

## Child Sexual Abuse Survivors and the Street Kids: A Social Commentary on Resilience after Abuse in a Kenyan Orphanage

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### Abstract

This opinion piece explains how Social Emotional Learning (SEL) is applied to support sexually abused survivors' resilience in Kenyan orphanages. Literature promotes the use of SEL interventions for school-aged children who have severe abuse experiences, both for coping mechanism and building resilience. SEL may be applied by social workers and educators to stimulate resilience in school-aged children who live in orphanages and are dealing with child sexual abuse (CSA) related trauma (e.g., emotional regulation, denying or delaying disclosure, bouncing back after abuse, etc.). I write this piece based on my 5 years' experience working as a Child Welfare Specialist in the U.S., over 10 years of running a children's home in Kenya, and a college professor of psychology. I am also inspired by the recommendations' section of my unpublished PhD dissertation where I spent over 4,000 hours listening to survivors' stories of sexually abused children in Kenya. Practical evidence shows that kids who come to the children's home after having gone through abuse, are more likely to bounce back if they participate in SEL activities. Finally, this opinion piece recommends the use of SEL in Kenyan orphanages, schools, and hospitals to effectively support children of trauma, in developing positive coping skills, resilience and academic achievement.

**Keywords:** Social Emotional Learning, education, sexual abuse, orphanages, street children, abuse, trauma, resilience

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### INTRODUCTION

The news of COVID-19's impact on healthcare and economy in many countries overwhelmed the global news channels. While in Kenya, however, another pandemic was also trending, a sudden rise in teenage pregnancies. Muturi's (2021) article published in the National Council for Population and Development revealed that 445 high school girls, who were pregnant, failed to take their Kenya Certificate of Secondary Education (KCSE) examinations while others took their examinations from maternity wards around the country. Although the news on pregnancy has stirred many conversations in the country, little direction, pointing to the likely source of this epidemic, is yet to be determined.

Let's call a spade a spade! Unless we can admit that the teens, who become pregnant, are children, we will never be able to confront adequately the issue of child sexual abuse (CSA), which is part of the root cause for the surging rate of teen pregnancy. The literature on CSA confirms that survivors are more compelled to tell their stories if people showed interest in listening to and believing in their stories (Brennan & McElvaney, 2020). The notion of being believed was a

common theme when I interviewed survivors for my dissertation. Additionally, my experience as a psychology professor and my extensive work with vulnerable children, provides a theoretical foundation and authority to categorize the recent teen pregnancy crisis in Kenya under child sexual abuse. Given the large number of girls to become pregnant around the same time, COVID-19 pandemic might have been a catalyst. Arguably, though, school lockdown might have provided perpetrators easy access to school-aged girls, who were left home without any parental supervision; however, the pandemic cannot bare the entire blame for this rise in teenage pregnancies.

This opinion piece acknowledges that nonprofit charitable organizations shoulder a significant burden in effort to rescue neglected and abused children in Kenya. While these organizations establish institutions to shelter rescued children, most of the social workers and children's home caregivers are overwhelmed by the demands of their care. Street kids seldom have all their basic and emotional needs met; hence, children's home workers must utilize whatever resources they have in bolstering the role of a caregiver and educator to facilitate these survivors' successful rehabilitation.

### **Child sexual abuse**

Child Sexual Abuse (CSA) is categorized as a form of child abuse and is one of the most confusing and perplexing problems facing many societies in the world, including Kenya. According to the World Health Organization (2003), CSA is defined as “the involvement of a child in a sexual activity that he or she does not fully comprehend, is unable to give informed consent, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society” (p. 75). CSA is linked to survivor's inability to regulate their emotions (Brennan & McElvaney, 2020); hence, a major issue in Kenya where survivors need resources to navigate the effects of the abuse, especially children who face unique hardships and abandonment in orphanages and in the streets.

Would you know how to rehabilitate a CSA survivor who lives in a children's home because he or she has been abandoned by the society? Would you know how to deal with a child that is exhibiting trauma symptoms in the classroom? Not every school-aged teacher, social worker, or caregiver is well equipped to do so, especially in a developing country like Kenya, where neglected children and CSA survivors leave the streets and go straight into a children's home – commonly known as an orphanage. These kids are not only abandoned and in need of basic needs, but are also most likely to exhibit Post-Traumatic Stress Disorder (PTSD) symptoms (Hébert & Amédée, 2020). It always requires the survivors to go through intense counseling sessions to help them deal with trauma and new environment adjustment issues.

### **Life in the streets**

In Kenya alone, it is estimated that over 40,000 children occupy charitable children's homes while over 250,000 children inhabit the streets (Goodman et al., 2016). Most children who are abused end up in the streets or in confined institutions (e.g., children's homes). The number of abused and neglected children has consistently increased as the population of Kenya increases (Goodman et al., 2017). Why do children run into the streets? A study done by Sitienei and Pillay (2019) established that Kenyan street children previously faced painful encounters that resulted from parental death or divorce. Sexual, physical, and emotional abuse and other traumatic experiences also force children to run away from their homes. Other children are abandoned in the streets

because their parents and relatives are unable to provide for them. While in rare occasions (e.g., war or tribal clashes) families and children flee war zones, others are displaced by the chaos that follow. As a result of their displacement, or sometimes after parental deaths or injuries, most of these children end up homeless, forcing them to move to the streets in search of food and shelter. Those children who live in dangerous environments (e.g., slums, the streets 24/7, or return home in the evening after rummaging through the dumpsters or begging passersby for food) are more likely to be abused as compared to their counterparts who live in safe neighborhoods. For those in unsafe neighborhoods, teenage girls are naturally at risk of sexual abuse, which may be attributed to the high rates of teenage pregnancies in the country. Female survivors of CSA often report being overpowered by older male perpetrators. Consistent with CSA research, most of them report that they feared telling anyone about the abuse, especially if the perpetrators were their caregivers and had threatened to withdraw economic support if they reported the incident (Tener et al., 2021).

Children who face horrendous childhood experiences grow up with the trauma and the symptomatic stigma of abuse and are highly likely to develop fear, anxiety, rage, and anguish (Jackson et al., 2015; Karakurt & Silver, 2014). Those who end up in the streets are always searching for something to calm their fears and numb pain (e.g., male street children in Kenya resort to sniffing an inhalant known as *glue*). Glue is cheap and sold to street children in small water bottles since continuous sniffing of the substance presents an escape from poverty and memories of abuse. This is merely a temporary solution to mask these teens emotional deprivation, but does not erase their experienced past trauma of abuse. It is, hence, paramount for the government to establish programs to provide rescue and rehabilitation to these troubled children before they reach adulthood. Such programs might save the younger street children who are more prone to abuse from their older counterparts and are sometimes trafficked for sex or drug cartels. It is important to note that abused street children, who reach maturity while still living in the streets, may end up marrying each other, perpetuating the vicious cycle of poverty and abuse for their offspring.

### **Children's homes and orphanages**

The lack of a commitment from the Kenyan government to provide a permanent solution for street children is daunting. Existing government policies and programs are also not adequate to provide effective rehabilitation for street children; yet, there is an annual budget dedicated to the department for street families. From a practitioner's point of view, Kenya has a long way to go when it comes to eradicating child abuse and neglect. Luckily, non-profit and community-based organizations have for many years made significant efforts to bridge this gap. Thus, well-wishers, not the government, establish a majority of the children's homes in Kenya.

Children who have suffered from abuse and neglect-related trauma have difficulties regulating their emotions; hence, their maladaptive behavior is likely be interpreted as violence towards adults and peers (Brennan & McElvaney, 2020). While living in the streets, they are used to talking back and dependent on a stimulant addiction (*glue*) for survival. Due to lack of adult supervision and nurturance, most of them have developed defiance and anti-social coping skills such as fight or flight responses. These children lack self-control and are always getting in trouble for not following the rules. These kinds of behavior are expected and normal based on the type of trauma they may have endured before their rescue (Zhang et al., 2021).

## **How survivors adjust in a children's home: A case study of Upendo**

Trauma is often a consequence of abuse and negative experiences for a child prior to joining a children's home. Sometimes, younger kids cope and bounce back faster than older ones. The duration of these negative events, especially before they join a children's home, may interfere with their coping mechanism and hinder the caregiver's rehabilitation efforts. Research is clear that children who have faced adversity, such as CSA, deal with widespread trauma. Also, events that happened to them prior to joining a home make children resist changes regardless of whether those changes are meant for their benefit, resulting in maladaptation. For instance, I have participated on numerous occasions in the rescue of children from abusive homes, and I understand that abuse trauma is detrimental to a child's cognitive development. This is because normal brain growth does not occur in a similar fashion for children who have experienced emotional, sexual, and physical violence. However, all types of violence are associated with undesirable physical and mental health, which affect their ability to learn (Zheng et al., 2019).

The severity of abused children's maladaptive behavior is what inspired me to develop programs in support of the survivors' transition from dangerous environment into the children's home and later into the classroom for formal education. These hands-on experiences compel me to share about the rising emotional and physical needs for vulnerable children, especially CSA survivors. Children of trauma have many reasons for exhibiting maladaptive behaviors. Firstly, they are attempting to communicate their needs, but they do not know any other way (Regan, 2020). Trauma with comorbid trust and attachment issues amongst abused and neglected children is quite normal in children's home. Those who come from abuse have difficulties forming relationships with adults and peers. They need guidance in developing positive coping skills, which requires social workers to provide a conducive environment supporting the attachment aware intervention for the children (Little & Maunder, 2021). On many occasions, social workers and caregivers have scarcity of resources for meeting the needs of newly rescued children. Sometimes, they lack proper training and this impedes their understanding of the symptoms associated with the intervention strategies.

Upendo Children's Home, for example, founded in 2013, is an institution whose mission is to provide the basic needs for rescued children. My 20 years of experience, working with abused and neglected children and anecdotal stories from Upendo Children's Home, suggests that perpetrators usually threaten their victims, making them adopt a culture of secrecy. Prior to abuse, survivors are socialized not to express themselves, "children are supposed to be seen and not heard." This coded messaging forces survivors to silence themselves and hence refusing or delaying disclosure after abuse as supported by CSA literature (Tashjian, et al., 2016; Malloy et al., 2011). Some of the survivors refuse to speak out because it is part of their culture and serves as their coping strategy. This lack of disclosure or delay results from lack of emotional support from trusted adults. Girls who are sexually abused end up pregnant because they fail to let someone know immediately after it happens. This delay or denial hinders them from accessing rape intervention. Abused children who are unable to regulate emotions not only deal with depression, but also tend to develop maladaptive behavior and negative coping skills, deterring their ability to bounce back after experiencing childhood traumatic events (Townsend, 2016).

Due to past painful experiences of abuse and neglect, survivors come to the children's home while dealing with PTSD, pain of neglect, emotional and physical scars and with extremely limited social or cognitive skills. Often, PTSD and depression are some of the confirmed symptoms displayed by children who have suffered from sexual abuse and other types of abuses

(Ulibarri et al., 2015).

### **Resilience and social emotional learning**

Resilience is a process that allows an individual to positively cope and adapt to a new behavior after adversity (Egeland et al., 1993). Like adults, children must be supported with resources that enable them to overcome stressful events (e.g., sexual abuse, abandonment, neglect, displacement, etc.). Otherwise, stress can complicate their healing process or adjusting into a new environment, which may impinge on their ability to learn. In a country, like Kenya, where social services are limited for disadvantaged children, formal education can be the only alternative tool to equip and prepare them for a better future.

Prior to their rescue, most abused and neglected children spent their past either begging for food in the street or rummaging through trashcans. Because society already ostracizes street children and continuously refers to them as pick-pockets (Kilbride et al., 2000), this causes them to suffer from low self-esteem and self-hate. Since these children live in the streets, they do not receive any formal or informal education. Whenever social workers take the CSA survivors to the local government hospitals, it is evident that medical providers lack proper medical equipment, therapeutic skills, and training to offer them adequate therapy and intervention.

Besides the lack of resources and training at the hospital, survivors, who end up in the children's homes, lack the ability to communicate or tell their abuse stories. When compared to those who have been in the children's home longer, newcomers often display heightened levels of stress, shyness, and unwillingness to speak without numerous prompts. They also exhibit major difficulties in expressing and regulating their emotions. This is a common phenomenon that is consistent with literature. The depressive symptoms (e.g., stress, fear, shame) are common indicators for CSA survivors (Blair & Raver, 2012).

At Upendo Children's Home, we apply Social Emotional Learning (SEL) strategies to meet the needs of abused and neglected children who have agreed to stay at the home. It is notable that the faster CSA survivors adjust in the children's home and are exposed to SEL activities (e.g., play, songs, art, poetry, etc.), the more they are able to articulate their emotions. In theory, *Child Play* is regarded as the primary language for children. At the Upendo Children's Home, play is routinely introduced in form of SEL activities. The goal is to help those survivors of abuse and neglect to cope with trauma as well as build resilience. Caregivers and counselors are encouraged to utilize SEL techniques. Consequently, other children's homes can replicate most of the SEL activities by using cheap and locally available materials, which have been successful at Upendo.

In Kenya, like most developing countries, caregivers in orphanages and poverty-stricken communities have none or extremely limited funds to buy activity items (like playdough, coloring pens, paper, toys, etc.). For example: mixing dirt with water serves as a better alternative for making a cost-free playdough; children are encouraged to use sticks to draw on the ground; and they also use black charcoal from burned firewood to draw on the wall whenever they need to express their emotions. All these ideas are categorized as art. Unlike in developed countries where teachers and students can afford store-bought jump ropes, caregivers and teachers in Kenyan orphanages may use sisal ropes or vines from trees to teach various rhythmic chants or songs with repetitive words. Survivors are advised to utilize the stories and songs they hear from adults, but they may insert their own words to describe their past. All these are therapeutic strategies that help children cope with the past traumatic events.



How well or fast the children adjust to their new environment depends on the personal items they are able to bring into the children's home (e.g., something that reminds them about their "good" side of family, siblings coming to live together, or a distant relative coming for supervised visitation). Most importantly, having well trained workers and caregivers is one of the most vital components that support children in coping with abuse trauma. At Upendo, workers are trained to observe any indicators of trauma, utilize SEL strategies to distract children who exhibit heightened emotions and redirect them if they continue to display maladaptive behavior like talking back, substance abuse, running away, or violence.

Rescuing children early enough before the abuse intensifies allows them to adjust faster when they enter the children's home. Such children are less likely to be depressed, easy to warm up when offered help, and develop peer relationships faster. They are able to bounce back faster when compared to children who were in abuse for prolonged period. Additionally, children that come into the home with major illnesses (e.g., HIV, allergies, or disabilities) are slower to warm up or take longer to form attachment with caregivers and other children. When it is time to introduce them into a classroom setting, children who had any form of education prior to coming to the children's home adjust faster. While those with severe trauma and illnesses tend to have multiple absences, which then inhibits their learning and, consequently, causes them to be retained in one grade. Other children drop out of school because of their inability to cope.

### **Advocacy for resources in Kenyan children's homes and other institutions**

It is inspiring to know that SEL activities are effective in supporting CSA survivors and other street children who had formerly experienced other forms of abuse. Moreover, this is an effort to advocate for more resources for abused and neglected children, especially those in the streets and orphanages. Children's homes caregivers and teachers need more resources, like SEL activities, to support school-aged survivors' informal and formal education. This population of children face eminent risk of high childhood stress and maladaptive behavior in adolescence and adulthood. In addition, research promotes the use of SEL interventions for pre-school children who have severe abuse experiences, both as a coping mechanism and a means to build resilience (Evans & Kim, 2013).

Social workers and caregivers in children's homes have innovative ways to recycle textbooks and writing materials, which they utilize to prepare children for formal learning as part of their transition. Since the government leaves the responsibility of rehabilitating and providing education to children's homes, extra attention and resources must be spared for preparing former street children for both their social emotional development and academic success.

Attempting to help children of trauma, while trying to facilitate the development of positive coping skills, requires the survivors to wait for an extended period before they can join their peers in the formal classrooms. During their wait period, workers gradually introduce SEL opportunities to newcomers. Even though a few of the children do regress after starting school, SEL strategies, if effectively applied in the children's home, prove to be invaluable in helping children to follow rules and routines as part of their transition from the streets or abuse environment. This approach is meant to support in development of more positive and adaptive coping skills. Consequently, at Upendo Children's Home, as rehabilitation occurs, children join their peers in public schools where they continue to adopt new prosocial skills, form relationships, and follow a considered structured routine, resulting in major strides towards their recovery and resilience.

There is a dire need to create awareness in Kenyan hospitals, schools, and orphanages regarding the need for children to express their emotions and narrate their own stories. Allowing sexually abused children to tell their stories not only boost their self-esteem, but it also empowers them since they know a trusted adult validates their pain. Observations from Upendo Children's Home, after extended use of SEL activities, confirm that survivors like to be encouraged to describe their abuse as part of their coping mechanism. Thus, SEL activities promote these children's language and cognitive skills, academic development and success, and also boosts their self-esteem and, hence, preparing them for more formal education and future challenges (Djambazova-Popordanoska, 2016). Since the introduction of SEL activities, Upendo has produced top scholars who have achieved extremely high scores in KCSE and secured their seats in public colleges. These observations are an encouragement to the educators of abused and neglected children. Even though not widely researched, the results from Upendo seem to suggest that the high academic achievement of its children emanates from the survivors' ability to act responsibly, obey rules, develop relationships with peers and adults, and have a positive outlook and a willingness to adopt more positive behaviors. Development of positive skills amongst the CSA survivors and other street children can be attributed to the efforts of caregivers and educators in providing SEL activities that enable children to build resilience and success.

In the children's home, repeated SEL activities, especially during social play, continue to help children become more confident in narrating their past while role-playing with other peers, caregivers, or counselors. As supported by research, when social workers redirect the children while showing empathy, they start to master self-control and emotional regulation, thereby decreasing their anger and crying (Little & Maunder, 2021). The SEL strategies in the children's home have promoted the development of positive coping skills, allowing them to become more adjusted in their new environment while positively dealing with their traumatic events. Contrarily, due to a lack of such interventions in the formal schools, children who were removed from their caregivers displayed similar maladaptive behavior just like those who came straight from the streets.

At Upendo, social workers have been using art and craft, music, dances, and other play activities to help children build relationships with each other and develop conflict resolution skills. These skills have helped them to learn how to regulate their emotions and reduce maladaptive behaviors. Instead of screaming, yelling, talking back, self-harm and etcetera, they have learned to use words more when they want to communicate their emotions and needs. For those suffering from addiction, distraction with activities (such as taking care of chicken, gardening, and playing soccer) help to reduce chances of retreating to substance abuse. The caregivers have been keen on applying various SEL strategies in promoting social emotional and cognitive development amongst survivors.

It is worth mentioning that the benefits of using SEL activities is not widely common in Kenya, hence should be promoted in formal school settings. Just like the street children, CSA survivors removed from their caregivers and placed in children homes need to be oriented in the use of SEL and learn to narrate their personal stories, especially if required to testify in a courtroom for their abuse trials. In so doing, these children become their own advocates, which is a major advantage in promoting their positive skills, confidence and social esteem. In addition, children who are removed from their caregivers not only display various maladaptive behaviors, but also express having negative sensations (such as shame, anger, and fear), while most of them are completely unable to state their emotions without help. Whereas these survivors did not have

positive coping skills, medical providers and social workers lacked skills, training and knowledge in guiding the children on how to narrate their stories. Inability to regulate emotions is consistent with the literature (Blair & Raver 2012). Often, most survivors refuse to name their abusers, or when and where the abuse happened; thereby, causing delay in receiving help from the medical providers or justice. At Upendo children's home, CSA survivors and former street children have bounced back and gained confidence to where they even tour USA as a dance group. They have been conditioned to show off their talents, act and narrate their past stories. This outcome has been made possible through teamwork, allowing kids to lead the way while adults strive to meet their physical, emotional, and spiritual needs. Whenever a child displays a maladaptive behavior, caregivers and teachers engage the child in art or play therapy to empower or distract him or her.

When children express anger through aggression and “talking back,” it is the responsibility of the caregiver to prepare them for formal school readiness. Engaging in SEL activities gives survivors the ability to regulate emotions and leads to development of additional coping skills, which also contribute to their school readiness and achievement (Fung et al., 2020). At Upendo, children learn to regulate emotions using drama and poetry during role-play activities. Essentially, this role-playing helps them to develop empathy and emotional maturity even as they progress to adulthood and beyond schooling. However, besides SEL, teachers and caregivers are generally encouraged to teach children other important language acquisition skills (e.g., singing, acting, dancing, writing, reciting, reading). Songs not only help one to learn a language, but also provides an individual the opportunity to understand and express his or her emotions. Allowing kids to lead songs and acting roles, Upendo caregivers provide them with opportunities for developing autonomy and independence.

## CONCLUSION

The children at Upendo, who participated in SEL activities displayed fewer depressive symptoms and less antisocial behaviors (e.g., substance abuse, school dropout, and aggression), and tended to overcome these challenges. What has emerged from taking care of rescued children at Upendo is that many factors (e.g., illness, length of abuse, sibling separation, or age of the child) interfere with their ability to bounce back. As long as they have a conducive and a healthy environment, exposed to age-appropriate opportunities for treatment, receive regular counseling, participate in structured and consistent activities, nurturance, advocacy, and positive caregiving support, these children seem to thrive in almost all aspects of their lives. They perform better on schoolwork, develop healthy relationships, and tend to stay out of trouble, both inside and outside the children's home. Therefore, for orphanages, schools, and hospitals to effectively support children of trauma, enabling them to develop positive coping skills, resilience and academic achievement, practitioners must emphasize the importance of SEL in institutions that support child development and health.

## Recommendations for researchers and practitioners

Social issues affecting children, who have suffered from abuse as discussed above, are drawn from various areas, including social work, early childhood education, child advocacy, and etcetera. Despite limited resources and harsh working conditions, caregivers and educators achieve optimistic results when they rehabilitate survivors and street children, while offering feasible transition into an academic achievement and championing their psychological and spiritual needs. These observations provide sufficient background to recommend that the Kenyan government



recognize the relentless work done by both formal and informal educators, caregivers, practitioners, and policy makers who work with extremely limited resources in children's homes and orphanages. Hence, more resources and supportive policies are required for any SEL efforts to enhance children's resilience and academic success.

To bridge the gaps between research and practice, a multidirectional approach is recommended for caregivers, social workers, policy makers, researchers, and educators. If these groups work together, they can establish empirical data that fully investigate issues affecting CSA and street children. New research might increase a caregiver's understanding of how CSA survivors can benefit from SEL activities, particularly their resilience and academic achievement. Empirical evidence should also support the need for designing programs and strategies that can address issues faced by caregivers and teachers, while attempting to rehabilitate survivors for school readiness. Finally, the SEL model proposed in this essay is not meant to provide answers to all the challenges faced by CSA and street survivors, but rather a framework upon which future research can be grounded.

As a matter of pragmatics, practitioners, who work with vulnerable children, must be properly trained on how to identify and disclose cases of abuse, including the use of SEL, which encourages survivors to disclose their cases of abuse and enhance their positive coping mechanism and probability to bounce back.

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