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PSYCHOLOGICAL OUTCOMES OF SEXUAL ASSAULT AMONG SURVIVORS SEEKING CARE AT GENDER-BASED VIOLENCE CLINIC OF KENYATTA NATIONAL HOSPITAL, KENYA

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Abstract: Background: Sexual assault (SV) is a common form of criminal violence worldwide that affects all levels in society. Globally, more than 15 million girls have faced forced sex at some point in their lives, with 2018 alone indicating more than 9 million women having been sexually victimized. In Kenya, 32% of the female population and 18% of males experience sexual violence before 18 years of age. Sexual assault could result in physical, psychological and/or social immediate and long-term outcomes. The study sought to determine the psychological outcomes of sexual assault among survivors seeking care at gender-based clinic, Kenyatta National Hospital. Methodology: Descriptive cross-sectional mixed method study design was adopted among 44 sexual assault respondents. Data was collected for a period of 8 weeks. Tools used were semi-structured questionnaire and an in-depth interview guide. Analysis: Quantitative data analysis was done through SPSS software using descriptive statistics. The qualitative in-depth interviews were analyzed with the help of NVIVO software following transcription. P-value of ≤ 0.05 was significant. Quantitative data was presented using pie charts, frequency distribution tables, histograms, and line graphs. Qualitative data was done using narratives. Results: Majority of the respondents were 16-20yrs, female, single, students, knew their perpetrator, had been assaulted once, physical sexual assault and no use condom/ lubricant. Most of the respondents had developed vast psychological outcomes. The study has highlighted the gaps in management and research gap on outcomes associated with sexual assault and its impact on the survivors. Recommendations: Mental health team and social support providers to have a follow up plan for the survivors, Policies and interventions be designed for long-term interventions and Strengthening of sexual violence prevention programs.

Keywords: Psychological Outcomes of Sexual Assault, Survivors Seeking Care, Gender-Based Violence, Clinic Of Kenyatta National Hospital

INTRODUCTION

Sexual assault is type of sexual violence that comprises of rape or attempted rape, child abuse, and sexual harassment or threats that involves forceful sexual contact or behavior without consent from the survivors (Department of Health & Human Services, 2015; WHO, 2017). It affects female more than male. (Islam, 2017; Islam, 2015 UNFPA, 2018). Sexual violence refers to obtaining sexual activity when consent in not obtained or not freely given regardless of the relationship to the victim (WHO, 2018).

Globally, more than 15 million girls have faced forced sex at some point in their lives, with 2018 alone indicating more than 9 million women having been sexually victimized (Islam, 2017; Islam, 2015 UNFPA, 2018). According to WHO (2017), one-third of women population with whom have been in an intimate relationship, reported having gone through physical and/ or sexual violence in their lifetime by their partner. Regionally, the situation is even worse with reports of a large proportion of women reportedly being violated. For

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instance, studies (Keesbury et al. 2011; Sendo & Meleku, 2015) indicated that 47 % of Zambian and 59-77% Ethiopian women experienced sexual violence. These reports are consistent with that of Wakelu (2018), in Uganda that indicated university female students being victims of rape or sexual assault following intoxication with substances use. In Kenya, the *Wangu Kanja Foundation* (2016), observed that more than 32% of the female population experienced a case of sexual violence before 18years of age. According to UNICEF (2010), a study done among 3,000 youth aged between 24-30 years, 1 in 3 girls experienced sexual assault, while 18% of males equally facing the challenge. KDHS (2014), indicated that sexual abuse is increasingly being caused by the people the survivors call girlfriend or boyfriend. Similarly, Ondicho (2018) identified that more than 49% of married persons are forced into sex by their intimate partners.

According to Peter-Hagene and Ullman (2018), the Psychological outcomes are vast including post-traumatic stress disorder (PTSD) and depression which is characterized by feelings of hopelessness and the loss of interest in most of the activities during such times. Bradley et al. (2017) established that severe depression post-assault is a leading cause of suicide among survivors.

However, globally substance use, exposure to pornography, early initiation to sex as well as dressing seductively, may predispose one to sexual assault (Klein, 2015). Furthermore, it has been documented that prior exposure to sexual violence and psychological challenges may also drive one into engaging in forced sex (Klein, 2015; Signh, 2013).

According to United Nations General Assembly (2014), two sustainable Developmental goals (SDGs) through four targets which are 5.2, 5.3, 16.1 and 16.2 among the other SDGs, were designed directly to address, avert and lessen violence against women and girls. Cubbing violence against women and girls took an important position in SDGs compared to Millenium Developmental Goals (MDGs). WHO (2013), indicated that sexual assault increases the cost of public health and social welfare systems and decreases ability of many survivors to contribute to social and economic life and culture of fear, such that they are less likely to become involved in public life. This then derails strong leadership and advocacy which is necessary for motivation and commitment of financial and other resources.

Although some studies have been done in Kenya on sexual violence mainly prevalence (UNICEF, 2010; KDHS, 2014), there is a clear gap in the inductive determination of bio-psychosocial outcomes. Therefore, this study sought to determine the psychological outcomes of Sexual assault among survivors attending Kenyatta National Hospital's Gender-Based recovery clinic

Therefore, the aim of the study was to determine the psychological outcomes of sexual assault among the survivors seeking care at the GBV clinic, KNH.

METHODOLOGY

Study Design

Descriptive cross-sectional study design for quantitative approach was adopted since the study sought to describe a phenomenon (psychological outcomes of sexual assault). A mixed-method research design that in-cooperated both the quantitative and qualitative data from the participants, was used.

Study Area.

This study was conducted at the accident and emergency and Gender-Based Violence and recovery clinic of Kenyatta National Hospital which focuses on attending to those who have been assaulted or experienced any form of abuse.

Study Population

The study population consisted of all survivors of sexual assault receiving care at the accident and emergency and Gender-Based Violence and recovery clinic of Kenyatta National Hospital. within the data collection period.

Inclusion criteria

Survivors who were at least 16 years old and above. Consent was sought from survivors who were of age 18 years and above, while those who were 16 and 17 years, parental consent and survivors assent was sought.

Exclusion Criteria

Survivors who had a mental illness before the SA, were not mentally stable and those who had other physical illnesses before the sexual assault

Study sample

Thus, a total of 44 participants, participated in the study. For quantitative study, convenience sampling was used to recruit participants visiting the clinic during the data collection period. Survivors who had already participated in the study, and were on their subsequent routine visits, were not be recruited again. For, Qualitative data, the researcher purposively sampled 10 participants as they visited the clinic. The researcher met the participants on their specific days of care; explained the purpose of the study for those met the inclusion criteria and requested for their consent for those who were of age 18 years and above and parental assent for those who were 16 and 17 years.

Data collection instruments

For quantitative data a self-administered semi-structured questionnaire was developed by the researcher to assess a) Bio-demographic b) Psychological outcomes. For qualitative data, an interview guide was developed by the researcher and was used in guiding the interview sessions. The interview guide constituted two sections, for general information and psychosocial questions.

Data collection procedures

Questionnaires were distributed by the researcher and research assistant who offered assistance and guidance when need arose. They were asked to complete and return them to the researcher and research assistants. Questionnaires were serialized to ensure anonymity. The data collection by use of the questionnaire was done for approximately two months, until required number of participants had been attained. A total number of 34 participants filled in the questionnaires. A translator was recruited in the event the respondent couldn't understand the language or could not read the questionnaire. For interviews, a counselor was recruited to accompany the researcher so as to attend to any emotional responses that might have arouse. Consent on the participation of the counselor was first sought from the survivor and parents for those who are below 18 years, and informed them that information gathered, was to be treated with confidentiality. The in depth interview was audio recorded for analysis and are they revealed useful intuitions about feelings, opinions, needs, beliefs, thoughts and meanings on survivor's experiences on SA. The survivors were allowed to withdraw from the session whenever they chose to. This tool was used by respondents who had not participated in the questionnaire to avoid biases and was conducted on different days from those participating in the questionnaire.

Data Management and Analysis

The data was then entered into a Microsoft Excel program where data cleaning was done. Missing values, Extreme values, and inconsistency were identified and corrected. After cleaning, the data was then exported to statistical package for social sciences (SPSS) version 22.0 software for analysis. For the qualitative in-depth interview, prior to the analysis, the recordings were first translated from Swahili to English then analyzed using NVivo 12. Transcripts were generated and coded. Four themes emerged from the interviews which were bio-demographical data, Biological, psychological and social outcomes associated sexual assault. The researcher also included the key gestures/nonverbal communications picked and noted.

Validity and Reliability

The questionnaire was tested on a sample of sexual violence survivors at Mathare National teaching and referral hospital's Gender-Based and recovery clinic. Inputs were identified and corrected. Upon completion of data collection, questionnaires were checked for completeness, validity, and clarity.

Ethical Considerations

Review of the proposal, clearance, and approval to conduct the study was sought by presenting the study proposal to The XXX. Respondents were required to have understood then sign a voluntary informed consent before participating. Besides, there was no any coercion or

inducement to participate. The anonymity of participants was ensured by serializing the structured questionnaires. Data collected was only accessible to the researcher. Refusal of participants to take part in the research did not draw any penalty. The participants also had a right to pull out from the study without any penalties.

Participants were educated on the possible benefits of the study and risks before they participated in the study. The participants were informed on their rights and the significance of the study in their lives. The researcher and the supervisors also approved that there was no personal interest concerning this study.

RESULTS

This study had selected a sample size of 34 patients for quantitative data and 10 respondents for the interview. Out of these 34 questionnaires were filled and 10 respondents interviewed, equating to a response rate of 100%.

Table 4.1 below displays the description of the demographic characteristics. Most of the respondents (39.2%) were aged between 21 and 30, majority of whom were female (88.4%). Notably, a large percentage of the participants (85.0%) were single. Almost half of the participants (42.5%) were students and slightly more than a third (35.0%) were self-employed. From the findings, (86.2%) resided within Nairobi, while the rest of the respondents each came from Kiambu, Kitale, Kitengela and Kitui. Most (38.6%) of the respondents were aged between 16 and 20. Exactly half (50%) of the respondents mentioned that they knew their perpetrator while the other half were assaulted by strangers. Of the respondents who knew their perpetrators, majority (62.6%) identified them as either their family or friend. (32.4%) of the patients were assaulted 1 to 5 years ago. A large number of research participants (78.8%) indicated that they had been assaulted just once in their lifetime and of the participants, (79.6%) mentioned that the nature of the assault was physical.

The interviews revealed that most cases of assault happened at night or late evening and by strangers when coming from work, out drinking with friends, or coercion by neighbors and friends. From the interviews, some respondents mentioned use of force e.g. having a weapon and pinning them down with their body weight, being beaten or threatening to physically harm them, taking advantage of them when they were either too drunk or passed out.

RE 2: *"……..After partying with friends I passed out and woke up in a hotel room naked ……"*

RE 7: "*It was at night when I was coming from night church worship when a strange man approached me with a knife and threatened to harm me if I didn't follow him……..*"

Notably, majority of the assault cases were gang rape where there were more than 1 perpetrator who took turns in assaulting the survivor. Two respondents cited being verbally abused during the assault. More so, almost all respondents had unsuccessful attempts to escape. Three of the respondents reported the incident to the area administrative offices immediately after the act and all seeking medical care from the nearest health facility.

The diagrams below illustrate more on the distributions as far as the socio-demographics;

Psychological Outcomes of sexual assault among survivors seeking care at the GBV clinic, KNH

The study sought to identify the psychological outcomes of sexual assault. The outcomes of vary, manifesting as depression, suicidal thoughts, guilt, flashbacks, stigma, hopelessness, indulgence in risky and injurious behaviors, indulgence in substance or drug use and mental health problems. The outcomes were measured using both quantitative and qualitative data using a set of questions that the respondents were to respond to. Respondents were required to select where appropriate what they had experience post sexual assault for quantitative data, while for those who were interviewed, the respondents were to describe the psychological issues that they were dealing with and their coping strategies.

RE 6: "*… I regret accepting the free ride. I will never accept free rides from strangers again. I don't know why I even got into that car yet I've never done it before…. I have*

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never thought such a thing could have ever happened to me…. (crying)"

The findings revealed that, 38.2%(n=13) of the respondents had been diagnosed with Post-traumatic stress disorder, 20.6%(n=7) depression, 11.8%(n=4) with guilt, 6%(n=2) sleep disturbances, 3% (n=1) General anxiety disorder and panic attacks respectively. Moreover, a large percentage (94%) of those who had received a diagnosis indicated that the diagnosis began after the assault.

Similar responses were also recorded in the interview sessions where the respondents highlighted having developed psychological issues such as depression, stress, fear of being harmed by the perpetrators, guilt, flashbacks. Two respondents portrayed feelings of confusion, denial and shock from the assault that had occurred hours before. Most of the respondents reported that it has been difficult to forget the experience completely. Respondent 4 mentioned that she had suicidal thoughts. Respondent 6 for instance showed symptoms of trauma- related guilt.

RE 6: "… *I regret accepting the free ride. I will never accept free rides from strangers again. I don't know why I even got into that car yet I've never done it before…. I have never thought such a thing could have ever happened to me…. (crying)*"

The findings indicate that few respondents (21.9%) had had suicidal thoughts as a result of the assault and from this, all mentioned that they had at some point actually done some self-injurious behavior though not intended to commit suicide. Further analysis revealed that (20.6%) of the respondents had indulged in alcohol and drug abuse and

The findings indicate that 78%(n=25) of the respondents had not considered suicide before sexual assault while 22%(n=7) had considered suicide. Of the respondents who had considered suicide, all of them indicated that they had attempted suicide after the assault.

Additionally, the study sought to find out the number of participants who had attempted any self-injurious behavior though not intended to commit suicide. 21%(n=7) indicated that they had actually attempted self-injurious behavior while 79%(n=26) indicated that they had not.

From the research findings, 21%(n=7) mentioned that they had indulged in alcohol or other drugs after the assault whereas 79%(n=26) had not. Those who had indulged in substance use gave various reasons as a result including frustration, emotional torture, guilt and flashback and to reduce depression.

DISCUSSION

The Mean age of the respondents' age was 25.8years. Moreover, slightly more than a third of the respondents were below 18 years when they were sexually assaulted. These findings correspond to study done among 3,000 youth aged between 24-30 years, that indicated 1 in 3 girls experienced sexual assault. This explains why (35.3%) of the respondents were aged between 19 and 28 and almost half of the participants being students. Child sexual abuse is evident here and compares to WHO (2017) that point out approximately 1 billion children aged 2-17 years experienced sexual violence that could either be physical, emotional or sexual

Results from this study show that, majority of the resided within Nairobi with majority from Kibera, while the rest of the respondents each came from Kiambu, Kitale, Kitengela and Kitui. Past studies have found strong association between violence experience and poverty at the household and community levels, a major characteristic of the urban informal settlements (McAra and McVie, 2016: Dubow et al., 2016).

Previous study by KDHS, revealed that sexual abuse is increasingly being caused by the people the survivors call girlfriend or boyfriend. Similarly, findings from this study indicate that half of the respondents knew their perpetrator while the other half were assaulted by strangers. Of the respondents who knew their perpetrators, majority identified them as either their family or friend. WHO (2015), had also indicated that between 16-59% of women from Africa had been assaulted sexually by an intimate partner. Females can also be perpetrators. It seems possible that relatives choose victims that cannot, or will not, report

the assaults or be able to get away, resulting in serial opportunities for sexual assault. This could also be explained by the study's' findings of majority of the respondents being from the informal settlements that is usually overcrowded, living with relatives in a small house or parents leaving the children alone behind as they go to work.

Majority of the respondents in this study were female. Similarly, *Wangu Kanja Foundation* (2016), had also observed that more than 32% of the female population experienced a case of sexual violence before 18 years of age. This is an indication that most perpetrators target females because of their vulnerability. These findings also correspond to a study done in the US by Smith et.al (2018) that found that 1 in 14 men were made to penetrate someone else at some point in their lifetime compared to 1 in 5 women. This can be attributed to the societal's expectations and will therefore be thought to be weak, vulnerable, unable to protect themselves and in need of help or assistance. These attributes conflict with many males' definitions of what it means to be a 'strong' man in contemporary society. This could also explain why according to the study findings; few men seek care immediately after the assault or years later seeking for psychological care.

The study clearly revealed a number of psychological outcomes following sexual assault. A large number of survivors were diagnosed with Post-traumatic stress disorder, depression and guilt. Other symptoms included sleep disturbances, general anxiety disorder and panic attacks. This compares to Peter-Hagene and Ullman (2018), who listed Post-traumatic stress disorder and depression as outcomes characterized by feelings of hopelessness and loss of interest in most activities during such times. These are some of the major outcomes on women's mental state according to study by Nakijoba, 2017 and Mugawe & Powell, 2010.

The study also revealed that most respondents had considered committing suicide and that they had actually attempted self-injurious behaviors to commit suicide. This concurs with a study done by (Brabamt et al., 2014) that mentioned that suicidal ideas occur alongside depression and PTSD. Studies also show that depression post sexual assault mediates suicide (Sigfusdottir et al., 2013). In agreement to this, Bradley et al. (2017) established that severe depression post-assault is a leading cause of suicide among survivors.

According to this study, most respondents had indulged in alcohol or other drugs as a result and reasons for doing that included frustration, emotional torture, guilt and flashback and to reduce depression. Similarly, (McMahon et al., 2015) found out that sexual assault results in disturbing experiences that could cause several physical and psychological negative consequences for instance depression and PTSD.

Conclusions

The overall findings of this study confirms the enormous psychological outcomes that sexual assault survivors encounter post sexual assault act. Sexual assault affects female more than male, youth between age of between 16 and 20years and from the vulnerable adolescent population in the slum areas. Based on this study's findings, sexual assault. Psychological outcomes affect the mental health wellbeing of an individual that could render them to indulge in risky and injurious behaviors, commit suicide, stigma, develop mental health illnesses or indulge in substance use

Recommendations

Based on these findings, health workers, mental health team and social support providers, need to identify those survivors of sexual assault and have a follow up plan in form for psychological outcomes. It also points out the need for healthcare workers to undergo sensitivity training when dealing with sexually assaulted persons. Interventions by the health personnel need to be established clearly ranging from treating the victims, physical examination, counselling, psycho-social support, dispensing post exposure prophylaxis (PEP), emergency contraceptive pills (ECP), sexually transmitted Infections (STI) prevention, information dissemination, facilitate

acquisition of P3 forms, referrals, and linkages with relevant authorities for further assistance. The study also recommends development of policies on advancement of medical-legal response and interventions need to be developed to address the enormous biopsychosocial problems and may require long-term interventions on sexual violence. There's also need to strengthen sexual violence prevention programs at the community level by the county health management team, as well as expanded sexual violence screening and provision of post- sexual violence care, are critically needed to reduce the high rates of sexual violence and related poor biological, social and mental health outcomes sexual assault. Finally, the Ministry of Health needs to device strategies at the county level on how to inform the public about their services through posters, media, county health forums, sensitization campaigns and health education at the outpatient bay on predisposing factors and risk factors of sexual violence, and how to avert the enormous outcomes of sexual violence.

A study focusing on specifically survivors who had been sexually assaulted at a younger age of less than 16 years would be recommended so as to determine the long-term mental effects of sexual assault.

Strengths

The use of in-depth interviews as a data collection tool allowed better explorations of the survivors' feelings.

Limitations

The corona pandemic affected greatly the number of patients seeking care at the clinic. The government has huge restrictions making it hard for the survivors to seek services. The nature of the health problem also posed a huge challenge to the survivors especially stigma from the society and fear of being victimized hence few survivors seek care. Finally, the participants might over-report or under-report the experience of sexual violence hence the data may be susceptible to a number of biases, such as social desirability and recall biasness.

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Data Availability Statement.

All relevant information is within the manuscript. Additional data underlying the study cannot be made available, beyond the aggregated data and excerpts from the interviews that are included in the paper, because of concerns related to participant confidentiality. Sharing the individual-level survey data and additional interview data would violate the terms of our agreement with research participants and risks loss of confidentiality.

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Authors contribution

The Co-Authors guided the author through the research paper and drafting of the manuscript.

Declaration of interests

- The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.
- The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: none

- **Conflict/ declaration of interest**
- The researcher declares no conflict interest.

Tables and figures

Demographic Factor	Categories	Frequency (n)	Percent (%)
Age	16 – 20 years	15	34.9
	21 – 30 years	17	39.5

	31 – 40 years	7	16.3
	41 – 50 years	4	9.3
Gender	Male	5	11.6
	Female	38	88.4
Marital Status	Single	34	85.0
	Married	3	7.5
	Separated	3	7.5
Occupation	Student	17	42.5
	Self-employed	14	35.0
	Unemployed	3	7.5
	Accountant	1	2.5
	Chef	1	2.5
	Driver	1	2.5
	Hairdresser	1	2.5
	House-help	1	2.5
Place of residence	Within Nairobi	25	86.2
	Outside Nairobi	4	13.8
Age at the time of the assault.	16 – 20 years	17	38.6
	21 – 30 years	15	34.1
	31 – 40 years	10	22.7
	41 – 50 years	2	4.5
Knowledge of the perpetrator.	Yes	22	50.0
	No	22	50.0

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Period between time of the assault and time interviewed.	Less than 1 month	8	23.5
	1 – 6 months	4	11.8
	6 months – 1 year	5	14.7
	1 – 5 years	11	32.4
	6 – 10 years	6	17.6
Frequency of the assault	Once	26	78.8
	More than once	7	21.2
Nature of the assault	Physical	43	79.6
	Verbal	11	20.4

	Location	**Frequency (n)**	**Percent (%)**
Within Nairobi	Kibera	14	48.3%
	Nairobi	6	20.7%
	Dandora	1	3.4%
	Kangemi	1	3.4%
	Kawangware	1	3.4%
	Railways	1	3.4%
	South B	1	3.4%
Outside Nairobi	Kiambu	1	3.4%
	Kitale	1	3.4%
	Kitengela	1	3.4%
	Kitui	1	3.4%

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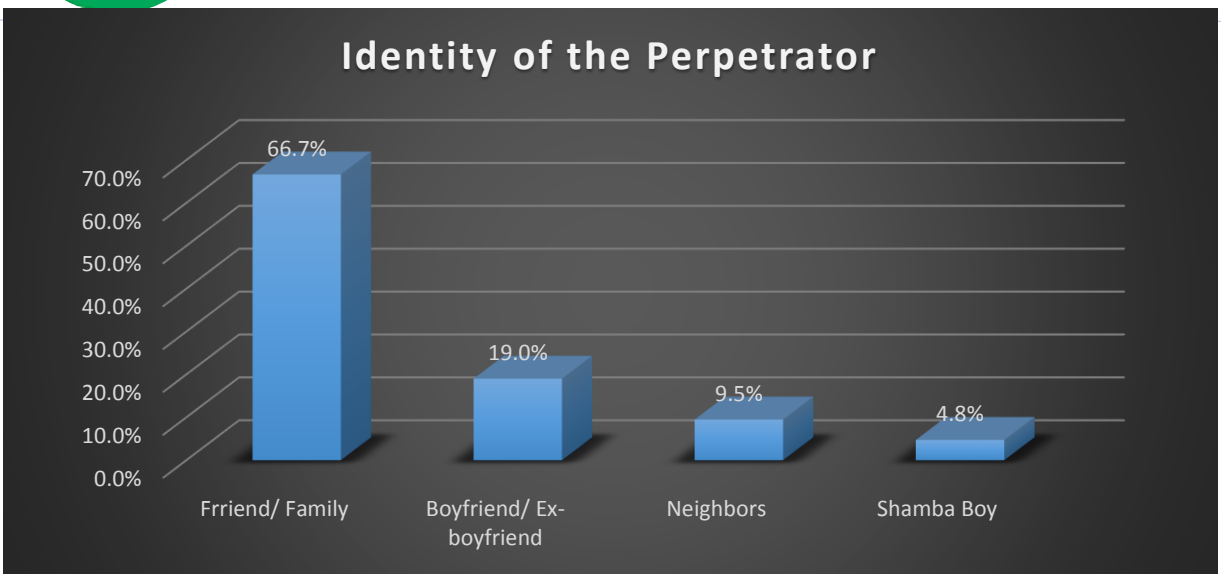

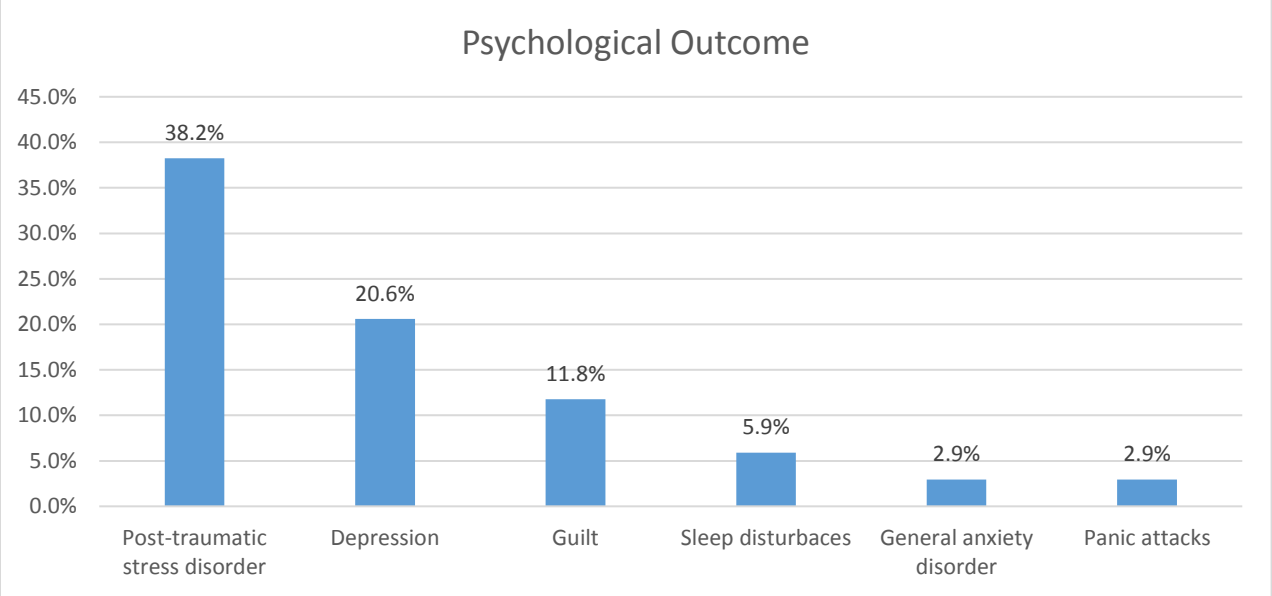

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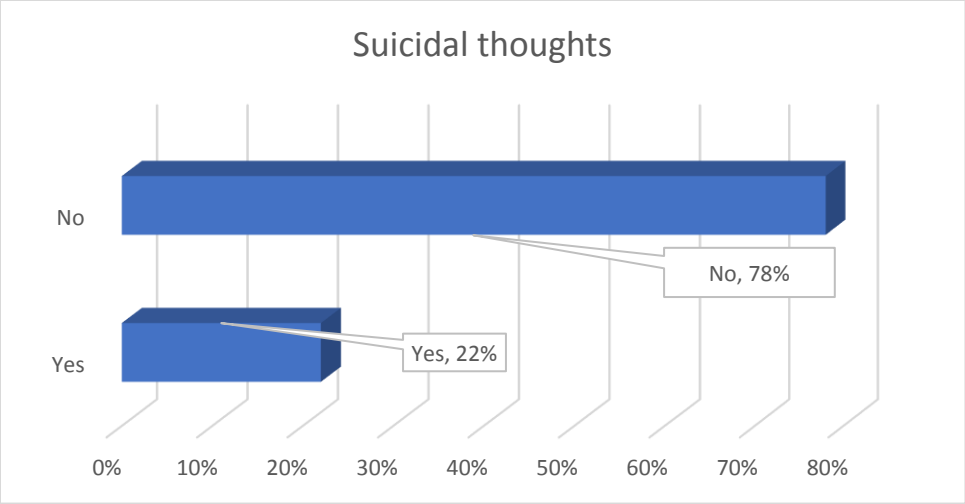

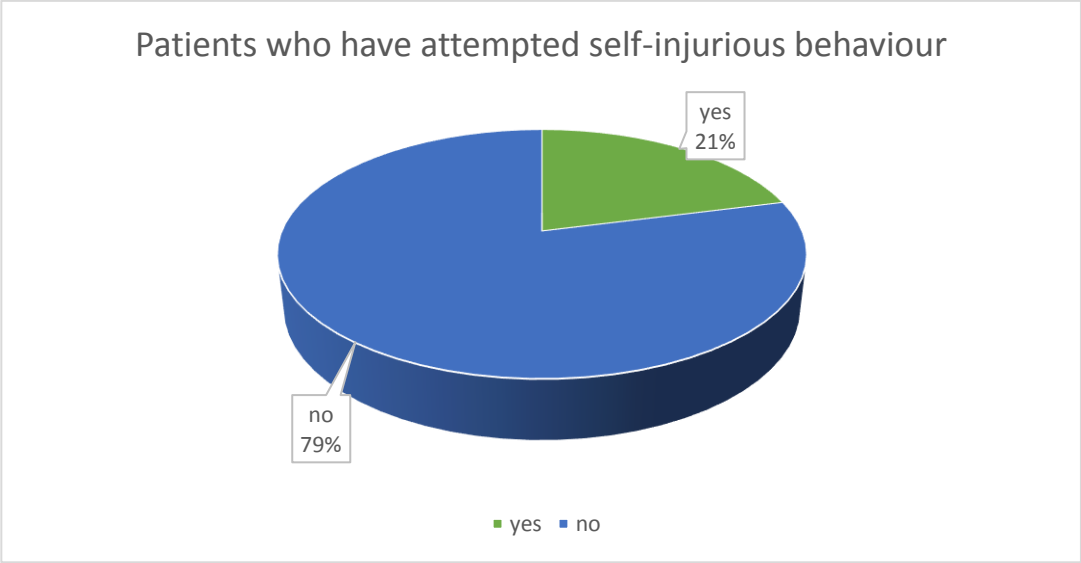

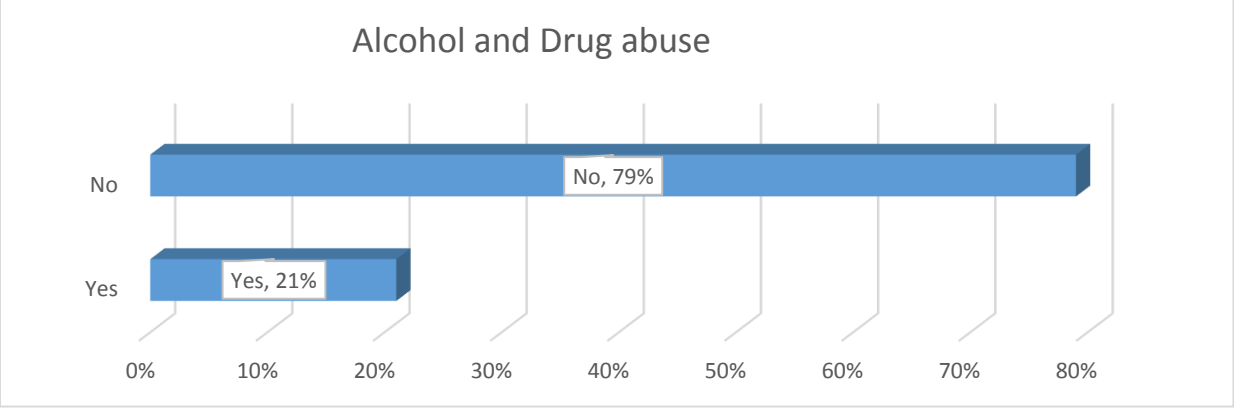

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Captions for tables and Figures

Table 1: Demographic Characteristics
Table 2: Residence
Figure 1: Awareness of identity of the perpetrator
Figure 2: Psychological Outcomes Experienced by the sexual assault survivors
Figure 3: Respondents with suicidal thoughts
Figure 4: Patients who had attempted self-injurious behaviour
Figure 5: Alcohol and Drug abuse