Online Child Sexual Exploitation (OCSE)

A Report of In-depth Research

Conducted in Nairobi, Mombasa, Kisumu and Nakuru Counties, Kenya

A joint initiative by

AICS
AFRICAN INSTITUTE FOR CHILDREN STUDIES

Childline Kenya

terre des hommes
stops child exploitation

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Executive Summary

This report provides the findings of an in-depth research study conducted between Sept and Dec 2019. The research was part of efforts to improve understanding of online child sexual exploitation (OCSE) in Kenya, under the "Safe Online" project. The project was implemented jointly by Terre des Hommes Netherlands (TdH_NL); African Institute for Children Studies (AICS) and Childline Kenya (CLK) beginning May 2018.

Gaps in knowledge that motivated this in-depth research were identified from the one and half year period of implementation of "Safe Online" project. The research therefore sought to increase understanding of drivers of OCSE high risk behaviour among children; the existing knowledge, attitude and practices among bother caregivers and their children; and perceptions of the beneficiaries of "Safe online" project in relation to its responsiveness. The findings will inform future programming, policy and capacity building for stakeholders.

A cross sectional study design and mix-method in data collection was employed in the in-depth research conducted in four counties of Mombasa, Nairobi, Nakuru and Kisumu. Household survey was used to collect quantitative data from 483 caregivers and 466 children; a total of 355 respondents were paired caregivers and children. Qualitative data was collected through key informant interviews (KIIs) and focus group discussions (FGDs).

Findings indicate that there is likely gender dynamics in role of caregivers in guiding children in safely accessing online media, with less male involvement. The employment or economic status of a caregiver is also associated with chances of a child engaging in OCSE high risk behaviour such as sharing information with strangers. Children of casual labourers are more likely to engage in high risk behaviour. This may be a factor of low self-esteem often associated with absentee fathers. Limited awareness on OCSE or attendant risks and limited control or guidance by parents were cited by both caregivers and children are the most common drivers of high-risk behaviour.

Data from the in-depth research indicated that "Safe Online" project was the most relied upon source of information and capacity building to mitigate against the risks of OCSE. School based and community level training and sensitization session were the most commonly reported source of information. Children and caregivers who had accessing information from the project were also aware of where to access services. The increased awareness was not matched by reducing proportion of children or caregivers engaging in high-risk behaviours (when compared against baseline study data collected a year before in 2018). However, utilization of the prevention and response services was still very low among both children and caregivers. Children were less confident in ability to access these services, pointing to a need for more child friendly services. There was hope considering that both

children and caregivers were apt to adopt protective behaviours such as having conversations at household level on online safety and limiting access to gadgets and online media for children.

In conclusion, the in-depth research identified gaps in OCSE prevention and response interventions that should be addressed in future program or policy interventions. It also confirmed responsiveness of the "Safe Online" project and the need to expand its coverage area. Schools and community level sessions appear most effective in awareness raising and should be expanded. Future interventions must however focus on breaking barriers to access to services for children.

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Samuel Munyuwiny,
Knowledge Management Team Leader

List of Acronyms

OCSE:	Online Child Sexual Exploitation
CSOs:	Civil Society Organisations
TdH-NL:	Terre des Hommes Netherlands
AICS:	African Institute for Children Studies
CLK:	Child Line Kenya
FDGs:	Focussed Group Discussions
KIIs:	Key Informant Interviews
SPSS:	Statistical Package for Social Sciences
TV:	Television

Operational definitions

Sexting/ Sex-texting	Is the act of sending, receiving or forwarding sexually explicit text messages, images, photographs or video between cell phone
Online grooming for sexual	Involves communicating with the child over the internet to make a child think they are in a relationship with an exploiter in order to win the child's trust and facilitate either online or offline sexual contact
Sexual extortion or sextortion	Is whereby some online sexual offenders threaten to withhold expected benefits or perform undesired act such as posting online or sharing with your school or others sexual
Live online sexual child abuse	Involves coercion of a child to perform live sexual acts alone or with others at a scheduled time when the facilitator will stream the activities through

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1 Introduction

1.1 What is in this report?

This report is a summary of the findings of the in-depth research study conducted by a consortium of NGOs – the African Institute for Children Studies (AICS), Childline Kenya (CLK) and Terre des Hommes Netherlands. Data that informed the research was collected between September and December 2019 in four counties – Mombasa, Nairobi, Nakuru and Kisumu. The report provides information on what leads children to engage in behaviours that expose them to risk of online child sexual exploitation (OCSE) – also referred to as drivers of risk; knowledge, attitude and practices related to OCSE among children and adult caregivers sampled in target project areas; and perception of the communities on most appropriate interventions;

1.2 Motivation for conducting the in-depth research

The in-depth research followed a one and half-year of the consortium implementing a joint project titled "Safe online" and ensuing knowledge gaps. The project was implemented in four counties of Mombasa, Nairobi, Nakuru and Kisumu with the overall goal of improving capacity for prevention and response to online child sexual exploitation. At the time of collecting data for the in-depth research, the "safe online" project had registered the following achievements:

- Conducted a baseline household survey in Aug 2018 in the four counties that paired children 8-18yrs and their adult caregivers. It increased understanding on the proportion of children at risk of OCSE due to unsupervised access to internet and engaging in high risk behaviours; actual and perceived capacity of duty bearers in responding to OCSE; and recommended interventions. The baseline study was also accompanied by a gap analysis in policies and legislations relevant to OCSE prevention and response interventions.
- Built capacity of children in peer led approach to empowering them to identify risks, refuse and report cases of online grooming and other OCSE risk behaviours. A total of 2,2268 children from 400 schools in the four counties were trained using manuals reviewed and approved by Kenya Institute for Curriculum Development.
- A total of 24 targeted community level awareness raising sessions reached over 2,000 caregivers in the four counties. These sessions were conducted by trained "safe online" community resource persons.
- General Public awareness conducted through TV, radio, newspaper and social media reached estimated 4.9million Kenyans across the country.
- About 800 teachers (2 per school), 25 CSO staff and 30 government officials have been trained as part of building their capacity.

1.3 The knowledge gap addressed

Despite the above achievement, there were observations that fascinated the project team and motivated this in-depth research. These included a sharp rise in number of cases being reported through CLK's reporting platform; reports of new online social media platforms that may be more difficult to mitigate risks of OCSE; the need to assess beneficiaries' perception on appropriateness of the "safe online" project interventions so far implemented.

1.4 Objectives of the in-depth research

The in-depth research study focussed on the following objectives.

1. Determine the relationship between high incidence rates of OCSE and locations they are reported from.
2. Identify emerging trends of OCSE
3. Identify sources of information on protective behaviours against OCSE for children and adult care givers
4. Determine accessibility to OCSE prevention and response services to children and adult care givers
5. Establish current levels of exposure to OCSE risky behaviours among children
6. Which program strategy / activity is most responsive to target population?

The structure of this report includes an introduction that has a discussion of the background of the in-depth research, research questions it addressed and objectives. The report has also outlined the methodology used in the study, the findings and their deceptions. Final part of this report contains the discussion of the findings, conclusion and recommendations.

2 Methodology

2.1 Study design and sampling of respondents

The in-depth research employed a cross-sectional study design. This study was conducted in four counties of Nairobi, Nakuru, Mombasa and Kisumu. In each of these counties, the study was done in selected sub counties falling in urban and per-urban communities. The study was based on social and economic household's status and covered low income households, middle income house holds and high-income households as follows;

- Langata and Kibra sub counties in Nairobi County
- Nakuru Town East subcounty in Nakuru County,
- Kisumu Central sub-county in Kisumu County,
- Nyali sub county in Mombasa County.

2.2 Data collection

Both quantitative and qualitative data was collected. Quantitative data was collected using the household surveys in the respective sub-counties and data mining from the service providers. The household surveys paired a child respondent and the caregiver in each household.

Sample size for total number of households to be interviewed was calculated using Cochran1997 formula described below.

$$n = \frac{Z^2 p(1-p)}{c^2}$$

Where:

n= Sample size

Z = Standard normal deviate at 95% confidence level (1.96)

p = 0.5 (assumed proportion of households with access to internet – a risk factor)

c = Absolute precision/Error margin (=5%)

The calculated sample size was 412 households. A total of 483 caregivers and 466 children voluntarily participated in the study. However, 355 households had matched adult caregiver and child (8-17years) respondents. The households were randomly selected and interviews done over the weekends and during non-school hours to accommodate school going children. The households sampled were selected randomly in purposively selected neighbourhoods representing high, middle- and low-income households. Only households that reported having access to internet were included in the study.

The qualitative data was conducted using the Key informant interviews (KIIs) and Focused Group Discussions (FGDs). Approximately 12 key informants were chosen from each county representing care givers, professionals, law enforcement officers, CSOs and government. As for the private sector the key informants were selected based on their presence in the respective counties. The FGDs were conducted on children both in schools and out school. Additional qualitative data was collected from desk review.

2.3 Data Analysis & Management

Quantitative data was analysed using Statistical Package for Social Sciences (SPSS) software. Audio rrecorded qualitative data was transcribed into word documents and analyzed with the aid of ATLAS.ti software. Themes were identified and summarized in relation to the research questions. The qualitative analysis framework used is depicted in the diagram below:

3 Findings

3.1 Demographics characteristics of respondents

Table 1: Caregivers and children Demographics

	Caregiver's Demographics		Children's Demographics	
	Frequency	Percent (%)	Frequency	Percent (%)
Total (n)	355	100.0	355	100.0
Distribution by County				
Mombasa	61	17.2	Same as caregivers	
Kisumu	96	27.0		
Nairobi	87	24.5		
Nakuru	111	31.3		
Gender				
Male	129	36.3	162	45.6
Female	226	63.7	193	54.4
Are you currently in school				
No	N/A	N/A	16	4.5
Yes	N/A	N/A	335	94.4
Highest level of formal education attended				
None	13	3.7	5	1.4
Pre-primary school	1	.3	2	.6
Primary school	76	21.4	229	64.5
High/Secondary school	101	28.5	110	31.0
College	143	40.3	3	.8
Decline	21	5.9	6	1.7
Form of employment				
Employed	80	22.5	N/A	N/A
Own business	129	36.3	N/A	N/A
Casual labour	88	24.8	N/A	N/A
Don’t know	14	3.9	N/A	N/A
Declined to answer	44	12.4	N/A	N/A
Mean age				
	38 yrs		13 years	

We assessed demographic characteristics of respondents that were considered likely to affect access and discipline in use of internet. A total of 355 caregivers participated in in-depth research study and were equally paired with same number of children. Mombasa County registered a lower proportion of

respondents (17%) compared to the other three counties due to difficulty in accessing households during the floods caused by heavy rains. Among the caregivers, females were twice the number of male respondents, this may be indicative of gender dynamics such as women are more engaged in reproductive roles such parenting compared to men. The mean age of both caregivers who participated in the in-depth research was 38 years, also likely to indicate that households that have access to internet are owned by relatively younger parents or caregivers.

3.2 Drivers of high-risk behaviors leading to OCSE

We sought information on what leads children to engage in behaviours that expose them to risk of online child sexual exploitation (OCSE). The question was asked to both caregivers and children. Results indicate that lack of awareness of consequences of unsupervised access to internet and engaging in OCSE was identified by majority of both caregivers and children as factor contributing to OCSE. Lack of parental control was also identified by caregivers as an important driver.

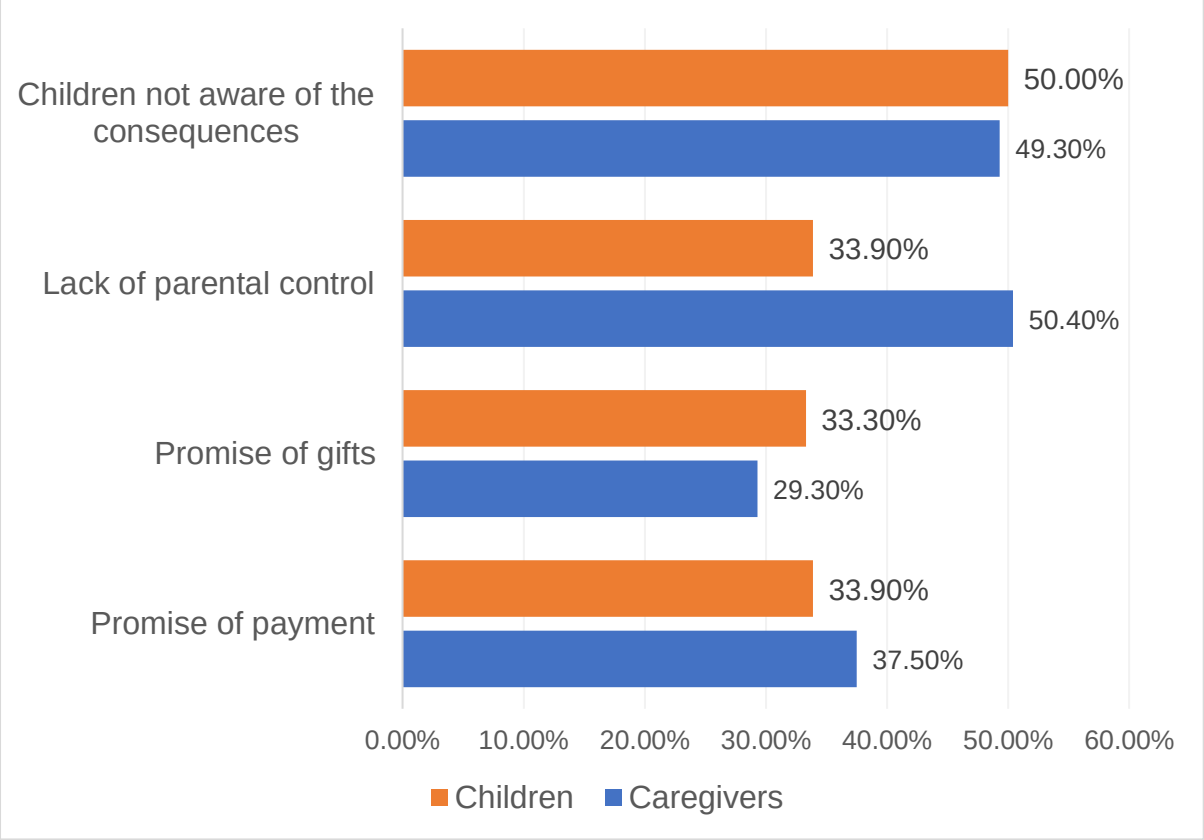

Figure 1: Opinions on drivers of high-risk OCSE behaviour.

The perceived drivers of risk registered a slight change compared to responses gathered at baseline study in Oct 2018. At baseline, respondents were asked "In your own opinion, why would children and young people in your community share sexually explicit materials over internet and social media?" The table below compared the proportion of children identifying the various causes at baseline and during this in-depth study. The reasons for the deviation were not immediately clear, it is likely that the increase

in awareness on OCSE in these communities as a result of the project intervention could have contributed.

Table 2: Drivers of OCSE high risk behaviour

Why children engage in high risk OCSE behaviour	% of respondents in affirmative (At baseline, Oct 2018)	% of respondents in affirmative (At in-depth study, Oct 2019)	% Deviation
Promise of payment	32.7%	33.9%	+1.2%
Promise of gifts	12.0%	33.3%	+21.3%
Lack of parental regulations/ control	20.1%	33.9%	+13.8%
(Children) Not aware of the consequences	24.1%	50.0%	+25.9%
Declined to respond to question	11.2%	0.0%	-11.2%

3.3 Knowledge, Attitude and Practice (KAP) on OCSE

3.3.1 Knowledge on OCSE

In assessing the respondent's knowledge, respondents were asked "Over the last 6 months have you heard about online child sexual exploitation?" 49.9% of the 481 caregivers and 43.8% of the 446 children who responded to the question answered in the affirmative. In the paired data set, 48.6% of both caregivers and children (n=355) were affirmative.

3.3.2 Sources of information on OCSE

On sources of information on OCSE, 241 caregivers of the 483, and 204 of the 466 children responded. The chart below presents the most reported sources of information in the 6 months preceding the in-depth research study as school sessions facilitated by CLK (36.3%) for the children and community sensitization session facilitated by CLK (34.4%) for the caregivers.

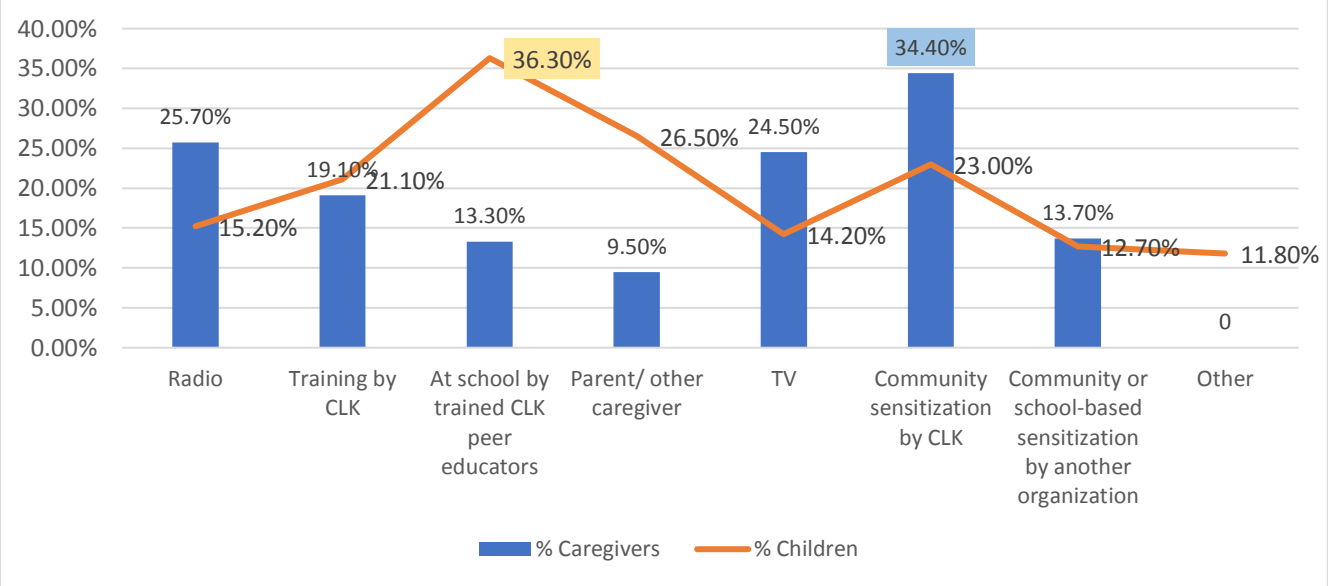

Figure 2: Sources of information on OCSE (last 6 months)

Other sources of information reported by caregivers and children were:

Table 3: Other sources of information reported by caregivers and children

Caregivers	Children
• Social media (facebook), • From the internet, • Community case at the police station, • Daily newspaper which had the SMART logo, • Chief's barazas, • Friends who were trained by the CLk about OCSE, • Other friends, • From her daughter who is an OCSE trained peer educator, • From my own child who is in primary school - they were taken through in school, • From the groups I am involved example women support group, workmates, • Group of counsellors, • I got the information from Facebook when someone posted you children having sexual affairs, • I also monitor their (children) movements, • I have come across an article that mentioned something similar but not the same use of words, • I was taught by my daughter she was trained in school	• A friend - they were taught in their school • Church session • Social media platforms (Facebook) • Friends at home • My sibling • Peers • Teachers, friends and classmates • School guidance and counselling sessions • My mum talked to me about it • My younger brother came back with such information from their school. I also had the privilege to go through his OCSE book • School mates and friends

3.3.3 Knowledge of where to access OCSE prevention or response services

Asked about knowledge of where to access OCSE prevention or response services, 90.4% of caregiver and 91.2% of the children who responded to this question answered in the affirmative. A follow-up question on knowledge on types of services required to support children at risk and those in OCSE recorded 46.3% of caregivers and 39.1% of children in affirmative.

3.3.4 OCSE high risk practices

The chart below presents analysis of OCSE high-risk practices that respondents may have engaged in one year preceding the study.

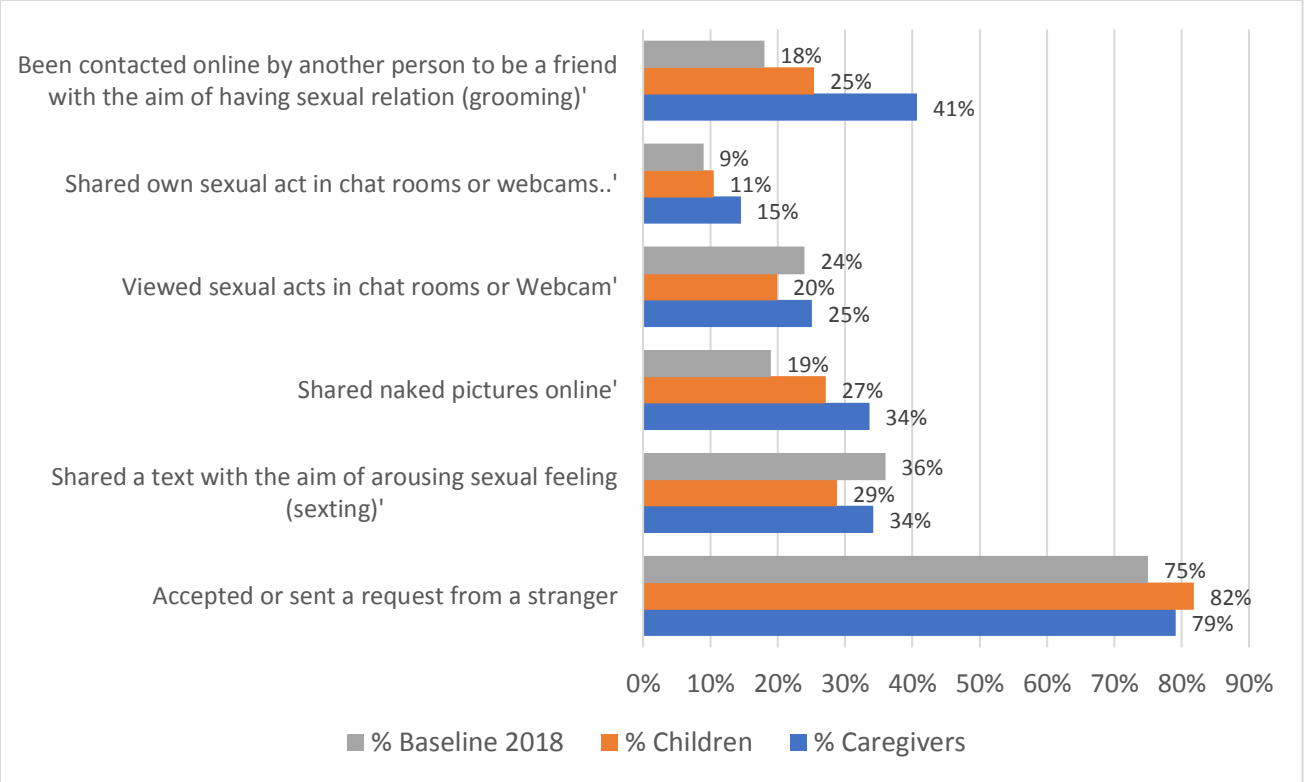

Figure 3: Proportion of respondents engaging in OCSE high risk practices

Accepting or sending friendship requests to strangers remained most reported OCSE high-risk behaviour or practice. This was generally consistent with findings of baseline study in Oct 2018.

3.3.5 OCSE protective practices

Both caregivers and children were also asked if they have practiced two protective behaviours one year preceding the in-depth research. Use of password to prevent unwanted access to gadgets was more common practice compared to having discussions with between caregivers and children.

Table 4: Proportion of respondents practicing protective practice against OCSE

Protective practice against OCSE	% Caregivers	% Children
Have you in the last one year ever had any discussion with a child/ adult in your household on risks of OCSE.	46.10%	39.70%
Do the gadget you use to access internet at home have password protection	58.10%	54.10%

3.4 Perception of the communities on appropriateness of interventions

Respondents were asked if "over the last one year, you have interacted with the OCSE Program by CLK | TDH-NL| AICS in your community?" About a quarter (25.1%) of the respondents provided an affirmative answer. Most (45.5%) had interacted with the "Safe online" project through 116 reporting line or were engaged in research conducted by the project (39.8%).

Table 5: Beneficiaries assessment on responsiveness of "Safe Online" Project

Question Assessing Responsiveness of "Safe Online" Project	% Caregivers "Yes"	% Children affirming "Yes"
Are you aware of the service providers in regards to OCSE	45.3%	35.4%
Do you know where to access these service providers.	90.6%	89.6%
Have you in the last 1 year sought for help on OCSE from those service providers	6.5%	5.7%
What service did you access from the list below		
Counselling	5.1%	0.8%
Rescue	2.0%	0.6%
Training and Awareness messages	1.1%	1.1%
Was is it easy to access these services?	62.5%	3.5%
Were you satisfied with the services they provided	91.7%	0.8%
Have you in the last 1 year sought the help on OCSE from those service providers	6.5%	32.0%

The research sort to establish the level of knowledge of the service providers among caregivers and children; the ease in accessing them and the level of satisfaction of the service the caregivers and children got. The children and caregivers indicated their knowledge of the existing service providers at 35.4% and 45.3% respectively. On the information on where to access the services, both by the children and caregivers, the research findings indicated that 89.6% and 90.6% respectively knows where and how to seek help when they fall victims of OCSE. The findings also indicated that easy of access of the service providers on OCSE stood at 62.5% and 3.5% for the caregivers and children respectively. The types of services sought were listed as counselling, rescue, training, and awareness messages. The data point to huge discrepancy between knowledge of where the OCSE services can be accessed and the actual demand for the services. Difficulty in accessing services was more pronounced among children compared to adults.

4 Discussion and Conclusion

The demography characteristics point to gender role in caregiver's role in child protection – it seems that there is less involvement of men. It is important that future program activities at community level encourage involvement of men, especially considering the important role of a father figure[1] in promoting self-esteem in children. Other studies[2] have demonstrated that self-esteem in children is associated with less engagement in high-risk behaviour or practices that expose a child to OCSE. In this in-depth research study, only one demographic character (status of employment) was significantly associated with engagement in OCSE high-risk behaviour among caregivers.

Lack of awareness of OCSE and consequences of involvement among children; and lack of parental involvement in guiding use of gadgets and online media by their children were cited as the most important drivers of OCSE high-risk behaviour. These are indicative of an opportunity for more investment in the training and sensitization of children and caregivers to sustainably mitigate against OCSE. This is supported by the data indicating that most reported source of information was school and community-based awareness raising sessions provided by "safe online" project.

The consistency in number of children and caregivers engaging in OCSE high risk behaviour both at baseline survey in Oct 2018 one year later when this in-depth study was conducted point to the need for more effective behaviour change communication. The increase in proportion of caregivers reporting

[1] Laible, D. J., Carlo, G., & Roesch, S. C. (2004). Pathways to self-esteem in late adolescence: The role of parent and peer attachment, empathy, and social behaviours. *Journal of adolescence*, *27*(6), 703-716.

[2] Wild, L. G., Flisher, A. J., Bhana, A., & Lombard, C. (2004). Associations among adolescent risk behaviours and self-esteem in six domains. *Journal of child psychology and psychiatry*, *45*(8), 1454-1467.

practice of protective behaviour indicates willingness among the target population to appropriately respond to correct messaging.

Table 6: Association between demographic characteristic of caregivers and engagement in OCSE high-risk behaviour

High risk behaviour	Demographic Characteristic					
'Accepted or sent a request from a stranger'	Male	Female	Pearson Chi-Square			
	84.3%	83.0%	.768			
	None	Pre-primary school	Primary school	High school	College	Pearson Chi-Square
	84.6%	0.0%	78.4%	85.0%	84.5%	.187
	Employed	Own business	Casual labour	Pearson Chi-Square		
	86.3%	80.3%	90.8%	<.0001		

The data indicating that children are less likely to report or feel confident in accessing OCSE service providers compared to adults, may indicate need to further interview the children to find out why. The service providers should also be provided with this feedback and urgent measures taken to make them child friendly.

Overall, the data indicate that the "Safe online" project has reached at least a quarter of the target population. It also remains the most accessible source of information and capacity building. It has contributed to increase in awareness levels and therefore effective.

5 Recommendations

As a result of the nature of findings the in-depth research study yielded, the following recommendations are worthy for consideration.

1. There is need to increase level and intensity of awareness intervention. This will lead to an increased awareness among the actors involved in child protection.
2. Many children indicated lack of parental guidance as driver to high risk behaviour engagement. This therefore calls for involvement of more and more caregivers into not only the OCSE program but also an incorporation of the component of parental communication of matters of sex.
3. For the program to be more responsive, its worthy mapping of more stakeholders especially the service providers to take part in the implementation and also to break the barriers to uptake of the knowledge, such as culture.
4. Media has been indicated to be among leading source of information. Therefore, there is need to map media sector as a key stakeholder and also use the media to reach the wider audience not participating in the program directly.

6 Annexes

6.1 *Additional tables generated from data analysis*

Table 7: Opinions on drivers of risk of OCSE

	Caregiver' s opinions on causes of OCSE		Children's opinions on causes of OCSE	
Promise of payment	Frequency	Valid Percent	Frequency	Valid Percent
No	222	62.5	232	66.1
Yes	133	37.5	119	33.9
Total	355	100.0	351	100.0
Promise of gifts			Frequency	Valid Percent
No	251	70.7	234	66.7
Yes	104	29.3	117	33.3
Total	355	100.0	351	100.0
Lack of parental regulations			Frequency	Valid Percent
No	176	49.6	232	66.1
Yes	179	50.4	119	33.9
Total	355	100.0	351	100.0
Not aware of the consequences			Frequency	Valid Percent
No	180	50.7	174	50.0
Yes	175	49.3	174	50.0
Total	355	100.0	348	100.0

Table 8: Forms of OCSE heard/ known to Children

		Frequency	Valid Percent
Accepted or sent a request from a stranger			
Valid	No	73	20.9
	Yes	277	79.1
	Total	350	100.0
Shared a text with the aim of arousing sexual feeling (sexting)'			
Valid	No	231	65.8
	Yes	120	34.2
	Total	351	100.0
Shared naked pictures online'			
Valid	No	233	66.4
	Yes	118	33.6
	Total	351	100.0
Viewing sexual acts in chat rooms or Webcam'			
Valid	No	263	74.9
	Yes	88	25.1
	Total	351	100.0
Shared own sexual act in chat rooms or webcams.'			
Valid	No	300	85.5
	Yes	51	14.5
	Total	351	100.0
Being contacted online by another person to be a friend with the aim of having sexual relation (grooming)'			
Valid	No	208	59.3
	Yes	143	40.7
	Total	351	100.0

Table 9: Forms of OCSE experienced by Children

Accepted or sent a request from a stranger			
		Frequency	Valid Percent
Valid	No	64	18.2
	Yes	287	81.8
	Total	351	100.0
Shared a text with the aim of arousing sexual feeling (sexting)'			
Valid	No	250	71.2
	Yes	101	28.8
	Total	351	100.0
Shared naked pictures online'			
Valid	No	256	72.9
	Yes	95	27.1
	Total	351	100.0
Viewing sexual acts in chat rooms or Webcam'			
Valid	No	281	80.1
	Yes	70	19.9
	Total	351	100.0
Shared own sexual act in chat rooms or webcams.'			
Valid	No	314	89.5
	Yes	37	10.5
	Total	351	100.0
Being contacted online by another person to be a friend with the aim of having sexual relation (grooming)'			
Valid	No	262	74.6
	Yes	89	25.4
	Total	351	100.0