43 | .502 |
| *P* value | | .227 | | .087 | | .901 | | .987 | |
| Parent treated by psychiatrist | | | | | | | | | |
| Yes | 24 | 29 | .464 | 63 | .495 | 4 | .204 | 42 | .504 |
| No | 69 | 25 | .434 | 61 | .492 | 14 | .355 | 44 | .500 |
| *P* value | | .666 | | .889 | | .181 | | .837 | |
| Another caregiver | | | | | | | | | |
| Yes | 70 | 33 | .473 | 66 | .478 | 17 | .380 | 48 | .503 |
| No | 43 | 16 | .374 | 51 | .506 | 7 | .258 | 33 | .474 |
| *P* value | | .053 | | .127 | | .124 | | .113 | |

* $p < .05$

Table 4 presents the means of types of abuse experienced by respondents in relation to their description of the care they received from their parents as well as other caregivers. Respondents who knew their parents before coming to live in the CCIs had a mean score of 25 (±.432 SD) in physical abuse, a mean of 61 (±.489SD) in neglect, mean of 43 (±.497 SD) in emotional abuse and a mean of 11 (±.318SD) in sexual abuse. Respondents who did not know their parents before coming to live in the CCIs had a mean of 38 (±.518 SD) in physical abuse, a mean of 63 (±.518) in neglect, a mean of 25 (±.463 SD) in sexual abuse and a mean of 25 (±.463 SD) in emotional abuse. These findings indicated that adolescents who knew their parents had lower mean scores in physical abuse, neglect and sexual abuse compared to those adolescents who did not know their parents. However, adolescents who knew their parents had a higher mean in emotional

abuse. This may be an indication that the parents may be the emotional abusers while at the same time providing protection against physical abuse, neglect and sexual abuse.

Adolescents whose parents lived together had a mean of 29 (±.458 SD) in physical abuse, a mean of 54 (±.502 SD) in neglect, a mean of 12 (±.331 SD) in sexual abuse and a mean of 43 (±499 SD) in emotional abuse. However, those adolescents whose parents did not live together had a mean score of 71 (±.460 SD) in neglect, a mean of 18 (±.393 SD) in physical abuse, a mean of 13 (±343 SD) in sexual abuse and a mean of 43 (±.502 SD) in emotional abuse. These findings indicated that adolescents whose parents lived together had higher mean scores in physical abuse while those adolescents whose parents did not live together had higher mean scores in neglect, sexual abuse and emotional abuse.

Those adolescents whose parents were treated by a psychiatrist had a mean of 29 (± .464 SD) in physical abuse and a mean of 63 (±.495 SD) in neglect while adolescents whose parents had not been treated by a psychiatrist had a mean of 25 (±.434 SD) in physical abuse and a mean of 61 (±.492 SD) in neglect. However, the adolescents whose parents had not been treated by a psychiatrist had a mean score of 14 (± .355) in sexual abuse and a mean of 44 (± .500 SD) in emotional abuse while adolescents whose parents had been treated by a psychiatrist had a mean of 4 (±.204 SD) in sexual abuse and a mean of 42 (±.504 SD) in emotional abuse. These findings indicated that adolescents whose parents had been treated by psychiatrists had higher mean scores in physical abuse and neglect compared to those adolescents whose parents had not been treated by a psychiatrist. However, the adolescents whose parents had not been treated by a psychiatrist had higher mean scores in sexual abuse and emotional abuse compared to those whose parents had been treated by a psychiatrist. This could be because, if unreported by the adolescent, sexual abuse and emotional abuse can go undetected, hence, no intervention would be provided on time. However, physical abuse and neglect can be easily detected by other members of the society even before an adolescent reports to authorities, hence, relevant interventions can be provided on time including psychological counseling.

Respondents who reported having been cared for by other caregivers other than their parents reported a mean of 33 (±.473 SD) in physical abuse, a mean of 66 (±.478 SD) in neglect, a mean

of 17 (±.380 SD) in sexual abuse and a mean of 48 (±.503 SD) in emotional abuse. Respondents who had not been cared for by other caregivers had a mean of 16 (±.374 SD) in physical abuse, a mean of 51 (±.506 SD) in neglect, a mean of 7 (±.258 SD) in sexual abuse and a mean of 33 (±.474 SD) in emotional abuse. These findings suggested that adolescents who were cared for by other caregivers had higher means in physical abuse, emotional abuse, sexual abuse and neglect compared to those adolescents who had never been cared for by other caregivers. These findings indicated that adolescents who had been cared for by caregivers, other than their parents, were more exposed to physical abuse, emotional abuse, sexual abuse and neglect compared to those who had not been cared for by other caregivers.

## Discussion

The results of this study revealed that all the respondents with mild and moderate symptoms of anxiety disorder had experienced physical abuse, emotional abuse, sexual abuse and neglect. This study finding is similar to results of another study conducted among Taiwanese adolescents where 91% of the respondents had experienced at least one type of abuse (Feng et al., 2015). The study conducted in Taiwan had a wider sample size of 5276 adolescents in 35 schools which may explain the lower prevalence of abuse compared to this study. However, a prevalence of 91% is still very high in a sample of adolescents in the general population. A study conducted in various CCIs across Uasin Gishu County in Western Kenya found that 66% of youth had experienced abuse prior to admission to an institution (Morantz et al., 2013). The findings in Western Kenya could be lower than what this study reported because it included all the adolescents who had been admitted to the CCIs while this study only included adolescents with mild and moderate symptoms of anxiety disorder. Additionally, a report by the Government of Kenya, UNICEF, & Global Affairs Canada, (2015) indicated that urban centers in Kenya are risk factors for adolescents' exposure to abuse due to increased informal urban settlements and financial constraints. These reasons may further explain why the prevalence of abuse and neglect in this study was higher than that of Western Kenya which is a rural area.

A similar study conducted in Illinois found that 16% of children in foster care had experienced abuse and neglect prior to placement (Tittle, Poertner, & Garnier, n.d.). Compared to the situation encountered in Kenya, a prevalence of 16% appears low. Possibly, this difference is due

to state agencies which have been put in place to protect children from abuse and neglect in the America. Additionally, interventions in developed countries occur early in cases where there is risk of abuse and neglect (Child Welfare Information Gateway, 2017). Another reason could be due to cultural differences and limited resources in Kenya, which exposes children to abuse and neglect (Government of Kenya, UNICEF, Global Affairs Canada, 2015). These findings indicated that adolescents living in CCIs in Nairobi County, Kenya had experienced abuse and neglect.

Findings of this study showed that 60.9% of adolescents living in CCIs had experienced neglect, which was the highest type of abuse experienced. This finding was higher than the prevalence found in Western Kenya where 26% of children and youth in 5 CCIs had experienced neglect (Morantz et al., 2014) and 28% prevalence found in Botswana among youth in a residential care facility (Morantz & Heymann, 2010). However, the prevalence of neglect in this study was lower than 71% found in a study done among youth in an urban setting in South Korea (Mennen et al., 2010). The definition of neglect in this study may have been narrow compared to that of the study conducted in South Korea which included neglect in care, supervisory neglect, environmental neglect, educational and medical neglect. Interestingly, this study was done in an urban center just like the one conducted in an urban center in South Korea. The prevalence of neglect in both sites was higher than that found in Western Kenya which is a rural area. As mentioned earlier, previous research found urban centers to be risk factors for abuse and neglect among children and adolescents (Government of Kenya, UNICEF, & Global Affairs Canada, 2015). Males had a higher mean of 62 (± 0.489 SD) in neglect compared to females who had a mean of 59 (± 0.497 SD) in this study. Contrary to that, a study conducted among youth in Taiwan found that females experienced a higher rate of neglect (OR):1.43, 95% CI: 1.28-1.61) compared to males (Feng et al., 2015).

The prevalence of emotional abuse in this study was 42.1%, higher than findings of a study conducted in South Africa among children aged 10-17 years that found the prevalence of emotional abuse to be 35.5% (Meinck, Cluver, Boyes, & Loening-Voysey, 2015). This study finding was also higher than 32% prevalence found among males and 26% prevalence among females aged 18-24 in Kenya (Government of Kenya, UNICEF, & Global Affairs Canada,

2015). This study finding could be higher than other studies because emotional abuse is considered to be the most difficult type of abuse or neglect to recognize, hence, could have been under-recognized or unnoticed in previous studies (*The B. C. handbook for action on child abuse & neglect,* 2016*)*. Females experienced a higher mean in emotional abuse at 45 (±0.503 SD) as compared to males who had a mean of 40 (± 0.494 SD) in this study. Similarly, a study conducted in South Africa among children aged 10-17 years found that more females (21.2%) compared to males (14.3%) had in their lifetime experienced emotional abuse.

The percentage of respondents who experienced physical abuse in this study was 26.1% which was lower than that of school-going adolescents in Taiwan aged 12-18 years who had a prevalence of 61.4% (Feng et al., 2015). However, the findings of this study were higher than a population of youth across Uasin Gishu County in Western Kenya who presented with physical abuse prevalence of 8% (Morantz et al., 2014). The difference could be due to the fact that this study only sampled adolescents with mild and moderate symptoms of anxiety disorder compared to Western Kenya where the total population of adolescents admitted in 5 CCIs was sampled. Additionally, this study findings were also slightly higher than 23.2% prevalence found among 1110 students aged 12-26 years in Kenyan secondary schools (Ndetei et al., 2007). However, this study prevalence of physical abuse was within the range of 7.6% - 45% prevalence of physical abuse found in a meta-analysis in Africa (Meinck et al., 2015). The wide range in the meta-analysis was explained to be due to different measures and definitions used in different studies.

Gender was not statistically significantly associated with any type of abuse experienced in this study although more males experienced physical abuse and had higher mean score of 32 (±0.469 SD) than females who had a mean of 18 (±0.391 SD). This was similar to another study conducted in South Africa among 603 13-19-year-olds which found that there were no gender differences in youth who had experienced severe physical abuse (Feng et al., 2015; Meinck et al., 2015). Similarly, findings of a study conducted in Kenya indicated that 73% of males and 66% of females had experienced physical abuse (Government of Kenya, UNICEF, & Global Affairs Canada, 2015).

A study conducted in Taiwan found a sexual abuse prevalence of 19.8%, which was higher than this study prevalence of 13.0% (Feng et al., 2015). However, this study finding was higher than findings of a study conducted in Western Kenya that found that adolescents who had experienced sexual abuse prior to admission to 5 CCIs was only 2% (Morantz et al., 2014). The findings on the prevalence of sexual abuse in Western Kenya was lower than this study probably because of the narrow definition of sexual abuse used in the study which restricted the definition to rape, sexual touching and penetration with an object. However, the findings of this study were lower than 16.5% prevalence found among secondary school students in Kenya (Ndetei et al., 2007). This is similar to a study conducted in Western Kenya among orphaned and separated adolescents aged 10-18 years in which sexual abuse was higher in adolescents living in households compared to those living in CCIs (Atwoli et al., 2014). The higher prevalence may be due to the wider range of participant's age since adolescents above 18 years are perceived to be more sexually active compared to those below 18 years as is the case in this study.

Females had a higher mean in sexual abuse of 18 compared to males who had a mean of 9 although the difference was not statistically significant. This finding is similar to a study conducted in South Africa that found that more females had experienced sexual abuse (6% for contact sexual abuse, 11% sexual harassment) than males (Meinck et al., 2015). Similarly, a study conducted in Kenya found that more females experienced sexual abuse at a prevalence of 32% compared to males at 18% before the age of 18 (Government of Kenya, UNICEF, & Global Affairs Canada, 2015). Contrary to that, a study conducted among youth in Taiwan found that males experienced a higher rate of sexual abuse (OR: 1.46, 95% CI: 1.25-1.70) compared to females (Feng et al., 2015).

Overall, this study found that both males and females experienced physical abuse, emotional abuse, sexual abuse and neglect. These results accord well with a study that showed that both boys and girls in Kenya are at equal risk for exposure to abuse and neglect (Government of Kenya, UNICEF, & Global Affairs Canada, 2015). Similarly, it mirrors a study that found that sex was not associated with exposure to trauma (OR: 1.0, 95% CI: 0.7-1.4) among 17-18-year-old youths in foster care in Illinois, Lowa and Wisconsin (Salazar et al., 2013).

This study findings showed that adolescents whose one or both parents had died had higher mean scores in physical abuse of 29 (±.460 SD), sexual abuse mean of 21(±.418 SD) and emotional abuse mean of 61 (±.497 SD) compared to respondents whose most stressful life event was related to emotional issues, physical issues and neglect. Further, adolescents who knew their parents had lower mean scores in neglect at 61 (± 0.489 SD), physical abuse at 25 (± 0.432 SD), and sexual abuse at 11(±0.318 SD) compared to those adolescents who did not know their parents prior to going to live in the CCIs. This indicated that absence or death of parents exposed adolescents to physical abuse, sexual abuse and emotional abuse seen in the fact that adolescents who knew their parents had lower mean scores in neglect, physical abuse, sexual abuse and emotional abuse. Contrary to that, a study conducted in Western Kenya found that youth who were orphans (AOR: 0.17, 95% CI: 0.06-0.44) were less likely to be admitted to CCIs for maltreatment (Morantz et al., 2013). This could be because, culturally, the support system in rural Kenya is better than in urban centers where people tend to be individualistic rather than communal. This may be the case in rural areas in Kenya. These findings indicated that parents may provide protection to adolescents against physical abuse, neglect and sexual abuse.

Adolescents who were cared for by other caregivers had higher means in physical abuse at 33 (±0.473 SD), emotional abuse at 48 (±0.503 SD), sexual abuse at 17 (±0.380 SD) and neglect at 66 (±0.478 SD) compared to those adolescents who had never been cared for by other caregivers who had means of 16 (±0.374 SD) in physical abuse, 51 (±0.506 SD) in neglect, 7 (±0.258 SD) in sexual abuse and 33 (0.474 SD) in emotional abuse. Similarly, a study conducted in South Africa among 13-19-year olds identified living with caregivers a risk factor for abuse among adolescents (Meinck, Cluver, Boyes, & Ndhlovu, 2015). This finding indicated that caregivers can be perpetrators of physical abuse, emotional abuse, sexual abuse and neglect to adolescents. This study did not establish whether the abuse or neglect happened prior to adolescents getting admission to a CCI or afterwards. However, the most common reason for admission to a CCI in Kenya is abuse, thus, it seems likely that in most cases the abuse or neglect had taken place prior to admission.

**Conclusion**

The purpose of this study was to identify the types of abuse experienced by respondents with mild and moderate symptoms of anxiety disorder and who were living in CCIs. The results of

this study found that neglect was experienced by 60.9% of respondents, emotional abuse was 42.1%, and physical abuse was 26.1% while sexual abuse was 13.0%. Abuse and neglect were experienced by both males and females although males had a higher mean in physical abuse and neglect while females had a higher mean in sexual abuse and emotional abuse. Additionally, abuse and neglect was experienced by respondents of all ages although the type of abuse and neglect varied by age. The findings of this study would be useful to policy makers on the types of abuse adolescents living in CCIs have experienced and add to the existing body of knowledge on abuse among adolescents. Further, this information would enable policy makers to integrate treatment and prevention programs for abused adolescents living in CCIs.

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