

**SCOPING STUDY ON LESSONS AND BEST PRACTICES
FROM GBV PREVENTION AND REHABILITATION
INTERVENTIONS IN NAKURU COUNTY**



SCOPING STUDY ON LESSONS AND BEST PRACTICES FROM GBV PREVENTION AND REHABILITATION INTERVENTIONS IN NAKURU COUNTY: TOWARDS AN IDEAS WORKSHOP WITH MIDRIFT HURINET AND DIGNITY ON POSSIBLE FUTURE ENGAGEMENTS WITH GENDER-BASED VIOLENCE

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EXECUTIVE SUMMARY

This study was conducted in the highly populated culturally diverse informal settlements of Kaptembwa and Karagita of Nakuru County, Kenya. The area has reported increasingly high prevalence of GBV incidences (DIGNITY, 2018 and NGEC, 2016). The study explored opportunities for future work on GBV in the County. The qualitative methodology adopted was guided by Davis *et al* (2009) and was done within 14 days. The detailed findings are in the main report.

Key Issue	Key Gaps identified	Opportunities identified
Contextual definition and Actor approach to GBV	Most partners recognize the various forms of GBV but programs concentrate on VAWG	Widen scope of coverage to include other common forms of GBV
	<ul style="list-style-type: none"> • Simplistic and specialized services to complex phenomenon with complex outcomes • Narrow silo approach to GBV response and rehabilitation of survivors 	<ul style="list-style-type: none"> • Scale up comprehensive GBV response and survivor rehabilitation: Multi-solution • Programming that incorporate emerging concerns
	Multiple forms of GBV occur in community, often feeding on each other. What may start as one form of sexual violence or torture on children may soon morph into SGBV in adolescents and youth and later to criminal violence	Intentionally restore torture, violence prevention and human rights to the table, by incorporating the three inter-twinned aspects into any future GBV activities to break the cycle of violence
	Despite recognition of complexity and multifaceted nature of GBV, most actors regard GBV as similar to VWG	Programming to incorporate violence experienced by men and boys and PWDs and the elderly
Coordination and networking	Institutional weaknesses in GBV coordination:	<ul style="list-style-type: none"> • Promote sustainability best practices: setting up seamless systems • Digitized actor mapping.
	<ul style="list-style-type: none"> • Weak knowledge management and information dissemination • Lost opportunities for reflective learning. • Lack of reliable evidence based data 	Development of a robust digitized county-wide GBV information and knowledge management system
	Institutionalization of violence in urban settlements	Partnering with institutions mandated to deal with general community violence in programming/ multi -sectoral programming ¹
Missing interventions	<ul style="list-style-type: none"> • Organic and homegrown structures/systems for awareness creation • Sporadic interventions 	Continuous innovative community awareness programs
	Inadequate support for survivors (eg. for men, boys, elderly, PWDs, and for VAC and IPV), and service providers (mental health support)	Upscale access to psychological support to all violence survivors
	Focus on schools and ignore home environment	Initiate a “school –community” model for GBV interventions
	Minimal involvement/targeting of youth as survivors or potential perpetrators	Intentionally target adolescents and youth
	Inadequate rehabilitative infrastructure	<ul style="list-style-type: none"> • Develop the missing rehabilitative infrastructure • Develop minimum-package standards for safe homes and rescue centers
	Narrow spaces for torture and violence resolution outside justice system	Development and access to AJS to give life to AJP,2020.
	Minimal documentation and sharing of best practices	Document and Reflect on the numerous good practices in place
	Low involvement of media (print, electronic and social media) in preventative programs	Media/social media footprint of GBV awareness creation eg. a bloggers café

¹ In Kenya, Violence prevention and GBV are managed under different state institutions and policies which do not necessarily talk to each other. But to break the cycle and escalation of violence coordination is needed.

Definition of terms

GBV: Gender Based Violence refers to harmful acts directed at an individual based on their gender. It is rooted in the socially constructed gender inequality, abuse of power and existence of harmful cultural practices. It is considered as a preventable serious violation of human rights because it can have devastating life-long repercussions for survivors. It includes physical, sexual, economic harm inflicted on a person because of their gender, intimate partner violence, rape, defilement, child marriage, female genital mutilation, among others and often excludes sexual harassment.

SGBV: Sexual and Gender Based Violence. Is violence that includes GBV and (verbal violence) sexual harassment, sexual exploitation, sexual abuse, intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution, that is likely to result in physical, psychological and emotional harm.

VAWG: Violence against women and girls are any acts of gender based violence that result in physical, psychological, emotional, sexual or suffering by women and girls. These acts may be perpetrated by men or by other women, and include treats of such acts, coercion, arbitrary deprivation of rights and liberties, in their public or private life.

IPV: Intimate partner Violence includes any range of physical, psychological, or sexual coercive acts or denial of basic human rights against adult and adolescent women or men by their current or former intimate partners.

Child abuse: Includes all forms of physical, psychological, emotional mal treatment or sexual abuse, neglect, negligent treatment, denial or basic human needs, commercial or other exploitation leading to actual or potential harm of the child's health, wellbeing, development, dignity by a person in position of responsibility, trust or power over the child.

Complainant: Any person regardless their age, who lodges a complaint with the police or other lawful authority under the Criminal Law Act No.5 of 2003, or an adult who lodges a complaint on behalf of a minor as provided for under the requisite legal provisions in Kenya.

CICL: Children in Conflict with the Law, are persons under 18 years of age (juveniles) who are alleged as, accused of or recognized to have bridged the penal law. Also referred to as "juvenile delinquents", or "child offenders" in this study.

Perpetrator : Men, women, boys or girls who have committed an act of GBV as specified in the law.

GBV Prevention: All activities physical or otherwise that are intentionally put in place in a society to prevent and intervene in gender based violence against women girls, boys and men. It includes all those activities and strategies with a direct intention of breaking the cycle and negative impact of the violence and abuse.

Child Care-giver: A paid or unpaid individual (adult or adolescent) who, as a member of the social network within which the child lives, assists the child with activities of daily living. They may or may not have specific professional training to undertake such responsibilities such as provision of basic needs, love and support.

INTRODUCTION

Nakuru is the fourth largest urban center in Kenya, the fastest growing town in eastern and central Africa and the nerve center of the country. Naivasha, the largest town in the County after Nakuru town, is ranked number one non-capital investment destination in Africa and fourth investment destination in Africa. Nakuru County is highly cosmopolitan: due to its strategic location for investors across the Eastern Africa region and its robust economic growth, it has continued to attract a large population of relatively young population from across the country in search of economic opportunity. The study was conducted in the informal settlements of Kaptembwa in Nakuru Town West sub-county, and Karagita in Naivasha sub-county, which are culturally very diverse and vibrant. The County has a predominantly young population with over 71% being less than 30 years of age and with growing urbanization, the problems of informal settlements can only get direr². The situation in these two settlements is very similar to any other informal settlement in the county and indeed in the other cities in Kenya.

The study sought to chart pathways for enhancing DIGNITY's work with partners in Kenya on the prevention of torture and violence and trauma have access to timely, task involves undertaking and possible avenues for DIGNITY's of the ways in which torture and area, intersect with forms of explore whether there is a role forms of gender-based violence, capacities and mandate.

"The Kenyan dream is in urban living"

Comment from a study participant explaining why the growing population in informal settlements in Nakuru County.

with ensuring that survivors of quality rehabilitation services. The exploratory study that seeks out new work, strengthen her understanding violence, which fall within her mandate gender-based violence. Further, to for DIGNITY to target and address considering her specialization,

The study was therefore designed to enable an informed reflection about DIGNITY's possible future engagements with gender-based violence.

MATERIALS AND METHODS

Study selection

This scoping study adopted the Davis et al (2009)³ approach and definition of a scoping study. It is guided by the following research questions as spelt out in the detailed Terms of Reference:

1. How has gender based violence been addressed in past and on-going intervention in Nakuru County?
2. In which ways can on-going work in Nakuru be strengthened to address forms of Gender based violence?
3. Using knowledge and learning from 1 and 2 (above), what recommendations can be made about how DIGNITY can work with gender based violence in future.

2 By 2033, the Country is projected to reach a "spatial tipping point" when more than half of Kenya will be residing in urban areas. See <https://blogs.worldbank.org/african/why-do-kenyans-want-to-live-in-cities>

3 Davis et al, (2009) definition that a scoping study is "a synthesis of a wide range of research and non-research material to provide a greater conceptual clarity about a specific topic or field of evidence". Davis, K., Drey, N., & Gould, D. (2009). What are scoping studies? A review of the nursing literature. International journal of nursing studies, 46(10), 1386-1400.

The specific study questions to which it lends itself to were spelt out in the detailed methodology plan and include:

1. What forms of domestic violence are prevalent in Nakuru? What knowledge and information is available on each form?
2. What are the existing structures and programmes in place to address these forms of gender-based violence? What structures and programs address gender based-violence rehabilitation of victims and prevention respectively? What gaps exist?
3. In what ways is gender-based violence currently addresses within existing projects at Midrift-Hurinet? What types of gender-based violence are addressed and what are the lessons so far, from existing evaluations?

Methodology

The study adopted a mix of approaches to achieve the stated objectives. This included:

- A.** Mapping out the study topic: This entailed identification of relevant studies and documents; Selection of studies for inclusion, charting evidence from available literature and data; key findings and gaps identified
- B.** Consultation: This entailed undertaking electronic survey to gain clarity of issues arising from KII; conducting KII discussions to trigger responses to hidden issues; conducting FGDs with partners to gain insight on GBV intervention in the context of Kaptembwa and Karagita communities especially, and as seen elsewhere in the County.
- C.** Stakeholder Validation of output from stage A and B above. This was done by use of KII and further FGDs especially with Midrift-Hurinet and other partners in the Nakuru County GBV Technical Working Group (TWG) .
- D.** Data synthesis, analysis and reporting.

Data Extraction and narrative review

Inclusion criteria

This study included all literature and data on Nakuru that were available at Midrift-Hurinet or could be identified through snowballing from the study processes, and that was available to the reviewer from internet sources. The literature included had the following characteristics:

- Project documents, evaluation reports, violence reports, post rape case reports, grey literature, and academic literature, (in both hard copy and electronic media) that are relevant to answering the study questions
- Contained information about programmes and interventions on violence, GBV and torture prevention and rehabilitation
- The data was developed within a 10 year period from 2020, or the study is older than ten years but it informed the intervention that is still existing today in whatever form
- The intervention is being undertaken by a state or non-state actor who has published it in whatever form and is freely available
- The partner is known within the public sector (a participant of the GBV Technical working group), their work has informed past and current studies at Midrift-Hurinet Nakuru , especially the current pilot project on “Building Intersectoral Healing Capacity for Families Affected by Violence in Nakuru County”, and their interventions can be verified

Documents reviewed⁴:

- Project reports and evaluation reports available at Midrift-Hurinet offices in Nakuru.
- Published policy documents such as the Nakuru County Violence Prevention policy (2019) and draft policies such as the Proposed County Gender Bill (2020).
- Electronic and Print IEC Publications developed for purposes of awareness creation or to document GBV and violence response procedures.
- Academic publications available in electronic version (Post graduate level thesis and journal articles) eg. studies dealing with urban violence and its implications for GBV, Urban violence and impact of Sexual violence on adolescence in Nakuru, studies involving GBV and youth in school, Studies on the effect of SGBV on mental health of adolescent children and challenges faced by children living in the informal settlements in Nakuru and Naivasha.

Exclusion criteria

The study excluded from review all such data and literature that had the following characteristics:

- All data and information developed by programmes which do not have a physical presence in the study area and which therefore cannot be verified.
- All data and information developed on the study county which is not freely available.

Primary data collection Criteria

This involved use of FGD and KII discussions sessions with beneficiaries and partners located and having programs in the study area .

Focus Group Discussions (FGD)

The discussions were organized in coordination with Midrift-Hurinet and its partners to gain understanding on some of the GBV preventative and rehabilitative interventions in the study area, gain additional evidence or literature and to validate the outcomes of other earlier data collection stages. It was guided by the following questions, as agreed with the client in the detailed methodology plan.

The FGDs included stakeholders (CBOs, GBV cluster members) involved with prevention and rehabilitation interventions, those working with high risk populations (Persons with disability, in school youth, children, teenagers, and widows, male or female single parents). Three FGDs were undertaken in Karagita, and another three in Kaptembwa under the following clusters:

Since it was not possible to organize a stakeholder validation session due to COVID-19 restrictions in place, the final FGD was undertaken at Midrift Hurinet to validate the outputs of the data collected at the end and gain more insight on sectoral priorities and gaps therein.

The size of the FGDs was organized strictly in conformity with all COVID-19 public health protocols in place, especially that groups were kept minimal (not more than 12 participants including note takers in one physical space at a time), and sessions do not go beyond 2 hours per sitting. The discussions were guided by a FGD checklist which was developed for each category. (List of actual organizations/participants is in Annex 1).

4 Full list in the reference section Annex 1

Key Informants Interviews (KII)

Key informant interviews were kept as minimal as possible, due to the COVID-19 pandemic currently being experienced. The interviews were fully recorded on a dictaphone and later transcribed in order to keep the timing as short as possible but still cover the key study questions. The interviews took approximately one hour each. The interview was guided by a prior developed targeted KII instrument.

KII respondents were selected purposively to inform the study based on the specified and agreed study questions and objectives. However, in some instances, snowballing informed the list of informants and topics to be included. In total, ten (10) interviews were conducted involving key individuals who serve as specialized GBV service providers like survivor networks, planning, budgeting, policy and advocacy groups, legal aid service providers, referral services eg. Child and adult rescue centers, GVRC⁵, and rehabilitation services providers as well as those involved at developing or implanting models and interventions for addressing SGBV and violence. (List of actual KIIs interviewed is provided in Annex 1).

Results and discussions from Mapping: Prevalence and responses to GBV

Knowledge and data on GBV:

The study revealed data from the Gender Desk (Nakuru West), Legal aid services (*Wakili Mashinani*), Service providers for instance the GVRCs at Nairobi women's hospital (Nakuru) and the Naivasha Level 5 hospital; Child welfare services offices in Nakuru, Safe houses in Nakuru and Naivasha. Whereas the institutions are not able to release their data due to confidentiality of the subject, they were able to discuss on the nature of data collected, its use and gaps therein.

Trends and forms of GBV prevalent:

Incidences of Violence, especially SGBV, VAC, criminal violence and other forms of violence, are becoming increasingly prevalent in Nakuru County, with the bulk of victims being women and girls⁶, but increasingly men and boys⁷ too. The many incidences of GBV and VAC are documented frequently, in both print and electronic media, in program and academic material, and in regular project reports of development organizations active in Nakuru County. Nakuru County has been ranked as the fourth most violent prone county in the country (2016), while incidences of SGBV were reported to have increased in the county by 80 percent in 2019.

This study has revealed that GBV (and especially sexual abuse of children) is becoming commonplace in the low income areas of Nakuru County. This has been noted to be leading to instances of child perpetrators of violence against other children and against adults. The increase in cases of child and adolescent suicides as reported in print and electronic media are indicators of rising incidences of psychological issues among this abused population. An example is a recent study on Post Traumatic Stress Disorder (PTSD) among sexually abused adolescents in Nakuru county (Mukandi E,B and Oketch A,E. 2020) that reveals the impact of GBV on the lives of the young and its long term negative effects on the wider population in the country. It suggests urgent efforts to stem the normalization of sexual violence against children in the County.

5 Gender-Based Violence Recovery Centers in Nakuru. These include the Nakuru Level5 Hospital, the Gender Violence Recovery Center at Nairobi Women Hospital(Nakuru Branch), and the Nai.vasha Level 5 Hospital

6 DIGNITY(2018). Urban Violence in Nakuru County, Kenya. Sourced: https://www.dignity.dk/wp-content/uploads/pubseries_no16.pdf

7 NGEK,(2016). Gender based Violence in Kenya: The Economic Burden of Survivors. Sourced: <https://www.ngeckenya.org/Downloads/GBV%20Costing%20Study.pdf>

Criminal exploitation of women and children has been noted to be a rampant almost daily occurrence in Kenya, requiring urgent address (Ndolo, G. O. (2009). From available literature, this situation has been attributed to the fact that women and children are culturally the least socially (and often economically and politically) powerful and hence are exploited by others (often males) for economic reward, for cultural legitimacy of social roles or through pure criminal coercion and manipulation for the express benefit of the exploiter(s).

The cultural role of adult caregivers further exposes children to criminal exploitation where the child is forced to commit a crime for the exploiters benefit for instance those children who are used by their parents or caregivers a free labor in local brewing dens and later raped or offered for child sex in the same venues. This leads to complex multiple incidences of child abuse which in the end may lead to children getting into conflict with the law, or children running away from home to the streets.

“The slightest crisis is accompanied by setbacks for women’s rights. Our rights and the progress we have achieved are so fragile. The police and the justice system don’t consider them to be urgent issues. As soon as there’s an opening, patriarchy is there” – Ahlem Belhaj, Child Psychiatrist

Systemic inadequacies in the referral pathways that place CICL in custody with adult offenders at rural facilities cause them to fall into secondary danger of GBV and torture in such facilities.

Strengthening on-going work on GBV:

The necessity to reduce incidences and negative consequences of violence in the society has been recognized as key to overall achievement of sustainable economic, social and political pillars of Kenya’s development. The key approach proposed is the strengthening the stakeholder partnership and networks in peace building and breaking the cycle of violence. Recognize the inter-relation between rising trend of violent crime incidences and GBV in society.

The National Policy for Peace Building and Conflict Management (2014) upon which the Nakuru County Violence Prevention Policy (2019) is anchored defines violence by adopting the WHO definition. It spells out the focus of addressing the growing incidents of violent crime in the sprawling informal settlements of Nakuru and Naivasha municipalities, growing the normalization of violence and hopelessness among the youth, as well as the need to demobilize organized criminal gangs. The policy approach is informed by a situation analysis on the level of violence in Nakuru County, and empirical evidence on the importance of family, peers, schools and neighborhoods in reducing violent behaviors among children and adolescents (Huston and Bentley, 2010).The biggest shortcoming of this policy is the lack of recognition of the symbiotic relation between violent crime and GBV in society which has led to dichotomized prevention and response .While recognizing gender as one of the challenges leading to violence including SGBV in the county, the Peace building policy offers no prescriptions on how these can be arranged in practice.

How GBV has been addressed in the past and present interventions:

The County Government of Nakuru (and most of its partners) is not unique in the way it has handled GBV at a policy level. There is a common tendency to confine GBV to SGBV and not regard matters of torture as either causes or ramifications of GBV. This, unfortunately, has led to somewhat narrow applicability.

Activities to address GBV tend to be sporadic; project oriented and not well spread out in the County. There is no systematic strategy that documents targeted milestones, planned programmes, activities, actors involved or expected program outcomes of GBV interventions at county level. Currently, there is no GBV policy to guide GBV programming, and no Monitoring and evaluation or outcome mapping is taking place. There is no data available centrally on GBV neither a coordinated knowledge management center.

Lesson from Migori County:

The Migori County Government developed an SGBV policy in 2019. This policy was developed to provide a framework for implementation of concrete measures in prevention and response to SGBV with the aim of eliminating it and improve survivors' access to care in the County. It was a result of evidence by human rights organizations, that since 2017 post election violence, there was heightened prevalence of SGBV targeting women, there were gaps in the prevention and fight against the violence, and that there was need for concrete efforts to Combat SGBV and improve access to care for survivors.

Gaps and recommendations for DIGNITY future work on GBV:

Improve targeting: Due to the intermittent nature of awareness creation programs and narrow there is a gap in targeting of adolescents and youth (male and female). As a result youth are graduating from being potential to actual perpetrators of GBV, and falling into a cycle of violence from survivors to perpetrators of GBV. As the country heads to a new elections cycle in 2022, it is imperative that lessons from previous studies on informal settlements and crimes by youth perpetrators (eg. Gichaga, A.W 2019) be taken into consideration in designing GBV preventative interventions.

Widen the scope of coverage of GBV programming in recognition of the complexity of GBV in informal settlements. Incorporate all prevalent forms of GBV as informed by common causes of vulnerabilities. Bring torture as a cause and consequence of GBV back on the table by informed programming.

Build on the best practices that have emerged for the current work of DIGNITY on torture and GBV. Upscale the investments to improve the referral pathways for GBV survivors and capacity building of community based volunteers to support rehabilitation and re-integration of survivors. Expand coverage to include interventions targeting youth, all forms of GBV and support for service providers along the referral pathways.

Explore opportunities for supporting survivors by addressing causes of vulnerabilities for all categories of at-risk populations. Expand partnerships with special skills to the target groups as necessary (eg. working with FBOs⁸, working with children and persons with disabilities etc.)

Support institutionalization of coordination and documentation to create opportunity for sustainable shared learning and knowledge management across the county. Support the establishment of a digitized knowledge management system.

8 Lambert J. (2020). Gender Based Violence in two informal settlements in Nakuru County Kenya. DIGNITY.

RESULTS AND DISCUSSIONS:

The Key findings of the scoping study are as follows:

I. Contextual dynamics in the definition of GBV and torture in Nakuru County:

- GBV is defined as a harmful act or violation to a person based on their gender. It is the abuse on an individual that is targeted to those is seen as inferior by someone who has more power at that time.
- GBV can be sexual (sexual violence against boys and girls under 18 years and rape for those above 18 years), physical assault, psychological economical or emotional abuse. It also includes forced marrying off of sexually abused girls over 18 years which may be done silently to preserve “family honor”. Indecent assault of women, girls, boys or men is also included in the definition of GBV in this study area. Child neglect by the principle care givers, while it is a form of Violence against Children (VAC) may also be categorized as a form of GBV if it is motivated gender discrimination of the child.
- Gender based violence occurs in both private and public space, depending on the situation that one is in, and may involve abuse by strangers or by persons known to the victim or indeed intimate partners.
- Most types of GBV especially emotional and psychological are subtle and hence hard to identity, because it happens in private space over a considerable period and is usually perpetrated by intimate partners.
- During periods of crisis, such as during political campaigns or COVID-19 pandemic crisis, the incidences of GBV tend to escalate and to draw in unusual perpetrators and victims as power shifts occur. For instance the COVID period has exposed more youth perpetrators of violent crime and sexual violence in Nakuru County.

Generally torture is seen or talked about but was defined in the study as the premeditated pain caused by one person to another. It can be psychological, emotional, or physical. All forms of torture affects the short and long term mental, emotional and psychological wellbeing of the victim and may lead to trauma and physical harm.

- Torture can be perpetrated by strangers or by persons known to the victim; in cases domestic violence the women is living in fear caused by her husband or partner. The women are told not talk about being abused. For this reason GBV is defined an “invisible violence” (Nyawalo P.A.D. 2011⁹).
- The root causes of torture are varied and dynamic. Torture can be experienced in public or private space, and may involve intimate partners eg. in a case where a husband or wife brings other intimate partners to the matrimonial home or men are denied privileges by their wives due to economic challenges.

Examples cited in the study:

- An abducted under-age female youth was locked up in room where she is sexually, verbally and physically abused, after she came out of this situation, she experienced trauma.
- Torture is happening to boys in the form of sexual violence in schools and at home among age mates; treated as a form of bullying or social establishment of order of power among peers but is a form of torture.
- In a household, the stepchildren or foster children may be overworked or denied some comforts such as food or clothing equal to other children in the same home by the parent/care giver.

9 Nyawalo, P. A. D. (2011). The invisible violence in Kenya: A case study of Rift Valley and Western regions. See <http://erepo.usiu.ac.ke/handle/11732/446;jsessionid=FE777804B179661138B3C7561F280F2B>

There is a causal relationship between GBV and torture.

- An IPV victim may experience torture even before any physical violence, while a GBV victim may experience torture after the violence, as part of the healing/recovery process.
- Torture can happen without physical violence. An example from the study, a girl whose mother is mentally challenged, was tormented by her classmates about the mental state of her mother. This resulted in the girl opting to quit school.
- Torture may be the precursor of violence including GBV. When not addressed, torture creates a cycle of violence when the survivor becomes a perpetrator.

The recognition of the negative long term impact of violence in the community has led the National and County governments to step in with programs and initiatives such as National Government Affirmative Action Fund (NGAAF) and National Hygiene Programme (NHP) to address economic causes/drivers of torture and GBV (CGN, 2020¹⁰).

Common forms of GBV in the study area were identified as the following:

- Sexual violence of women, girls and children
- Child neglect (intentional denial of rights of children including abandonment, denial of food shelter etc)
- Prostituted girls and women
- Early marriage (of girls as defined under the Children's Act (Kenya)
- Physical assault by a member of any gender on another
- Psychological torture based on gender power dynamics (though it is are hard to identify because most people suffer in silence)
- Economic violence (denial of rights around access to an income)
- Cases of sexual violence against males which are on the rise (mostly boys and men but also experienced by women and girls) in public and private space
- Some cases of female genital mutilation (actual mutilation may not be done in the vicinity but girls are transported to the rural areas within the County and beyond and then brought back to the urban home/settlement)
- Child trafficking involving both Kenyan and non-Kenyan children (which has been reported in the print media as an emerging trend, and is currently being followed-up with the National Police service.

II. Most at-risk populations within the study area were identified to include:

This section was developed from focus group discussion sessions in Nakuru and Naivasha.

- The Persons living With Disability (PWD) who face different forms of GBV more than other at-risk populations; many cases GBV cases go unresolved due to barriers in access to support for survivors, stigmatization and low level awareness of service providers.
- OVCs: Stigmatized on account of parents circumstances, face SGBV, physical, emotional and economic violence eg from the study OVCs could be disinherited. These children may react by becoming violent or they may exhibit aggressive, unruly behavior and they end up as perpetrators of different forms of violence.
- Orphaned girls are vulnerable because of their economic and social vulnerability gets exposed to other forms of violation, face abuse including GBV and later result in engaging in risky sexual activities.
- PWDs (especially so for girls with mental and audio disability) are vulnerable when their primary care givers have to leave them alone at home in search of work.

10 CGN,2020. <https://www.kenyanews.go.ke/growing-incidents-of-gender-based-violence-rile-state/>

- The sex workers interacting with the long-distance truck drivers¹¹; these drivers take advantage of these workers by having unprotected sex, some don't get paid or are physically assaulted or even murdered. This includes both female and male sex workers in the informal settlements like in Naivasha, (though there are higher numbers are within the towns).
- The COVID-19 pandemic with accompanying containment measures especially movement restrictions and curfews in place, exposes both males and females to violence: when men get drunk and sleep in the trenches or roadsides, they are exposed to sexual and physical violation. Example from FGD participants of where a young man living with the stepmother is being sexually violated by an older man who is giving him money for sustenance.
- Other forms of GBV is case of a boy-child is taken to school and the parent pays school fees while the girl child in the same family is left at home or forced into early marriages by the principle care giver ostensibly to pre-empt teenage pregnancy .

Example cited by FGD in Naivasha and which is currently being processed, is case of a 15-year-old PWD girl who is left at home while the siblings go to school and there is man who violates her. Often such cases often go unreported or the court cases are unresolved or corruptly sabotaged leading to multiple violations on the child.

- Children living in vulnerable households where the caregivers are engaging in use and sale of narcotic drugs and alcohol. As users, the caregivers expose their children to vulnerabilities to from teenage children and strangers. The parents/caregivers are exposing the children to multiple forms of violence.

III. Common causes of vulnerabilities are multiple, diverse, and include:

- Differential resource ownership and access due to high poverty status in the informal settlements
- Differential access to opportunities, which may be historical or incidental (ie ones socio-economic background may predispose them to lack access to opportunities)
- Low education status and hence low opportunity to rise to a position of power to access and control resources, and decision making
- Family status may prevent women and girls from accessing their basic needs and hence create opportunity for structural violence.
- Rigid expectations on the Cultural/religious role of men as providers and women as nurturers may not be actualized due to various challenges including health challenges. This then results in a challenge of validity of gender identity of the individual, and may result in perpetration of psychological, physical, sexual or other forms of violence as a means of reinforcing this role eg masculinity¹².
- Disability status of either the male or female partner.

Results and discussions: Challenges and opportunities related to addressing gender-based violence in Nakuru

This section is derived from KIIs and FGDs in Nakuru and Naivasha. It reveals that:

- GBV and torture are very complex phenomena, since they relate to attitudes and behaviors which are very dynamic.

11 This is very common in Nakuru which is a transport corridor.

12 Negative or toxic masculinity: Boys learn to be men from the men in their lives, their own experiences and form social and cultures context. Boys are under pressure to display gender-appropriate behaviors accordingly. If the environment defines masculinity as display of aggressive behaviors, then they will emerge at an early age and persist throughout they adult life. (Broidy,L.M et al 2003).

Examples given by FGD participants:

- Torture and abuse grows over time, until it takes on a clear traumatic violence character, which may be physical or non-physical.
 - Diagnosing GBV is complex depending on the environment: it may be easily discerned in a public space among strangers, but it is not so visible among intimate partners¹³, meaning that when a report of violence is finally made, it comes as a last resort.
 - Interventions to stop the violence requires the victim to make a report, which itself is a huge risk considering they are usually at a vulnerable position and have no guarantee of the outcome of the report.
 - Abuse, torture and violence incidences occur where there is unequal power among members of a unit. Unless this power balance is changed, the perpetrator remains the wielder of power even as the survivor seeks to rescue themselves.
 - The social, economic, cultural¹⁴ or political environment further increases the complexities since they augment the layers and intricacies on which power is obtained and retained. But the position of power is not permanent and can shift over time and space, leading to a shift of circumstances against a onetime perpetrator. For instance, a woman who faces abuse because she relies entirely on her husband for sustenance can change her circumstances by acquiring a source of income, may even become perpetrator herself if her husband subsequently loses his source of income.
 - When violence is normalized it becomes even more difficult to root out.
- GBV and torture environment and context may differ across populations in the same space.
- Examples from the FGDs in Naivasha, most victims of urban violence and torture are men (violence from state agencies or criminal elements), while in the slums and rural areas most to the victims of violence and torture are women and girls.
 - VAC, it is not complex: in some social settings in Kenya, parental disciplining of children is tolerated although the law is quite categorical about the rights of children in such cases.
 - GBV among children is often considered as merely “children playing games” until it leads to injury. As a result sexual VAC survivors may not report incidences and when they finally do report, may not be able to meet the legal threshold of admissible evidence.
- Designing and implementing interventions for GBV, VAC and torture is complex, because they usually target the survivor (who has presented themselves), rather than the whole family or community (where the challenges lie). As a result, when the survivor recovers, they find themselves back into another cycle of abuse, torture and violence since the perpetrators’ power dynamics have not changed.

Examples from in the KII discussions with legal service providers and Children’s officers in Nakuru and Naivasha revealed that infringements of children’s rights including GBV and torture cases are handled under the children’s court in Kenya. However it is sometimes frustrated when such cases are either withdrawn for “negotiation” or the process corruptly sabotaged when involving a family member or an influential/powerful person in the community as a perpetrator. Although the law does not allow the withdrawal of criminal charges against violators of children’s rights, in practice this frequently occurs, hence resulting in violation of the rights of the children.

13 IPV reflects distress felt by the males (perpetrator) or the woman (as a perpetrator herself), when a situation threatens their idealized masculinity.

14 A woman who is raped is blamed and accused of bringing shame to the family in some cultures, and may be evicted from the home, while a man who is sodomized in similar circumstances may be seen as a weakling and not man enough.

V. Best practice examples of GBV interventions in Nakuru County:

Several programs and interventions were cited during the KIIs and also the FGDs, as being very impactful in prevention and response to GBV in Kaptebwa and Karagita .

a) Policy, planning and coordination

- Development of clear and operational County GBV referral pathways in all eleven sub-counties, with active partners at the GBV cluster levels, to provide supplemental support for both the service providers and the survivors. This intervention provides protection within the law, and is successful because of the support offered to the Survivors and perpetrators.
- GBV and VAC sensitization forums organized by various NGOs for instance LRF, RHYFEE, Midrift, and *Wakili Mashinani* (who cover “know-your-law” sessions). They are deemed successful because they have helped raise the level of awareness of GBV resulting in increased reporting and prosecution of cases within the justice system in Nakuru. The biggest beneficiary is the survivor and the families and communities where they operate. They have also facilitated the operations of state agencies mandated to provide services to the survivors for instance the Children’s department, the police service, the Gender Violence Recovery Centers (Nakuru Level 4 and 5 Hospitals, Naivasha level 5 hospitals) among others.
- Establishment and launching of an improved Child Protection and Gender unit at Nakuru Central Police station and at Kaptebwo Police Station in Nakuru with support from Trócaire and the Women Empowerment Programme¹⁵. These structures have improved access to justice for survivors of SGBV in the county.
- Kenya has very elaborate legal institutions for the pursuit of justice for children and also for dealing with CICL. There are voluntary children officers (VCOs) at the ward level, and other state officers at all administrative levels of the Government.
- Engagement of partners in the fight against GBV and VAC is very active and coordinated under the directorate of Gender which is in the County Department of Youth, Gender, Culture, Sports and Social Services.
- Whereas the GBV reporting and response infrastructure has been largely developed in Nakuru County, and regularly interacts under the GBV Cluster stakeholder meetings, it was acknowledged and frequently reported that this institutions are facing systemic gaps.
- The Gender TWG and sub-county Clusters¹⁶ are already in place across the county, and they hold regular meetings to share lessons and activity plans. This supports efforts by the County, to coordinate GBV mainstreaming activities as per the current mandate.
- Nakuru County has a policy on Violence Prevention which is operationalized under the Ministry of Public Service, Training and Devolution¹⁷. It promotes the inter-sectoral dialogue and collaboration and promotion of trust between citizens and the police, improvement of data collection, analysis and sharing among stakeholders as well as the response mechanism.

15 See in <https://reliefweb.int/report/kenya/safeguarding-dignity-sexual-violence-survivors-kenya#:~:text=According%20to%20statistics%20from%20the,of%20the%20victims%20being%20female.>

16 All except one sub-county have established a GBV Cluster. However, some clusters like Nakuru Town West, Nakuru Town East and Naivasha, are more active than others because of having more active funded programs and partners.

17 Policy was published June 2019.

- Documentation and knowledge management: There are numerous examples in electronic media of human interest stories where GBV has been addressed through social development and economic empowerment programs, for instance the Cash transfers done under the Government of Kenya livelihoods resilience program and documented by the Kenya Red Cross Society¹⁸ which routinely tags human interest stories as part of its project reporting requirements, most other organizations do not document and share their stories.
- Sensitization and awareness creation activities: These may be targeted to specific audiences depending on the program focus and mandate, or generalized to the entire community. In case of the latter approach, the study noted that awareness raising and GBV sensitizations incorporated as an additional agenda to a main activity such as distribution of emergency relief supplies or the COVID-19 resilience building programs recently undertaken.
 - Invited host discussions aired in local FM Radio stations. Such sessions may or may not be part of on-going programming.
 - Awareness creation during public celebrations of National and International milestones. Examples given are the road shows during the “16 days of activism against GBV” week held every November, which are held in communities, schools and colleges by stakeholders for example the County Government Directorate of Gender, and Kenya Red Cross Society.
 - There are several institutional actors who are undertaking periodic GBV awareness creation and sensitization activities in schools in both Kaptebwo and Karagita informal settlements. All actors within the TWG umbrella, who are working with youth undertake some form of GBV awareness in schools, especially during the November season when the country celebrates the 16 days of activism against GBV.

b) Services to support recovery and rehabilitation of survivors

- Establishment, capacity building and equipping of Gender desks for reporting of GBV cases in Police stations. With support from partners like Midrift-Hurinet, the establishment and training of the officers has facilitated survivors to get justice and reduced obstacles for survivors since the reporting mechanisms are not streamlined (the reporting and referral system is clear). In Kaptebwa and Karagita, the police stations have a trained gender desk officer, have separate facilities to hold victims and perpetrators as they await processing, ensuring each is handled with dignity. This intervention is successful because of the support offered to the Survivors.
- Safe house at Naivasha (established by Rotary Club but supported by Horticultural Association together with other agencies. This has provided temporary shelter for children in distress including abandoned children (ages 3 months-18 years), as they await court processing of their cases and transfer to more permanent facilities. This intervention is successful because of the support offered to the Survivors.
- Counseling and psychological support services offered by several non-state agencies who are members of the County GBV Clusters. Whereas some partners offer specialized services in addition to the psychological support, (For instance Love and Hope deals mainly with survivors of IPV and SGBV, Midrift working with survivors of GBV in Nakuru West and Naivasha, DRIC working with PWDs who are victims of GBV, KNOTE working with Sex workers and PLWA while Kenya Red Cross Society works mostly with the Children’s Department), most general psychological support to all victims of GBV. Nakuru Town and Naivasha have the largest concentration of these organizations, whose operations are coordinated under the county Gender TWG. This intervention is successful because of the support offered to the Survivors and their families.

18 Ref <https://mastercardfdn.org/mastercard-foundation-and-kenya-red-cross-join-forces-to-drive-covid-19-recovery-and-resilience-efforts-in-kenya/>

- DRIC. The center offers diverse services to survivors of GBV. Whereas the survivor may be referred to the center because of the violence, they are able to provide other peripheral services that address some of the underlying causes of GBV. An example was given of a IPV survivor who went to DRIC with her two young children seeking shelter from the violence at home. Not only did she receive the temporary shelter, but also got psychological counseling which enabled her to make a decision to cooperate with her spouse for the sake of the children, while her sick and badly malnourished child was taken to a child rescue center until she recovered fully. In the end the couple separated and the female survivor was supported to acquire skills to start income generating project that has enabled her to now live comfortably with her children. The intervention was a success because it addressed the root cause of the IPV, while at the same time supporting both the primary victim and the children as secondary victims of IPV with a sustainable solution.
- KNOTE and Kenya Red Cross Society, host public speaker series on the local FM radio stations *Radio Yetu* and *Radio MBCI* respectively) to raise awareness of GBV and the potentially harmful impact on the community and families. They are successful because they are involving youth in driving the initiatives and engage a cross section of the community using local accessible languages(English and Kiswahili).
- Midrift-Hurinet. Through the PM+ program they have made a mark by building capacities of community based volunteers to provide support to survivors of GBV and IPV to report cases and seek requisite care, assist survivors to access care and providing psychological counseling support at home for the survivors and their families. They have built the capacities of CHVs to provide psychological first aid and lay counseling and at the same time refer needy cases for further management with the appropriate professionals in the county.
- Love and Hope center in providing multi-faceted support to survivors of GBV and IPV incidences especially in accessing timely medical care, psychological support, evacuation to safe spaces, and rehabilitative support including training and skills development for women to enable them start income generating activities. In addition, the organization has been able to work with potential male perpetrators of IPV by incorporating them in a public awareness drive in (Nakuru town east sub-county). By training the male champions of GBV as facilitators, they were able to use the community facilitators to identify victims of GBV at the community level, using local solutions to eliminate some of the GBV incidence hot spots, and improve the outcomes of survivors. An example was cited how the community facilitators in Kaptembwo were able to identify one of the GBV hotspots which were a high risk area because it was not well lit. By lobbying for the installation of street lights in the area, the problem was solved. Similarly, in the same sub-county, a water company was supplying water at very late hours of the night, resulting in women being attacked when they leave their homes to fetch water, or causing IPV when their spouses cannot understand why the women leave the houses in the late hours of the night. By lobbying with the company, they were able to negotiate for water to be supplied during the day time, hence eliminating the risk and incidences of violence against women in the area. The program is successful in Kaptembwa and Nakuru East because it deals not only with end product (GBV incidence,) but also addresses the root causes of vulnerability for the survivor. NB: Not operational in Karagita.
- The Kenya Red Cross Society in partnership with the Mastercard Foundation is supporting existing coordination mechanisms of GBV prevention, risk mitigation and response services in Nakuru town and rural sub-counties. They support interventions on factors that have compounded gender, age, and disability inequalities, placing women, girls, boys, and vulnerable populations at greater risk of Gender-Based Violence (GBV) and psychological distress.

- Youth focused interventions: Several studies have noted that there is a rising trend of adolescent violence and juvenile delinquency among this the age 15-24 age group whether in or out of school in Nakuru County (Kiche, J. O. 2020¹⁹). Due to the complex nature of social interactions in informal settlements, this age group has been noted to be prone to challenges like alcohol and substance abuse, petty crime, gender based violence and others. As a result, this age group is increasingly being regarded as a source of societal problems rather than a dividend on which to build the economy (Mwaura, K.W et al 2015). There are very few actors with preventive interventions targeted at these adolescent and post-high school youth (in and out of school/college). Whereas some institutions like Nairobi Women’s Hospital engage youth in colleges with preventative programs, they do not have a similar dedicated program for the same age-group in the community.
- Emergency response and COVID-19: The COVID-19 pandemic has been cited as an “emerging barrier” to gender equality in the sense that it has enhanced the vulnerability position of girls and women and hence exposed them to abuse and violence²⁰. Like many countries the world over²¹, women and children have been disproportionately impacted by economic shut-down and concomitant job losses, school closures and strict lockdown measures that were put in place to combat COVID-19 outbreak since march 2020. These had an effect of rendering them more prone to IPV and the children exposed to multiple forms of abuse. Although there is no reliable database on the extent of the increase in GBV and child abuse in the study area, accounts from key service providers in the county indicate a significant rise in reports of IPV incidences for women, child abuse including physical and sexual abuse, underage pregnancy among very young girls among others. For instance, at one of the GVRCs in the county, cases of underage pregnancy have increased from 3 cases in the 2019 year, to over 12 between March and October 2020. However the exact status remains unclear due to inadequacies in case data collection and management.

c) Services to support access to justice and ensure human rights of perpetrators

Nakuru safe house, operated by the National government (Children’s Department) A regional temporary home that holds CICLs from four counties of Nakuru, Narok, Baringo and Kericho, as they wait processing in the court for further transfer to either hostels or Borstal institutions depending on the nature of their offences. This intervention is successful because of the support offered to the perpetrators because they are protected within the law.

VI. Programming and institutional Gaps

1. GBV is complex, and takes time to identify and address. Most of the participants of this study were able to relate to GBV incidences occurring in the community, but not to torture, which was more often associated only to state agents within the criminal justice system in the past.
2. There is no policy framework in place in Nakuru County to guide the preventative, rehabilitative and re-integrative interventions for children and youth survivors of GBV especially SGBV. There is need for concerted engagement among stakeholders on addressing child GBV cases especially those that occur within the household majority which are often unreported for various reasons. The County policy in place to address Violence prevention²² does not speak to GBV or torture explicitly.

19 This study focused on Nakuru Town East, where criminal gangs are pervasive .However, the findings can be applicable to general outcomes of adolescents and youth in all the informal settlements in Nakuru. The Study recommends urgent government driven interventions to reduce incidences of juvenile criminality in Nakuru County.

20 See in <https://nation.africa/Kenya/brand-book/girls-mothers-gender-equality-africa-2462526>

21 FIDH, August 2020. In <https://www.fidh.org/en/issues/women-s-rights/innovating-to-combat-violence-against-women-in-the-context-of-covid19>

22 Nakuru County Violence Prevention Policy, 2019. County Government of NAKURU.

Nakuru County has no SGBV or GBV policy to guide the drafting and implementation of concrete and coordinated measures in the prevention, response and elimination of SGBV and GBV and provide for structured rehabilitation and reintegration of survivors. This then renders most of the programming interventions for preventive and rehabilitative action heavily dependent on the funding priorities of non-state actors. It is necessary for the NCG to develop its own framework to tackle this menace in a sustainable manner in order to have an impact.

3. Nakuru County has no community-led or publicly managed rehabilitation program that focuses specifically on torture, GBV and intimate partner violence. Further, the existing institution places all survivors in the same space, despite the fact that they may have different needs. For example, a female survivor of child abuse may suffer psychological trauma when placed in the same space with another person bearing similar characteristics with her abuser before she receives proper counseling support, just as a boy who has faced sexual violence against males may not be immediately comfortable being in the same space as other boys of similar demographic characteristics. The fact that the rehabilitation or safe house places survivors together based on gender may not be enough to secure their welfare and care.
4. It was clear from all the discussions with Midrift beneficiaries, partner organizations and with Key informants in the sector that there is urgent need to put in place a survivor rehabilitation intervention program that will provide for physical and especially psychological health of survivors, including children. It should be remembered that when survivors are forced to stay in abusive situations because of lack of a socially acceptable exit strategy, it is tantamount to promotion of torture, and a risk to the long term well being of the survivors (regardless of their gender). Reliance on program/project based interventions, while greatly welcome and potentially impactful, serves only a very small minority of the population of survivors and that too, for a very short period of time.
5. On awareness creation, to date, not all schools in the county have been reached with anti GBV messages because the partner programs have been availed only in the sub-counties and wards where these agencies are active and funded. Secondly, there is no actor/partner institution that has any program focusing on the school-age children who may not be currently attending any school, as potential or actual perpetrators of GBV. Thirdly there are no child/youth-friendly IEC materials either in soft version (for social media) or print, to pass the anti-GBV preventative messages across a bigger section of the population. Fourthly, whereas the children have been reached with anti-GBV messages in some of the schools in the study area, the same message has not reached their parents or care-givers at home. As a result the children face a conflicting situation whereby the message they receive in school is not translated to practice at home.
6. This study has revealed some gaps in the GBV coordination institutional structure of and apex TWG and Sub-county clusters of implementing partners. The forums meetings where stakeholders share on their quarterly achievements and challenges have no centralized document repositories where one can track records of progress and neither does the coordinating units do any form of outcome based monitoring, evaluation and lesson learning from these efforts. Despite the fact that the conveners keep records of the presentations of the actors in hard copy where availed²³, these are never followed-up and are not easily available for review. As a result, once a partner's program has ended, the specific area they were engaged in may remain unattended, despite its importance, until another agency steps in. This implies that the sharing of lessons as currently designed under the TWG and Clusters is facing coordination challenges and does not lend itself to sustainable programming of GBV matters.
7. There are very limited “ human interest” stories are being written and shared by majority of the GBV partners in Nakuru County. This is on account of confidentiality of the GBV cases but also lack of funding interest of using this media for communication and wiriness creation.

23 Some of the documents are available at the Regional NGEC office in Nakuru.

8. Limited psychological support for survivors of GBV is available outside of the GVRCs. It is only in a few instances, for example where Midrift has trained CHVs to offer lay counseling services, such survivors benefit. It is recognized that depending on the outcomes of the GBV reported cases, the survivor may suffer additional trauma, which may lead to multiple challenges for themselves and their principle care giver. For instance a report of VAC or child defilement may result in the care giver facing further trauma from escalated torture and violence when the perpetrator is a family member with power over them.
9. Safe homes are few and far between. As a result, survivors are often mixed and may take long before their individual needs are identified and addressed. For instance girls who are survivors of SGBV may need to be separated from others in the homes who may be victims of other forms of abuse and torture.
10. The GBV recovery rehabilitation facilities concentrate on women and girls as the victims and do not provide separate space for boys and men. As a result, many men and boys face stigma and do not seek support in such facilities, especially after the first report is made.
11. Rehabilitative interventions targeting male children and adolescent boys are only there when such are under the CICL related institutions. Otherwise no facility is currently supporting them. This is despite recognition that male children and adolescent boys are increasingly facing GBV.
12. There is a huge gap in provision of re-integration programmes. Whereas some partners (leg. Lifebloom in Naivasha) support the survivors to develop leadership in designing their own path to recovery post-GBV, this intervention are largely lacking. As a result, many survivors get into a cycle of violence which is disempowering.
13. Reintegration for boys and men survivors and perpetrators²⁴ are only available under the Probation department through the prison system. For those who have served their terms in the prisons and Borstal institutions where they are taught livelihood enhancement skills and assisted to settle in other Counties at the end of their terms. No other perpetrators of survivor or perpetrator males have so far benefited from re-integration programs.
14. Youth based economic development projects in Nakuru are few and almost purely anchored on externally funded projects²⁵. (An example is the project by a partner of Midrift-Hurinet named Repacted in Nakuru West sub-county, which was using theatre to address issues of youth and adolescents reproductive health and HIV/AIDS). As a result, they have not successfully tapped into the youth energy and ideas for solutions to the GBV and criminal violence that affects the youth in informal settlements disproportionately.
15. There are currently very few programs which have worked with perpetrators of GBV and torture in a positive way. The only program that has directly targeted perpetrators, actually reached them as “potential perpetrators” and developed a champions program crate awareness against normalization of IPV. Since SGBV is a criminal offence, no institution is willing to incorporate working with perpetrators as they are regarded to “never fully reform” and therefore too risky.
16. Further, because of lack of a uniform data collection and processing system, and lack of a centralized repository, there is no clarity on the accuracy and completeness of the GBV data. This makes it difficult to design and undertake accurate evidence based interventions for different forms of GBV in the county.

24 One may become a perpetrator as a reaction to the trauma of living as a survivor of torture and violence.

25 Mugure, J. N. (2013). *Effectiveness of Socio-economic projects on youth empowerment in Nakuru Municipality Kenya* (Doctoral dissertation, University of Nairobi).

17. The gap in data (above) also means that not all forms of GBV are targeted. Majority of the programs are targeting physical and sexual violence and IPV (and psychological violence as incidental offshoot of these), while other forms of GBV including GBV among children at home and in the community²⁶, and sexual harassment at the community and in the workspaces have largely been passed over.
18. Limited professional skills and capacity of community volunteers for early identification and referral of child-on-child GBV incidences as well as Violence against children (VAC²⁷). The Volunteer Child Officers at the sub-location and ward level are not adequately equipped for GBV detection and referral.
19. Due to limited documentation, mapping of actors and sharing, there are still serious awareness gaps among actors within the referral network. It was noted in the study that state officers in the criminal justice system who are critical nodes at the reporting stage (like the Police officers in charge of the Gender Desk, magistrates) , and health workers at the local health centers, routinely face work station transfers, and hence the need to continuously provide specialized training on GBV reporting and response.

RECOMMENDATIONS:

This section contains details for possible discussion areas during the ideas workshop.

Gender Based Violence and torture are very complex social vices, both in their cause and effects on individuals and communities. The more complex a system²⁸, the more resilient its stressors will be and hence the stronger and more multi-faceted the knowledge systems, approaches and processes required for dealing with them. From each area of knowledge will derive behaviors, approaches and outcomes to deal with the complex components of GBV, ie, a complex matter cannot be fully addressed using simplistic and intermittent solutions.

Opportunities for Preventative and rehabilitative interventions :

- a) Understanding of GBV by different actors/partners: A comprehensive approach to GBV at the county level (under the gender department) among the partners that ensures holistic interventions is desirable; in order to accommodate all forms of GBV and all causes of GBV vulnerabilities among potential victims.
- b) Expand the coverage of GBV activities in existing programs by recognizing and planning for the dynamic nature of GBV and its interrelatedness with torture and human rights. While everyone in the study recognized that GBV is very complex because it occurs in both private and social space and its definition is often clouded by considerations of legalese, society norms and culture, programming has tended to be simplistic and reduce focus to only providing legal support, medical care, etc, without addressing the root cause (vulnerabilities).
- c) Whereas all service providers in the referral pathway (Local administrators, CHVs, Police, health and legal service providers all indicate an increased trend of GBV and child abuse in the study area. (The exact extent of the challenge will only be determined by a detailed ex-post analysis of the population.)
- d) An erudition from the words of Ahlem Belhadj (ATFD²⁹,2020) and which have been echoed by all participants in this study, there is need for strengthening inter-sectoral coordination and taking into account all forms of violence when responding to a crisis that upsets society normal patterns in the way COVID-19 has done. While recognizing the inter-relationship between torture and GBV as forms of human rights abuses, it is proposed that all future programming must bring back the torture discussion back on the table. Community awareness must continuously be raised on the gravity of torture as a form of human rights abuse and a criminal offence.

26 It was noted in the study that there are growing reports of sexual violence against males, rape and defilement among children under 16 years age. Many parents and caregivers do not report these cases through the usual legal channels, for fear that the criminal justice system will unfairly mark the boys with an adverse police record and hence the incidences are regarded rather casually as “play among children”.

27 Including sexual violence against children.

28 Ref. Application of The Complexity Theory in gender studies.

29 ATFD is the Tunisian Association of Democratic Women.

- e) When responding to a crisis, it is important to facilitate and plan for institutionalization of home grown solutions or organically developed interventions to protect women and children. These could include procedures for enhanced access to shelters, care homes and a seamless alert, response and referral mechanism for GBV survivors.³⁰
- f) In recognition that all forms of violence ultimately have a psychological effect on the survivors, it is important that all social workers be trained and be equipped with psycho-social skills for handling children and adolescent survivors of sexual abuse. These social workers, who are part of the case referral system already in place, must be able to provide basic psychological first aid, life-skills support and psycho-education in order to improve the rehabilitation outcomes of children and adolescent GBV survivors.
- g) Children and youth are exposed to GBV either in school, at home or in the community. As a result, this exposure will affect their well being unless they can get psychological support from their care givers or teachers in school. It is suggested that there is need to develop a partnership with the Ministry of Education so that partners within the GBV technical working group can support schools in provision of psychosocial skill development of the teachers. Each school requires having male and female teachers equipped with psychological counseling skills, in order to provide support services for children survivors of GBV or those who have been affected by domestic violence within the home. In addition, institutionalization of a lay counseling program within school clusters would help provide community level interventions with schools as the pivot point, so as to disseminate services to the rest of the county schools.
- h) As a sustainability strategy, it is the study proposes that VCOs need to be equipped with paralegal skills and also be trained in psychosocial counseling skills. These two skills will assist the VCOs better identify children in need of assistance in the community, especially where such children are denied access to justice. For instance, there are a growing number of incidences of girls and boys being molested by other children³¹ within families or in the community, many of which are not reported. The CVOs would be useful in identifying such children and assisting them access care.
- i) GBV and IPV have a disruptive effect on the lives of children. To bridge the gap between awareness creation and response to incidences in the community, there is need to establish GBV preventive and response interventions using the “school community partnership” model. This model, which is being tried to a small extent by Lifebloom in Naivasha and by Midrift under the PM+ project³², will bring the school PTA, Community Policing, Parents, Pupils and Teachers to discourse on GBV and violence against children. It will enhance synergy between preventative, rehabilitative and re-integration interventions especially in instances of IPV. These programs not only sensitize the children and youth on GBV but by incorporating an economic empowerment and leadership component, they give the children/youth and opportunity to develop their own strategies to overcome the negative psychological impact of GBV and hence develop resilience.
- j) Existing survivor rehabilitation support through private sector led interventions urgently need to be reviewed (for wholesomeness³³ and effectiveness), since they have been flagged. Once the acceptable standards are achieved, they can then be up-scaled, institutionalized and systematized into the existing public sector structures so that the multi-sectoral service providers needed to run them effectively identify their roles and responsibilities to the survivors across the entire County.

30 See examples from other countries discussed in the Webinar link and Youtube channel attached. See: https://us02web.zoom.us/webinar/register/WN_ycyPgOI_QNiQH1Gjb5zfog and <https://www.youtube.com/user/blogfidh>

31 Increasing cases of child perpetrators of GBV against fellow children in Nakuru.

32 The “So-They-Can” project is a proposal in this direction, though it is not yet active in Nakuru.

33 Currently, there are no documented standards and SOPs against which the GBV survivor rehabilitation centers and safe houses are operated. These need to be developed and operationalized under the appropriate government department/ministry.

- k) Need for youth centered interventions: there is an urgent need to engage the youth in social action through various art forms. This would have the two pronged benefit of firstly positively engaging the youth to avoid idleness, and secondly to generate organic and sustainable solutions to the negative peer pressure, drug and substance abuse and the attraction towards criminal gang activities³⁴ which is prevalent in informal settlements. This can follow the very successful Dakar Youth Empowerment Strategy (“YES”)³⁵ model tried elsewhere, and be able to provide youth with more rewarding opportunities of engagement for their development. The implementation of such a model would see youth contribute to GBV prevention by creating and disseminating IEC content creatively in social media platforms which is currently totally missing in Nakuru.
- l) Urgent need to create an opportunity for peer-to-peer programs and GBV champions programs in institutions and community, to further sensitize other youth against violence and criminality. This could be done in community identified “youth friendly centers” as well as training institutions across the county.
- m) There is general agreement that some categories of GBV perpetrators can be incorporated into programming. Specifically, promotion of family therapy discussions under the PM+ program was cited as one example of working with perpetrators, which can be cascaded to the community through capacity building of local social groups and FBOs. Secondly, involving men in therapy programs at family level (lesson from PM+) could also be up-scaled. However, it was noted that it would require the social workers involved to be adept with psychological counseling skills since one cannot be forced to participate in therapy.
- n) Although not immediately applicable, programs that challenge societal norms and those that discourage normalization of GBV(common in the approaches of many FBOs) and promote behavior change can also be seen as examples of working positively with perpetrators. The example given of such a program is the efforts to fight FGM by providing alternative livelihood sources or circumcisers and promoting alternative rites of passage for girls.³⁶ It is however noted that so far no such program has been documented for communities that practice FGM in Nakuru County.
- o) Improve coordination in the GBV referral network: Currently most partners in the GBV Clusters are not active members of the Court users committee. For partners to generate better synergy in preventative and rehabilitative interventions, it is recommended that they become more active in the court users committee. This will enable them form partnerships that will provide seamless flow of services for GBV survivors seeking justice through the criminal justice system. It will also streamline the referral system since there will be more cooperation and less competition in sharing data on cases reported and resolved.
- p) Addressing gender related vulnerabilities: It is imperative to develop and promote programs that address vulnerabilities of GBV survivors. These would incorporate programs to de-escalate violent situations especially with respect to IPV. Interventions in this regard would include capacity building the Social and community groups on communication skills, negotiation skills family conflict resolution etc. These could then be domesticated to the specific cultural setting through social action groups, to reduce the incidences and negative outcomes of IPV. It is suggested here that the best approach may be creating opportunity for local solutions in this regard so as to be sensitive to socio-cultural factors that enhance vulnerability of women and girls especially.

34 For example the “Confirm group” in Nakuru Town East.

35 Wilson, N., Dasho, S., Martin, A. C., Wallerstein, N., Wang, C. C., & Minkler, M. (2007). Engaging young adolescents in social action through photovoice: The youth empowerment strategies (YES!) project. *The Journal of Early Adolescence*, 27(2), 241-261.

36 AYODO, G. (2018). Alternative Rites of Passage as a Means of Eradication of FGM Among the Maa Community of Laikipia County, Kenya (Doctoral dissertation, UNIVERSITY OF NAIROBI).

- q) Urgently address the growing institutionalization of GBV perpetrators within the informal settlements of Nakuru County. It was noted during the study, that there are emerging very active and violent criminal gang activity in Nakuru County. In Naivasha, community members were reported to be not keen to pursue their rights through the criminal justice system if the perpetrator is a “fisherman”³⁷ while in Nakuru GBV crimes against gang members “eg Confirm Group in Nakuru East” are allegedly never prosecuted. In this regard, the study proposes wide and deeper partnership in GBV preventive programs among the Cluster partners, the Police, Sub-county security committee, the community workers and the health teams. This will enable each sub-county to develop their own solutions to counter organized criminal violence activity and specifically GBV against women and girls. These committees would be responsible for, among other things, creation of continuous sensitization programs, identification of peace actors at local level, design projects with other partners addressing specific needs.
- r) There is urgent need to strengthen and support the current GBV reporting and coordination units through:
- i. Establishing a digitized documentation system of documents and data related to GBV in the county. This will cover not only activities of partner organizations, but also research and outreach activities of independent agencies and individuals and regular mapping tracking of GBV hotspots. This will assist the coordination of preventive interventions with the relevant agencies such as the security committees, to stem the rising trend in incidences of GBV and criminal violence.
 - ii. Establishing a system of coordinated reporting and providing more forums for sharing of outputs, methodologies and challenges among GBV partners. This will enable benchmarking and lesson learning among agencies for sustainable development. It is suggested that the reporting and other outcomes be available and accessible and include social action inputs from youth friendly media.
 - iii. Developing and instituting guidelines for GBV data reporting among all partners in the TWG. This will facilitate better tracking of GBV incidence trends, and hence provide evidence-based for decision making, planning and budgeting. The guidelines will include specifications on how to categorize types of GBV reported disaggregation of all data by gender, age, disability status or other criteria as appropriate. It was noted in the study that most of the GBV cluster partners who are part of the survivor referral system (The police Gender Desk, the GVRs, the Children’s department, the shelters and safe houses as well as the providers of survivor support services³⁸), keep data on GBV but since the data is often needed to meet project targets, there is no aggregation and analysis at county (or sub-county level).
 - iv. Due to the above challenge of inadequacy of data, majority of the GBV partners are having very similar program targets (women and girls as victims of GBV at home and in the community), while boys, men and persons with disabilities have no targeted projects although they too experience GBV.
- s. GBV cases within the family, especially cases of child defilement and children-against children cases are usually hidden, and the VCOs and other case officers at the ground need special training to identify, report and support vulnerable families in this regard.(similar capacity building to what is currently being provided by Partners like Midrift-Hurinet under the PM+ project).

37 Referred to locally as “watu wa samaki” in Naivasha.

38 For example Midrift-Hurinet who provide psychological counseling and facilitate access to legal services when needed; Love and Hope who provide survivors of GBV and IPV with psychological counseling, access to legal services, economic empowerment; Wakili mashinani who provide pro bono legal aid services; Kenya Red Cross Society (Nakuru) who provide Survivor rescue, tracing , psychological counseling for GBV survivors and clinical management support for the CHMT and Sub-county HMTs among others.

- t. There is need to incorporate the VCOs into the training programs currently available for CHVs so that they can gain awareness on GBV as it affects children, the referral systems, rehabilitation and re-integration strategies including providing psychological support to child survivors since recovery is a long journey. Further, the VCOs need to be equipped with survivor oriented support, as psychological first aiders and paralegal officers so they can understand the child oriented social and legal structures and the rights and privileges of children in the Children’s Act. In this way, they will be able to participate development of both preventative and response strategies. For VAC and GBV cases.
- u. One lesson that has emerged from the COVID-19 crisis period is that all CHVs and Child protection volunteers should be included as essential services in times of emergency such as the lockdowns experience in this season. They need to be linked and adequately networked within the VAC and GBV response and referral system in the county. For instance, within the Kenya Red Cross Society which is recognized as an essential service provider with a mandate to undertake emergency response even during COVID lockdowns, they do include response to VAC and GBV. Leverage on the strengths and capacities of partners in the GBV prevention and response network.
- v. Professionalizing all the nodes which link up the GBV prevention, reporting, response, rehabilitation and re-integration (for survivors and perpetrators) network. This includes ensuring that there is continuous specialized training of all personnel responsible at the lead partner organizations, so that even in the case where staff are re-deployed (which is common in public institutions), there does not occur a gap in implementation. The GBV sensitizing should therefore be continuous and accompanied by IEC materials³⁹ to reinforce the message.
- w. Service providers within the VAC and GBV referral network especially the Police, CHVs, VCOs, Local administrators and health officers at the GVRCS, need regular psychological counseling support. The actors all along the referral system need care so that they are able to manage stress and trauma that face challenges of responding and processing cases of very violent VAC and GBV. To improve their social and mental health outcomes, and enhance the quality of services they offer to the public, it is important to incorporate them in care support systems. The urgent need for support to the National Police Service with psychological counseling was noted on March 2020 during the launch of a trauma healing initiative in Nairobi.⁴⁰ The Kenya Red Cross Society for example on 13th November 2020 partnered with the County public health department to conduct a dance and psychological counseling debriefs session for health care workers in Nakuru Town. The purpose of the session was to help the workers unwind and share in the traumatic experiences they have faced dealing with the COVID-19 pandemic. No other such session has ever taken place in the county for service providers responsible for GBV response, despite the fact that they face incidences that could lead them into trauma. There is need for GBV partners to provide this opportunity for the reporting and response teams in all clusters.

39 At all nodes of the GBV network, guides similar to “The Standard Operating procedures for Prevention and response to Gender Based Violence. National Police Service, Kenya.2015” and the “National Standard Operating Procedures for the Management of Sexual Violence against Children, 2018”, the “National Guidelines on Management of Sexual Violence in Kenya. 2014, and the “Standard Operating Procedures on Management of Sexual Violence in Kenya. 2014”, Should be developed and availed both in soft copy and a user friendly version made available physically and translated for Persons with Disability for equity and inclusiveness. See: https://www.popcouncil.org/uploads/pdfs/2018RH_KenyaMOH-SOPsMgmtSVAC.pdf and <http://www.nationalpolice.go.ke/2015-09-08-17-56-33/news/271-nps-unveils-standard-operating-procedures-for-prevention-and-response-to-gender-based-violence.html>

40 See <https://www.capitalfm.co.ke/news/2020/03/nps-to-cascade-counselling-to-1450-wards-as-trauma-healing-initiative-unveiled/>

- x. It is widely recognized that Gender based violence is a very complex phenomenon. The root causes of violence are often complex and inter-related with the people’s cultural, social, economic, political and other dynamics. Similarly, solutions to addressing or eliminating GBV are equally complex. As a consequence, not all GBV cases can get resolved using the criminal justice system, and hence there is need to explore alternative justice mechanisms. In Kenya, the Alternative Justice Policy⁴¹ was published and launched in August 2020, and is now in force, to create spaces for resolution of some forms of GBV. It is now the right time therefore, for efforts to be put in place to educate the public about the Alternative Justice System and how it can be incorporated to address some forms of GBV. This will then open avenues for discourse especially concerning IPV which is very culturally tied and hence difficult to successfully prosecute.⁴² This calls for support by Midrift-Hurinet and others in the network, to engage partnerships with legal aid service providers to pursue and develop the requisite structure in this regard.
- y. Participation of partners in TWG forums should be intentional. Once the coordination is strengthened, each should have documented their clear mandate, area of operation, types of GBV incorporated in their interventions, their roles and limitations. This calls for support to the Gender directorate to set up and operate te GBV actor mapping for the county.
- z. There is need to engage media actors more in addressing SGBV. One way that was proposed by participants is for the TWG to engage some youth bloggers from among themselves, with specific targeted messages and approaches.

Opportunities for survivor re-integrative interventions:

It is possible to develop GBV survivor (and to a limited extent perpetrator) re-integration strategies within current programming activities of Midrift-Hurinet, by extending the extent of partnership to include CSOs working at family level interventions and expanding the coverage of lay- counseling services in the mandate area.

Finally, the study noted that despite human rights-torture-GBV occurrences being so closely related and inter-twined they are being addressed in silo-approach. There are structures being developed by a separate Government unit, to operationalize the Violence Prevention policy whereas it is related to the GBV which is being addressed by the Proposed Gender Equality Bill. There is therefore need for better coordination, sharing and tracking of activities among the three related issues. For a start, the County Directorate of Gender and other relevant stakeholders should cooperate in awareness creation during the three internationally celebrated days viz. “16 days of activism against GBV” in November, “UN Human rights Day” on 10th December, and “UN International Day in Support of Victims of Torture” on 26th June. These days should be given enhanced focus in Nakuru County, and all actors encouraged to participate actively.

41 See in <https://www.capitalfm.co.ke/news/2020/08/maraga-launches-alternative-justice-system-to-reduce-case-backlog/#:~:text=Maraga%20launches%20alternative%20Justice%20System%20to%20reduce%20case%20backlog,-By&text=NAIROBI%2C%20Kenya%20Aug%2028%20%E2%80%93%20Chief,delivery%20of%20justice%20to%20citizens>.

42 Many victims of IPV often decline to follow the existing criminal justice procedures because of their social and economic vulnerability position vis-à-vis the perpetrator. As a result they resolve to remain in a violent traumatic relationship, even when faced with grave danger to their lives and those of their children.

Summary discussion points for ideas workshop

The following are the proposed discussion points emerging from this study, for sharing in the ideas workshop:

1. How is GBV defined and contextualized in the study area? What forms of GBV are particularly relevant in the national/local community context? What vulnerabilities drive them?
2. What are the current approaches and interventions among GBV partners for prevention and rehabilitation of GBV survivors? What are the examples of best practices and successes?
3. What current trends and emerging themes and challenges are noted from the study?
4. What are the clear Challenges for successful implementation of GBV prevention and rehabilitation interventions? Enumerate the Unmet needs for survivors, service providers and perpetrators with respect to response, redress, rehabilitation and re-integration post abuse; institutional and programming gaps; corrective action proposals.
5. What is the future of DIGNITY's role: How can Dignity support the future work?

Scope, Strengths and limitations of the study

The objective of the project that informs this study is to explore how DIGNITY can address forms of violence that lie at the intersection of torture and gender-based violence.

The extent and focus of this scoping study is limited to:

1. Generating knowledge about the ways in which gender-based violence has been addressed in past and ongoing interventions in Nakuru,
2. Reflecting on the ways in which ongoing work in Nakuru might be strengthened to address forms of gender-based violence,
3. Using the knowledge and learning generated under points 1. And 2. To develop informed recommendations about how DIGNITY can work with gender-based violence in future.

The study is limited to activities within Nakuru County, specifically two informal settlements of Kaptembwa in Nakuru Town West Sub-County and Karagita in Naivasha sun-county. The study is being conducted within a very limited time and using only the data collection opportunities available within the current context of COVID-19 pandemic.

Acknowledgements

I wish to acknowledge Brigitte Dragsted of DIGNITY and Midrift-Hurinet through the CEO Mr Omondi for the foresight and determination to undertake this scoping study to inform the programming activities of their respective institutions.

The start of the study benefited immensely from Catherine Schroff who shared her wealth of knowledge as a partner of Midrift over many years and open gave insights on the complex issues of GBV programming and practice in Nakuru County. This study has benefited and been successfully undertaken through the immensely valuable support of the staff at Midrift-Hurinet who have been actively engaged in implementation of the GBV related activities under the PM+ as well as the Urban violence and ProAct and Invent projects. Specific mention goes to Mr Joseph Omondi for excellent coordination and assistance to plan the data collection tasks, as well as the team of Lenny Githae, Jane Josiah, Sheila Njihia , for participated in detailed field work who helped in contacting and locating the respondents and participants.

The willful and free participation of each and every one of the respondents either as a key informant or as a member of the Focus group discussion, helped to shape the study and give it content and context.

The views expressed in this report are however not necessarily those of Midrift-Hurinet or its program partners.

Njeri Muhia

Annex 1

List of Key Informants in the study

Caterine Schroff_	-DIGNITY Partner
David Kayanjua	– GVRC
Viola Yego	– CPC Nakuru
Oliver Charo	– REPACTED Kenya
Wamae Henry	-PHO Naivasha/Karagita
Susan Njeri	– Naivasha safe house
Mary Mbora	- CHV Karagita
Catherine Wanjohi	– Lifebloom Naivasha
Caleb Kibet	– Kenya Red Cross Society/Mastercard Foundation
John Kamande	– CEDGG
Harriet Chege	- Wakili Mashinani
Selina Nkatha	- County Ag. Director Gender
John Wanyoike	- Love and Hope
Corporal Beth Kamau	- Kenya Police Service (Gender desk officer)
Father Ogola	
Margaret Muchendu	- Women Crisis Center_ Philadelphia:
Caroline	- RHYEE:

Annex 2

List of Institutions represented in Focus Group Discussions

	Group targeted	Proposed participants (<i>Midrift-partners and beneficiaries and non-beneficiaries</i>)	Nakuru	Naivasha
	MIDRIFT HURINET	Midrift and DIGNITY partners		
1	Prevention and rehabilitation (GBV and other forms of violence)	<ul style="list-style-type: none"> Community policing representative Local administration County GBV cluster Member Legal aid services liaison Private sector Women group/ umbrella women group Policy – (County Department) 	<ul style="list-style-type: none"> Ambrose Urimba (VAWG/ CPC) Timothy Muinde (OPP) Vivian Linda Kageha (KNCCI Nakuru) Loise Kiige (CPC) Vincent Omollo Abel Chege 	<ul style="list-style-type: none"> CPC Chair Naivasha Police station Asst Chief Karagita Naivasha SGBV Cluster Winners women group Probation Office DOHS Karagita
2	Rehabilitation of youth victims of SGBV and other forms of violence	<ul style="list-style-type: none"> CSOs dealing with in-school youth Crisis pregnancy/teen mothers groups CSOs of youth against violence CSOs dealing with perpetrators CSO and NGOs dealing with rehabilitation Safe homes 	<ul style="list-style-type: none"> Calvins Ochieng (KAPCORA) Everlyne Rukia Muna Mwinyi (Youth Bila Noma) Margaret Muchendu (FWCC) Njura IVY(FAWK) Tracy Wanja(WEL) 	<ul style="list-style-type: none"> MOH AV – CBO Lifebloom Women Empowerment Link Nairobi Women’s Hospital YMCEG
3	High risk populations	<ul style="list-style-type: none"> Disability committee (CSO) Widows and orphans CSO MSMs Children’s officer(National) Representative of PWDs (Nakuru) Male single parents Female single parents 	<ul style="list-style-type: none"> Mr Owako (APDK) Norah Nduku (Utamaduni wetu) Viola Mr Wanyoike (Love and hope) Women Like us Center WEL NGEC Nairobi Women 	<ul style="list-style-type: none"> K-Note DRIC coordinator The Zioni YMCEG DRIC Program officer

Annex 3

List of select literature for review in the GBV scoping study for Midrift Hurinet

The Gender Based Violence Recovery Center at Coast Provincial General Hospital Mombasa, Kenya: An integrated Programme for survivors of sexual violence. Mareleen Temmerman, Emilomo Ogbe et al PLOS Medicine. August 2019.

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002886>

Gender Based violence and family protection Ministry of Public Service and Gender, State Department of Gender 13 September 2018

<https://gender.go.ke/gender-based-violence-family-protection/>

Violence among teenagers and youth

Violence against children survey report 2017 Government of Kenya and together for girls 2017

https://www.togetherforgirls.org/wp-content/uploads/Kenya_V17.pdf

<https://www.togetherforgirls.org/kenya/>

<https://www.togetherforgirls.org/violence-children-surveys/>

URBAN VIOLENCE

Urban violence in Nakuru, County, Author Kamau Wairiuri et al May 2000

https://www.researchgate.net/publication/341549730_Urban_Violence_in_Nakuru_County_Kenya

GBV costing- The Economic burden on Survivors NGEK 2016 in <https://www.ngeckkenya.org/Downloads/GBV%20Costing%20Study.pdf>

LVCT HEALTH'S SGBV / PRC PROGRAMME BEST PRACTICES *REPORT*. LVCT Health Services February 2014 in <https://lvcthealth.org/wp-content/uploads/2017/09/sgbv-prc-programme-best-practices-report-sgbvprc.pdf>

Initiative to curb increase in gender based violence rolled out in Nakuru. Kenya News Agency

July 2020 in <https://www.kenyanews.go.ke/initiative-to-curb-increase-in-gender-based-violence-rolled-out-in-nakuru/>

Gender and Sexual Violence Prevails in Nakuru despite activism. Nation Online. July 2020

<https://nation.africa/kenya/gender/gender-and-sexual-violence-prevails-in-nakuru-despite-activism-241834>

A report on Gender Audit on the Situation of Women and other Human Rights Defenders in Kenya. KNHCR.2017. In

https://www.knchr.org/Portals/0/Gender%20Audit%20of%20the%20Situation%20of%20WHRD_2017.pdf

Forms and Prevalence of intimate partner violence experienced by shelter survivors in Kenya

International Journal of Humanities and Social Sciences. March 2017. In https://www.ijhssnet.com/journals/Vol_7_No_3_March_2017/19.pdf

Situation on Violence against women and children. World Organisation Against Torture , OMCT

November 2008 https://www.omct.org/files/2005/09/3070/alt_report_on_violence_against_women_children_kenya.pdf

Working with Justice Sector to end violence against women and girls. OHCHR. December 2011

https://www.ohchr.org/Documents/Issues/Women/SR/Shelters/UN%20Women%20by%20Cheryl%20_%20Team_working%20with%20justice%20sector.pdf

USAID Kenya Final Gender Analysis Report. Banyan Global. March 2020

<https://banyanglobal.com/wp-content/uploads/2020/05/USAID-Kenya-Final-Gender-Analysis-Report.pdf>.

Gender Violence Spikes up as Covid-19 control rules bite. Nation Online. May 2020

<https://nation.africa/kenya/gender/gender-violence-spikes-up-as-covid-19-control-rules-bite-290320>

GBV and Disabilities

Study on Gender Based Violence Against Girls and Women with Disabilities in Kenya (attached WCC- GBV- Study Report Pdf). Collette Ajwang' Aloo. June 2014.<https://namati.org/resources/gender-based-violence-against-women-and-girls-with-disabilities-in-kenya/>

Making it work initiative on gender and disability inclusion: Advancing equity for Women and girls with disabilities. Handicap International Publications. October 2015.<https://www.makingitwork-crpd.org/sites/default/files/2019-5/MIW%20Gender%20and%20Disability%20project%20report%20%28English%29.pdf>

Gender and Disability Intersectionality in Practice: Women and Girls with disabilities addressing discrimination and violence in Africa (attached Gender and Disability Project Report)

Humanity and Inclusion. March 2018. https://www.makingitwork-crpd.org/sites/default/files/2018-06/MIW_GenderAndDisability_Report-June2018.pdf

Violence against women in Kenya: A public health problem. Tom Gesora Ondicho. International Journal for Development and Sustainability. 2018. <https://profiles.uonbi.ac.ke/tondicho/files/ijds-v7n6-19.pdf>

Gender-based violence

National Crime research center. Gender based violence 2014.

<https://www.crimeresearch.go.ke/data-repository/#tab-afe81d0ad1f7e1aa1e6>

Violence within PWD populations

Study on Gender Based Violence against Women and Girls with Disabilities in Kenya (2015)

<https://namati.org/resources/gender-based-violence-against-women-and-girls-with-disabilities-in-kenya/>

Role: call: sex, gender roles, and intimate partner violence (20 Sep 2019). <https://www.tandfonline.com/doi/full/10.1080/1068316X.2019.1652746>

Gender based violence rehabilitation programmes in Nakuru and beyond. Love and hope center Nakuru. <https://nation.africa/kenya/counties/nakuru/nakuru-centre-gives-hope-to-gender-based-violence-victims-229910>

Women empowerment link. <https://wel.or.ke/> In <https://www.ngeckkenya.org/Downloads/NGEC%20Model%20Policy%20on%20GBV%20for%20County%20Govts.pdf>

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