

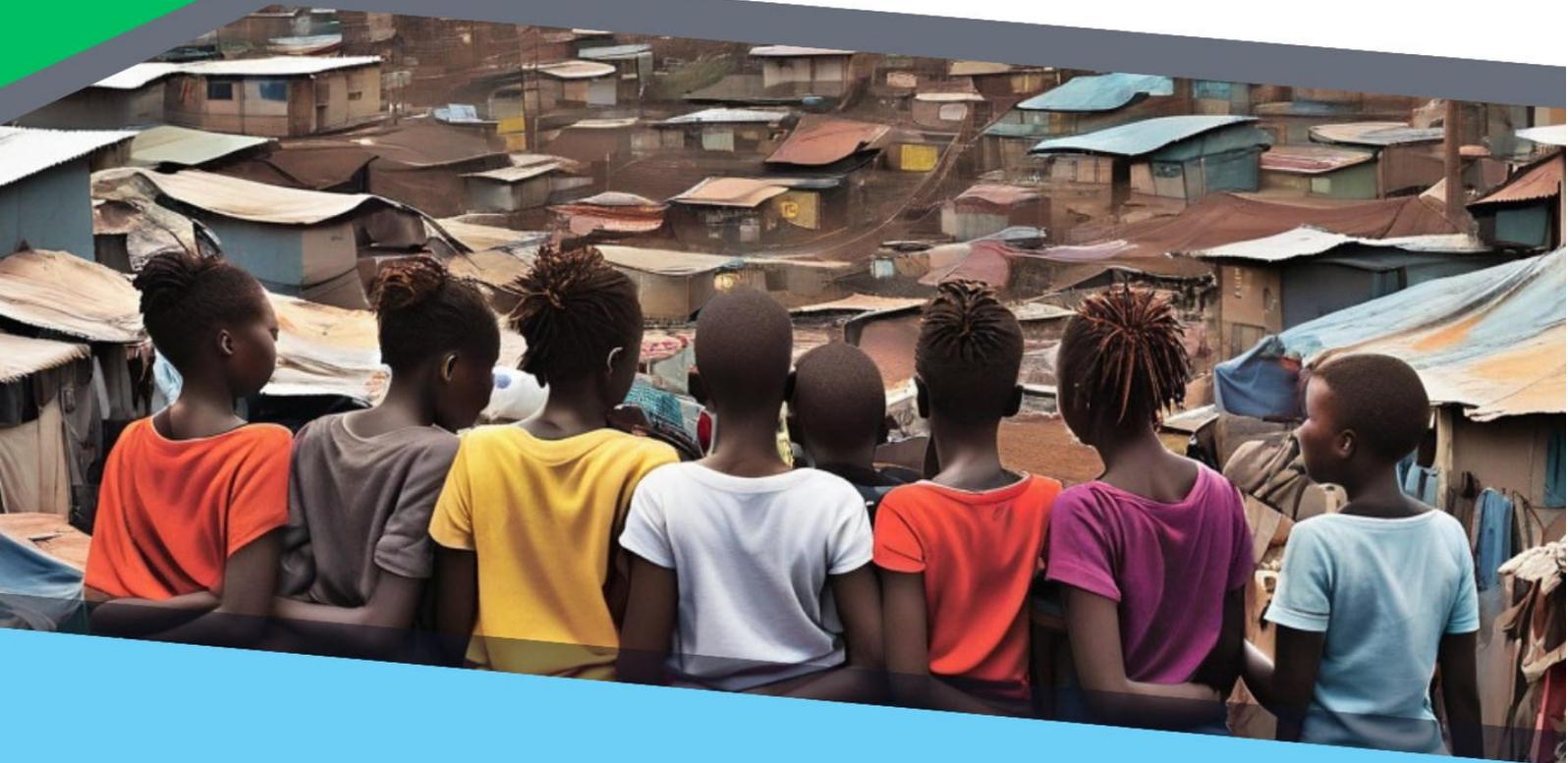
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# UNDERSTANDING ROOT CAUSES OF GENDER BASED VIOLENCE IN NAIROBI-KENYA

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**MIDRIFT  
HURINET**  
Haki Kwa Wote



**EXPERIENCES OF SURVIVORS OF GENDER-BASED VIOLENCE  
IN THE INFORMAL SETTLEMENTS OF MATHARE, KIBERA,  
DANDORA AND MUKURU.**

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**DECEMBER 2023**

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# UNDERSTANDING ROOT CAUSES OF GENDER BASED VIOLENCE IN NAIROBI-KENYA

Experiences of survivors of gender-based violence in the informal settlements of Mathare, Kibera, Dandora and Mukuru.

Leslie Rono  
Eunice Pande  
Elizabeth Anyango

December 2023



## ABOUT MIDRIFT HURINET

Founded in 2008, MIDRIFT HURINET is a non-Profit Organization that is working to empower citizens, state and non-state actors to inculcate a culture of Good Governance, Human Rights, Peace, and Security in Kenya. MIDRIFT HURINET's vision is a prosperous society that enjoys human rights, good governance, peace, and security.

MIDRIFT HURINET is currently implementing programs under the following thematic areas; -

- Peace and Security
- Governance and Human Rights
- Institutional Development and Support

## OUR APPROACH

Many of the challenges including Peace and Security, Governance and Human Rights cannot be tackled or solved by one sector alone. MIDRIFT HURINET adopts the Multi-Sectoral Approach (MSA) to help stakeholders to generate knowledge, create a common agenda, jointly develop strategies, new tools and action plans, capacity strengthen stakeholders and establish coordination and collaboration structures and platforms to address systemic challenges.

MIDRIFT applies the following strategies for violence prevention and response to effects of violence: In terms of violence prevention, MIDRIFT HURINET adopts the Human Rights Based Approach (HRBA), Public health Approach (HPA) and Human Security Approach (HSA). The focus is in creating coalitions of citizens, non-state actors and state actors as agents of change while also working on citizen agency for change.

To combat the psychological effects of violence, MIDRIFT HURINET, in collaboration with other stakeholders, works to strengthen access to Mental Health and Psychosocial Support (MHPSS) to individuals affected by violence. The MHPSS intervention targets community members in informal settlements who normally would not be able to afford mental health services. In addition, MIDRIFT targets duty bearers to ensure access to justice to victims of violence and perpetrators are held accountable; protection of citizens from further violence; uphold and respect human rights for all and address the gendered impacts of violence.

## ABOUT THE AUTHORS

**Leslie Rono** is a PhD candidate and the lead researcher at MIDRIFT HURINET. As the lead researcher Leslie plays a pivotal role in shaping the organization's research agenda and driving evidence-based decision making. Leslie has published research and thesis papers including A study on the Root Causes of Gender based violence in the informal settlements of Nakuru-Kenya (2022)<sup>1</sup> and a Master's Thesis paper on Operational Strategies influencing the performance of Social Entrepreneurship Projects in Nairobi (2019).<sup>2</sup>

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**Elizabeth Anyango** is currently pursuing her master's degree in development studies at the University of Nairobi. She is a MERL officer at MIDRIFT HURINET. Her area of work interest lies in unravelling the intricate dynamics of gender norms, gender-based violence and mental health She is the coauthor of a similar study on; Root causes of gender-based violence in informal settlements in Nakuru, Kenya.

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<sup>1</sup> <https://midrifthurinet.org/publications/>

<sup>2</sup> <http://erepository.uonbi.ac.ke/handle/11295/162760>

## ACKNOWLEDGEMENTS

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Dr. Moses Mutua Mutiso, Senior Lecturer, School of Social Sciences, Moi University. Whose expertise, dedication and commitment played a pivotal role in reviewing and shaping this study

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The study has been funded by MIDRIFT HURINET with support from Kenya Human Rights Commission (KHRC)

Signed:



**LEONARD GITHAE**

Deputy Executive Director, MIDRIFT HURINET

## FOREWORD

Gender based Violence remains one of the most pervasive human rights violations in our society. From physical to verbal abuse, from discrimination to harassment, gender-based violence has infiltrated every corner of our world, leaving indelible scars on countless lives. It is a reprehensible act that not only threatens the well-being and dignity of individuals but also cripples the social fabric of our communities.

In Nairobi, Kenya, a city that exudes vibrancy and diversity, we set forth on a journey to unravel the underlying factors that contribute to the prevalence of gender-based violence. This study aimed not only to shed light on the stark realities faced by victims and survivors, but also to understand the root causes that create a fertile ground for such violence to persist. By delving deep into the root causes, we seek to ignite a collective response that fosters lasting change.

Throughout our rigorous research, we sought to engage with individuals from various walks of life, amplifying the voices of survivors, advocates, community leaders, law enforcement personnel, and policymakers. Their candid stories and insights played an invaluable role in unraveling the intricate web of factors that perpetuate gender-based violence.

It is evident that the critical root causes of gender-based violence in Nairobi are deeply intertwined with social, cultural, economic, and systemic factors. Patriarchal norms and gender inequality, perpetuated by deeply ingrained societal beliefs, have normalized violence against women and girls to a lesser extent, boys and men. Poverty, lack of education, and limited economic opportunities further exacerbate their vulnerability.

Additionally, our study reveals that harmful notions of masculinity, rigid gender roles, and power imbalances continue to fuel this violence. Political, legal, and institutional shortcomings, often characterized by inadequate resources, weak enforcement, and inadequate response mechanisms, further impede progress towards creating a safe and inclusive environment for all.

As we navigate the findings of this study, we cannot shy away from the urgency of addressing these root causes. In doing so, we acknowledge the need for a multifaceted approach—one that includes Response, Advocacy, Education, Policy Reforms, and crucially, changing Societal Attitudes and Norms that perpetuate gender-based violence.

Our hope is that this study serves as a catalyst for change, sparking conversations, propelling collective action, and inspiring transformative solutions. We urge individuals, organizations, and policymakers to recognize the urgency and gravity of this issue and commit to concrete steps that accelerate the eradication of gender-based violence.

Together, we have the power to dismantle oppressive systems, challenge entrenched mindsets, and create a society where communities can live free from violence and discrimination. Let us seize this opportunity to rewrite the narrative and build a more just, equitable, and inclusive Nairobi, Kenya, and world at large.

Signed:



**JOSEPH OMONDI**

Executive Director, MIDRIFT HURINET

## ABBREVIATIONS

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>APTC</b>	Administration Police Training College
<b>CEDAW</b>	Centre for Rights Education and Awareness
<b>CRC</b>	Convention on the Rights of the Child
<b>CREAW</b>	Centre for Rights Education and Awareness
<b>CHP</b>	Community Health Promoter
<b>CSO</b>	Community Service Organizations
<b>CPV</b>	Child Protection Volunteers
<b>FGM</b>	Female Genital Mutilation
<b>GBV</b>	Gender Based Violence
<b>GVRC</b>	Gender Violence Recovery Centre
<b>HIV</b>	Human Immunodeficiency Virus
<b>HRD</b>	Human Rights Defender
<b>KDHS</b>	Kenya Demographic Health Survey
<b>KNBS</b>	Kenya National Bureau of Statistics
<b>MOH</b>	Ministry of Health
<b>NGEC</b>	National Gender and Equality Commission
<b>NGO</b>	Non-Governmental Organization
<b>ODPP</b>	Office of the Director of Public Prosecutions
<b>SOA</b>	Sexual Offenses Act
<b>STI</b>	Sexually Transmitted Infections
<b>UDHR</b>	Universal Declaration of Human Rights
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNWOMEN</b>	United Nations Entity for Gender Equality & the Empowerment of Women
<b>VAW/G</b>	Violence Against Women and Girls
<b>WHO</b>	World Health Organizations

## DEFINITION OF TERMS

**Defilement:** This refers to the unlawful act of having sexual intercourse with a child under the age of 18 years of age.

**Gender-Based Violence:** Gender-based violence (GBV) is defined as any form of violence perpetrated against a person because of their gender and may include physical, sexual, and/or psychological violence such as deprivation or neglect.

**Informal Settlements:** Informal settlements are residential areas where the inhabitants do not have the security of tenure regarding the land or housing, they inhabit or occupy, where the neighborhoods often lack basic services and urban infrastructure; and are mostly characterized by high levels of crime.

**Kangaroo court:** A kangaroo court is any judicial or quasi-judicial proceedings, and case hearing sessions that operate outside established legal principles. Kangaroo courts are characterized by a lack of fairness, impartiality and due process; and mostly serve the interest of one party.

**Masculinity:** Societal expectations of how men and boys behave, attributes, and roles. The roles can be socially constructed, biological or cultural. In traditional African societies, Masculinity is expressed through men's authority, dominance and aggression.

**Mental health:** a state of mental well-being where people can cope with the stresses of life, realize their abilities, learn, work well, and contribute to their community. Mental health includes emotional, psychological, and social well-being.

**Perpetrator:** any person/persons that have committed a crime or a violent act

**Psychosocial support services:** services or support given to gender-based violence survivors to help them recover from the emotional, psychological, and social effects of violence, including stress, trauma, and depression.

**Rape:** This is unlawful sexual intercourse against the will of the victim, through coercion, or the threat of force, or with an individual who is incapable of giving legal consent because of their status as a minor, mental illness, altered state of consciousness, or deception.

**Referral Network:** a group of actors (individuals or institutions) who are linked through a formal or informal coordination mechanism to provide support to survivors of GBV, in prevention and risk mitigation measures.

**Root Causes:** underlying conditions that can affect a chain of factors and lead to violence. Root causes of gender-based violence are supported by negative individual attitudes, beliefs, and practices, harmful social norms around gender and violence as well as systems and structures that codify inequality and discrimination.

**Sexual and Gender-based violence:** (SGBV) is violence that is committed against a person because of his or her sex or gender. It is forcing another person to perform sexual acts against his or her will through coercion, threats, deception, cultural expectations, or economic means. Sexual and gender-based violence affects women and girls, as well as men and boys.

**Socio-cultural norms:** informal, mostly unwritten rules and expectations of behavior, thoughts, and beliefs that define acceptable or unacceptable behavior and actions within a particular cultural context.

**Support services:** services where the GBV caseworkers listen to survivors, validate their experiences, and provide compassionate care, and help them access healthcare, justice, and other services.

**Survivor of violence:** an individual who is going through or has gone through the violence recovery process.

**Trauma:** an emotional response following a terrible event like an accident, physical or sexual assault, or a natural disaster. Some of the aftermaths of trauma include flashbacks, unpredictable emotions, and strained relationships.

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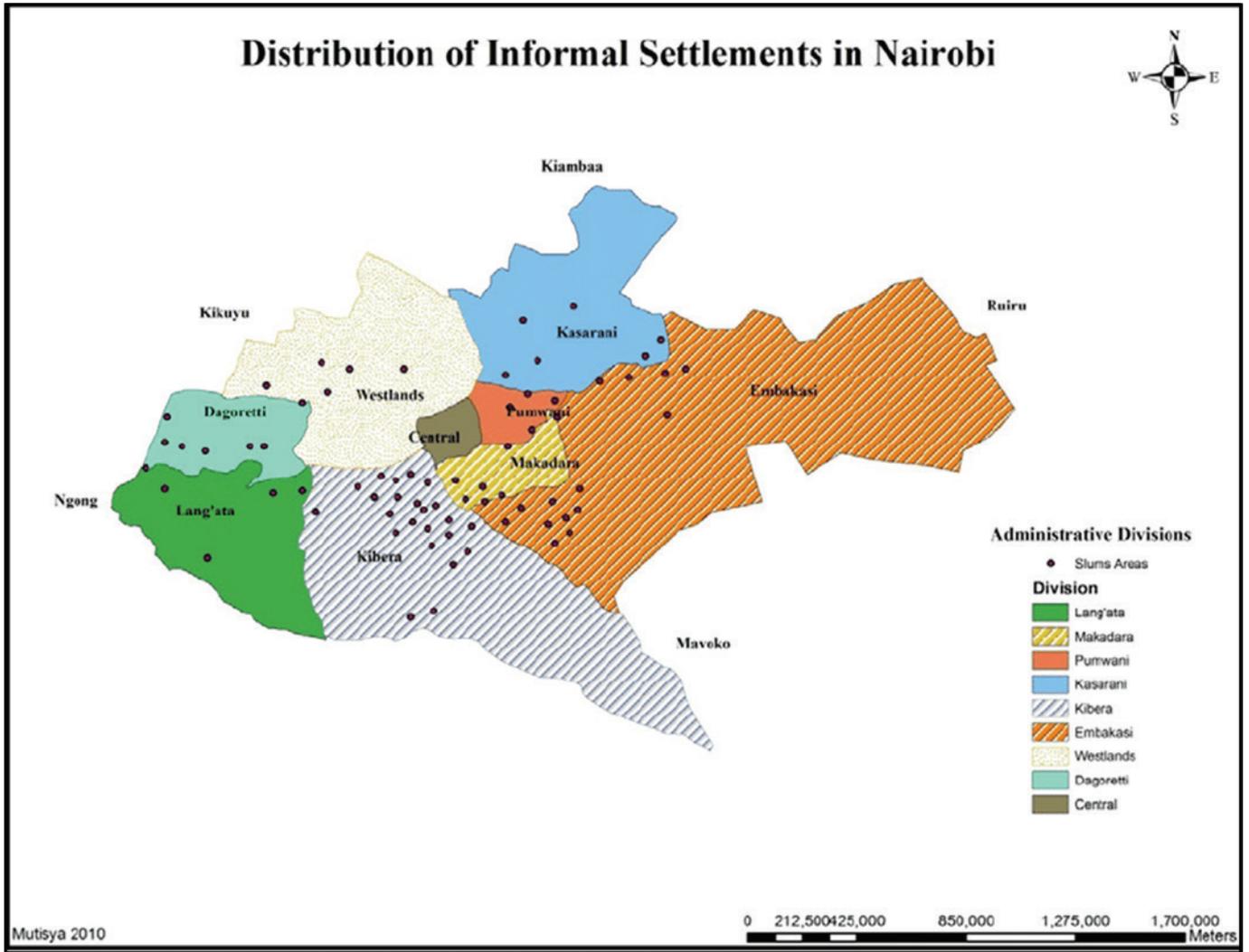
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## EXECUTIVE SUMMARY

Gender Based Violence is defined as any harmful act directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. Gender-based violence can result in physical, sexual, and psychological harm to an individual or group of people. In matters of human rights violations, a root cause can be defined as an underlying harmful condition that results in behaviors or events that infringe on the rights of others. Social norms that promote the use of violence or any belief systems that justify abuse towards people are examples of underlying harmful conditions that drive human rights violations. This study's overall objectives are to investigate structural issues at the societal level and to unpack community belief systems, perceptions and social norms tied to gender and violence.

The study adopted a qualitative research approach using qualitative methods in data collection, data analysis, findings synthesis, integration and reporting. Focus group discussions were conducted targeting survivors of gender-based violence, where 4 groups were sampled: female survivors of violence, male survivors of violence, Persons with disabilities and child protection volunteers. In-depth Key Informant interviews were also conducted where twenty-five respondents were reached consisting of police officers, chief, religious leaders, judicial officers, GBV service providers and human rights defenders. Key stakeholders were purposefully selected for the Key Informant Interviews to give in-depth information about gaps in the enforcement of laws, systemic challenges in reporting and accessing justice as well as challenges experienced by survivors of gender-based violence. Participants in the focus group discussions were selected from already established support groups for survivors of gender-based violence in the different informal settlements of Nairobi. The facilities were mapped and purposefully selected and assisted by mobilizing the respondents for the focus group discussions.

## SUMMARY OF FINDINGS

- Socio-cultural norms and belief systems in the community justify the use of violence.
- Traditional gender roles and societal expectations increase vulnerability to violence.
- Societal stigma surrounding survivors of violence influences their likelihood of reporting incidences and accessing justice.
- The preference to resolving gender-based violence cases at the household level through Kangaroo courts are common.
- The nexus between poverty and adverse childhood experiences contributes to prevalence of Gender Based violence.
- Existence of Systemic barriers that hinder reporting Gender Based Violence impedes survivors access to necessary services.
- Misconceptions and lack of understanding regarding the causes of disability have contributed to violence towards Persons With Disability (PWDs).
- Limited implementation and enforcement of existing laws and policies related to Gender Based Violence.
- Drugs and substance abuse serve as unhealthy coping mechanism and catalyst for violent behavior.

## SUMMARY OF RECOMMENDATIONS

- **NATIONAL GOVERNMENT;** To implement laws and policies in GBV prevention and response and pass progressive laws and policies. Government to strengthen child protection services, uphold and protect human rights and digitize legal documents for survivors of violence. e.g case files, P3 forms etc.
- **COUNTY GOVERNMENT;** To establish more safe houses and rescue centers, promote socio-economic empowerment programmes in the informal settlements, create awareness on gender-based violence and its impacts, promote access to Mental Health Services for survivors of Gender Based Violence and strengthen Multisectoral collaboration with actors from different sectors for referral and protection of survivors.
- **CIVIL SOCIETY ORGANISATIONS:** To advocate for implementation of existing laws and policies on gender-based violence, advocate for budget allocations for Department of Health, promote socio-economic empowerment programmes in the informal settlements, create awareness on gender-based violence and create communities of knowledge and practice.
- **COMMUNITY;** Transform mindset on beliefs, attitudes, and norms that perpetuate gender-based violence. Transform perceptions on key populations and special interest groups.

## BACKGROUND

Gender Based Violence (GBV) is defined as any harmful practice, act or injustice directed to a person or group of people based on socially ascribed differences between men and women (UNHCR 2022). The nature and extent of any specific type of Gender Based Violence varies across cultures, countries and regions. It is rooted in gender inequality, abuse of power and harmful norms. According to (Baker, 2007), Gender Based Violence is expounded to encompass any act of violence that leads to physical, sexual, or psychological harm or suffering. This includes threats, coercion or unjust deprivations of liberty, whether occurring in public or private settings. Gender based violence can include rape, sexual exploitation, forced prostitution, domestic violence, forced or early marriage, intimate partner violence and harmful traditional customs such as female genital mutilation (FGM).

Moreover, the definition of Gender Based Violence can also include social isolation, and economic deprivation which may cause imminent harm to the survivor's safety, health, and general well-being (Marks, 2011). This is rooted in socially, economically, and politically ascribed gender roles in a society (GVRC, 2022), these gender roles define power relations between men and women regarding who makes decisions and who owns resources. The roles are learned and reinforced through interactions within the household and community (Lumen Learning, 2018). While Gender Based Violence affects women, girls, boys and men in the community; research has shown that, women and girls bear a disproportionate burden of sexual and gender-based violence (UNWOMEN, 2022).

Gender based Violence has become a global health and human rights crisis that influences development in a nation and development issues globally. Communities and groups are negatively affected all over the world and especially in developing countries (Klingoro & Havlicek 2015). The World Health Organization (WHO) estimates that globally 1 in 3 women have experienced Gender Based Violence in their lifetime (World Bank, 2019) while a staggering 35% of women worldwide have experienced either physical and/or sexual intimate partner violence.

The most common forms of Gender-Based Violence in Kenya are sexual violence, physical violence, emotional and psychological violence, and harmful tradition practices (Ramirez, Rono & Anyango, 2023). There has been a significant spike in Sexual and Gender Based Violence (SGBV). The Kenya Demographic and Health Survey (KDHS) report (2022) indicates that 13% of women have reported experiencing sexual violence at some stage in their lives. The prevalence of sexual gender-based violence tends to increase with age, starting from 7% among individuals aged 15–19 and rising to 18% among those aged 40–49. Among women who have never been married or had an intimate partner, 3% report experiencing sexual violence. In comparison, this figure rises to 12% among never-married women who have had an intimate partner, 13% among currently married women, and 27% among formerly married women.

The report further states that 34% of women in Kenya have experienced physical violence from an intimate partner in their lifetime with Nairobi County, estimated at 30% of women between 15–49 have ever experienced physical violence. On violence against children the prevalence of child marriage and FGM was found at 23% and 21% respectively (KDHS, 2022). In Nairobi County, reports from the Nairobi Women’s Hospital indicate that sexual and physical violence are the most common forms of GBV in Nairobi. Majority of cases received in the facilities are defilement (42.7%), physical assault (27.4%) and sexual assault (4.9%) and majority of the survivors received at the facility are teenagers between the ages of 13–17 years (GVRC incidence report, 2022).

In Kenya legislation to address gender-based violence has been established, they include: The Constitution of Kenya (2010) Article 27(1,2 and3), County Government Policy on Sexual and Gender Based Violence (2017) that directs all 47 counties in Kenya to establish a framework toward implementation of programmes and policies on prevention and response to Sexual and Gender-based violence; the National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya (2016); the National Policy on Gender and Development; Protection Against domestic Violence Act 2015; the Sexual Offences (Amendment) Act of 2011; the Prohibition of Female Genital Mutilation Act(2011); National Policy for Prevention and response to Gender Based Violence 2011; the Penal Code and its various amendments; the National Policy for Prevention and Response to Gender Based Violence (2014) which multi-sectoral strategy towards prevention and response to GBV; the National Gender and Equality Commission Act(2011); the Children’s Act(2022); the Counter Trafficking Persons Act (2010); the National Guidelines on the Management of Sexual Violence (2014), which outlines the steps for the treatment of sexual violence survivors, preservation of evidence and access to psycho-social support services.

Kenya has also ratified regional law and treaties and conventions, including; The Africa Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol, 2003), the Solemn Declaration on Gender Equality in Africa (2004), The protocol on the Prevention and Suppression of Sexual Violence against Women and Children-International Conference on the Great Lakes Region (2006) and The African Charter on the Rights and Welfare of the Child (National Policy for Prevention and Response to Gender Based Violence, 2014)

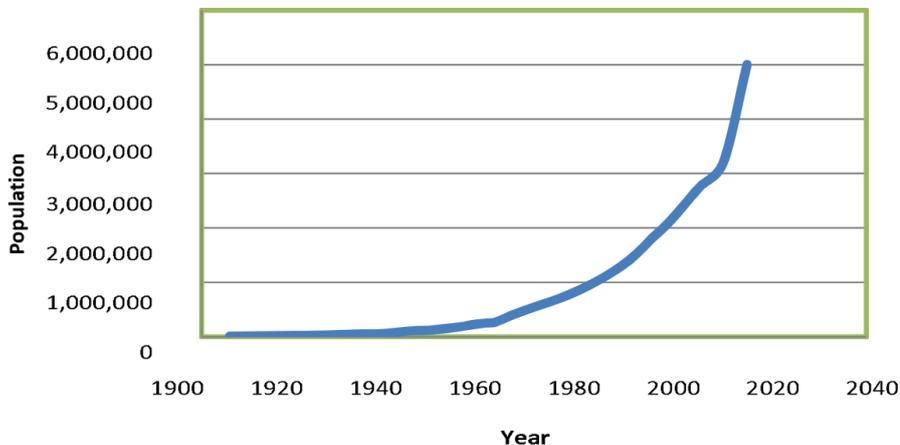
On a global scale, there exist guidelines and policy frameworks delineating internationally accepted standards and practices for addressing Gender Based Violence (GBV). Kenya, as a signatory to several of these international and global agreements and is bound to take action against GBV. These agreements include the Universal Declaration of Human Rights (UDHR, 1948), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979), the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984), the United Nations Convention on the Rights of the Child (CRC, 1989), the Beijing Platform for Action (1995), the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (2000), the ILO Convention 182 on the Worst Forms of Child Labor, the African Union Gender Policy (2009), and the Optional Protocol on the Convention on the Rights of the Child on Child Trafficking, Child Prostitution, and Child Pornography.

## Significance and Rationale of the Study in Nairobi

The study focuses on the root causes of gender-based violence (GBV) in Nairobi’s low-income settlement areas, holds profound significance from multiple perspectives. From a practical standpoint, understanding the root causes of GBV is essential for developing effective interventions and policies that directly address the needs of communities grappling with this pervasive issue. By unraveling the complex interplay of socio-economic, cultural, and structural factors contributing to GBV within low-income settlements, the study provides practical insights that can inform targeted strategies for prevention and response.

Nairobi, the capital city of Kenya is the hub of trade and business in Eastern Africa. The city's population has grown over the years from 11,500 inhabitants in 1906 to 4.4 million people in 2019 ( Kenya National Bureau of Statistics, 2019) as shown in Figure below, with 40% living below the poverty line.

Fig 1: Nairobi Population Growth<sup>3</sup>



More than half of the city's population live in informal settlements and slums, occupying less than 1% of Nairobi's area and less than 5% in residential areas (Mitullah, 2003). Nairobi's main informal settlements: Kibera, Korogocho, Mathare, Mukuru, Kangemi and Dandora have significantly higher prevalence of gender-based violence than in other surrounding areas of Nairobi (UN-Habitat, 2003). Studies have revealed that violence is generally worse in urban centers and informal settlements, with 1 in every 3 women and 1 in every 5 men having experienced gender-based violence (Johnson et al, 2010).

The study focused on the informal settlements of Nairobi in the areas of Mathare (Mathare Constituency), Mukuru Fuata Nyayo and Mukuru Kwa Njenga (Starehe Constituency), Dandora (Embakasi north constituency), Kibra informal settlements (Kibra Constituency). These areas have a high prevalence of physical and sexual violence, defilement, and intimate partner violence (Dimovitz, 2015). The study therefore focused on understanding the root causes of gender-based violence in the informal settlements of Nairobi.

By undertaking this study, MIDRIFT aims to provide insights that will facilitate a thorough examination of the prevalence of gender based violence in Nairobi's informal settlements and pave way for GBV reduction by both state and non-state entities in Nairobi. MIDRIFT recognizes that GBV is a peace and security issues that has an impact to the health and overall well-being of survivors and their families.

MIDRIFT's objective in conducting this study is to delve into the underlying causes of GBV in Nairobi, formulate preventive initiatives, devise strategies for response and reduction of GBV occurrences, and enhance community awareness regarding the necessity for Mental Health and Psychosocial Support services (MHPSS) for survivors. Consequently, the study will provide information and recommendations to law enforcement agencies, the judiciary, and other stakeholders involved in the prevention and response to GBV within Nairobi's informal settlements.

From a policy perspective, the study offers invaluable guidance to policymakers in crafting evidence-based policies tailored to the specific challenges faced by vulnerable populations by identifying the underlying determinants of GBV, policymakers can design interventions that address systemic inequalities and promote gender equality within these communities. Additionally, the study facilitates informed decision-making regarding resource allocation, enabling policymakers to prioritize funding and support for initiatives that have the greatest potential for impact.

<sup>3</sup> Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects (2019).

From a stakeholder perspective, the study serves as a catalyst for collaboration and partnership among NGOs, government agencies, community-based organizations, and other stakeholders invested in addressing GBV. By fostering dialogue and cooperation, the study creates a common ground for collective action, facilitating the sharing of resources, expertise, and best practices. Moreover, the study empowers communities by elevating their voices and experiences, ensuring that interventions are culturally sensitive, contextually relevant, and driven by local needs and priorities.

This study, holds immense potential to drive meaningful change at the practical, policy, and stakeholder levels. By shedding light on the root causes of GBV in Nairobi's low-income settlements, the study not only enhances our understanding of this complex issue but also provides actionable insights that can inform evidence-based interventions, shape inclusive policies, and foster collaborative partnerships aimed at creating safer, more equitable communities for all individuals.

## Overarching Objective/purpose of the study

The overarching objective of this study is; To establish evidence-based, root causes of gender-based violence in the informal settlements of Nairobi, through the experiences and perspectives of survivors of gender-based violence.

This study's specific objectives are as follows, To;

- Identify and Document the Experiences of Gender-Based Violence Survivors
- Examine the Socio-Economic Factors Contributing to Gender-Based Violence.
- Explore Cultural and Structural Drivers of Gender-Based Violence.
- Assess the Effectiveness of Existing Support Mechanisms.
- Identify Gaps and Challenges in Policy and Legal Frameworks.
- Recommend Evidence-Based Interventions and Policy Recommendations.

### **Identify and Document the Experiences of Gender-Based Violence Survivors:**

This objective involves gathering firsthand accounts and narratives from survivors of gender-based violence in Nairobi's informal settlements to understand the nature, dynamics, and contexts of their experiences.

### **Examine the Socio-Economic Factors Contributing to Gender-Based Violence:**

This objective aims to analyze the socio-economic determinants and conditions within Nairobi's informal settlements that contribute to the prevalence of gender-based violence, including poverty, unemployment, inadequate housing, and lack of access to education and healthcare.

### **Explore Cultural and Structural Drivers of Gender-Based Violence:**

This objective focuses on investigating cultural norms, patriarchal attitudes, and structural inequalities that perpetuate gender-based violence within informal settlements, including traditional gender roles, power dynamics, and community perceptions of gender roles and relationships.

**Assess the Effectiveness of Existing Support Mechanisms:**

This objective seeks to evaluate the accessibility, adequacy, and effectiveness of support services available to survivors of gender-based violence in Nairobi's informal settlements, including healthcare, counseling, legal aid, and shelter facilities.

**Identify Gaps and Challenges in Policy and Legal Frameworks:**

This objective involves assessing the gaps, weaknesses, and challenges within existing policy and legal frameworks related to gender-based violence prevention, response, and prosecution in Nairobi County, with a focus on informal settlements.

**Recommend Evidence-Based Interventions and Policy Recommendations:**

This objective aims to generate evidence-based recommendations for interventions, policies, and programs aimed at addressing the root causes of gender-based violence and improving support services for survivors within Nairobi's informal settlements.

## Assumptions of the Study

The study has the assumption that by unpacking gender norms, knowledge, and perceptions in regard to GBV, the study can generate knowledge and be able to better understand the drivers of gender-based violence and develop effective and responsive strategies. Furthermore, by understanding and tackling implementation gaps in law and policy on GBV, the causative factors driving gender-based violence can be addressed. The study has potential to inform and influence decision-making within the County and support advocacy strategies.

Among other things the study can support and inform strategic plans on how to:

- Engage relevant stakeholders and duty-bearers in ensuring the implementation and enforcement of existing laws and policies on GBV.
- Engage relevant stakeholders and duty-bearers in promoting safe and protective environments within the community e.g., schools, public spaces, workplaces.
- Develop approaches and key messages for changing harmful community belief systems, social norms and perceptions that foster violent behavior.
- Engage stakeholders, community representatives and duty-bearers in relevant awareness raising initiatives on laws addressing GBV.

## METHODOLOGY

### Research Design

The study adopted a qualitative research approach to investigate the experiences of survivors of gender-based violence within the informal settlements of Nairobi and stakeholder perspectives on gaps in the implementation of laws and policies in gender-based violence. The study utilized a qualitative methodology approach. The data collection was done through interview guides and focus group discussions. For data analysis, contextual analysis was the preferred method and NVivo software was used to identify patterns and similarities in responses to generate themes around GBV. The choice of this approach was guided by the understanding that these methods were most appropriate for the collection and analysis of data, results from individuals and groups guided by the research problem.

The study sought an overview of the prevalent forms of gender-based violence, as well as an in-depth understanding of the causes/contributing factors to its continuation within the informal settlements of Nairobi.

### Review of Literature

Desktop review method was used for this study from scholarly articles, reports and publications sought between January 2004 to December 2022. Online databases of Pubmed (MEDLINE), Pro Quest, and Google Scholar were used to identify and complete relevant information papers. Other sources were identified through scanning of references of selected articles. The search databases were used because they were a well-established and multi-disciplinary research platform, holding a wide variety of peer-reviewed journals and Government accredited policy documents. An initial review of the documents was essential to guide in the development of the research design as well as in the development of data collection tools. The data collection tools were validated by external reviewers in Kenyatta University at an ethical review workshop in September 2022. The literature review process continued after the field data collection to aid in interpreting and qualifying the findings. Where necessary, emerging issues in GBV were also captured.

### Key Informant Interviews and Focus Group Discussions.

Primary data was collected using in-depth key informant interviews and focus group discussions. The stakeholders were purposefully identified and selected based on experiences in handling survivors of gender-based violence. A total of 25 key informants were selected including: police gender-desk officers, religious leaders, psychologists, prosecutor, human rights defender, social workers, disability advocate and a government state officer. The interviews were recorded for documentation and analysis purposes through multi-stakeholder engagement and observation. By using unstructured tools, open ended questions were administered to twenty-five (25) participants in key informant interviews.

Table 1: List of Key informants included in interviews

NO.	KEY INFORMANT	INSTITUTION/ORGANIZATION TYPE
1	Religious Leader	Religious Institution
2	Counselor	Community Based Organization
3	Feminist	Civil Society Organisation
4	Officer in charge Crime	Police station
5	Legal and Human Rights officer	Human Rights Commission
6	Prosecutor	Office of Director of Public Prosecutions
7	State officer	County Department of Gender
8	Project Manager	Rescue center and Shelter
9	Community Health Volunteer	Referral center for counseling
10	Disability advocate	Disability organization
11	Counselor	Mental Health Services
12	Social Worker	County Hospital
13	Police Officer	Police Gender Desk
14	Muslim leader	Mosque
15	Human Rights Defender	CREAW
16	Social Worker	GVRC
17	Advocate	Kenya Women Parliamentary association
18	Religious leader	Inter-Religious council Kenya
19	Psychologist	County Hospital
20	Police officer	Policare
21	Youth leader	Sexual-reproductive health
22	Religious leader	Africa Institute of Churches

Focus group discussions were conducted targeting survivors of Gender Based Violence in recovery centers within Nairobi. A total of 27 participants participated in the focus groups. The target groups were purposefully selected within the research area in Nairobi County based on their experiences in GBV as well as challenges they faced in seeking redress for their cases. The selected areas include the following informal settlements: Mukuru, Mathare, Kibera and Dandora. Participants for the focus group discussions were selected from already established support groups in the facilities mapped for the study. The facilities offer mental health and psychosocial support to survivors of violence within Nairobi.

The participants were also GBV champions in the community who have healed through their trauma after undergoing treatment in the facilities and were willing to share their experiences by participating in this study. This ensured that experiences of survivors of violence illuminated the root causes of Gender Based Violence.

Table 2: Participants for focus group discussion

NO.	TARGET GROUP	TOTAL	LOCATION/AREA
1.	Survivors of gender-based violence	8 Women	Kibera, Dandora.
2.	Persons with disabilities	6 Women	Mukuru, Dandora
3.	Survivors of gender-based violence (Men)	5 Men	Mukuru
4.	Child Protection Volunteers (Both Men and Women)	8 Men and Women	Mathare

## Sampling Criteria

The study purposefully selected 4 facilities working with survivors of GBV, making a total of 4 focus groups consisting of 5–8 individuals who met the sampling criteria. A total of 27 individuals were thus targeted in this study. The facilities sampled include: Nairobi Women’s hospital Ngong Road, Jericho social hall in Makadara, Mathare Child Protection Unit, Shining Hope for Communities–Mukuru (SHOFCO). The facilities are currently working with survivors of violence and through an established partnership with MIDRIFT HURINET, they linked us with the study participants.

The key informants were also purposefully selected from a pool of experienced individuals who have knowledge on gender-based violence. The characteristics of the target population primarily focused on service providers, NGOs working with survivors of violence, National and County departments–Gender Affairs, National Police Service– Gender Desks, Directorate of Public Prosecution, Kenya National Commission on Human Rights, Ministry of Health– County Hospitals, Religious leaders, Inter-Religious Council of Kenya, Survivors of Gender based violence within Gender based violence recovery centers and rescue centers in Nairobi.

## Data Processing and Analysis

Data from in-depth interviews was recorded for the purpose of reporting and transcription. A team of trained enumerators participated in the transcription process to convert audio into text for easier analysis. The transcripts details were then coded to anonymize the stakeholders that participated in the study. Qualitative software for analysis; Nvivo was used for coding and generation of themes and patterns. Content analysis was employed where responses with common themes were grouped together into coherent categories for interpretation.

During focus group discussions, notes were taken to triangulate the data collected to increase credibility of the data. Findings from the focus group discussions were also analyzed using content analysis to understand the root cause of gender-based violence in the informal settlements of Nairobi. The data was then used to generate themes that informed the findings of this study.

Secondary data was collected through review of existing literature on gender-based violence in Kenya and globally. Secondary data provided contextual and knowledge of contemporary issues on gender-based violence in Kenya and the research gaps that exist as relates to the topic. The study reviewed literature on gender-based violence from scholarly articles, documents published by WHO, gender-based violence prevalence reports by the National crime research center and Gender Based Violence Recovery Centre (GVRC). The researcher first developed a research journal where existing and published scholarly articles identified were collated and organized.

The aim of collecting secondary data was to delve deeper into the topic of GBV in Kenya as well as compare the findings from previous studies to supplement the results gained from primary research. The scholarly articles were checked for credibility, timeliness and relevance to the research topic as well as the methodology used by the third-party researchers to enhance the credibility of this study. The secondary data was then analyzed and used to compile this study report.

## Ethical Consideration

Given the sensitivity of gender-based violence data, the study applied ethical standards in the planning of the study, collection of data, and in the dissemination and use of the results obtained. The respondents were given a consent form explaining the purpose of the research to solicit informed consent. The researcher obtained consent to record the audios of the interviews and the focus group discussions for the purpose of reporting. These recordings were kept confidential and after transcription, the recordings were deleted.

Ethical considerations were also made when collecting focus group discussions whereby psychologists and social workers working directly with the survivors at the facility were consulted on the best approach to conduct the study. Before data collection, psychologists provided a report on the trauma situation of the survivors and sensitized the data collection team on the best approach to phrase the questions.

During data collection, the psychologists engaged the respondents assuring them of safety and confidentiality and after the research session, debriefing was done to restore the clients' mental health state as it was prior to the conversations. We ensured that the health and wellbeing of the survivor is of utmost importance. For GBV survivors living with disabilities, a sign-language interpreter was available who participated in the FGD sessions, to ensure they adhered to data privacy and protection, the interpreter signed a confidentiality form.

An Ethics clearance letter from Kenyatta University Ethics Review Committee was also obtained and a research permit from National Commission for Science Technology and Innovation (NACOSTI) to conduct the study in Nairobi. All the primary data was handled only by the principal investigator to ensure privacy and confidentiality of the information provided.

## CONTEXTUAL ANALYSIS OF INFORMAL SETTLEMENTS

The urban population in Kenya has grown rapidly since independence, currently as per the recent census the population of Kenya stands at 47.6 million in 2019 and the population keeps growing. The capital city of Nairobi has the highest population of all the counties estimated at 4,396,828 people (National Council for Population and Development, 2020). It is estimated that of the total population, about 2 million people reside in Nairobi's informal settlements, comprising almost 50% of the city's population. In addition, they are confined to 5% of the residential areas and only 1% of the total land in the city (Amnesty International, 2009). These settlements in Nairobi are characterized by makeshift structures made from iron sheets, wood, and or mud (Mwau, 2020). Many residents are overcrowded in small living spaces sharing as multiple families and they face threats of eviction, high levels of crime, inadequate access to basic infrastructure such as access to safe water, sanitation and electricity (Cities Alliance, 2022).

Factors such as poverty, overcrowding, and lack of security increase the vulnerability of people, especially women, in informal settlements to experience forms of GBV, such as intimate partner violence, sexual assault and emotional violence (Winter, Obara and McMahon, 2020). A study conducted in Nairobi's informal settlements showed that the occurrence of gender-based violence especially intimate partner violence experienced by both men and women surpasses the national estimates as indicated in the review process. Both men and women report high rates of violence across all forms (physical, sexual, and emotional) (Ringwald, Kababu, Ochieng, Taegtmeier, Zulaika, Phillips-Howard and Digolo, 2022).

From the finding in this study, it was explained that the informal settlements of Nairobi were conducive for the violation of women. In Kibera for instance, due to the high rates of unemployment and poverty, parents and guardians spend most of their time in search of manual and casual jobs and this was explained as contributing to the vulnerability of teenagers and young women who are often left alone at home.

Survivors interviewed explained how neighbors in the area, especially men, are aware of this characteristic, and some would take advantage to violate and defile girls mostly during the day. This data validates data findings that violence against children mostly happens during the day and is perpetrated by someone known to the child. In the community, it was further explained that the busy schedules of the residents make them unaware or non-interested when gender-based violence cases happen.

This study focused on four major informal settlements in Nairobi City, that is of Mathare, Kibera, Dandora and Mukuru. The breakdown below contextualizes each of these informal settlements' geographical demographics.

## Mathare

Mathare was established in about 1963 on government land by a group of independence fighters. Mathare is Kenya's second largest informal settlement after Kibera, accommodating about 206,000 people according to the 2019 National Housing and Population Census. Mathare is subdivided into villages including; Kiamutisya, Mlango Kubwa, Kosovo, Village 2, Mathare 3A, Mathare 3B, Mathare 3C, Mathare 4A, Mathare 4B, Mashimoni, Kwa Kariuki, Gitathuru and Mabatini (UN-HABITAT, 2020)

## Kibera

Kibera, located in Kibra Sub-County, started in 1912 as a settlement for former soldiers from the Nubian community of Sudan who had served in the British army. Today, Kibera has evolved into the largest informal settlement in Kenya with a population estimated at 250,000. Kibera has several villages including; Makongeni, Mashimoni, Makina, Raila, Soweto, Kianda, Lindi, Laini Saba, Kambi Muru, Silanga, Olympic, Toi Market, DC Village, Karanja, Ayany, Kisumu Ndogo and Gatwekera (UN-HABITAT, 2020). From the results, the informal settlements of Nairobi were described to be susceptible to the violation of women.

## Dandora

Located in Embakasi North Sub-County, Dandora is situated in the eastern part of Nairobi near the Dandora Dumpsite, which is Nairobi's main dumping ground for solid waste. The dumpsite is known for its pollution and this poses significant environmental and health hazards for residents. Embakasi North Sub County has a population of 181,388 and consists of the following wards: Dandora Area 1,2,3,4 and Kariobangi Northwards (Ono, Haruka and Kidokoro, Tetsuo, 2020).

## Mukuru

Mukuru was formed as an industrial zone and houses approximately 150,000 people in a one square kilometer area.<sup>20</sup> Mukuru comprises eight villages including; Mukuru kwa Reuben, Mukuru kwa Njenga, Sinai, Paradise, Jamaica, Kingstone, Mariguini, Fuata Nyayo and Kayaba villages. Majority of the structures in Mukuru are informally owned; the residents face challenges in accessing basic services. A study by Muungano wa Wanavijiji found that households in informal settlements tend to pay more for electricity and water than formal neighborhoods (Muungano, 2017).

## ROOT CAUSES OF GENDER BASED VIOLENCE

Root causes are described as the elements or causative factors that initiate a chain of determinants leading to detrimental outcomes (Marks, 2011). In matters of human rights violations, a causative factor can be defined as an underlying harmful condition that results in behaviors or events that infringe on the rights of others. Social norms that promote the use of violence or any belief systems that justify abuse towards people are examples of underlying harmful conditions that drive human rights violations. Such underlying conditions can also result in inadequate legislation to protect the rights of vulnerable groups, or the failure to successfully implement legislation (UNDP, 2012).

Violence against women has been a global issue and socially tolerated human rights violations despite race, socio-economic class, ethnicity, and religion (UNECA 2012). In Africa, GBV is a complex issue rooted in social-cultural norms and values related to power differences between women and men and defined gender roles. These acts include early marriages, female genital mutilation/cutting, forced marriages, intimate partner violence, dowry-related violence, rape, including marital rape, and other traditional practices harmful to women, sexual violence related to exploitation, sexual harassment, and intimidation.

Research has identified factors associated with GBV at the individual, situational and societal levels. Sociological and feminist scholarly perspectives traditionally focus on situational and societal levels, such as gendered power asymmetries in a society or an organization (Black and Weisz, 2008). It is well documented that GBV is rooted in gender inequality. Harmful attitudes, beliefs, practices, and social norms around gender and violence are widely regarded as underlying conditions that lead to high rates of GBV globally (UN-WOMEN, 2020) Clinical psychologists and legal scholars have often focused on root causes at the individual level, specifically the pathological personality traits of perpetrators of GBV to identify, counsel, or prosecute potential or previous perpetrators.

Interviews with the Stakeholders revealed that there is a high level of understanding of the meaning of Gender based violence and its different forms experienced in the informal settlements of Nairobi. The most common form of gender-based violence was explained to be physical and sexual violence and that they were most common between intimate partner relationships. The findings are consistent with the quantitative data where GBV is common among romantic relationships. A religious leader who was interviewed stated that violence between couples is often kept secret and it mostly goes unreported due to fear and stigma associated with it. The respondent said:

*“...with fear, I won't go, I won't go and say that there's something that I'm passing through. And maybe I'll come back to this house, and the violence will continue. And that is why we are saying we fear the violence will still continue. Because if you... and one thing with us, you know, we have that Stockholm Syndrome<sup>25</sup>. You can't just go on, you believe that and if I go, maybe ataniua (he will kill me..)” (Interview 1)*

The most common victims of GBV were explained to be women and girls. Traditional gender roles and societal expectations were highlighted to put women and girls at particular risk of GBV. Stakeholders further explained that men also experience GBV in the community especially in intimate partner relationships:

*“...from my own perspective Gender Based Violence I think is violence meted towards women and girls especially, it is also meted towards men, but I think it is common towards women and girls because... I mean gender are the roles that you know we assign to men or women so gender cuts across. Yes, so when we speak about Gender Based Violence, it mainly concerns women and girls who are the ones who are affected mostly.” (Interview 16)*

<sup>1</sup> [Stockholm syndrome is a coping mechanism where people develop positive emotions towards a captive or abusive situation over time.](#)

## Summary of Root Causes

- Social - cultural norms and belief systems in the community justify the use of violence. These include; traditional gender roles of women and girls; Religious beliefs; Societal expectations of masculinity; Societal stigma towards both male and female survivors of violence; Myths towards Persons with Disabilities.
- Economic Factors; Poverty as a contributing factor to Gender Based violence; Unemployment and Stress
- Social Factors: Drugs and Substance abuse impacting perpetration of GBV; Insecurity in the informal settlements; Victim blaming as a causative factor.
- Legal and institutional factors; Delay in resolving GBV cases and Kangaroo Courts; Limited implementation of laws and policies on GBV; corruption within the institutions.
- Political dynamics; Sexual Gender Based Violence during election violence
- Psychological factors: Adverse childhood experiences and violence contributing to perpetration of gender-based violence;

## SOCIO-CULTURAL NORMS AND BELIEFS

### GENDER ROLES

Societal expectations of gender are taught to children from a young age. The traditional roles of women were explained to girls and boys in almost all ethnicities in Kenya. Submission and perseverance were emphasized towards girls, and boys taught to discourage family breakups at all costs. Stakeholders acknowledged that culture has both positive and negative elements, but harmful norms that encourage perseverance in abusive marriage/relationships contributed to the continuous cycle of violence as one respondent says:

*".....there are two children in the house, a girl and a boy, so there are things boys are told that this is what they are supposed to do and girls are told this is what you are not supposed to do and this really affects their lives in future whereby even if these young ladies are being abused she knows very well if I go back to my family they will still tell me, go and try and maintain your marriage so that makes them be vulnerable..." (Interview 21)*

It was further explained that there is limited to no intervention by community members in intimate partner violence because it is considered a private family matter, unless only when it gets serious<sup>4</sup>:

*"And at times where intimate partner violence has occurred, in most neighborhoods, you would find that they would, there will be little intervention, because people still consider it, it is a personal matter. And therefore, they need the two of you to try and handle it out; to the detriment of either the children or the victim who is being harmed at that point. It is only when it gets to a very serious matter, that when you see that there's blood involved, or the violations have become a lot that is when people now come and try and intervene." (Interview 5)*

<sup>4</sup> Seriousness was explained to mean physical injury inflicted on the victim

Patriarchy within the family was further highlighted by informants as a barrier towards achieving a violence free community. Patriarchy was defined as a system within the society where men hold power over women in society. Another informant also explained how patriarchy and chauvinism have contributed to the continued violence against women.

*“mmmmh...things like our cultures, cultures are among those causes that lead to the continuation of gender-based violence, like in the patriarchal system, men have put themselves. so like they have that chauvinism so, like they are just there to diminish, diminish other people because they are men.” (Interview 3)*

Informants further explained how patriarchy in religious institutions has contributed to the disempowerment of women in the church. One stakeholder explained how religious text on leadership is used to disempower women and discourage their participation in leadership positions both in church and in the community. The resolution of gender-based violence cases in religious institutions was also explained by a lack of the voice of women.

*“Aaah...yes, there are some religions, which do encourage, I think so, like, when you hear like a man is the only one who is supposed to talk, like he is the head of the house, so she should not be talking.... you should not talk when men are around... we have passed that time now ” (Interview 2)*

*“Some religious institutions, because of their internal policies, make it difficult for persons who have been violated under their organizations to complain. And they try to address the matter, separately, without involving the authorities, and through such; pedophiles have been protected in the process...” (interview 5)*

It was further explained that some religious institutions play a contributory role in gender bias and discrimination. Women were explained to be forbidden from entering spaces of worship and engaging actively in religious practices alongside others.

*“ I’ve been to congregations where women sit on the left side, and men on the right congregation where women are not allowed to get into the main sanctuary, they are outside, at the veranda with their children, it’s only the men who are allowed to go into the main sanctuary and to offer their prayers. So Religion also is a factor that perpetuates gender bias ” (interview 18)*

Harmful beliefs and practices were also explained to contribute to violence against children as one stakeholder stated: “some cultural beliefs that having sex with a minor would cure them from HIV.” (Interview 3)

Cultural beliefs of women being seen as children and as property were explained to contribute to the acceptance and normalization of violence.

*“...but then again there is a negative aspect of culture where women are counted as property. They are not actually human beings per se. But when the man is counting his sheep and goats and children, he counts his wife or wives. So, on the other hand, when women embrace this negative culture, submit to it, and embrace it such that it’s normal for them to be physically assaulted to be dehumanized or degraded in public. It’s normal.” (Interview 18)*

Stakeholders acknowledged that a culture change would take time and a process of relearning and unlearning some norms and beliefs.

*“So, the issue of what we have learned, what is in us, through culture becomes very serious. And for us to change, it will take time for both the perpetrator and the victim, we have to, to learn new, learn new and to unlearn. Actually the stage of unlearning is very, very important to, to pull out that which we have embraced. And of course, because nature does not allow vacuum, then we have to learn, we have to learn to appreciate women, we have to learn that before God we are all the Bible says there is no male or female, we are all before him equal. ” (Interview 18)*

## SOCIETAL EXPECTATIONS OF MASCULINITY

In some African cultures, violence towards women is normalized. In the Focus Group Discussion, survivors explained how men are encouraged to 'discipline' a woman to assert dominance and elicit respect.

Among pastoralist communities for example, when a woman makes a mistake, a man is encouraged to slap her but the disciplining had to be done in private away from the children and neighbors. Slapping is still normalized in the informal settlements of Nairobi and the survivors explained that even when they report that they had been slapped, duty bearers would not respond. In the community, when a woman reports violence from her husband, she is blamed for the violence and encouraged to seek forgiveness from her husband/partner. The survivors explained further that Kangaroo courts are highly preferred to resolve intimate partner violence in the informal settlements of Nairobi.

Traditional expectations of masculinity were explained to promote the perpetration of violence by men, where society would encourage a man to be violent as a sign of dominance and leadership.

Stakeholders explained that society would expect a man to beat his wife during a dispute of conflict to instill fear and dominance. This was explained as follows:

*“Okay with social norms, you find the thinking capacity also contributes. like here, you see the way we live. so if today in this house there is conflict, you will find that next house they will tell you...Mwanaume hafai kukaliwa, mwanaume hafai kufanyiwa hivi (a man is not supposed to be dominated, a man is not supposed to be treated this way) you get such things contribute also, because if today you will tell me Mwanamme hafai kukaliwa then what you expect me to do? Even when my wife talks, I have to react to it, because I don't want even the neighbor to hear that I am being dominated. you see, social norms it's a contributor. ” (Interview 1)*

Another stakeholder explained how peer pressure among men also influences the perpetration of GBV:

*“There is a syndrome called the men syndrome, and if am married to a lady and we don't fight, but in the evening when I go to watch football, I seat amongst men who fight their wives, the likelihood of me being violent is high, because they will always tell you that, how do you talk to a lady without even slapping her? She is supposed to respect you, so for me to be recognized as a man, is to be violent at my wife, that is what is being said, you know, and for me to be respected to the boys where I'm sitting is that I should be stronger than any girl.” (Interview 21)*

However, stakeholders further explained that societal expectations of masculinity do not only affect women and girls, but also men. Gender based violence towards men is rarely reported and stakeholders attributed this to beliefs that men are the stronger sex hence must not show weakness and vulnerability. One stakeholder explained:

*“Now, as I mentioned about the patriarchal setup, the boy child is brought up in a way that from the very inception, he is taught that he is supposed to be tough, he is supposed to fed for the family, that he is not supposed to cry, etc. But we the males are human beings, we have emotions and so, the culture does not allow them. For example, if somebody is living with an abusive partner and he is a male, he finds it very difficult to open up and to ask for help or even to go for medical attention; it could be hurt during the out occasion at home.” (Interview 21)*

The respondents further explained that the men who speak up and report gender-based violence, are ridiculed and shamed by people in the society. Reporting by men and eventually access to treatment and justice therefore was explained to remain a challenge:

*“The society is not has not reached that level where they would treat a male who is having domestic violation of his or his or he is having domestic abuse to go out and open up actually ridicule and stigmatization is what follows. So, because of ridicule, because of stigma, they keep quiet, both adults and the boy child” (Interview 18)*

*".....for men, it is more difficult to access psychosocial services; one is because of the masculinity roles that we do have as men make makes it difficult for men to come out; the perception of gender-based violence against men being shameful, especially when it relates to intimate partner or when the person has been violated by other fellow men becomes so difficult for men to come out; but they do exist." (Interview 5)*

In the focus groups, Male survivors of violence explained how societal expectations of gender roles have contributed to the pressure on men to provide for their families. With the rising cost of living, challenges of unemployment, inflation and poverty, the men explained that they have been unable to provide as they did traditionally. This according to them has led to disrespect and devaluing of men in the household by women. The survivors explained that they have been exposed to psychological and verbal abuse by their intimate partners as a result. The men further explained that women would eventually separate from them and take away their children. This results in emotional stress and economic abuse to most men.

Gender based violence towards men by other men was further explained to be stigmatizing towards the victim. Stakeholders explained that men who have been victims of sodomy and acts such as forceful circumcision have been unable to report and access justice:

*"For instance, I worked with victims of 2007. Some men who were forcefully circumcised and others were also sodomized; and they were unable to come out and even engage in a court process to try and seek justice for the violations that were meted against them." (Interview 5)*

## MYTHS TOWARDS PERSONS WITH DISABILITIES

Informants explained that some cultural beliefs and stereotypes about the meaning and origins of disability were perceived to contribute to violence against persons with disabilities. One stakeholder explained that the violation of the rights of children with disabilities begins when they are hidden from society at a young age and not afforded opportunities like other children.

*"But then again, going back to culture, from the time that child is born with some malfunction or disability, the parents themselves that is where the abuse starts. Instead of being bold enough and being open they will start hiding that child " (Interview 18).*

Persons living with disabilities are perceived to be vulnerable to abuse by their caregivers. Respondents noted that most of the abuse included psychological and emotional abuse, attributed to social isolation in the house, where persons with disability are kept in enclosed rooms by family members and intimate partners. They also face discrimination by the public leading to stigma. This was explained to be worse for persons with intellectual disability. Another stakeholder explained further that the deaf are also at risk of abuse based on the assumption that they are unable to speak up and express themselves. This indicates that people with different forms of disabilities experience vulnerabilities differently.

*"I know persons with disabilities undergo a lot of violence especially those with mental type of disability. Most times they are abused by their caregivers, being closed in the house. Some are even sexually abused (Interview 4). Most cases, especially those who are deaf and dumb because they can't express themselves." (Interview 10)*

## RELIGIOUS BELIEFS

Some religious beliefs and texts were perceived to contribute to the stigmatization of persons with disabilities. Epilepsy, which is recognized as a form of disability in Kenya, was described by informants to be seen as a form of demonic possession that requires prayer.

*“...And Kenyans are very spiritual, with even those who are Christians, non-Christian, we are all spiritual and some in the Christendom, they will speak about a curse, they will speak about demonic possession... And so, the society again, when they see a different child, they would say that families cursed or that family is in witchcraft, or that family is not Christian or religious enough or they don't have faith. So, that is the issue of stigma and misinformation myths, which are very, very destructive.” (Interview 18)*

Social norms and religious practices were also perceived as contributing to the discrimination of LGBTQ persons. One stakeholder explained that the discrimination of LGBTQ persons restricts them from accessing social spaces, churches or even getting jobs.

*“...so like we have just discussed the discrimination is quite there, they are discriminated from the churches, to the restaurant to some social places and even at work there are some organizations that would not employ a gay man for example and you will find that some men can just gang up when they see a gay man and beat him up for no reason just because he is gay I have witnessed this by the way and they would say that you are failing us, you are shaming us.” (Interview 17)*

One informant explained how society has not accepted LGBTQ persons and the rejection was perceived to begin at the family level. This ostracization was described as affecting them mentally and emotionally:

*“I think because most people have not accepted them and don't want them in society. The family can ostracize you, the family can just disown you because of that, you will be...you end up being alone. Some even end up, you know, committing suicide and with mental health issues. So they actually face it, they actually experienced this GBV.” (Interview 2)*

## ECONOMIC FACTORS

### Poverty as a contributing factor to GBV

Stakeholders were asked to explain the root causes of gender-based violence. Poverty was described as a push factor of GBV. The findings from key informant interviews revealed that women and girls were forced to engage in transactional sex in order to meet basic needs either through prostitution, while girls engage in pre-marital sex and/or early marriage, as one stakeholder says:

*“My understanding of gender-based violence is any act that tends to dehumanize human beings of either gender, but we know that the most affected are the women and children .... so it's any harmful behavior against the opposite sex, it could be that of rape, assaults, physical abuse, could also be we have witnessed young girls due to economic reasons they are forced into prostitution” (Interview 2)*

Poverty and economic disempowerment of families was highlighted to have a greater impact on children by promoting child labor. In Nairobi, children as young as 5 years old have been seen hawking sweets to motorists along the highways and/or begging for money along the streets. Child labor puts children at a greater risk of violence as one stakeholder states:

*“You cannot have young children as young as five walking at Koinange streets or wherever even in town even back in the estates you know asking for ten shillings, buy for me bread, donuts and these are the children who have parents somewhere and at times is their parents who send them.... to me that is just wrong, and it is actually a form of GBV.... It may not be a harmful act directly but it can affect them psychologically and emotionally and that is how these children even get defiled along the way because they meet with strangers’ people have different values and they hold different values, so they can meet with people who can defile and molest them. So to me that is also a form of GBV.” (Interview 17)*

Stakeholders explained further that poverty and lack of access to basic needs put girls at risk of sexual exploitation by older men, who take advantage by providing for their basic needs such as for food, pocket money or sanitary towels. This was explained to have contributed to defilement and increased teenage pregnancy in Nairobi as one stakeholder stated:

*“Maybe it’s a young girl who comes from a very humble home and maybe sees that things are not happening here. This young girl meets a boda boda operator who promises her heaven. This young girl decides to run away from home, and you know, get married. And maybe the family is just fed up. They’d be like, ‘oh she decided to get married and it’s okay.’ You know no one has coerced her, no one has pushed her to marriage. But these cases happen every single day to girls who drop out from school, to get married in town, to these boda boda operators or to the watchmen, all these cases happened.” (Interview 17)*

During the COVID 19 pandemic period, there was a rise in poverty levels due to unemployment. This pointedly led to the rise in gender-based violence cases, teenage pregnancies and the spread of HIV/ Aids. Further, travel restrictions and regional lockdowns meant victims were confined with the perpetrators. There was also increase in stress and mental health problems and this led to a significant rise in violence as one stakeholder states:

*“So the COVID19 pandemic promoted GBV, promoted mental illness, promoted family breakups and increased deaths. And if you look at it in terms of GBV, it created a challenge whereby many people were being abused not because the perpetrators wanted but some perpetrators, for you to release what is burdening you, some people will tend to be violent.” (Interview 21 edited)*

In the FGD, male survivors of violence explained how societal expectations of gender roles have contributed to the pressure on men to provide for their families. With the rising cost of living, challenges of unemployment, inflation and poverty, the men explained that they have been unable to provide as they did traditionally. This according to them has led to disrespect and devaluing of men in the household by women. The survivors explained that they have been exposed to psychological and verbal abuse by their intimate partners as a result. The men further explained that women would eventually separate from them and take away their children. This resulted in emotional stress and economic abuse to most men.

## Poverty, Disability and GBV, the nexus.

The nexus between poverty and disability was explained to further increase the vulnerability of persons with disabilities. Persons with disabilities especially women and girls are vulnerable to sexual exploitation and abuse by those close to them and the general public in the promise of money and other resources for their daily survival. This is also attributed to their limited engagement in productive economic activities and vulnerability within households due to immobility.

Access to resources for treatment and reporting was explained to be a challenge for families and these put them at risk of repeat violence as another informant stated:

*“Persons with disabilities (PWD) –they are physically and socially targeted because of their defects. They cannot fight back or defend themselves to deter the perpetrators. Most of the ones targeted are persons from poor backgrounds who also don’t have financial muscle. Therefore, they lack resources to follow up with their cases. This means that they are susceptible to repeat attacks since the perpetrators know nothing will be done to them.” (Interview 6).*

In addition, the findings revealed limited access to protection services for persons with disabilities and their vulnerability to kangaroo courts as a concern. Respondents recommended need of special room at police stations where cases of abuse, especially sexual abuse and assault against persons living with disabilities are reported and special attention given to such cases with privacy and confidentiality.

According to the focus group discussion, the informal settlements of Nairobi were described to be conducive to the violation of women. In Kibera for instance, due to the high rates of unemployment and poverty, parents and guardians spend most of their time in search of manual and casual jobs and this was explained as contributing to the vulnerability of teenagers and young women who are often left alone at home. Survivors explained how neighbors in the area, especially men, are aware of this characteristic, and some would take advantage to violate and defile girls mostly during the day. This data validates the quantitative data findings; violence against children mostly happens during the day and is perpetrated by someone known to the child. In the community, it was further explained that the busy schedules of the residents make them unaware or non-interested when gender-based violence cases happen.

Findings from the Focus Group Discussion (FGD) for Persons with disabilities who are survivors of gender-based violence explained how society has normalized violence towards them and their impairment puts them at double vulnerability. PWD women survivors noted that most of the abuse, especially assault was perpetrated by intimate partners and highly influenced by family members. This increased their vulnerability to continuous abuse and fear to report cases of abuse.

In the community, stereotypes, and misunderstanding about the nature and causes of disability makes people associate disability with witchcraft. The respondents further explained that stigma towards women in society increased significantly when they gave birth to a child with disabilities. Such a woman would experience rejection from the in-laws and the husband would be encouraged to abandon her, the child and to marry another wife. The survivors suggested the need for economic empowerment for persons with disability and women survivors as a resilient strategy towards GBV in the society.

## LEGAL AND SYSTEMIC BARRIERS

### GBV cases and Kangaroo Courts

*The findings of the interviews revealed how there is a higher preference in society to resolve gender-based violence cases at the household level. One stakeholder mentioned: "there is these kangaroo courts that people use a lot. So the survivor and the perpetrators, they just agree outside court and the case is thrown out." (Interview 16)*

They explained that kangaroo courts are formed where the survivor's case is discussed and ultimately a predetermined conclusion is made. Stakeholders explained that oftentimes the kangaroo courts are mostly constituted by men and the survivor rarely gets justice. One stakeholder indicated that this lack of justice

is attributed to corruption. In other instances, religious leaders constitute these kangaroo courts and use scripture to discourage conflicting parties from reporting a matter to the police. This was described to influence access to justice for survivors, and eventually a continuous cycle of violence in the community.

*"I've seen some instances where they rely on a verse in the Bible that says, Do not take your brother to court if he wrongs you, call another person or call.... And then there is that process, the majority rely on that." (Interview 5)*

### Corruption

Resolution of gender-based violence cases at the household level was preferred by most community members and this was further attributed to laxity by police in handling and prosecuting these cases. The stakeholders highlighted that there is mistrust towards the police handling GBV cases in the community and most people have developed apathy towards them as one stakeholder says:

*"Most of the people think whenever I report this case it will not go anywhere, I think we should build trust starting from the police, the lawyers, the judges, the organizations they do deal with GBV." (Interview 2)*

For cases that are reported, stakeholders explained that survivors are apathetic when it comes to dealing with the police. Bribery of police by accused persons was described to be linked to gendered power imbalance in access to resources where resources were more available to men and used to compromise the police handling the case.

*"You know, with corruption, one thing that I can say is that maybe I am a perpetrator, you are the victim, you know, always a perpetrator, when you go to our police station, the perpetrator has a say in terms of money, because this victim they will try to silence the victim. Silence, because this perpetrator definitely has money and this case will be suppressed. That is a must for him, you see, so you find corruption plays a big role" (Interview 1).*

Reporting gender-based violence cases to the police was explained to be challenging by survivors. The FGD participants stated that corruption among police, community leaders, religious leaders, the chief, nyumba kumi elders, hindered most survivors from reporting and accessing justice. Discussion with child protection volunteers revealed that the police's level of awareness on availability of safe houses and rescue centers is low especially in Mukuru and Mathare informal settlements. Survivors explained how this lack of holistic care by duty bearers negatively impacted on their mental wellbeing.

*“In the focus groups, corruption was stressed again among police, but also among community leaders, religious leaders, the chief, nyumba kumi<sup>5</sup> elders, hindering most survivors from reporting and accessing justice. Discussion with child protection volunteers revealed that the police’s level of awareness on availability of safe houses and rescue centers is low especially in Mukuru and Mathare informal settlements. Survivors explained how this lack of holistic care by duty bearers negatively impacted on their mental wellbeing.”*

## Delay in resolving cases

In Nairobi’s informal settlements, there is delay in the conclusion of gender-based violence. Stakeholders explained that survivors are sometimes discouraged due to the long duration until case conclusion.

They explained that some end up dropping the cases or going to Kangaroo courts, hence influencing the credibility of the Kenyan criminal justice system.

*“You find from the police, sometimes our cases are stuck there, you will find these cases do not move. It is just there you will find some of our women they lose hope, and they drop the case. So you will find up and down, up and down. They also have work to do with the legal our justice system is so broken....” (Interview 1 edited)*

The preference of resolving gender-based violence cases at the community level was explained to be high in the informal settlements to an extent that human rights defenders, activists, child protection workers and GBV champions in the community are viewed as intrusive or ‘sell outs’ when it comes to resolving them. Stakeholders explained that some of them have received threats for relentlessly pursuing a GBV case.

*“Domestic is the kind of very hard to prevent because, you find that you’re trying to sensitize maybe the area? And you find most people condemns, like someone like me, most of the people do condemn like you know, with our norms, also with our traditions also. Most people condemn what you do, like you’re trying to break marriages, you know, yeah, the belief that what you’re doing is breaking marriages. So, it’s kind of hard. It’s kind hard ” (Interview 1).*

## Reporting & access to legal documents

The delay of cases and the tedious process survivors go through in documentations and reporting of cases was mentioned to be a barrier to reporting GBV cases. Cost of accessing critical reporting documents at the police station and at the health facility was also explained:

*“ issues around the filling of P3 forms and post rape care forms come into play. At times, there are places that the state charges for these forms, making it difficult for survivors to access, therefore defeating justice” (interview 5.)*

However, stakeholders acknowledged that progress has been made in Kenya towards the protection of women and girls after advocacy groups and women activists came out during the My dress, My choice campaign to condemn the public stripping of women and amplify the rights of women and girls.

*“...you remember around 2016 during the “My Dress my Choice Movement” where a number of ladies were stripped in Nairobi because of their dressing; and some of the sex workers were also subjected to such violations because of either the way they have dressed attracts a lot of catcalling and harassment just by members of the public ” (Interview 5).*

<sup>5</sup> “Nyumba Kumi” is a Swahili phrase meaning ten households, though not literally. The Nyumba Kumi clusters cut across the various shades of society regardless of creed, political persuasion, ethnicity, race, gender or any other similar affiliation. (National Police Service – Community Policing Information Booklet)

## PSYCHOLOGICAL FACTORS

### Re-traumatization of survivors

When stakeholders were asked about the existing barriers to reporting gender-based violence in Nairobi, they mentioned the traumatization of survivors at the reporting station, lack of access to mental health services, and the cost of access to reporting documents at the police station and healthcare facility.

The handling of survivors at the police station was described to be the most challenging. Stakeholders explained how survivors are handled at the police gender desk was traumatizing and retraumatizing. They described how repetition of the case every other time a survivor visits a station is detrimental to their mental health.

*“The more you repeat your case... you find you reported your case last week, you come today you find that the officer is off duty, you repeat your case when you come next week to follow your case, you report it to somebody else, repeating and repeating your case, the more you repeat the more you get traumatized. The questions that are posed to you, for someone who is an expert in handling SGBV issues, it is self-traumatizing...because GBV cases are not normal cases just like homicides, battery, assault and other cases” (Interview 20).*

Police officers manning the gender desks were explained to lack awareness of handling survivors of violence. Stakeholders explained that the officers need to be sensitized on basic counseling skills to enhance proper and comprehensive reporting by the survivors while also being sensitive to their mental health. It was also described that some police stations lack gender desks and this effects on reporting.

*“One that have seen not working well is the gender desk, first they are few and not available in most of the police stations. Like here we only have one in Pangani which is quite far. The personnel in the gender desk are few, and in most cases, they are not skilled enough to handle the victims’ emotions. There is a problem is structuring. For example, an officer like me who has done counselling psychology is not given such opportunity rather someone who is less qualified is posted there. (Interview 4)*

### Victim blaming as a causative factor

Society has been accused of blaming victims when they are violated sexually. Respondents explained that women are accused of dressing inappropriately and inviting rapists. The burden of proof for rape or assault is also left to the survivor. Victim shaming was linked to a gendered power imbalance where men are not held accountable for their actions.

*“...for example, the recent case of the lady who was assaulted along Wangari Maathai road by the motorbike riders. There are some people who actually came out and said she was dressed indecently; would she have dressed decently she would not have been assaulted. And to me, that is just appalling. I didn’t even know what to say about that. Because you know that we need to go back to that time we were talking about ‘my dress my choice’ (Interview 17 edited)*

The blaming and shaming of women were explained to not affect male survivors of violence and was described as an illustration of the gender imbalance among the sexes. However, the stakeholders acknowledged that there is progress towards changing this norm.

*“When you go out there? You’re told you dressed indecently. So it’s women. I’ve never had a man being told that they’re dressed indecently, whether they are in vests whether they are in shorts, if a lady is in shorts, it’s already a problem. Now don’t even talk about the miniskirts or the mini dresses, but we are slowly you know, we are slowly changing our culture” (Interview 17)*

When stakeholders were asked who is supposed to report gender-based violence, they explained that the victim is mostly responsible for reporting and providing evidence of the violation, especially incidents in the workplace. This highlights the limited role played by organizations and society in protecting survivors of violence:

*“ For instance, there is an organization... that made it within their policy that for someone to claim that they’ve been defiled or raped, they should come with a witness. And because of the nature of these acts are done in private, just by failing to come with a witness, then the victim will lose their case, and they will have to resolve it in another way. So that action will not be taken further. And then so over time, many people who are violated while they were younger, and not coming out years later, when they are adults to say that a certain person within a certain religious organization violated me.” (Interview 17)*

## Adverse childhood experiences and violence

Stakeholders explained that adverse childhood experiences influence the perpetration of gender-based violence later in the child’s future. Parental neglect and childhood trauma were explained to play a contributing role to the likelihood of a child being violated or further, becoming a perpetrator in future.

In the informal settlements of Nairobi where the majority of the families sleep in a one roomed house increased the risk of defilement of children by people well known to them.

*“ The housing, the way people live in one room house encourage violence like: child defilement by family members. (Interview 4) Children are mostly defiled by people close to them, people they know and trust.” (Interview 22)*

Due to the high cost of living and demand for employment, most families in the informal settlements of Nairobi host relatives from immediate and extended families who come to the city in search of employment. Incest in most African communities is considered a taboo and worse when children are conceived as a result. Stakeholders explained that there is high prevalence of incest in the informal settlements of Nairobi, and children born out of incest relationship may be rejected by the family and the larger community. These children are more at risk of parental neglect, sexual exploitation, and abuse.

Children are the most vulnerable victims of Gender based violence. FGD stakeholders explained that violence towards children in the informal settlements happens in almost any environment: in the matatu/ boda-boda (public transport), the church, along the road, in school and at home. Corporal punishment and physical violence towards children are still rampant. The perpetrators of physical violence were explained to be mostly the parents, teachers, aunts and uncles, neighbors, and the police.

During the Covid-19 pandemic period, there was an increase in access to online and distance learning for children due to school closure and lockdowns. The demand for internet and smartphone devices increased for online learning by children. Stakeholders explained that the increased digital access also increased risks of children to cyber bullying, online harassment and stalking via social media platforms. One stakeholder says: *‘... have today the Information Technology, where we have cyber crimes and we have cyber bullying and stalking.’ (Interview 12)*

During this time, many children especially in the informal settlements were at home and vulnerable to sexual and physical violence. Teenage pregnancies also increased during the covid-19 pandemic period.

*“I may say that when COVID was at its peak children were not going to school. So, the girls were at home for more than an year. So, the, so that was the time when the rate of teenage pregnancy and maybe rape really went up. Because the girls were not going to school, and they were mingling around with the young men and so in the community and so the pregnancies shot up and you see that also the rape cases.” (Interview 21)*

## Inadequate access to mental health services

Access to mental health services was explained to be limited in some informal settlements. The stakeholders acknowledged how mental health and psychosocial support services are important for survivors of gender-based violence to enable them to develop coping strategies and begin their healing process.

*“Psychosocial support is critical, that will go hand in hand with pursuit in pursuing justice. It’s actually a form of remedy. Once a case is over, say you have even succeeded and gotten a conviction. This complainant or the victim or survivor, will still have the adverse effects living with them. Some have gotten children in the process are some have suffered very grave, grave consequences. For instance, have taken up either diseases such as HIV having fistula or recurring STIs and so on. And others have also suffered lack of trust in institutions, mistrust of everyone, post-traumatic stress disorder for a long period such that these people are never whole again.” (Interview 11)*

The FGD participants also cited gambling and drug addiction amongst men as also contributing to the perpetration of violence. The lack of healthy coping mechanisms pushes some men into alcohol use and violence toward their partners. The informants explained that the level of mental health challenges, suicide and depression was higher in men than in women.

Other forms of violence experienced in the informal settlements of Nairobi along with emotional/psychological violence includes economic violence which was explained as denying of financial resources to one’s partner who relies on the other for basic needs. Stakeholders also explained their understanding of the term gender-based violence as having a nexus with human rights violations:

*“Mmm... okay, I can say gender- based violence is harm that is done to somebody because of their gender; that is harm that is inflicted in someone because of their gender and again we can say is just violating someone’s right or depriving someone’s right and using force without having a consent “ (interview 16)*

Gambling and drug addiction amongst men was also described to contribute to the perpetration of violence. The lack of healthy coping mechanisms pushes some men into alcohol use and violence toward their partners. The informants explained that the level of mental health challenges, suicide and depression was higher in men than women.

## Vulnerabilities of Key Populations and Persons with Disability

Gender-based violence towards sex workers in Nairobi was explained to be common. According to stakeholders, sex workers are perceived to be open to any form of sexual advances. In this situation, informants explained that some sex workers experience physical violence, sexual violence or are not paid for the services:

*“ Have heard stories of cases where, you know, the sex workers, you know, trying to get a client, you go into a room then your client doesn't pay? Or, you know, there's this case where a lady was thrown off from a building, because she asked for her payment.” (Interview 17)*

Sex workers are vulnerable to Sexually Transmitted Infections as well as HIV/Aids due to the nature of their work and violence they experience from their clients. Another informant added that they are particularly exposed to gang rape and unprotected sex:

*“ Sex workers-violence against this group is associated with inconsistent condom use or lack of condom use which increases their risk of STI and HIV infection., sexual abuse, not being paid, police harassment, and discrimination from society generally.” (Interview 6)*

*“ ...sometimes some of them may be lured because just like any other customer and at the end of the day, they come many and they end up gang raping these ladies. Yeah [long pause] To add there is also as a result of unprotected sex, you remember the guy again goes into the room and refuses to use a condom, and then the issue will arise, and they will fight.” (Interview 17)*

Informants explained that intimate partner violence does not only occur in heterosexual relationships but also homosexual relationships. In Kenya, homosexual relationships are still illegal, and stakeholders explained that when intimate partner violence occurs between LGBTQI+ persons, it is difficult for them to report or access treatment. One informant explained:

*“ They (LGBTQ+) may also face various forms of violations, including in intimate partners, where there is violence among themselves. They are also a vulnerable category in the past in the instance that because of the criminalization of that act, especially same sex, and having carnal knowledge with a person of the same sex makes it difficult for them to come out and access justice. So because then they fear that they will be victimized, the majority are faced, once you are...most of the urban centers once it is discovered that you're different. You may face violations such as either being roughed up threatened or tortured, or even being asked to vacate a premise where you are renting “ (Interview 5 edited).*

Another informant explained how the police perceive LGBTQ persons

*“They are discriminated against on the basis of sexual orientation. They are usually attacked or threatened when they speak out. When they report to the police station, their complaints are rarely acted upon. The police in turn condemn the victim. The relevant authorities also do not condemn these attacks. As a result, many victims do not report the violence because they know they will not be assisted or the case will be turned against.” (Interview 6)*

Police harassment of sex workers was also explained to influence their reporting and access to justice. Sex work is illegal in Kenya and when they are arrested mostly at night, they are charged under the offense of loitering or idleness with the intent to commit a crime.

*“For sex workers, they always face violations in the sense that due to the nature of their work. Majority of them work during the night; and they would face harassment by especially by the kanjo (city inspectorate) and also officers who are patrolling and working during night shift. “ (Interview 5)*

## OVERVIEW OF EXPERIENCES OF SURVIVORS OF GENDER-BASED VIOLENCE

Findings from the focus group discussions show that the experiences of survivors are influenced by the challenges experienced in most informal settlements of Nairobi and its environment. Challenges such as Poverty, Insecurity, Police brutality, Drug and Substance abuse, Prostitution, and Limited implementation of laws and policies were explained to contribute to the perpetuation of gender-based violence. During the focus group discussions, the participants were assured of utmost confidentiality and the responses were anonymized.

### Child Sexual Exploitation and Abuse: A case of Child Defilement

While speaking to Child Protection Volunteers in Mathare, they reported increased cases of violence toward children. Examples of violence prevalent include: defilement, child trafficking and child abuse. However, they indicated that most of these cases would go unreported. The Child Protection Volunteers also mentioned that there were limited facilities to offer treatment and counseling services for child survivors. One stakeholder mentioned an incident in Mathare:

*“Three weeks have passed. I got a case. They locked in the house a girl, who is 11 years old, this child was very far away. We are in Mathare, She was in Kangemi. She was taken by a man, my neighbor there. He told her to come to his house. And he brought her to his house. When the neighbors saw that she a little girl, and there was no other woman in the house. They did not know what was happening there...they called the police. They called the CHP. The CHP said, this is not my case, take it to the village elder.*

*That’s how we followed up with the case. The man hid the child. The following day, when we got there, I asked him, where the child is. He said the child was already taken to his parents, she was eight years old and she was my cousin’s child. The wife left the house and came with me. On the way, she said the husband was lying. The child is hidden in a place and the men are defiling that child. And she prayed I don’t tell that to the husband. The child is a Luyha and was locked up in a far place. In the night, she is abused by the man while day time she is defiled by the man’s son. The child is just eleven years old.*

*.....When I knocked on the door, the man opened it. I told him that am his visitor and I know there is a girl in the house and why is she with you? He didn’t hesitate. He told me, you are right. What I saw was very devastating. The child was in a bad place. The guy was arrested. The child was examined by the doctor and was found with a lot of injuries in her private parts and was pregnant. The child was very vulnerable and helpless and had a very bad experience. I think if the child could have spoken up, she could have gotten help earlier.*

*Also, in MSF hospital, services are not sufficient. There are limited resources to help survivors. I would recommend, that the hospital, MSF , should have separate private rooms for survivors of SGBV to provide confidentiality and privacy. Currently, there is a common place for outpatient which is a mix up and this causes stigma and trauma for SGBV survivors. I thank God the child was helped but had multiple injuries and was pregnant at 11 years.” (Narrated story of a Child Protection Volunteer who rescued a child in Kangemi, from Mathare).*

## Story of Sexual violence: Female Survivor of violence

Female survivors of sexual violence narrated their experiences and commented that despite the efforts by many stakeholders on prevention and response to sexual gender-based violence, there was still a high prevalence of it in the informal settlements. Violence was weaponized and left the survivors traumatized.

*"It was January this year (2022). I was going to work in the morning. I was already late for work so, I decided to take boda boda to drop me to the bus station. I stopped the boda which was passing by, asked him, how much the fare was and he said Ksh 50. I told him it's okay. He asked me for my final destination and I told him in Karen. He told me he is also going to Karen. I told him I don't have much fare to Karen. He insisted that he would take me there, that should not be a problem. I agreed. We began the journey and after a few meters he changed the route. I became suspicious since I knew the directions very well. I asked him why he changed the route and he told me that it was a shorter route to Karen. After a few kilometers he then changed directions. I became more suspicious and asked him again. He became furious and told me that I should relax since he is the rider, he knows the routes. I started questioning him more. He was angry and, in the process, stopped the motorbike and he pushed me down. He then pulled me into a corridor and asked me to be silent and do whatever he asked me to. He then removed a knife and threatened to kill me if I resisted. Then he raped me. After 20 mins some men came by to rescue me and he run away. They helped me to the hospital. I then reported the case to the police and gave my statement.*

*Unfortunately, I could not recognize the perpetrator since he was wearing a helmet. Till today, I still fear all the boda boda men since I have the feeling I might meet him again." (a story of a female survivor of sexual violence)*

## Intimate Partner Violence: Story by a PWD Survivor

PWDs survivors commented on their experience of intimate partner violence. This was mostly assault and sexual violence. They stated that their vulnerability as PWDs made their partners take advantage of their disabilities to abuse them.

*"I was doing well at the start. I was married and we were fine with my husband and we had four children. Unfortunately, I had an accident and cut my limb. Then my husband started to assault me. You know he says how will a disabled woman help him. It escalated to sexual violence. Someone comes to the house and start to force you to have sex if you refuse he beats you up. He ensures he put pressure on my injured leg because he is my husband and am physically disabled. He forces me and rapes me. That thing has really hurt me". (Story of physically impaired woman from Mathare)*

*"It happened in 2015. I have epilepsy. I frequently fall. I fell on fire and got burnt. My husband drinks a lot and beat me. One day he pushed me and I fell and broke my leg. That is why I am in this situation.". (Story of a woman with Epilepsy from Dandora)*

Persons with disabilities narrated that they not only experienced emotional violence from relatives and family, but also from society. The discrimination affected access to social spaces, school etc. As one survivor says:

*" Most of the time people speak ill of me. They even tell their children not to play with me ...Most of the time I spend in the house. I am very intelligent, I went to special school and have learnt beauty and fashion design too. I was in school but my father let me drop out saying it is of no value. I feel so bad and this has really affected my social interactions. But I still push myself and work hard. I know how to cook and I want to do catering."(story of a teenager with cerebral palsy)*

## Emotional violence: Story of Male Survivors

Male survivors narrated instances when they suffered emotional violence from those close to them and the society. Emotional violence was reported to be the most prevalent form of violence experienced by men driving them to become suicidal. For men, it was based on culture and societal gender expectations as strong and should not show any weakness. This also influenced how they report cases of abuse.

*“Especially in Kenya, men are left aside and discriminated against. It is a very serious thing because even recently, my wife reported me to the police, I was arrested without being questioned. In 2017, I was married and had two children. I lost my job. I was staying in Pipeline. Most of the time I was left alone with the children as my wife joined the mother to work at a bar. After some time, my wife left with our children and went to live with her mother.... Because I loved my children, I went to search for them. The mother refused to let me take the children. I told them I will kill myself. I went and bought a rope and decided to hang myself because when I went to report the case to the police, the police were on their side and threatened to arrest me instead. They accused me of having a machete with me which I didn't. They did this because they know the government and laws are always supporting women. I was distressed and decided to hang myself. Didn't know why but I had a lot of stress. By good luck, my friend rescued me and directed me to a woman who took me for counseling. She was working at CCK . That is how I survived.” (Story of a male survivor of emotional violence from Mukuru Kwa Njenga)*

Another survivor narrated how the wife assaulted him, but on reporting to the police, he was accused and beaten up at the Station, and labeled as ‘weak.’

*“..... there is a neighbor of mine who had a conflict with his wife. The lady poured hot water on him. When we went to report, the young man was beaten and was asked if you are a man, why are you being beaten by a woman. No police statement was recorded. A few minutes later, the woman was heard. The young man was caught. I was the one who gave out Five Thousand shilling for his release. After that, I gave him the fare and told him to go to his home, or he would be stabbed with a knife.”. (Story of a male survivor of as narrated by another male GBV survivor from Mukuru Kwa Njenga)*

The police were also accused of open bias against men who reported cases of abuse or violence from their spouses.

*“Now you find that when I go to report the case as a man, they come for me at home. But if you go to report a woman, you are told to go and come with her. Most of this comes from the police.” (Story of a male survivor in Mukuru.)*

The male survivors of violence also pointed out how concerted efforts to uplift the girl child by the state and non-state actors had largely contributed to neglect of the boy child, thus contributing to violence against men in the community.

*Something else I would like to add about the neglect of boy child. NGOs are coming and empowering girls. Now the NGOs are not too far from the government that has been oppressing the youth/young men.” ( Story of a male survivor from Mukuru.)*

## DISCUSSIONS: CHALLENGES AND BARRIERS

### Access to Justice

Results from the interviews showed that women and girls are the main victims of GBV hence collaborating with data from GVRC that violence mostly happens to women and girls in the informal settlements of Nairobi. Sexual violence against children is high, with a defilement rate of 42.7%. Sexual violence against children mostly happens during the day and is perpetrated by people close to the child e.g., family member, neighbors, teacher, religious leaders, etc. Results also show that corporal punishment in school is still ongoing despite efforts by the Government to illegalize it. This finding resonates with findings by (Makau A.N 2023), which noted that there is an increasing defilement rate in Nairobi with the age group most affected by these cases being persons under the age of 18 years. They also stated that survivors under the age of 18 years delay reporting cases of GBV from 4 to 7 days due to their fear of repercussions from the perpetrators who most of the time are close relatives (Makau A.N 2023). There is clear understanding of the meaning of GBV from key informants as well as community groups in focus group discussions. According to UNFP (2021), gender-based violence is the most prevalent human rights violations in the world with WHO estimating that 1 in 3 women globally having been affected.

Despite much interventions by state and non-state actors in prevention and response to GBV in Nairobi, there are still notable gaps in reporting and access to justice for survivors of GBV. The findings of this study and other studies noted that most survivors are still hesitant to report cases to the police stations due to lack of trust from the police. (Ana Fernández Quiroga, 2023)<sup>29</sup> as well as due to intimidation by the perpetrators, stigma, fear, or other alternative dispute resolution processes. (Makau A.N 2023).

PWDs survivors are even more vulnerable at the reporting stage with inadequate social protection structures at the police station. PWDs survivors proposed creating private rooms at police stations for survivors to report cases, addressing concerns of non-reporting due to lack of confidentiality. Additionally, a recommendation was made to improve how police and health centers handle SGBV evidence to prevent tampering or loss. Respondents also suggested the creation of awareness among the community members on how to handle PWDs and set up stations and support groups for PWDs within the communities. The survivors also noted that legal fees and rates needed to acquire justice also limit them from proceeding with their cases to court. This finding agrees with other findings that within the judicial process in Kenya, the criminal and civil proceedings are separate, doubling legal defense costs. Therefore, services such as public defenders, or the elimination of fees, would be essential for making justice accessible (Ana Fernández Quiroga, 2023). Stakeholders recommended the need to legalize zero costs for the P3 forms even for assault cases.

### Stigma and Discrimination

Reporting gender-based violence was found to be difficult for men. Research on men's experience of intimate partner violence is scarce and GBV studies involving men often focus on them as perpetrators not as victims (Kigaya, 2021). One national survey in Kenya investigated the prevalence of gender-based violence among men (NGEC, 2016). Another study confirmed the impact of gender expectations on boys and young men in society. The pressure to conform to traditional notions of masculinity restricts their expression of emotion and limits their potential for personal growth, which may lead to physical and mental health issues and many relational difficulties (Preston Ni, 2023).

## Lack of Awareness and Education

The study also found that cultural beliefs and attitudes still influence the perpetration of gender-based violence. Findings from focus group discussions indicate that emotional abuse and slapping were found to be normalized in some cultures. In Kibera, there is a mix of local and cross border cultures who settled and mingled with other communities. Normalization of physical violence was found to happen in Nairobi's informal settlements and vary from one culture to another. Other studies found similar interpretations of cultural norms and personal beliefs of gender-based violence (Immaculate Awinja, 2022). Societal expectations of masculinity were also found to contribute to the perpetration of gender-based violence, where a man is expected to use violence as a way of asserting dominance. These findings collaborate with a study in South Africa of 'amaphara' masculinity as conceptualized by Hunter (2021) where stick fighting is a key to understanding the local expressions of violence in the coastal province of KwaZulu Natal.

## Economic Constraints

Financial inequality among men and women was found to affect female victims of gender-based violence. According to U.S. Census Bureau data, of the 38.1 million people living in poverty in 2018, 56% were women compared to 44% men. In Nairobi's informal settlements, poverty influences the outcome of a case involving intimate partner relationships. Women who are unable to afford money for the requisite GBV reporting documents, and legal support in the police and courts end up staying in abusive relationships.

Respondents from this study, including women with disabilities, suggested the need for social- economic empowerment for women survivors as a coping mechanism to avoid sexual gender- based violence and assault. Recent studies also recommend the implementation of programmes on GBV survivors' economic empowerment, since they offer them skills and capacities that can enable them get jobs or run profitable businesses (Wamue-Ngare, Okemwa, O. Miruka et al .2023). Some authors (Falci, 2011; Santo et al., 2013) point to the relationship between women's economic situations and their self- esteem as a priority in developing resilience strategies.

## Weak Enforcement of Laws

The study found that there is limited implementation of gender responsive laws and policies in Nairobi's informal settlements. Stakeholders explained that a County Gender policy is currently being developed for Nairobi County and it aims to promote the rights of men and women. Previous studies have shown that there has been significant progress in the passing of laws and policies on women's issues, the 12th Parliament through Hon. Sabina Chege tabled a Bill in parliament; the Breastfeeding Mothers' Bill (2019), the Employment Amendment Bill (2019) by Hon. Martha Wangari, the Assisted Reproductive Technology Bill by Hon. Milly Mabona, the Protection Against Domestic Violence Act (2015), the Preservation of Human Dignity and Enforcement of Economic and Social Rights Bill (2018) by Hon. Shiro Khalake. Over the years, the participation of women in leadership has promoted the streamlining of women's issues in the National and County policy and legal framework.

## Discussion: Successful interventions in GBV Prevention and Response Case Studies of Effective Programs

The study established that recently, there has been new and contemporary issues in GBV, these include the recent introduction of SGBV courts by the Judiciary as well as the launch of a court register for SGBV offenders in Kenya. The aim of the register is to keep a record of perpetrators of SGBV especially those

who have ongoing cases of child defilement or have been convicted, to promote tracking of repeat offenders by the Government. The establishment of SGBV courts in Kenya is a survivor centered approach to expedite SGBV cases as well as promote privacy of survivors when recording court testimonies.

Establishment of service centers; Various state, private, and non-governmental organizations have established recovery and rescue centers, aimed at responding to survivors of sexual and gender-based violence. These efforts extend beyond the Gender Violence Recovery Centers (GVRs) located across different parts of the county. These centers offer treatment and psychological support for survivors

of gender-based violence. In Addition, organizations such as LVCT Health Dream Site in Korogocho, Woman's Worth Center in Nairobi, Women's Hope Rescue Center by CREAM, and Usikimye Welfare Group operate active safe houses, providing feeding programs for women and children in need. In Rongai, Kajiado County, policare (or police care) has achieved success in providing holistic support to survivors.

They have adopted technology in their operations, resulting in enhanced service delivery.

The involvement of women in all efforts of peace and security is essential for sustainable development. The study established that most survivors of gender-based violence in Kenya are women, yet fewer women are involved in policymaking, enforcement of laws, and in decision-making spaces at the community level. In 2000, the UN Security Council adopted resolution 1325 on women's involvement in peace and security; urging all actors to increase the participation of women and incorporate gender perspectives in all peace and security efforts. It also calls on all parties to conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, in situations of armed conflict.

### Adoption of Best Practices

Results from the study reveal that survivors of gender-based violence are not handled properly when they go to report GBV cases. A study by USAID (2014) established that help seeking behaviors of survivors of gender-based violence, among other things, depends on response by duty bearers when they go to

report. The risk of traumatization of survivors of GBV is high when they are not properly handled at the point of reporting. In Nairobi, the Government is taking measures to promote safety in the handling of survivors by police and other duty bearers. In Karen, the Administration Police College (APSTC) organized a workshop for police officers to develop strategies in handling SGBV cases.

Inadequate data on Sexual Gender Based violence and GBV has also limited access to justice for survivors of GBV. Other than reporting challenges, this study found that keeping records for GBV cases has been a great challenge for non-governmental organizations, the health sector, governmental as well as duty bearers, creating gaps to combat GBV and has been impeded by a lack of up-to-date data.

Also, the lack of timely, quality and comprehensive mental health care, medical attention, protection services, financial assistance, proper investigation and prosecution of their cases from the duty bearers and related stakeholders to survivors have increased due to lack of timely data and integration of this information to the affected parties (Nnoko-Mewanu, 2021, Makau A.N 2023). Retrieving and analyzing information collected at police stations is a challenge, leading to difficulties in following up with cases and informing policies. For instance, the information on survivors' statements is written down in "occurrence books," which are kept for up to 10 years and then thrown away. Monthly reports are generated and sent to the sub-county headquarters. In other stations, the records are stored in the records office, which sends them every week to the division office. Also, in crime registers and exhibit rooms.

## Lessons learned and recommendations for replication

The efforts of state and non-state actors on prevention and response to GBV have brought about a tremendous impact on survivors of GBV in Nairobi, especially in the informal settlements. Survivors can access services and support through different interventions. However, most of these facilities are privately owned and receive limited support from the government. Financial challenges to support the growing number of survivors at the rescue and safe houses were found to influence their uptake. Most of the safe houses in Nairobi are privately owned and supported mostly by donor funding.

The study recommended the need for the government, county, and national government to establish more gender-based recovery facilities and rescue centers in the sub-counties, for women, men, persons with disabilities and other special interest groups.

The rollout of policare services has been challenged in many police stations in Kenya, however findings suggest that best practices can be borrowed/replicated in other areas.

The involvement of NGOs and international development agencies in the informal settlement has led to improvements in infrastructure. These organizations often provide services such as education, healthcare, vocational training, support for women and children focusing on women's rights, gender mainstreaming, and community-led development (Ono, Haruka and Kidokoro, Tetsuo, 2020).

## RECOMMENDATIONS

### POLICY RECOMMENDATIONS FOR ADDRESSING GENDER BASED VIOLENCE

Advocacy for implementation of existing laws and policies on gender-based violence.

Since independence, the Kenya Parliament has passed progressive and comprehensive laws and policies on sexual and gender-based violence. The Sexual offences act (2006), The Protection Against Domestic Violence Act (2015), the Prohibition of Female Genital Mutilation Act 2011, National Children Policy of 2010, Child Protection Act 2022, The Persons with Disabilities Act 2012 on the rights of people with disabilities, Employment Act 2007 that prohibits child labor, Computer Misuse and Cyber crimes Act 2018 on safety of children online and the Witness Protection Act of Kenya (2012). The laws advocate for the protection of all particularly women, children and persons with disabilities from any form of exploitation and abuse. There is therefore a need to increase awareness of the existence of these laws in the community and advocate for proper implementation of these laws in Nairobi, and especially

in the informal settlements by communities, state and non-state actors to ensure the laws are supported and implemented. The study found that the duty bearers have a role to play to better protect survivors of gender-based violence as well as in reprimanding the offenders.

## COMMUNITY-BASED INTERVENTIONS

### **Mindset shifts on beliefs, attitudes, and norms of gender-based violence.**

Harmful social norms and beliefs on the normalization of violence in the community should be discussed openly at the community level. The study recommends that these dialogues should engage the community, parents, and religious leaders to ensure that information on the consequences of violence is disseminated. There is also a need to demystify narratives and beliefs that promote the normalization of violence such as violence seen as an expression of masculinity.

There is a need for a more holistic definition of masculinity. Community leaders need to be at the forefront of championing against gender-based violence, especially rape, incest, and early marriage. Beliefs in the community about disability need to be clarified to enhance understanding and de-stigmatization of children and persons with disabilities. Children in school can also be taught at a young age about gender-based violence and the harmful beliefs, norms and practices that promote it.

### **Promote socio-economic empowerment programmes in the informal settlements**

Poverty was found as a main contributor to the vulnerability of survivors of gender-based violence. Stress caused by socioeconomic factors was found as a trigger to violence. There is a need therefore to strengthen empowerment programmes for men, women, and the youth to reduce these vulnerabilities as well as address unemployment challenges experienced in the informal settlements. Awareness on the existence of Government empowerment programmes such as Talanta Hela, Women enterprise fund for women and National Government Affirmative action funds for men, women, youths and persons with disabilities needs to be created.

### **Raise awareness on all forms of gender-based violence**

The study found that sexual and physical violence are the most known forms of violence in the informal settlements of Nairobi. There is limited awareness however that gender-based violence is a human rights issue, and recognition of these forms of violence: verbal and emotional abuse, threats/ psychological abuse, slapping not seen as forms of violence and economic violence which in many instances contribute toward the perpetration of sexual and physical violence.

There is also a need to raise awareness on the criminal nature of gender-based violence and the negative consequences of not reporting GBV cases by witnesses in the community, especially how this contributes to the continuation of violence. The study also established that there is also limited understanding of forms of gender-based violence among special interest groups, especially intimate partner violence among LGBT+ persons.

### **Create Communities of Practice**

In Nairobi's informal settlements, gender-based violence is treated as private family matters and community members only intervene when the violence gets serious, especially cases involving intimate partners. Victim shaming from community members was found to be common especially for female victims. There is a need therefore to establish communities of practice where community members speak out when gender-based violence occurs, challenge normalization of violence, advocate for safe spaces for victims, protect victims and witnesses from the continuous cycle of violence and champion to transform attitudes and beliefs on GBV especially by involving men in the conversation.

## STRENGTHEN LEGAL FRAMEWORKS

### Strengthen Child Protection Efforts

The findings have shown that children are most vulnerable to gender-based violence. Children within the informal settlements are at greater risk of neglect, child labor, defilement, lack of food, lack of sanitary products and lack of education. Children with disabilities are also at risk of exploitation.

There is a need therefore to advocate for the rights of children, support child protection volunteers and discourage Kangaroo courts for cases for all GBV cases. The government needs to take measures to promote access to sanitary products for the girl child.

### Community sensitization and protection of HRDs

The study findings revealed that child protection volunteers are at risk of targeted attacks & profiling from the community. This was found to promote the silencing of anti-GBV activists and human rights defenders in the informal settlements of Nairobi. The study recommends therefore that state and non-state actors must protect activists and child protection workers at the community level. Legal aid services can be made available and accessible to activists to enhance their work in promoting the safety of gender-based violence survivors. There is also a need to raise awareness on the consequences of Kangaroo courts in informal settlements and how this contributes to the continuation of violence.

## IMPROVE ACCESS TO SUPPORT SERVICES

### Digitize Legal documents and other support services for survivors.

Reporting and documentation of cases in most of the police stations in Nairobi are manually conducted. The study found that this information is prone to loss, manipulation, or mishandling. The digitization of the occurrence book (OB) at the police station, cases referred to the court and progress of cases may promote transparency and accountability. Digitization of support services including the use of existing GBV toll-free numbers that ensures anonymous reporting need to be strengthened. This may ensure faster response especially for cases involving children and persons with disabilities, as well protecting whistle blowers from threats and intimidation from perpetrators in the community. Digitization of support services can also include counseling and other support services available to survivors remotely by state and non-state actors.

### Promote access to Mental Health Services for survivors of Gender-Based Violence

Counseling and mental health services are limited in the informal settlements of Nairobi, especially for survivors of gender-based violence. There is a need to strengthen community support group systems for survivors as well as promote access to psychosocial support services for both adults and children. Leaders in the community can be empowered to provide basic psychological services to survivors within the informal settlements of Nairobi such as church leaders, chiefs, community health promoters, community elders, child protection volunteers, etc. to ensure that survivors of gender-based violence are better handled and treated in the community. There is also a need to sensitize parents to monitor children's online activity where they are at risk of predation, sexual abuse, online grooming, and pornographic content.

**Support efforts by actors involved in ending violence.**

To ensure efficient response and prosecution of gender-based violence cases, the police need to be adequately supported. In Nairobi's informal settlements, the study found that there is a limited number of gender desks, few officers manning them as well as limited funding in terms of technology to keep records or to preserve DNA evidence in readiness to present to court or the Government chemist.

Recently, the Judiciary introduced the court registry to track child predators, the police therefore need to be supported and sensitized on how to handle survivors of violence, especially men when they report cases.

Rescue centers also need to be supported to protect survivors. The study found that in Nairobi County. There are only 6 public rescue centers for survivors of sexual and gender base violence (Usikimye, 2023).

There are a further 36 that are privately run hence offering limited reprieve to the increasing number of GBV survivors. There are no shelters for men all over the country. The existing shelters experience financial constraints to host victims since a shelter can only host for a maximum of 1 to 3 months. Exit programmes need to be enhanced, as well as advocacy for budgetary allocation to shelters and rescue homes. The study recommends a transitioning phase/alternative home (halfway home) before survivors' transit to live independently in the community.

**STRENGTHEN MULTI-SECTORAL COLLABORATION**

Partnership and collaboration between stakeholders are key in addressing the root causes of gender-based violence. Multisectoral collaboration can bring together community leaders, religious institutions, schools, police, legal aid centers, health facilities, rescue centers/shelters, civil society organizations, etc. for referrals and protection of survivors. Intersectoral response to gender-based violence can also include strengthening the relationship between the criminal justice system and the community to improve trust and collaboration. The study also recommends institutions to adapt disability-friendly services for persons with disabilities where language, attitudinal and infrastructural barriers can be addressed.

## CONCLUSION

- **Prevalence and Scope of GBV in Nairobi:** The report provides evidence of the extent and nature of GBV within the informal settlements of Nairobi, offering valuable insights into the scale of the issue. This should inform policymakers, duty-bearers, non-profit organizations, and communities about the urgent need for interventions.
- **Impact on Individuals and Communities:** The report sheds light on the profound physical, psychological, and socio-economic impacts of GBV on survivors, families, and communities. In this regard, there is a need for comprehensive support services and investment in prevention strategies.
- **Forms and Patterns of GBV:** The report outlines various forms of GBV, such as intimate partner violence, sexual assault, female genital mutilation, forced marriages, and more. Identifying patterns within these forms should help in designing targeted interventions to prevent and respond effectively to specific types of GBV.
- **Vulnerable Populations:** The report identifies specific populations disproportionately affected by GBV, such as women, children, the elderly, LGBTQ+ individuals, and people with disabilities. This highlights the importance of tailoring interventions to address the unique vulnerabilities faced by these groups.
- **Factors Contributing to GBV:** The report uncovers underlying factors contributing to GBV, including cultural norms, gender inequality, poverty, lack of education, conflict or humanitarian crises, weak legal systems, and more. Understanding these root causes is crucial for developing prevention strategies and advocating for policy changes.
- **Gaps in Services:** The report identifies gaps in existing support services and systems, such as helplines, shelters, legal aid, health care, and psycho-social support. These findings should be used to advocate for improved resource allocation and service delivery to enhance survivor support and access to justice.

## ANNEX 1: KEY INFORMANT GUIDE

### STUDY: UNDERSTANDING ROOT CAUSES OF GENDER-BASED VIOLENCE IN NAIROBI COUNTY, KENYA.

- How would you define gender-based violence?
- What are the most common forms of gender-based violence that you know of in Nairobi today? Which ones are most experienced by PWDs/LGBTQI/Sex?
- What do you think are the causes of gender-based violence in Nairobi County? Please give different examples.
- What makes PWDs/LGBTQI/Sex workers at risk of experiencing gender-based violence in Nairobi?
- Who do you think are most likely to perpetrate gender-violence? Why?
- In which ways do you think societal aspects such as religion, culture, gender roles and social norms influence gender-based violence towards PWDs/LGBTQI/Sex Workers in Nairobi/Kenya? How can this be mitigated? Please give examples.
- What do you know about existing legal laws and policy framework that protect rights of survivors of gender- based violence in Nairobi and Kenya?
- What do you know about the referral system for reporting cases of gender-based violence in Kenya?
- What do you think is preventing some duty bearers or service providers to fully enforce the existing laws and policies on gender-based violence?
- Why do you think minority groups: PWDs/LGBTQI/Sex workers hesitate to report cases of gender-based violence?
- As a survivor, have you experienced situations where the police do not follow up on gender-based violence cases? What were the reasons?
- In which way do you think the COVID-19 pandemic have impacted the prevalence of gender-based violence in Nairobi? Please provide examples.
- What are your suggestions for appropriate legal, social and psychological strategies critical to addressing problems associated with gender-based violence in Nairobi County?
- Any final comments for us? Or do you have questions?

## ANNEX 2: FOCUS GROUP DISCUSSION GUIDE

### STUDY: UNDERSTANDING ROOT CAUSES OF GENDER-BASED VIOLENCE IN NAIROBI COUNTY, KENYA.

LOCATION: \_\_\_\_

QUESTIONS	RATIONALE
Take me through your experience of Gender Based Violence.	To get understanding of what survivors understand violence to mean, and the various forms of gender-based violence they have encountered.  Most common forms of GBV.
Who was the perpetrator?	To get information on the context of the violence (e.g., marriage) and how the perpetrator is perceived by the survivor. Has violence been normalized?
Take me through the events that happened prior to the violence, during the violence and after?	To get information on the reasons for violence, frequency of occurrence, and gaps in service delivery/referral network
In which ways do you think societal aspects such as religion, culture, gender roles and social norms influence the perpetration of gender-based violence in the community?	To understand how violence is viewed in their context.
What barriers did you encounter when seeking the following services:  · Reporting Gender Based Violence  · Mental health and psychosocial support  · Legal support/Accessing justice.	To understand their level of knowledge on availability of these services and the barriers experienced when seeking these services.
What do you think can be done to prevent other women and men from going through what you have experienced?  (Police, Civil society, family, community, religious institutions etc.)	To understand why violence keeps happening and their recommendations on what best should be done by the different stakeholders.  How can GBV be prevented or mitigated?

Any final comments for us? Or do you have questions?

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