

**GENDER-BASED VIOLENCE**  
*in* **KENYA:**  
**THE ECONOMIC BURDEN**  
*on* **SURVIVORS**

**2016**

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# FOREWORD

This study was commissioned to determine the economic burden of gender-based violence (GBV) to survivors in Kenya. GBV is one of the most widespread and socially tolerated forms of human rights violations, cutting across nationality, race, class, ethnicity, and religion. It is a major source of inequality in Kenya today. It has a profound social and economic impact on families, communities, and the entire nation, as well as serious ramifications on national security.

Vision 2030, through its social pillar, commits Kenya to invest in its people to improve the quality of life for all Kenyans by targeting a cross section of human and social welfare projects and programmes, including gender equality programmes. Furthermore, in addition to the constitutional guarantees of equality for all before the law (Chapter 4 on the Bill of Rights), Kenya subscribes to the Millennium Development Goals (which have been transformed into the Sustainable Development Goals), including Goal 3 – Promote Gender Equality and Empower Women. Kenya has therefore committed itself to eliminating gender-based violence and to protecting survivors through robust legislation, policy frameworks, and commitment to regional and international conventions and instruments on GBV.

In response to the GBV menace, the National Gender and Equality Commission (NGEC) has developed a National Monitoring and Evaluation Framework towards its prevention. The framework establishes one multisectoral sexual and gender-based violence monitoring and evaluation system that is integrated and functional. It contributes to evidence, which should result in informed funding, advocacy, decision making, and programming. In addition, the NGEC has developed a duty-bearer's handbook to guide prevention of and response to GBV. The handbook will aid in the capacity enhancement of all duty-bearers to effectively deal with GBV in all its manifestations and to align practices with viable strategies and transformative goals. This notwithstanding, access to GBV services remains a challenge to those in need.

The study provides disturbing statistics on the economic burden of gender-based violence to survivors and to the country. The average cost of medical-related expenses per survivor and family amounted to KES 16,464; reporting the incident to a chief and community structures cost KES 3,111; reporting to police cost KES 3,756; productivity loss from serious injuries amounted to KES 223,476; productivity loss from minor injuries was KES 18,623; and productivity loss from premature mortality from GBV amounted to a massive KES 5,840,664.

The report further indicates that perpetrators and their families similarly incur heavy losses arising from incarceration, litigation, social stigma, and loss of time and productivity. Perpetrators and their families incurred costs of about KES 33,000 in legal fees, KES 85,000 in court fines, and KES 20,000 in other costs related to litigation. Lost monthly income due to incarceration was about KES 28,000. These combined costs have societal implications for perpetrators, their families, and the country. They represent a waste of resources which would otherwise have been channelled to more productive sectors.

These findings should be a wake-up call for us all to realize that GBV needs concerted collective effort to root it out. The challenge is much larger than what stand-alone efforts by conventional institutions with custodial responsibility for safety from GBV can achieve. Eliminating GBV and its long-felt pain will take serious commitment, but importantly will enable Kenyans to feel that they belong to a caring society. We should use this data to inform budgetary allocations and advocate for a properly funded holistic plan for the effective implementation of GBV programmes. This is consistent with the UN Secretary-General's UNiTE to End Violence against Women Campaign and various initiatives within the African Union to see real progress towards ending gender-based violence.

Kenya has many pillars of strength to draw on. Under the new constitutional dispensation, Kenya has a responsive government able to address social ills afflicting society. We should draw on the experiences of bold HIV/AIDS campaigns that have resulted in reduced levels of new infections as well as the prevention of mother-to-child transmission. Prevention of GBV should be placed at the centre of all our strategies, and not at the tail end of reactive response and support strategies.

We are convinced that the enormity of the situation, particularly regarding the economic impact of GBV in Kenya, has somewhat been obscured by a lack of baseline data. This report provides a good indication of what deliberate and decisive measures should be taken to wage the battle against GBV.

Finally, we thank the development partners and stakeholders who have continued to support programmes addressing GBV. This report is the beginning of a longer journey we must all walk: we are firmly convinced that, if all of us are committed as individuals, families, communities, and the nation, we can eliminate GBV. We must position ourselves for positive results in the interest of our nation!



*Winfred Osimbo Lichuma, EBS*  
*Chairperson*  
*National Gender and Equality Commission*



*Zebib Kavuma*  
*Country Director*  
*UN Women Kenya*

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For providing valuable insights on GBV, we thank the Director of Sports, Gender, and NGOs, Correctional Services, Magereza House; Community Policing, National Police Service, Vigilance House; Children's Services, National Hospital Insurance Fund House; International Centre for Reproductive Health, Mombasa; Wangu Kanja Foundation; Little Prinz Children's Home, Shinyalu; Ripples International Rescue Centre, Meru; and Health Assistance Kenya, who added value in the preparation of this report. We acknowledge Nelson Keyonzo, Project Director, Jhpiego; Wilson Liambila, Programme Officer, Population Services International; and Paul Nyachae, Jhpiego, for their valuable comments on the initial draft report.

Above all, we acknowledge the financial and technical resources from UN Women, without which this study would not have been possible. The UN Women funds were provided under the Joint Programme on Gender Equality and Women's Empowerment (2009–2014). We sincerely thank the Centre for Policy Analysis for their leadership, commitment, and diligence in undertaking this study.

Finally, we are grateful to all NGECC commissioners and staff, particularly those in the Gender and Women Department, and other stakeholders who guided the study team to ensure that key concerns were addressed.



*Paul Kuria*  
*Ag. Secretary/CEO*  
*National Gender and Equality Commission*



# EXECUTIVE SUMMARY

This report demonstrates that gender-based violence (GBV) is perhaps the most widespread and socially tolerated human rights violation in Kenya. About 39 percent of women and girls in Kenya aged 15 and above have experienced physical violence, with approximately one in four experiencing such violence each year. Kenya has made significant strides regarding GBV and other health-related human rights within its policy and legislative framework, especially under the 2010 constitution. Hitherto, however, there has been no comprehensive study which showed the cost of GBV from the survivor's and perpetrator's perspectives.

This costing study aims to contribute to a deeper understanding among stakeholders – including policymakers, political leaders, civil society, communities, and families – of the magnitude of the costs and potential costs of GBV in Kenya. The specific objective of the study was to determine the direct monetary costs (medical, transportation, arbitration, and litigation) to the survivors, perpetrators, and family members, and to estimate the time cost (opportunity cost) in terms of loss of income and productivity among the survivors, perpetrators, and their families.

A sample of seven counties (Kakamega, Kilifi, Migori, Meru, Nairobi, Nakuru, and Narok) was selected based on the prevalence of gender-based violence. Although a sample of 400 survivors was desired, the study reached 55 percent (218) of the targeted survivors and 150 percent (150) of perpetrators. The survivors were randomly accessed through service providers in hospitals, children's departments, social services departments, rescue centres, and children's homes. Purposive sampling was then done to ensure that the selected participants met the criteria, i.e. that the participants were survivors of gender-based violence and

## ACRONYMS AND ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
FGM	female genital mutilation
GBV	gender-based violence
HIV	human immunodeficiency virus
KES	Kenya shilling
NGEC	National Gender and Equality Commission

not any other form of violence. The data was collected through semi-structured questionnaires administered to the survivors, perpetrators, and key informants. In addition, focused group discussions were held to triangulate the information obtained from other interview methods.

The results indicate that GBV imposes tremendous costs on survivors and their families. The average cost of medical-related expenses per survivor and family amounted to KES 16,464; reporting the incident to the chief and community structures cost KES 3,111; reporting to police cost KES 3,756; productivity loss from serious injuries amounted to KES 223,476; productivity loss from minor injuries was KES 18,623; and productivity loss from premature mortality from GBV amounted to KES 5,840,664. The average medical-related expenses per household were KES 3,417 after outliers (extremely high costs) were removed. The weighted cost of GBV incident per survivor and family was estimated at KES 24,797 annually. At the national level, annual out-of-pocket medical-related expenses (money which a survivor or their family paid out of their own financial resources) were estimated at a staggering KES 10 billion. The productivity losses from serious injuries were estimated at about KES 25 billion and from minor injuries at KES 8 billion. The total loss amounts to KES 46 billion, which translates to about 1.1 percent of Kenya's gross domestic product.

The study further demonstrates that perpetrators and their families similarly incur heavy losses arising from incarceration, litigation, social stigma, court attendance, and loss of time and productivity. The perpetrators and their families incurred costs of about KES 33,000 in legal fees, and about KES 105,000 in other costs related to litigation. The lost monthly income due to incarceration was about KES 28,000.

From the results of the study, it is clear that both national and county governments should develop robust programmes targeting the reduction or elimination of gender-based violence. If the targets are achieved, considerable resources will be released to other sectors of the economy. Current efforts to provide medical services free of user fees should be expanded to include targeted support (such as transport) to survivors, especially those who are poor. GBV against men is an emerging form of violence in Kenya. Due to increasing cases of this form of violence across the country, there is need for further formative studies to document its cost implications.

The findings of this study should be combined with the outcomes of studies on the costs of GBV for health institutions and other service providers. It is also recommended that a policy brief be developed to document a comprehensive analysis of the costs incurred by families, health and other systems, and the state.

The findings of the study lead to the following broad recommendations, which require urgent action:

1. Declare GBV a national disaster, taking into account the estimated cost of about KES 46 billion to the economy, and integrate its management into planning through specific budgetary provisions by both county and national governments.
2. Strengthen policy guidelines in service delivery, from the grass-roots at the county level to the national level, through measures such as awareness creation and capacity building.
3. Strengthen the legal framework by enacting laws, where necessary, to deal with perpetrators in order to stem human rights violations and facilitate the implementation of the constitution.
4. Create awareness and include GBV management in trainings for health staff, social workers, the judiciary, security agencies, and policymakers in general.

The relevant authorities should take further action (as proposed in the opportunities arising from the study) in the search for a comprehensive solution to tackling the GBV menace. We propose that a documentary be produced from this report for posterity.

# SECTION 1: INTRODUCTION TO THE STUDY

## 1.1 Background

Violence against women is perhaps the most widespread and socially tolerated human rights violation, cutting across borders, race, class, ethnicity, and religion (UNECA 2012). Gender-based violence in Africa, as elsewhere in the world, is a complex issue that has at its root structural inequalities between men and women, young and old. This results in the persistence of power differentials between the sexes.

As documented in the UNECA report, the first official definition of GBV, set out in the 1993 UN Declaration on the Elimination of Violence against Women, is any act of violence that “results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life... These acts include: spousal battery; sexual abuse, including of female children; dowry-related violence; rape, including marital rape; female genital mutilation/cutting and other traditional practices harmful to women; non-spousal violence; sexual violence related to exploitation; sexual harassment and intimidation

at work, in school and elsewhere; trafficking in women; and forced prostitution.”

The Kenya Demographic and Health Survey of 2008–2009 indicated that 39 percent of women and girls (aged 15 and above) have experienced physical violence. About one in four had experienced such violence in the year preceding the survey. This demonstrates major structural weaknesses that result in high prevalence in Kenya. It was reported that more than one-fifth of Kenyan women had been victims of sexual violence, with the highest percentage having been violated by current or former partners or spouses.

The Kenya Demographic and Health Survey of 2014, which focused on married or ever married respondents, indicated that women are more likely than men to experience physical violence committed by their spouse/partner and that sexual violence committed by a spouse/partner is not as prevalent as physical violence. Approximately 38 percent of ever married women aged 15 to 49 have ever experienced physical violence committed by their husband/partner, while 23 percent experienced violence in the 12 months prior to the survey. Nine percent of ever married men aged 15–49 have ever experienced physical violence

committed by their wife/partner, while 5 percent experienced violence in the 12 months prior to the survey. About 14 percent of women and 4 percent of men have ever experienced sexual violence committed by a spouse/partner, while 10 percent of women and 3 percent of men experienced sexual violence by a spouse/partner in the past 12 months. This sample is restrictive, as it only covered a section of the population, but the study also found that, overall, 14 percent of females aged 15–49 years had experienced both physical and sexual violence. GBV is clearly a matter that should be of concern to every Kenyan.

Kenya has taken some steps within its policy and legislative frameworks on GBV and other health-related human rights with the enactment of the Sexual Offences Act (2006), the HIV and AIDS Prevention and Control Act (2006), the Prohibition of Female Genital Mutilation Act (2011), the Employment Act (2007), the Protection Against Domestic Violence Act (2015), and the National Policy on the Prevention and Response to Gender-based Violence (launched in 2014), among others. The constitution specifies the rights Kenyans must enjoy.

GBV directly violates 23 rights and fundamental freedoms of citizens contained in the Bill of Rights in Chapter Four of the Constitution of Kenya. The rights and fundamental freedoms belong to an individual and are not provided by the state. The constitution states that recognition and protection of human rights and fundamental freedoms are intended “to preserve human dignity of the individual and communities and to promote social

justice and the realisation of the potential of all human beings”.

Part 2 of the Bill of Rights contains the following rights:

1. Right to life
2. Equality and freedom from discrimination
3. Human dignity
4. Freedom and security of the person
5. Freedom from slavery, servitude, and forced labour
6. Privacy
7. Freedom of expression
8. Freedom of association
9. Assembly, demonstration, picketing, belief, and petition
10. Political rights
11. Protection of right to property
12. Economic and social rights
13. Family
14. Fair administrative action
15. Access to justice
16. Rights of arrested persons
17. Fair hearing
18. Rights of persons detained, held in custody, or imprisoned

Part 3 of the Bill of Rights provides for specific application of the rights of the following categories of vulnerable members of society:

1. Children
2. Persons with disability
3. Youth
4. Minorities and marginalized groups
5. Older members of society

These rights are inalienable and indivisible, i.e. they are not given by the state and are fundamental subject only to limitation contemplated in the constitution. The constitution stipulates that they may only be limited through determination and punishment by a competent court of law. For example, if in exercising his/her rights, a person violates the rights of others, such a person will be given an appropriate lawful sentence after trial.

Vision 2030's Medium-Term Plan II (2013–2017) clearly outlines the establishment of integrated one-stop sexual and gender-based violence recovery centres in all health care facilities in Kenya. The Ministry of Health, through its Reproductive Maternal Health Service Unit, has developed relevant policies, including the National Reproductive Health Policy and the Adolescent and Reproductive Health Policy, among others.

The proposed centres are expected to offer medical, legal, and psychological support to victims of sexual and gender-based violence. Other flagship projects are the implementation of a national sexual and gender-based violence policy and the operationalization of the Prohibition of Female Genital Mutilation Act 2011. A National Framework on Gender-based Violence Prevention and Response has also been developed, which is one step towards the clear coordination of the multi-sectoral efforts to prevent and respond to GBV. Further, National Guidelines on the Management of Sexual Violence in Kenya (second edition 2009) and draft multisectoral standard operating procedures on GBV management (2013) have been developed.

The National Gender and Equality Commission (NGEC) has developed a National Monitoring and Evaluation Framework towards prevention of and response to GBV. The framework establishes one multisectoral sexual and gender-based violence monitoring and evaluation system. This integrated and functional system contributes to evidence-informed funding, advocacy, decision making, and programming. In addition, the NGEC has developed a duty-bearer's handbook to guide the prevention of and response to GBV. The handbook will aid in the capacity enhancement of the various duty-bearers to effectively deal with GBV in all its manifestations and align practices with viable strategies and transformative goals. This notwithstanding, access to GBV services remains a challenge to those in need of the services.

In spite of the existing policies, legislation, and programming around GBV in Kenya, there are no comprehensive studies in Africa that have put a cost to GBV from the survivor's and perpetrator's point of view, though a few international studies exist. In Denmark, for instance, a study dubbed *The Costs of Violence: Economic and Personal Dimensions of Violence against Women in Denmark*<sup>1</sup> looked at the costs related to health services, the police, and the judicial system, the cost of sheltering and counselling in crisis centres, and short-term losses in societal production. It further included costs related to national action plans and interventions to combat violence. The Denmark study did admit to challenges in putting a cost to the impact of violence on the individual woman's living conditions, quality of life, and later

<sup>1</sup> National Institute of Public Health, University of Southern Denmark, and Rockwool Fund Research Unit (June 2010).

vulnerability. These were said to be dependent on, among others, individual psychosocial factors, including existing vulnerability, power of resistance, and social network.

A study in Bangladesh titled *Domestic Violence against Women: How Much It Costs to the Bangladesh Society*<sup>2</sup> took into consideration a number of parameters: direct monetary costs related to the victims and members of the family; direct costs to the perpetrator's family; time cost for the perpetrator's family in terms of loss of income; and time cost in terms of loss of income and productivity of the victims and the members of the victims' families.

Other studies have attempted to provide GBV-related costing. *In The Facts: Ending Violence against Women and Millennium Development Goals* (compiled by UNIFEM in 2010),<sup>3</sup> various statistics are presented on the cost of GBV to survivors across the globe. A study in India, for instance, showed that a woman loses an average of five paid workdays for each incident of intimate partner violence. In Uganda, about 9 percent of violent incidents forced women to lose time from paid work, amounting to approximately 11 days a year. The costs and consequences of violence against women last for generations. Children who witness domestic violence are at increased risk of anxiety, depression, low self-esteem, and poor school performance, among other problems, which harm their well-being and personal development.

<sup>2</sup> A study completed under the Cost of Violence Against Women Initiative, CARE Bangladesh.

<sup>3</sup> UN Women Virtual Knowledge Centre to End Violence Against Women and Girls.

Furthermore, school-related violence limits or completely destroys educational opportunities and achievements for girls.

A joint concept note between UN Women and the United Nations Economic Commission for Africa in 2012 detailed a proposed study on the socio-economic costs of violence against women, outlining the various parameters to be used in such a study<sup>4</sup>. These parameters included direct costs, non-monetary costs, economic multiplier effects, and social multiplier effects. The study was targeted at African countries, but it did not take off as planned. This does not in any way diminish the importance of documenting the socio-economic costs of violence against women and hence the importance of this study.

Recently, a survey conducted jointly by the Institute of Economic Affairs and the *Daily Nation*<sup>5</sup> reported that, although women are more vulnerable to GBV, men also suffer GBV. The study revealed that 40 percent of women and 10 percent of men had suffered physical and sexual GBV at one time in their lives, and 26 percent of women and 7 percent of men had experienced physical and sexual GBV in the last 12 months. The study also revealed that more than 38 percent of women and 9 percent of men had suffered physical violence, 23 percent of women and 5 percent of men in the last 12 months. The above findings compare closely to the results of the Kenya Demographic and Health Survey 2014.

<sup>4</sup> 2013 African Women's Report: The Socio-economic Costs of VAW (Concept Note).

<sup>5</sup> *Saturday Nation*, 1 August 2015.

The human cost of gender-based violence in Kenya has indeed been scantily documented. The calculation of the national economic cost serves as an important tool in policy and advocacy efforts to end the suffering and injustice of this violence at the national level. This is why budgeting and/or allocating resources towards the complete repatriation of GBV survivors into their communities and their rehabilitation towards a near-normal day-to-day life is of paramount importance. It was with this view that the NGECC commissioned a costing study to determine the economic cost of GBV violence to survivors, which would also complement the already ongoing study on the cost of service provision from a state perspective.

## 1.2 Outline of the Report

This report is presented in four sections. Section one provides background information highlighting key GBV issues globally, regionally, and nationally. It also provides the purpose and objectives of the study.

Section two introduces the study methodology, presenting information on research design, population sampling, and data collection and analysis. Section three provides the research findings, while section four discusses the findings and presents lessons learned, recommendations, and the way forward.

## 1.3 The Purpose and Objectives of the Study

This costing study aims to contribute to a deeper understanding among stakeholders – including policymakers, political leaders, civil society, communities, and families – of the magnitude of the costs and potential costs of GBV in Kenya. GBV has devastating private and social effects, with a significant economic impact on survivors, perpetrators, and the country. Applying monetary value to this impact is critical to enabling the funding of GBV prevention and response programmes, which require urgent investment.

The costing exercise is expected to provide an indication of the economic implications of GBV for the survivor, extending to the point at which the survivor can be said to be leading as normal a life as possible based on life expectancy.

The study should inform resource mobilization and allocations by national and county governments, parliament, county assemblies, and key non-governmental stakeholders towards catering for survivors' comprehensive needs beyond the obvious formal or conventional ones.

The specific objective of the study included:

1. Determining the direct monetary cost (medical, transportation, arbitration, and litigation) for survivors and their family members
2. Estimating the time cost (opportunity cost) in terms of loss of income and productivity of the survivors and their families



3. Establishing the direct monetary cost to the perpetrators and their families
4. Estimating the time cost (opportunity cost) of the perpetrators' families in terms of loss of income

For purposes of this study, a survivor was deemed to be any person who had been subjected to any form of gender-based violence, was receiving help or not, and was willing to talk about the incident. The perpetrator, on the other hand, was any person who had committed a GBV crime, was known or unknown to the survivor, and had been convicted for the offence, was awaiting prosecution, or was free. Community structures were deemed to be formal or informal structures in the community that serve different purposes, including churches, support groups, *chamas* (women's

or men's cooperative societies), and community conflict resolution groups (mainly made up of village elders).

The study captured costs of violence shouldered by survivors in different settings, including violence by intimate partners, by strangers, and within family set-ups or schools. The violence categories included sexual gender-based violence, spouse/partner battering, psychosocial abuse, neglect and abandonment, denial of access to resources, and other forms of GBV by family members and strangers in the community.

The study estimated costs incurred when an individual suffers gender-based violence of any form. The costs were calculated at two levels: direct monetary costs and productivity losses.

# SECTION 2: METHODOLOGY

## 2.1 Research Design

A cross-sectional study design was used to capture experiences across different counties within the same time frame, while a descriptive study approach was used to gather information in its natural environment. The study approach involved one-on-one interviews with the survivors, the perpetrators, and the families in both categories. Additional information was obtained from service providers and caregivers.

## 2.2 Population and Sampling

The population of interest in the survey is total survivors of GBV in Kenya. The estimated number of females aged 15–49 years was about 11,186,398 in 2015 using Spectrum. Out of these, 14 percent of females aged 15–49 years had experienced both physical and sexual violence, according to the Kenya Demographic and Health Survey 2008/2009, translating to a total of 1,566,096 female survivors in the 15–49 age group. The sample size using the formula of proportion is given as follows, with a sample size of 385 survivors when the target population is not known but assumed to be infinite.

$$n = \frac{z^2 \text{proportion} (1 - \text{proportion})}{\text{margin of error}^2}$$

$$n = \frac{(1.96)(1.96)(0.5)(0.5)}{(0.05)(0.05)} = 384.16$$

However, with the finite population of 1,566,096 female survivors, the sample size is corrected to obtain the following 385 sample size, as follows.

$$\text{Corrected } n = \frac{n}{1 + \frac{n-1}{N}} = \frac{384.16}{1 + \frac{384.16-1}{1,566,096}} = 384.07$$

It should be noted that, even if the entire population of male and female survivors is used in the formula, the sample size would remain at 384. This is the minimum required sample size of the survivors. An additional sample of 100 perpetrators was also considered. However, a larger sample size of 400 survivors was targeted. The sample size was distributed in the participating counties based on population sizes of the counties. The counties were Kakamega, Kilifi, Migori, Meru, Nairobi, Nakuru, and Narok, selected on the basis of GBV prevalence, types of GBV most common, and regional balance. This notwithstanding, the actual number of survivors and perpetrators reached was 218 and 151 respectively. The sample size was distributed in the counties as shown in Table 1.

**Table 1: Sample Size Distribution**

County	Population	Percent	Survivors	Perpetrators	Total
Narok	850,920	0.08	32	8	40
Kakamega	1,660,651	0.16	62	15	78
Migori	917,170	0.09	34	9	43
Meru	1,356,301	0.13	51	13	64
Nairobi	3,138,369	0.30	118	30	148
Nakuru	1,603,325	0.15	61	15	75
Kilifi	1,109,735	0.10	42	10	52
<i>Total</i>	<i>10,636,471</i>	<i>1</i>	<i>400</i>	<i>100</i>	<i>500</i>

Note: Population figures obtained from Commission on Revenue Allocation Website

## 2.3 Data Collection

Both primary and secondary data was collected in order to estimate the economic burden of GBV. Data was obtained on the cost, in monetary terms, incurred by the survivors and their families and perpetrators and their families respectively. The data was on medical cost (conventional, faith, and traditional medical expenses), transportation costs (for help of any form, which may include medical legal, social, or psychological).

The costs of arbitration and litigation related to the survivors and their family members as well as the perpetrators and their families were computed. Time lost in terms of wage employment or productive activities by these groups was obtained. The time lost was computed even among survivors who reported taking no action after the incidence.

Structured interviews were used to quantify and estimate the costs incurred.

### 2.3.1 Data Collection Techniques

The target respondents were randomly accessed through various channels, including health facilities, children's departments, the Department of Social Services, and community-based and paralegal organizations. Others were context-specific organizations that deal with GBV: support groups for persons with disability and survivors of sexual and gender-based violence, the probation department, counsellors, and rehabilitation and rescue centres. In addition, police and prison officers brought to the attention of the study team survivors who, though held for non-GBV crimes, met the criteria for being survivors of GBV. These

included women who had been jailed for engaging in the sale of illicit brews and prostitution and had reported to the officers a history of abuse by their former spouses<sup>1</sup>.

After the survivors were randomly accessed through service providers, purposive sampling was done to ensure that the selected interview participants met the criteria, i.e. that the participants were survivors of gender-based violence and not any other form of violence. In order to get a realistic assessment of the costs incurred by the survivors, the respondents selected were those who had gone through the incident at least six months earlier or had gone through at least three cycles of counselling in a GBV recovery centre or other institution. The most prevalent forms of GBV reported by service providers and respondents were intimate partner violence, sexual GBV, female genital mutilation (FGM), denial of access to family resources (on account of disability, gender, widowhood, or loss of parents), violence against the elderly, and child neglect or abandonment. The majority of the children abandoned and/or neglected were those reported to have been conceived out of incestuous relationships, rape, or defilement, as well as those from homes with a history of alcohol and substance abuse.

Almost all the perpetrators were accessed through the police and prisons where they were being held, either waiting for their cases to be concluded in the courts or already convicted, sentenced, and serving their jail terms. Those interviewed were those who had been charged with specific GBV

offences such as rape or defilement. Cases of murder and assault are not classified according to who the crime was committed against, so further information to identify those perpetrators who had been charged with assaulting or murdering a spouse/partner were obtained from the case records with the assistance of the service providers. It is important to note that accessing perpetrators from within the communities was a challenge, as not many were willing to be interviewed, out of fear that the information provided would be used against them.

In-depth semi-structured interviews with the survivors and their families and the perpetrators and their families were conducted after consent was received either from the interviewee or a guardian (in the case of a child). A structured interview schedule was developed. Focus group discussions were conducted in Kakamega, Kilifi, Meru, and Narok Counties. The purpose of the discussions was to provide additional qualitative information that may not have been well captured using the other tools, particularly community or societal views. The focus group discussions were also used to determine possible costs for survivors who do not report the violence, and to triangulate information collected through the other methods. In Kakamega, the focus group discussion was held with elders from 9 out of the 13 villages that form Itenyi Sub-location, Kakamega East Sub-county, and with persons with disability in Kakamega Central Sub-county. In Narok and Meru, the discussions involved mixed groups of community members. The focus group discussion in Kilifi involved a mixed group of elders and survivors

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<sup>1</sup> The data collection tools are attached to this report as Appendix 1.

at the Kaya Godoma in Mrima Wa Ndege Sub-location, Ganze Sub-county.

The study team had the opportunity to use the situational sampling methodology at the prisons during their interviews with perpetrators<sup>2</sup>.

After the initial fieldwork, the scope of the study was found to be limited, and therefore the need to have participation from more counties was deemed necessary. Stakeholder engagement with key informants occurred through workshops held in Nairobi, Kakamega, and Kilifi<sup>3</sup>.

## 2.4 Data Analysis

Data analysis was carried out in four steps. In Step 1, a descriptive analysis of the background data was done, indicating the characteristics of the survivors in terms of sex, marital status, age, level of education, and main occupation. In Step 2, an estimation of the direct costs incurred by survivors and their families was carried out. This involved calculating the average medical expenses incurred as a result of the GBV incident, as well related costs such as transportation.

In Step 3, opportunity cost (or productivity cost) was analysed. The valuation of lost time was undertaken using shadow pricing; lost time as a

result of the GBV incident was measured in terms of lost wages. This analysis was only applicable to survivors who were working in formal or informal employment at the time of the incident. The loss in earnings was also estimated for family members who took time off as a result of the incident. In the analysis, the total number of days of paid work or household chores lost due to GBV (identified by responses to a survey question) was multiplied by the mean daily earnings to yield a monetary estimate of lost earnings, whether this was because of temporary incapacitation due to injury or permanent due to death or serious injury.

In Step 4, an estimate was made of the total annual direct cost of GBV in the country. The sample results from Step 2 were used to generalize for the national population. In addition, total opportunity cost related to lost time (both temporary and permanent due to mortality) was also estimated in monetary terms for the entire country. Lost productivity due to death and discounted lifetime earnings for the average life expectancy of those who died were considered.

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<sup>2</sup> A presentation and discussion was held with a group of prisoners and schoolchildren who were visiting Kilifi Prison in an outreach education programme.

<sup>3</sup> The workshop reports for Kakamega and Kilifi are in a supplementary report.

# SECTION 3: RESULTS OF THE STUDY

## 3.1 Introduction to the Results Section

This section describes the socioeconomic characteristics of GBV survivors and also presents the direct monetary costs and indirect costs (opportunity costs) to survivors and perpetrators.

Additionally, the section presents the estimated total burden of GBV to a typical household and the entire country.

The types of economic costs borne by GBV survivors can be combined into four categories: 1) direct and tangible, 2) indirect and tangible, 3) direct and intangible, and 4) indirect and intangible.

*Direct tangible costs* are actual expenses paid, measured in terms of money. These costs include transport to a hospital and/or to report an incident to different entities, medical expenses related to the incident, and litigation costs.

*Indirect tangible costs* are productivity losses whose monetary values can be estimated or

imputed. The costs do not involve actual outlay of money. Examples include lost income from not working due to GBV and cost of lost time due to hospitalization.

*Direct intangible costs* are mainly psychological costs attributable to GBV. These costs are not quantifiable in monetary terms. Examples are the pain and suffering associated with a GBV incident.

*Indirect intangible costs* are associated non-measurable costs of GBV, but these result indirectly from the incident.

## 3.2 Background Information on the Respondents

The study interviewed a total of 218 respondents from the 7 counties who were survivors of GBV.

Table 2 shows the marital status of the GBV survivors by gender.

**Table 2: Marital Status of GBV Survivor Respondents by Gender**

<b>Marital Status</b>	<b>Male % (No.)</b>	<b>Female % (No.)</b>	<b>Total % (No.)</b>
Married	42.4% (14)	20.0% (37)	23.4% (51)
Widowed	3.0% (1)	8.1% (15)	7.3% (16)
Single	45.5% (15)	61.6% (114)	59.2% (129)
Divorced	0% (0)	5.9% (11)	5.0% (11)
Other (“come we stay”)	9.1% (3)	4.3% (8)	5.0% (11)
<i>Total</i>	<i>100% (33)</i>	<i>100% (185)</i>	<i>100% (218)</i>

**Table 3: Age Distribution of Respondents by Gender**

<b>Age (Years)</b>	<b>Male % (No.)</b>	<b>Female % (No.)</b>	<b>Total % (No.)</b>
0–4	3.0% (1)	2.2% (4)	2.3% (5)
5–14	24.2% (8)	17.3% (32)	18.3% (40)
15–29	27.3% (9)	45.4% (84)	42.7% (93)
30–44	15.2% (5)	24.9% (46)	23.4% (51)
45–59	6.1% (2)	8.1% (15)	7.8% (17)
Above 60	24.2% (8)	2.2% (4)	5.5% (12)
<i>Total</i>	<i>100% (33)</i>	<i>100% (185)</i>	<i>100% (218)</i>

Fifteen percent of the respondents were male while 85 percent were female. The majority (59.2 percent) of respondents were single. About a quarter were married, while widowed and divorced respondents constituted 12.3 percent.

As shown in Table 3, the largest percentages of both male and female survivors were in the age group of 15 to 29 years. While those in the age

group 5–14 years were the second largest for male survivors, the second largest percentage of female respondents were in the age group 30–44 years. For the entire sample, 42.7 percent of the survivors were between the ages of 15 and 29, followed by those in the age bracket of 30–44 years (23.4 percent) and 5–14 years (18.3 percent). The average age of female survivors was 26 years, while that of male survivors was 34 years.

Table 4 indicates that the largest percentage (60.6 percent) of respondents had primary-level education; those with secondary education were the next largest (23.9 percent). Those with no education accounted for 7.3 percent in total, with males being significantly more than females.

As indicated in Table 5, a majority of survivors (90 percent) were Christians. This is probably because Christianity is predominant in most of the areas visited by the study team and does not preclude GBV prevalence in predominantly Muslim communities.

**Table 5: Religion of Respondents**

Religion	Total
Christian	89.9% (196)
Muslim	5.0% (11)
Atheist	0.5% (1)
Others	4.6% (10)
<i>Total</i>	<i>100% (218)</i>

**Table 4: Level of Education of Respondents by Gender**

Education Level	Male % (No.)	Female % (No.)	Total % (No.)
Nursery	3.0% (1)	2.7% (5)	2.8% (6)
Primary	48.5% (16)	62.7% (116)	60.6% (132)
Secondary	18.2% (6)	24.9% (46)	23.9% (52)
College (middle level)	3.0% (1)	5.4% (10)	5.0% (11)
University	0% (0)	0.5% (1)	0.5% (1)
None	27.3% (9)	3.8% (7)	7.3% (16)
<i>Total</i>	<i>100% (33)</i>	<i>100% (185)</i>	<i>100% (218)</i>

## 3.3 Sample Size and Related Issues

A minimum of 400 survivors and 100 perpetrators were targeted, but the study team was only been able to reach out to 218 survivors. The challenges related to talking to survivors included the following.

### 3.3.1 Complexity in Tracing Survivors

- Once deployed, field teams encountered difficulties engaging the service providers to link the team to the survivors. This resulted in a lot of time being spent on tracing survivors, which greatly reduced the sample size. Secondly, the survivors were not in one place; finding and using telephone contacts to secure appointments took some time, which also contributed to a reduction in the sample population. GBV is an emotive issue and



the survivors require high levels of trust and confidence to come forward and speak about their experiences. Service providers had to juggle between their daily routine work and supporting the team to reach the survivors.

- GBV recovery centres play a major role in assisting survivors to receive treatment, seek justice, recover, and lead productive lives. A fully functional GBV recovery centre is expected to make a big difference in helping survivors come out and seek help. The field team also established that support groups were very helpful in enabling survivors to speak out and seek legal action. However, the GBV recovery centres exist in only a few health facilities. In Migori County, for example, Aphia Plus had recently established a six-bed centre at Kehancha Sub-county Hospital in Kuria East Sub-county, and awareness was being created about this facility and service. The team was given 17 names of GBV survivors (15 women and 2 men) who had been treated at the hospital between January and May 2015. Only two agreed to be interviewed. The women survivors were so fearful that their husbands would find out that they had spoken to the team and kill them, while the men feared being ostracized by their peers.
- Migori County has in place a vibrant, well-coordinated Gender Technical Working Group, and service providers were unanimous that the group was making a positive impact on GBV activities through sharing information and resources, engaging in advocacy, and bridging resource gaps for the relevant government departments that were under-resourced.

However, the team did not encounter active working groups in the other counties visited.

- The team also noted that, while county governments were at various stages in establishing operational gender units, there were no existing units allocated to gender work, as it was still considered a national government activity.
- All perpetrators except one were identified from among prisoners either serving a jail term or remanded awaiting the conclusion of their cases. At the community level, only one of the identified perpetrators agreed to an interview (in Kakamega East Sub-county). Other identified suspected perpetrators were unwilling to open up for fear that the information they provided would be used against them. Discussions with survivors and service providers revealed that seeking justice for survivors is often a complex issue. Many GBV perpetrators go scot-free, for a number of reasons: weak community structures, which sometimes contribute to the ineffective handling of cases, cultural and other practices that hinder survivors from seeking justice, the high cost of seeking justice, and corruption. Case Study 7 in Appendix 4 highlights some of the challenges survivors face when seeking justice.

### 3.3.2 Ethical Issues

The questionnaires for both survivors and perpetrators required that the interviewer obtains the permission of the interviewee or guardian in writing. However, in the case of a girl who

was gang-raped, the mother was furious that the children's officer had disclosed her daughter's case to the study team. In Kuria East Sub-county Hospital, almost all the survivors, who had been identified through the hospital records, refused to be interviewed, citing fear either of their spouses or their peers. If the patients felt that their rights and privacy were violated by the hospital for disclosing to the study team that they had been admitted to the hospital for GBV, it creates a clear ethical dilemma for the study, with an unknown impact.

It was apparent that the team required the services of a trauma counsellor as a backup resource to address the trauma related to the opening up of old wounds and to make specific recommendations to service providers about follow-up case management. The resources available to the team were not adequate to cover this aspect. It is important to note that the health service providers expressed concern at the inadequate number of trauma counsellors and counselling follow-up for survivors.

### 3.3.3 Accessibility

While getting to perpetrators was easy, as they are confined to prison, it was more challenging to reach out to survivors. Those who had gone through a GBV recovery centre were much easier to engage with, as they had been offered counselling and were more willing to open up. Another unanticipated challenge (that had not been budgeted for) was the cost of transporting the survivors to the interview venue. This resulted in those who were located far away being eliminated from the study.

### 3.3.4 Resources

The ethical challenges and complexity in tracing survivors drained the financial resources and affected the time frames earmarked for the fieldwork. This study, being probably the first of its kind in the region, with efforts to trace survivors in their own environment, clearly demonstrated that future studies should be adequately resourced with regard to funds, time, and personnel to reach out to as many targeted respondents as possible. These challenges notwithstanding, the team ensured that the quality of data and information obtained was of high quality.

## 3.4 Demography of the Study Group

The demographic profile of the sample distribution shows that 85 percent of GBV survivors are women. It is noted that single women are likely to seek redress for GBV violations. This may be explained by the fact that single women are more likely to be independent and not influenced by societal norms, while married women are constrained by cultural rules and family obligations.

The majority of survivors are also in the 15–49 age bracket, with low educational levels. This increases their vulnerability and hence increases the social and economic multiplier effects.

In recent years, women have ventured into vocations that had been almost exclusively male

**Table 6: Medical Attention Following a GBV Incident by Gender**

Category	Male	Female	Total
Sought treatment	69.7% (23)	85.4% (158)	83.0% (181)
Did not seek treatment	30.3% (10)	14.6% (27)	17.0% (37)
<i>Total</i>	<i>100% (33)</i>	<i>100% (185)</i>	<i>100% (218)</i>

preserves. Today, women are newspaper vendors, truck drivers, and hawkers. These dynamics are minimizing the gender-based gaps in choice of profession and income generation and also increasing the vulnerability of women to GBV due to the perception that they are challenging the established order. Men see decreased opportunities in the limited job market and view the empowerment of women as a threat, a situation that may require a change management strategy.

### 3.5 Costs Incurred by Survivors Due to Gender-based Violence Incidents

Tables 6 and 7 present various costs incurred following GBV incidents. Table 6 shows that 85.4 percent of female survivors and 69.7 percent of males sought treatment. Although the sample for males was small, it is significant that 30 percent did not seek medical services. Overall, 83.5 percent of the survivors interviewed indicated that

they sought treatment after the GBV incident. Only 17 percent did not seek treatment.

The amount paid for medical services varied by survivor. As shown in Table 7, the average medical expenditure was KES 54,087 for males and KES 7,033 for females. It is possible that males tend to have more access to money and therefore are more likely to seek higher quality medical help. At the same time, social and cultural norms inhibit men from disclosing that they have been victims of GBV, and it is most likely that male survivors of GBV would be willing to pay more for treatment in a facility where their privacy is guaranteed.

For the entire sample of survivors, the average medical expenditure was KES 13,225, while the cost of transport to seek services was KES 3,209. This means that a survivor and their family spent about KES 16,500 per GBV incident. The median medical expense for the entire sample was KES 1,375, with a median transport cost of KES 1,000.

Table 7 shows a big variation between the minimum and maximum treatment costs, and a scatter graph (Figure 1) was created to show the distribution of the respondents. (This was to analyse the

**Table 7: Treatment-related Expenditure by Survivors and Family Members**

Sex	Type of Cost	Minimum Cost (KES)	Maximum Cost (KES)	Mean Cost (KES)	Median (KES)
Male	Medical cost to survivors and family	0	571,000	54,087	3,600
	Transport cost	0	200,000	12,911	1,550
Female	Medical cost to survivors and family	0	300,000	7,033	1,250
	Transport cost	0	20,000	1,812	920

variations in the costs and make a more realistic assessment of these costs after omitting outliers or extremely high costs.)

From the analysis, it was also noted that the consistently high reported costs were from the same respondent throughout the inquiry.

A further computation of the data was carried out after omitting the outliers in order to get a better reflection of the medical costs for the majority of survivors, which amounted to a mean cost of KES 2,417.

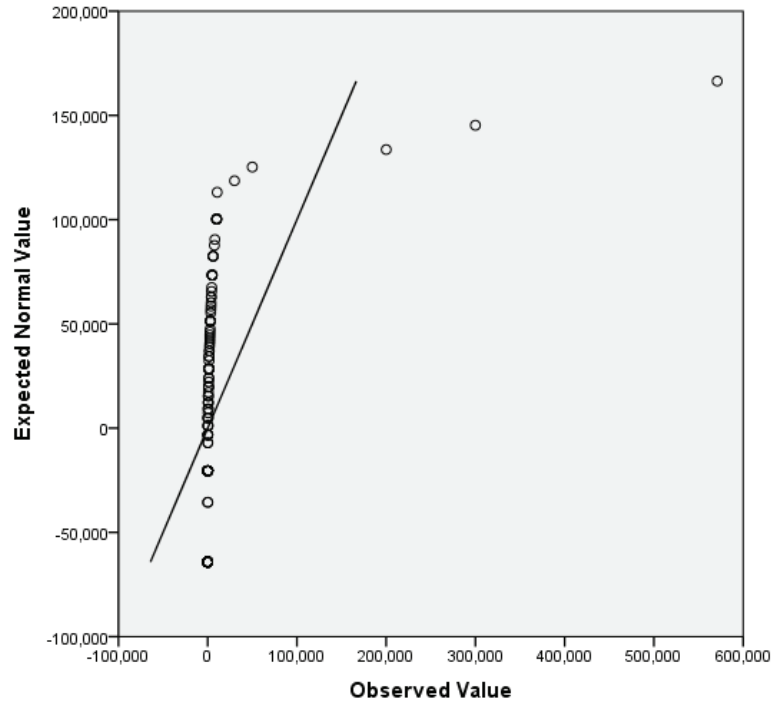
These results and services should however be interpreted cautiously, because the majority of the respondents were accessed through GBV recovery centres where GBV survivors are provided with GBV and related services for free, with the costs borne by the service provider. The respondents reported that their only purchases were medications that were not available at the health facility.

Similarly, as with Figure 1, further computation was carried out after omitting one outlier shown in the second scatter graph; the modified mean cost for transport was computed to be KES 1,823.

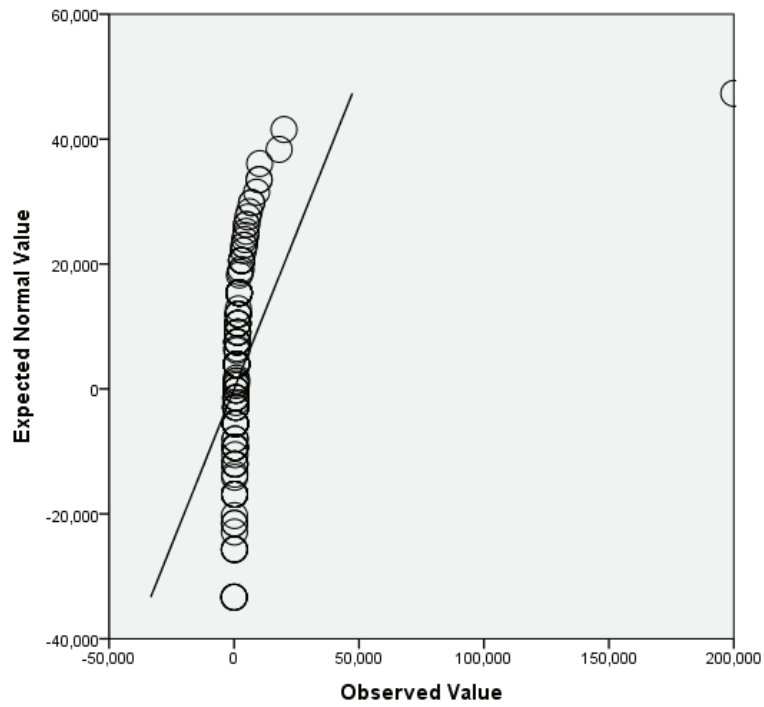
The employment status of some of the survivors is shown in Table 8. Most male survivors (70 percent) were self-employed in agriculture, while most females (43.8 percent) were self-employed in non-agricultural work. Further analysis of the data showed that 97 (56 percent) of those in the workforce stopped working as a result of the GBV incident. For those with minor injuries, 27 days were lost on average, while those with serious injuries did not work for an average of 12 months. The average monthly income for those in formal and informal employment was KES 18,623. The Table 8 total is 158, as the sample total of 218 included children who were not working.

Nearly half of the survivors did not take time off after a GBV incident; there could be several reasons – the dire need for income, the extent

**Figure 1: Scatter Graph of Medical Costs Incurred by GBV Survivors**



**Figure 2: Scatter Graph of Transport Costs Incurred by Survivors (Male and Female) in Seeking Care**



**Table 8: Type of Employment of GBV Survivors by Gender**

Employment	Male	Female	Total
Salaried	0.0% (0)	18.1% (19)	15.2% (19)
Self-employed, non-agricultural	15.0% (3)	43.8% (46)	39.2% (49)
Unpaid family worker, non-agricultural	15.0% (3)	43.8% (46)	39.2% (49)
Self-employed, agricultural	70.0% (14)	6.7% (7)	16.8% (21)
Unpaid family worker, agricultural	0.0% (0)	5.7% (6)	4.8% (6)
Contract	0.0% (0)	3.8% (6)	3.2% (6)
Other	10.0% (2)	20.0% (6)	18.4% (8)
<i>Total</i>	<i>100.0% (22)</i>	<i>100.0% (136)</i>	<i>100.0% (158)</i>

**Table 9: Costs Incurred by Survivors to Report to Community Structures**

Type of Cost	No. of Respondents	Minimum (KES)	Maximum (KES)	Mean (KES)
Transport cost to report to communities	53	0	6,500	789
Other costs related to this reporting	23	300	17,000	2,322

or lack of family support and networks, or the level of seriousness with which a GBV incident is perceived.

Among those who took time off after a GBV incident, only 19 percent were paid during the hiatus.

Figure 4 shows that 64 percent of the survivors indicated that they reported the incident to the chief; others reported to the church (23 percent), village elders (11 percent), or children's department (2 percent).

On average, survivors paid KES 789 for transport and KES 2,322 for all other related expenses (e.g. food and accommodation).

*Although many survivors see community structures as the first point for reporting, community structures lack the capacity to take the cases forward to their logical conclusion, and they often contribute to compromising the outcome of the cases. It is also clear that if at this point survivors still decide to report the incident to the police, they may not have the financial resources to do so.*

**Table 10: Reporting of GBV Incidents to the Police**

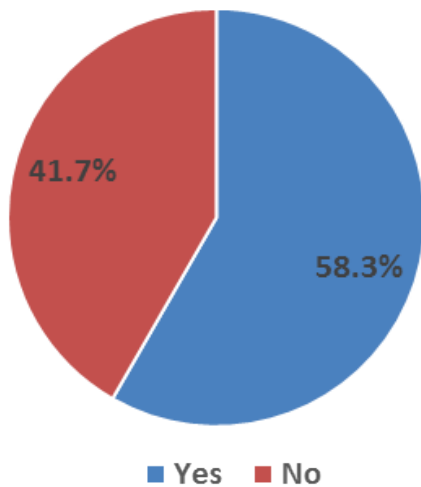
Whether respondent reported GBV incident	Male	Female	Total
Yes	65.5% (19)	64.7% (110)	64.8% (129)
No	34.5% (10)	35.3% (60)	35.2% (70)
Total	100% (29)	100% (170)	100% (199)

Table 10 shows that 64.8 percent of the respondents reported the GBV incident to the police. (While this is significant, of greater importance is the successful conviction rate of the reported cases.) The study determined that the cost associated with the lengthy litigation process was a major factor preventing survivors from pursuing justice. Other factors included perpetrators

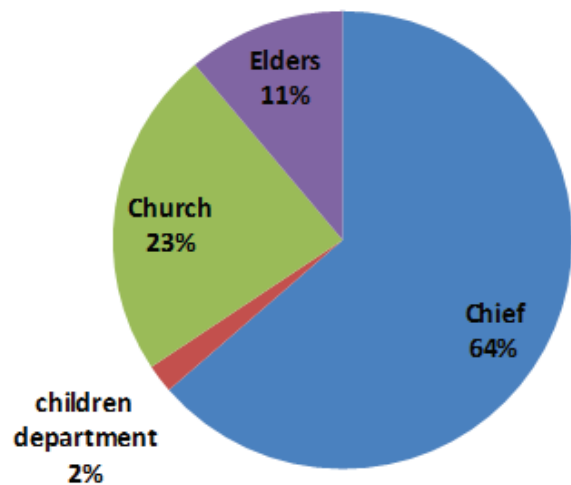
obstructing justice and pressure from relatives and other people to settle the matter out of court.

As shown in Table 11, survivors who reported the incident to the police incurred a transport cost of KES 820 on average, and a few incurred an additional cost of KES 2,936 per person.

**Figure 3: Pie Chart Indicating Proportion of Family Members that Took Time off Work Due to a GBV Incident**



**Figure 4: Formal and Non-formal Community Structures that Received Incident Reports from GBV Survivors**



**Table 11: Cost Associated with Reporting GBV Incident to Police**

Type of Cost	No. of Respondents	Minimum (KES)	Maximum (KES)	Mean (KES)
Transport cost	102	0	10,000	820
Other costs	21	300	8,000	2,936

The survey indicated that 85 percent of school-going survivors missed school because of the GBV incident. However, no data was obtained on the dropout rate related to GBV. This is a significant gap that requires further analysis to determine the potential economic burden to families and the country resulting from children who drop out of school due to GBV.

### 3.6 Economic Burden to the Survivor and Their Family

As shown in Table 12, the cost of a GBV incident per survivor (and their family) was estimated at KES 29,140. The weighted costs are the average expenditures per survivor and family in the population. The weighing generalizes the cost from the study sample to the entire population. For instance, 40 percent of the survivors in the population seek medical care. Therefore, the cost of medical-related expenses per survivor is

KES 1,364, which is 40 percent of KES 3,417. However, the weighted cost of reporting to the community and to police was based on sample results where the weight was computed as the number of those who incurred the cost divided by the sample size of 218 survivors. This ratio was then multiplied by the average cost (un-weighted costs).

The annual economic burden of GBV for the country is presented in Table 13.

Although the sample size was small, a very crude estimation of the national economic burden was done. The annual medical-related out-of-pocket expense was estimated at a staggering KES 10 billion annually. The productivity losses from serious injuries were estimated at KES 14.7 billion and from minor injuries at KES 8 billion. The total annual estimated burden to the country was calculated at KES 46 billion. This compares to the total out-of-pocket expenditure for all services in Kenya, which was estimated at KES 61 billion in 2012/2013 (based on the Ministry of Health's *Kenya National Health Accounts 2012/13*).

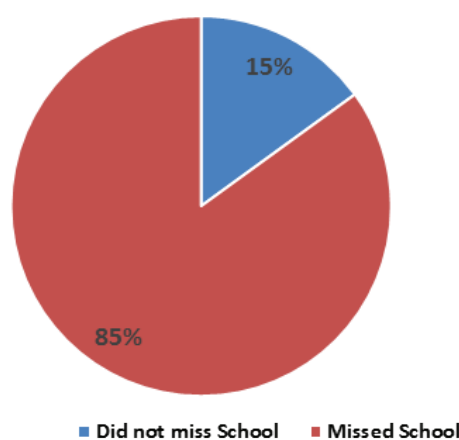


**Table 12: Estimated Economic Burden of GBV to the Survivor and Their Family**

	Un-weighted (KES)	Weighted (KES)
Medical-related expenses	3,417	1,367
Reporting to community	3,111	416
Reporting to police	3,756	666
Productivity loss (serious injuries)	223,476	18,020
Productivity loss (minor)	18,623	3,861
Productivity loss (mortality – 30 years lost)	5,840,664	467
<i>Total</i>		29,140

**Table 13: Annual Estimated Economic Burden to the Country**

	KES
Medical-related expenses	9,995,808,399
Reporting to community	1,215,704,361
Reporting to police	1,949,495,701
Productivity loss (serious injuries)	14,768,266,880
Productivity loss (minor)	8,137,616,444
Productivity loss (mortality – 30 years lost), present value	10,466,469,393
<i>Total</i>	46,533,361,178

**Figure 5: Effects of GBV on School Attendance**

**Table 14: Cost to Perpetrators and Their Family Members**

Category	No. of Perpetrators	Average Value	Minimum Value	Maximum Value
Legal fee paid	61	33,221	-	320,000
Court fines	63	84,755	-	1,000,000
Other payments to have case resolved	7	19,857	7,000	42,000
Other expenses (transport, meals, etc.) associated with the incident	55	8,027	-	57,600
Average monthly earnings before the incident	76	28,386	-	400,000

### 3.7 Cost to the Perpetrator and Their Family

The costs to the perpetrators and their families are shown in Table 14. The perpetrators and their families incurred costs of about KES 33,000 in legal fees, KES 85,000 in court fines, and KES 20,000 in other costs related to litigation. The lost income due to incarceration was about KES

28,000 per month. The perpetrators were incarcerated with sentences between five years and life for offences under the Sexual Offences Act. Defilement carries the harshest sentences, ranging from seven years to life. The majority of the respondents accused of murder of their spouses were in remand awaiting the determination of their cases. The period of remand ranged between three and five years, with one prisoner who clearly was mentally challenged having been in remand for over ten years.

# SECTION 4: DISCUSSIONS AND ANALYSES

## 4.1 Definition of Gender-based Violence

The scope of the definition of GBV reveals the complexity of the issue. Gender-based violence encompasses a very broad range of specific offences against a person and against several types of people, including women, children, men, the elderly, persons with disability, and other vulnerable groups such as orphans and pupils in institutions of learning. In this study, it was noted that the meaning, definition, and scope of GBV was clearly a challenge for stakeholders. Many understood GBV to mean physical violence, and the interconnectivity of the broader cause and effect was clearly lost to them.

As evidenced in the results of the Kenya Demographic and Health Survey 2014, women are most likely to suffer physical violence from their spouses; in most cases, this is taken as a normal occurrence, leading to low levels of reporting and increasing the impunity of the perpetrators. GBV has long-term effects – it starts even before birth, as highlighted in Table 15.

One concern raised by stakeholders was the lack of a standardized meaning of GBV and the resultant weak linkages among and between service providers.

## 4.2 Interpretation of Gender-based Violence in Different Contexts

### 4.2.1 Defining Gender-based Violence in the Context of Child Protection

The findings indicate that the most common types of GBV perpetrated against children are defilement, neglect, and abandonment. Others are the result of indiscipline on the part of children – for example, refusing to go to school or engaging in petty crime or activities likely to lead to crime. The prevalence of defilement was reported to be very high; on average 5–7 cases are reported to service providers per day.

**Table 15: Gender-based Violence throughout the Life Cycle**

<b>Phase</b>	<b>Type of Violence</b>
Pre-birth	<ul style="list-style-type: none"> <li>• Battery during pregnancy</li> <li>• Unwanted pregnancy as a result of rape and other forms of coerced sex</li> <li>• HIV and other infections during rape and other forms of coerced sex</li> <li>• Unsafe abortions</li> <li>• Sex selection of unborn child</li> <li>• Disability resulting from difficult birth due to GBV, including fistula and other reproductive health complications</li> </ul>
Infancy	<ul style="list-style-type: none"> <li>• Infanticide</li> <li>• Abandonment and neglect</li> <li>• Emotional/physical/sexual abuse</li> <li>• Disability</li> </ul>
Childhood	<ul style="list-style-type: none"> <li>• Emotional/physical/sexual abuse</li> <li>• Abandonment and neglect</li> <li>• Child marriage</li> <li>• Female genital mutilation</li> <li>• Child prostitution</li> <li>• Child labour</li> <li>• Disability</li> </ul>
Adolescence	<ul style="list-style-type: none"> <li>• Emotional/physical/sexual abuse</li> <li>• Sexual harassment</li> <li>• Early marriage</li> <li>• Female genital mutilation</li> <li>• Trafficking</li> <li>• Forced prostitution</li> <li>• Denial of access to resources on account of widowhood</li> <li>• Disability</li> </ul>
Productive/ Reproductive	<ul style="list-style-type: none"> <li>• Battery</li> <li>• Marital rape</li> <li>• Abuse on account of dowry</li> <li>• Denial of access to resources on account of widowhood</li> <li>• Workplace sexual harassment</li> <li>• Disability</li> </ul>
Elderly	<ul style="list-style-type: none"> <li>• Abandonment and neglect</li> <li>• Battery</li> <li>• Coerced distribution of resources</li> <li>• Murder</li> </ul>

Three-quarters of defilement cases were said to be perpetrated by close relatives and neighbours. The rest were most often by other persons known to the children, such as teachers, relatives, and others who would lure the children by buying items such as sweets and other foodstuffs in order to gain their trust.

A children's officer gave an account of a male teacher in a primary school who instructed Class 1 pupils to report to school without wearing panties. He would then take turns touching these children indecently. This went on for a long time without exposure until one parent raised the alarm after her traumatized daughter refused to attend school completely.

As demonstrated in Case Study 1 in Appendix 4, children are not only at risk outside of the home environment, but also within it. These children suffer physical and psychological injuries that are at times not detected and have long-term impacts. Some of these effects present both direct and indirect costs, which have social and economic multiplier effects.

In an open discussion with pupils of a primary school in Kilifi, some of the boy pupils said that older women gave them money in exchange for sex. They added that, even though teachers had sensitized them on the dangers of HIV, poverty and demands from school made this option attractive. This is because the money received enabled them to pay for their personal needs and school requirements and take care of their parents and siblings.

Some cases presented to children's officers have interpretation challenges. One officer gave the example of women who report their husbands for neglect of their children. After investigations, it might be found that there is no GBV between the man and his wife, and the neglect of the children arises out of poverty – the man has no means of livelihood or has recently been retrenched from his job, or the children's needs in school far exceed what the family can provide. This situation forces some of the children to drop out of school, which causes the wife to report the husband to the Children's Department. Such a situation can actually become a source of GBV between the couple or lead the man to anti-social activities such as heavy drinking, in turn perpetuating the cycle of GBV.

## 4.2.2 Violence against Children by Parents and Guardians

The Children's Act (2001) Part III Article 23 clearly outlines parental responsibility regarding a child, including protection, care, education, guidance, and counselling. However, orphans, children from households where parents are separated, and others are at risk due to neglect and abuse. Some parents use extreme measures to punish errant children. One service provider told of a nine-year-old boy whose mother tied both his hands, placed them in a polythene bag, and burnt them because he had allegedly stolen KES 20. The child was so severely burnt that he was hospitalized for over a year.

The mother was arrested and charged with the offence of causing grievous bodily harm; she was incarcerated, but unfortunately died in prison. On discharge from the hospital, the boy was placed in a children's home, where he needed full-time care as he could not use his hands. A surgeon volunteered to perform reconstructive surgery (a procedure that normally costs KES 750,000 per hand). The surgery could not be done at once for both hands, as each hand needed to be enclosed inside the body for over five months of intensive care to ensure the grafting succeeded. Although the surgeon carried out the operation for free, costs were incurred for accommodation and transport, as well as medication, physiotherapy, and other procedures. Due to the massive injuries the boy received, he missed school for over three years and had to restart Class 1 at the age of 13. The boy will suffer social and emotional trauma all his life. Such costs are very difficult to quantify.

### 4.2.3 Intimate Partner Violence

Intimate partner violence is the most common form of GBV. It affects both single and married people. The findings indicate that the majority of those affected by GBV are single; however, this might simply reflect a reality in which single people are not as constrained by family and other norms and can report the abuses they suffer. The majority of married women do not report abuse due to pressure from relatives to preserve the "family image", while others remain silent because they depend on the perpetrator.

In Itenyi Sub-location, Kakamega East Sub-county, a focus group discussion with elders revealed that, on average, each elder handled three cases of non-injury GBV cases daily. They further reported that most of these cases were handled and finalized at their level, even though no lasting solutions were obtained. It was difficult for them to explain why. However, when challenged by a woman elder, it seemed likely that some of the elders were GBV perpetrators themselves and thus empathized with perpetrators, while others were compromised by the perpetrators – information that was corroborated by the assistant chief. In some cases, female victims of GBV were forced to withdraw their cases due to threats from family members.

The elders added that from their experience they had noted that young girls were the most affected by intimate partner violence, with fathers often abusing their daughters once a wife left the home. The elders said their conflict resolution processes strived to make sure that wives did not go away, so as to protect the girl child, but they also noted that they lacked adequate training in conflict and GBV management. Alcoholism and HIV were cited as the main contributors to such abuses. Because of general neglect, boys also suffered, resulting in some of them engaging in crime.

In Narok, a focus group discussion with women participants established that married women felt they had no means by which to voice their concerns and challenges. They stated that, whereas the issue of the girl child was well articulated and advocated for, married women had no such voice.

Men under the age of 35 years also had no voice, as the decisions of the elders were final.

#### 4.2.4 Gender-based Violence against the Elderly

Generally, elderly people face GBV on account of competition for scarce resources. Their siblings and children often believe they hinder access to resources, as demonstrated by Case Study 2 in Appendix 4.

In Kilifi and Migori Counties, the elderly were found to be particularly at risk. In Migori, GBV is perpetuated against elderly retired men by their young wives when they are not able to provide for them as they did before. A retired primary school headmaster narrated that he often took refuge at a subdistrict hospital, where he felt safe and could count on sympathetic staff to provide him with a meal.

In Kilifi, elderly people were particularly at risk of being branded witches by their families in a bid to force them to distribute land. At the Kilifi Police Station, the team was informed that on average ten bodies of elderly people are collected from various parts of the county per week and brought to the mortuary. The wall of silence within the community prevents the police from pursuing such cases. The team was informed that such cases were always preceded by a family dispute over land, during which the elderly person(s) would be branded a witch. The elderly person would then be killed without anyone raising alarm, as this was

seen to be a cleansing process and, therefore, a service to the community. When deaths occurred in the family, elderly women often suffered a similar fate, being held responsible even if they were innocent.

To eliminate GBV cases among the elderly in Kilifi and provide a mechanism for community-based conflict resolution, the Ganze District Cultural Association was started in 2008 at Kaya Godoma, Mrima Wa Ndege Sub-location. The main objective of the association is to promote peace between the elderly and young people using community-based conflict resolution mechanisms. The community-based organization advocates for the education of young people, and promotes sustainable farming activities. Its mandate is to protect and rescue elderly persons who have been accused of witchcraft. During the study team's visit to the kaya, there were 16 elderly people (15 men and 1 woman) being sheltered at the kaya, where they had stayed for between six months and three years. Case Study 3 in Appendix 4 illustrates the challenges faced by these elderly persons.

The process of brokering peace between the elderly persons and their families is long and laborious and can take up to three years. Old people would only be released back to their families once Ganze District Cultural Association was sure that they had been fully accepted. The association works closely with government institutions to ensure that perpetrators are arrested and prosecuted. This collaboration has resulted in a reduction in murders of the elderly, from a high of seven per day in 2008 to nil by 2013. However, officials

also reported that immediately after the death of the founder in May 2015, an elderly man was murdered in the location. The organization was monitoring developments.

The team was informed that the main challenge for the kaya was inadequate resources to cater for these elderly persons, who could no longer fend for themselves. Costs included food for the old people, 17 volunteer kaya *askaris* (security personnel) who ensured that the elderly were not harmed while in the kaya, and 15 men and women who mediate between the old people and their families. Other charges included transport to and from the mediation venues, consultation with police or the county administration where necessary, and documentation that may be required.

### 4.2.5 Gender-based Violence against Persons with Disability

Persons with disability face GBV on account of their disability. Due to their gender and vulnerability, women with disability face a greater risk of GBV. In Kakamega Central Sub-county, a 26-year-old man was disinherited on account of his disability (he is deaf); the last born among four brothers witnessed his parents subdivide their land into three equal portions among his three brothers, leaving him out of the equation. His attempt to seek justice at the chief's office and the Kakamega Police Station was not successful due to communication challenges, as these institutions lack sign language interpreters. The man, who has

a Form Four education, further narrated how he had always faced discrimination from his family on account of his disability, but he praised a health service facility that had attended to his wife (who is also deaf) without discrimination. His main challenge was that he was not able to access a public or private institution that would help him pursue justice. He was living in rented premises in a trading centre near his parents' home and reported that he suffered psychological torture seeing his brothers settle on land they had inherited from their parents while he had received nothing.

In Migori County, a physically handicapped woman shared her experience of a relationship she had that resulted in pregnancy. After she delivered, the man forcibly took away the infant, claiming that her disability prevented her from being accepted as his wife by his family and also from taking care of the child properly. He placed the child under the care of his mother, exposing the newborn to possible disease and emotional distress. The woman was traumatized by this act, as she was extremely worried about the welfare of her child. Fortunately, through the intervention of the Children's Department, the child was returned to her, with the man promising to pay maintenance for the child. However, he never honoured this agreement, resulting in the matter being taken to the Children's Court; the case is pending.

The woman, who runs a beauty salon, reported the losses she has incurred due to this GBV incident, including the time she spent away from her business when she accompanied the children's officer to collect the baby and during arbitration



meetings and court appearances. Other costs include transport – persons with disability are charged more to use a *boda boda* (motorcycle taxi), as the transporters perceive an increased risk. Discussions with other persons with disability revealed that most services and activities of the National Council for Persons with Disability were still centralized. It therefore took time for persons with disability living outside of Nairobi to easily access services. They recommended the devolution of services such as registration of persons with disability to the county level to benefit from county programmes such as waivers on business licences. They also recommended that service institutions provide sign language interpreters.

## 4.2.6 Gender-based Violence in Correctional Institutions

Correctional services are provided in prisons for adult offenders and rehabilitation schools and borstal institutions for juvenile and young offenders. The study team only managed to visit prisons. Testimonies received from perpetrators interviewed in prison indicated that sexual violence was an issue plaguing Kenyan prisons. While male inmates might be branded as perpetrators upon arrival in prison, it is alarmingly common for them to end their sentences as victims, as some prisoners testified. Nevertheless, sexual violence in prisons remains an invisible issue. According to one prison officer, “We are aware that this is happening, but no prisoner will come forward to say it happened.”

According to an article by Sonke Gender Justice on sexual abuse in South African prisons, “the stigma of rape, when perpetrated against men and boys, contributes to making sexual abuse in prisons a taboo subject. With high crime rates, society has little sympathy for offenders, often accepting sexual abuse as part and parcel of the prison sentence. Even though sexual abuse occurs most often between male inmates, the underlying causes of prison rape reinforce traditional gender norms and negative ideas of masculinity. Within these relations, one inmate with financial capacity assumes a dominant role and emasculates and feminizes his victim through rape. Wanting to regain a sense of manhood, victims then feel justified committing further acts of sexual abuse, feeding into a cycle of violence.” This cycle has inherent dangers, because some of the perpetrators and survivors are HIV-positive. There is also psychosocial trauma inflicted on the abused prisoners, as narrated by a service provider who is providing trauma counselling to a released prisoner.

With regard to female prisoners, prison officers identified those who they said should be treated as survivors, as they were in prison courtesy of their livelihoods and coping strategies (e.g. drug trafficking, prostitution, selling illicit brews) and needed a different approach to the management of their cases.

There was the case of a woman on remand in Narok Prison who had been arrested at the instigation of her husband after they fought because her husband took money she had borrowed from a financial institution to invest in her hotel business. She had left behind a two-year-old child and was

traumatized and worried about the child and the state of her business. Her case is highlighted in Case Study 4, Appendix 4.

In Migori County, a 65-year-old woman has been on remand for five years awaiting trial for killing her husband; her husband always assaulted her whenever he came home drunk. On the day she is alleged to have killed him, she had fought back without realizing that she had fatally injured him. She was traumatized, as there was no one to take care of her home and her grandchildren who had been orphaned through HIV. These grandchildren had since dropped out of school, while her remaining children were fighting over the property. The situation had left her bitter and stressed, leading to ill health.

At the Kilifi prison during an open discussion with a group of prisoners, many said that their lack of education contributed to their falling into a life of crime; others expressed concern that possible stigmatization after their release from prison would make them become repeat offenders.

Prison officers were unanimous in stating that weak links among service providers contributed to the violation of the rights of the prisoners. It is necessary to carry out an independent study to authenticate these findings and to determine the most effective strategies to handle GBV in prisons.

Apart from GBV in correctional institutions, it is noted that men and boys in the broader society also suffer sexual violence when they are sodomized by other men.

### 4.2.7 Emerging Frontiers for Gender-based Violence? *Keshas* and *Boda Boda* Riders

Many communities in Kenya engage in specific cultural practices when a person dies. One common practice is keeping vigil (*keshha*) at the home of the deceased family. These *keshas* or *disco matangas* are normally accompanied or followed by loud music, singing, and prayers. In Kilifi, it was found that the *keshas* are increasing the vulnerability of young girls, as men take advantage of the occasion to waylay and defile them. In such circumstances, seeking justice for the survivor is difficult, as the darkness shields the perpetrator from identification.

In a span of a few years, motorcycle transport has become one of the most effective methods of transportation for Kenyans. It is also a source of employment for thousands of youth in all counties.

The trade has also led to an increased school dropout rate for boys due to the relative ease of obtaining a motorcycle and the laxity in enforcing operating regulations. The majority of the riders are neither licensed nor properly trained. Informants in all the counties indicated that, apart from being a major cause of accidents (some hospitals have dedicated wards for motorcycle accident victims), it is emerging as a frontier for GBV.

In all counties, it emerged that *boda boda* riders perpetrate GBV on school-going girls by touching

them indecently or promising them free rides as they walk to or from school. In Kakamega Central Sub-county, a children's officer told how the situation had deteriorated to the point that parents no longer felt safe allowing their children (especially girls) to walk to school by themselves, preferring instead to escort them. Attempts to sensitize these youths about their acts being criminal offences punishable by law are laughed off with claims that it is a normal practice and that the "girls should stop complaining about being given attention".

Most pregnancies that result in girls dropping out of secondary school are attributed to these *boda boda* riders, who lure the girls with money and other presents. They also use money to then bribe their way out of the situation.

In Kilifi County, a chilling scenario emerged. Anecdotal evidence suggests that, apart from *boda boda* activities causing boys to drop out of school, the lure of owning a motorcycle was making many youths fast-track the death of elderly parents or grandparents so that they could sell land to buy motorcycles. Youths were trained and hired to kill the old people in exchange for substantial sums of money. An amateur can receive up to KES 5,000 per job, while a professional assassin can get a fee of up to KES 40,000, making this an attractive option for these poorly educated and unskilled youth. As one respondent said: "Today it is the old people being killed, tomorrow it will be you or me, and we do not know who else they will offer themselves to as hired killers, but by then it will be too late. All of us will be in trouble!"

## 4.3 Health Outcomes of Gender-based Violence

### 4.3.1 The Role of Health Services in Responding to Gender-based Violence

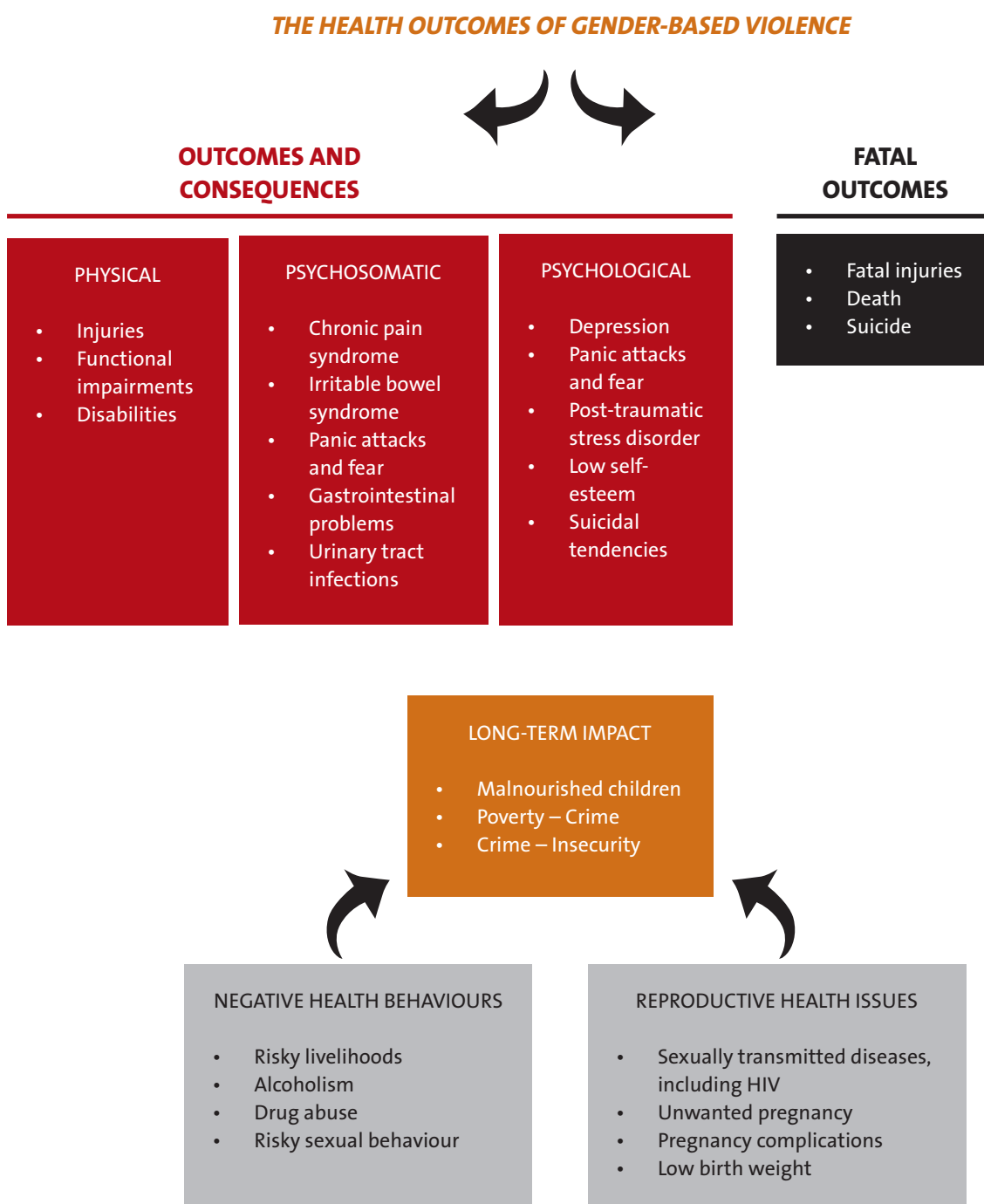
GBV is not only a health problem, but also a human rights issue. Responses to GBV therefore need to be multi-pronged, starting from the health services (where the victim is likely to report to first). The health centres tend to have linkages to legal and social services to support survivors of violence.

GBV leads to numerous health problems, burdening the health system's scarce resources, limiting the productivity of women, and directly impacting the well-being of families and communities.

Health care professionals have a poor response because they often do not recognize the impact of violence on women's health, or they may consider it a private, domestic matter that is not relevant to their work. Others are ill equipped to deal with the problem because their training does not reflect GBV as a concern. Worse still, health workers lack direction on where to refer the victims for further support.

GBV can put survivors at risk of developing negative behaviours and psychosomatic and psychological disorders; survivors are known to

**Figure 6: Summary of the Health Outcomes of Gender-based Violence for Survivors**



become anxious, lack trust in people, and often succumb to alcoholism. As a result, women who are subjected to violence have an adverse impact on the mental health of their children. It has been found in some countries that the percentage of children who have frequent nightmares, who are aggressive, and who wet their bed often is higher among children of women who have been subjected to violence<sup>1</sup>.

Victims of GBV tend to seek medical attention more frequently than others, and this is often related to psychosomatic disorders such as respiratory and gastrointestinal difficulties, urinary tract infections, and chronic pain. The increased frequency of seeking medical attention increases the burden on a health system that already has scarce resources.

The long-term consequences of GBV include depression, post-traumatic stress disorder, low self-esteem, and suicidal tendencies. These conditions often go undiagnosed and untreated; the victims' ability to undertake social and economic activities tends to reduce, which in turn limits their income. Absenteeism often increases among those who are employed and may lead to eventual loss of employment. Case Study 5 in Appendix 4 vividly demonstrates the long-term impacts of violence<sup>2</sup>; the compounding effect of the trauma and the consequences thereafter leads to decreased productivity. Assuming that women tend to be a bigger

<sup>1</sup> World Health Organization, *Multi-country Study on Women's Health and Domestic Violence, Country Fact Sheet Serbia Montenegro*, 2005.

<sup>2</sup> Although this case study does not meet the criteria for the study, it was taken up by the study team due to its demonstration of the devastating impacts.

proportion of victims, the impact on children under their care is immense, with lack of care and appropriate upbringing, lack of proper feeding, and lack of school fees. Children are often burdened with the responsibility of earning their daily bread. The long-term effects of GBV on children are extremely detrimental and have immeasurable negative impacts on the next generation. Children who grow up in violent households are more vulnerable to violence themselves and prone to unwanted behaviours.

## 4.4 Gender-based Violence Is an Issue of Concern

GBV violates the fundamental right to life, liberty, security, dignity, non-discrimination, and physical and mental integrity, and is therefore a direct breach of the Constitution of Kenya.

There are a variety of specific impacts on a survivor's life:

- Violence in women's lives ranks higher than smoking, obesity, or high blood pressure as a contributor to death, disability, and illness<sup>3</sup>.
- There are significant links between GBV and a range of other reproductive and sexual health problems, including sexually transmitted diseases, unwanted pregnancies, contraception issues and abortion, maternal morbidity and mortality, and adverse pregnancy outcomes.

<sup>3</sup> Day, T., K. McKenna, and A. Bowlus, *The Economic Costs of Violence against Women: An Evaluation of the Literature*, 2005.

- There is a significant association between perceived or actual HIV risk and higher levels of GBV<sup>4</sup>.
- Children who witness or experience violence have lower educational attainment and are likely to engage in crime or other anti-social activities.
- GBV perpetuates and reinforces gender inequality.

Case Study 6 in Appendix 4, as told by a key informant in Kakamega Central Sub-county, serves to illustrate the challenges faced by survivors, their families, and, to some extent, service providers.

#### 4.4.1 Gender-based Violence Rescue Institutions

Rescue centres in Meru and Narok offer safe houses to girls who otherwise would be affected by female genital mutilation. The presence of GBV monitors in Meru County and paralegal organizations in Migori and Narok Counties have made a difference and have increased awareness about the problem, enhancing the willingness of the community to report GBV cases. However, the boy child still faces great risk due to lack of organizations which handle boy child issues – this is despite increased reports of violations against boys.

In Migori County and Kuria East and Kuria West Sub-counties, societal pressure for girls to

undergo FGM is intense. In this region of Kenya, girls volunteer to be circumcised for fear of being ostracized by their peers who have undergone the cut. The effect is that most of these girls eventually drop out of school to go through this unfortunate rite of passage (and often subsequent early marriage).

An FGM perpetrator jailed for seven years at the Migori Women's Prison for practising FGM was unapologetic of her actions. She claimed that FGM was demand-driven, saying that during the circumcision period she would circumcise up to 100 girls per day, each one paying 500 shillings. She added that she was not initially a circumciser, but had trained to become one due to demand for circumcisers, and because her cereal and petty trading business was not as lucrative. On being asked about the health concerns and risks, she said each girl came with her own razor blade and that the herbal medicine used was very effective. However, it is clear that these girls are at risk of infections such as HIV and hepatitis. The team was also told that some health care workers were practicing FGM within health facilities, thus legitimizing the practice by providing a “safer” option.

Key informants also informed the study team that in a community in Migori County, the peer institution is very strong and affects both men and women. It was the major driver of FGM, and often boys and young men received life-changing injuries for being seen to be transgressing the accepted gender norms by, for example, being circumcised in the hospital or not participating

<sup>4</sup> Duvvury, N., P. Carney, and N. Huu Minh, *Estimating the Costs of Domestic Violence against Women in Viet Nam*, 2012.

in activities that culturally defined a man in the community.

The problem is how to strike a balance between policy and culture to ensure that awareness of

the dangers of FGM is enhanced. Some key informants were of the view that there exists an opportunity to positively harness the peer institution as a powerful advocacy tool to address GBV from within the community.

# SECTION 5: THE ECONOMIC IMPACT OF GENDER-BASED VIOLENCE

## 5.1 Limitations of Quantifying the Impact of Gender-based Violence

It is important to bear in mind that the monetary value attributed to GBV cannot quantify the full extent of its impact. This is because there are costs that cannot be quantified, yet they are real. No study has attempted to put a cost to the pain and trauma survivors and their families' experience. A police officer narrated how some cases of sexual GBV against children played out in court. Child survivors who encountered the perpetrator in court were still so traumatized that some would start screaming uncontrollably, while others ran to hide and others even fainted. Such trauma lives with the child for a long time. GBV, therefore, impacts hugely on quality of life for the survivors, with some of it unquantifiable.

## 5.2 Economic Burden of Gender-based Violence

This study is not able to provide a comprehensive countrywide account of the costs of GBV due to the various challenges of triangulating data, the nature of services provided at health facilities, the duration of the legal costs, and family and other community issues. However, it is possible to deduce with some certainty a minimum cost of GBV to survivors and the Kenyan economy.

Establishing a monetary value for GBV brings out the magnitude of the suffering endured by survivors and their families in monetary terms, thus enabling GBV to be discussed within the framework of its impact.

The results of this study indicate that almost 46 billion shillings are lost by survivors alone as a result of GBV. Based on the current population



of 40 million, this represents almost 1.1 percent of gross domestic product. From this estimation, it can be deduced that the overall loss to the economy as a result of GBV can be as high as 10 percent, if all the resources channelled into treatment, management, prevention, litigation, and other activities are also taken into account.

Thus, measuring the costs of GBV demonstrates how violence drains resources that would otherwise have been used to pursue a development agenda. This is not just a loss to survivors, perpetrators, and their families, but presents significant costs to businesses and the private sector, all levels of government, and civil society.

This is particularly important for Kenya, where it is crucial not to remove scarce resources from efforts to promote healthy and viable communities. *Essentially, the cost of violence demonstrates the waste of resources, which could be more effectively used.*

### 5.2.1 Limitations of Putting a Cost to Direct Expenses

Estimating direct costs, as indicated earlier, is fairly straightforward. However, it is possible that survivors and families might be underestimating the costs. Medical costs include: consultations, X-rays where applicable, medicine, theatre, hospital bed charges where applicable, return visits, and time spent during these visits.

Other direct costs include transport for oneself and one's caregiver, and the cost of documentation

if the case has not gone through a GBV recovery centre.

Some estimation of costs:

- In a mission hospital in Migori, the cost of treating a survivor who required surgery and a hospital stay of three days was estimated at KES 30,000, covering consultation, bed, theatre, medication, and counselling.
- The study has attempted to estimate the direct monetary cost of the daily upkeep of a child in a home, based on information from Little Prinz Children's Home in Shinyalu. From discussions with staff, on average it takes about two weeks to stabilize a child from the time of rescue. Table 16 gives the indicative costs.

Table 16 estimates the costs of caring for one child for one day in a very basic children's home. If this child has any health issues which require specialized consultation and care, the child would have to be referred to an urban facility (see table for costs).

In summary, based on the above costs and the assumption that a child would stay in a home for some weeks, it is possible to approximate the costs for one month (see Table 17).

This is a modest estimate based on the upkeep of a child treated for jiggers. It does not include any major health issues or any school-related activities or home visits. Cases of jigger infestation and malnourishment do not involve other forms of treatment. For example, a child who has been defiled and admitted to hospital for treatment may require surgery for injury management, forensic

**Table 16: Estimated Daily Costs of Caring for One Child (KES)**

Daily feeding (good nutritional state)	200
Managing malnourished child daily	500
Treating minor ailments daily	140
Doctor's consultation	1,500
Transport to health facility in Kakamega and back	300
Daily honorarium for volunteers on average	500
<i>Daily subtotal</i>	<i>3,140</i>

**One Time Expenses for Urban Facility (KES)**

Referral to Nairobi or any other major urban centre for specialized treatment	50,000
Clothing, including bedding	2,000

**Table 17: Maintaining One Child for One Month**

<b>Activity</b>	<b>KES</b>
First two weeks 500 x 14	7,000
Second two weeks 200 x 14	2,800
Treating minor ailments for about one week 140 x 7	980
One doctor consultation per child	1,800
Clothing and shoes	2,000
<i>Total minimum cost per child per month</i>	<i>14,580</i>

examination, post-exposure prophylaxis, infection prevention, and trauma counselling for both the child and their parent, thereby increasing the cost of management.

### 5.2.2 Limitations of Putting a Cost to Indirect Expenses

Indirect costs are both tangible and intangible, as highlighted in the case studies in Appendix 4, and have challenges related to quantification. This is because survivors have different experiences of GBV and different processes for getting help and mitigation.

The case of JC described in Case Study 5, Appendix 4, is an example of the complexity of estimating indirect costs where there is loss of productivity, loss of life, and the chronic depressive stress condition of the survivor. Often, the depressive condition of the survivor remains undetected and undiagnosed, leading to a cycle of poor health and loss of productivity.

## 5.3 Broad Impact of Gender-based Violence

GBV has various effects on survivors, perpetrators, families, and society, as indicated below. This ultimately translates to an overall impact on the national economic interests.

### 5.3.1 Effect of Gender-based Violence on the Survivor

In view of the limitations cited above, it would be important to understand how GBV affects survivors before any attempt is made to estimate the costs he/she incurs. Field experience shows that GBV has major physical and psychological effects on survivors. The most visible effects include loss of income for those in gainful employment, physical bodily harm, violation of the person and of privacy, and destruction of ego. Furthermore, GBV ruins family units and causes untold physical suffering and psychological torture and trauma. This in turn denies survivors self-esteem and the “feel-good” factor about themselves, their families, and their country. It weakens societal links and greatly hampers efforts towards national cohesion and reconciliation. GBV effectively marginalizes the survivor.

### 5.3.2 Effect on the Perpetrator

The findings from the field show that GBV gives the perpetrator a false sense of heroism in circumstances where traditions seem to protect him/her. Despite that reality, the perpetrator will be isolated and subjected to sanctions, scorn, abuse, and even physical harm once identified. Action against the perpetrator could lead to him/her being ostracized, incarcerated, and stigmatized.

### 5.3.3 Effect on the Family

The study shows that GBV has far-reaching consequences for the family. It destroys the family unit by creating fear and suspicion between spouses, which may lead to the break-up of marriages. It causes loss of confidence, depletes trust, and may lead to death through suicide or murder. Even families that survive a break-up may become totally dysfunctional.

### 5.3.4 Effect on Society

The effect GBV has on survivors, perpetrators, and their families leads to the destruction of relationships and puts a severe strain on the fabric of society. This diminishes basic economic production units, with unquantifiable indirect costs to society. Both the direct and indirect costs impose serious limitations on balanced economic development. In addition, GBV hampers change, largely because of unbending cultural practices that promote FGM, wife inheritance, peer pressure, etc. Overall, GBV has an impact on crucial elements of national interest: national security, economic development, national prestige, and national power.

GBV causes pain and trauma. A key informant in Migori said that they receive patients who have suffered physical injuries and have been battered. The informant advocated for the urgent setting up of comprehensive GBV recovery centres, which are

important for counselling. She added that patients who have physically recovered remain bitter and traumatized. As there is no follow-up after release, hospital staff have no idea what happens when they leave the hospital. Some may die from repeated battering, while others become perpetrators by killing or injuring the original perpetrators. Thus GBV undermines the safety, dignity, health, and human rights of the people who experience it, and the public health, economic well-being, and security of the nation:

- GBV is a national concern. It is an issue that impacts negatively on national security, which in turn affects economic, social, and political activities. It affects survivors, perpetrators, and their families in their daily lives and hampers efforts at nation building.
- GBV destroys victims and family units, and has severe consequences for efforts towards national cohesion and reconciliation.
- GBV is also an economic issue. Analysis from the data collected and other references mentioned above points to a negative impact of between 7.8 and 10 percent of the gross domestic product of Kenya, loss of production, and opportunity costs to the survivor, their family, and society.
- GBV denies survivors self-esteem and the “feel-good” factor about themselves, their families, and their country.

## 5.4 Lessons Learned

- Measuring the costs of GBV demonstrates how violence drains resources from affected groups. This includes not only the perpetrators and survivors, but also the public, civil society, and the private sector. Costs include health, justice, other service costs, lost earnings, lost revenues, lost taxes, and economic and social multipliers, which are the cost of children witnessing and living with violence (such as increased juvenile and adult crime). It includes trauma and other health effects suffered by immediate family members as a result of the GBV committed against one member of a household. Ultimately, society as a whole pays the cost of not addressing GBV in general and against women specifically.
- GBV is a complex issue that sometimes goes unnoticed or is deliberately hidden. Effectively bringing out the key issues in different environments and settings requires time and resources.
- Standardization of a common understanding of GBV is important for effective multisectoral GBV programming.
- Enhanced awareness of the costs of GBV to society should strengthen arguments for urgent interventions by government, civil society, and businesses. It provides a reference point for understanding the magnitude of the problem and for informing such interventions. Since the costs affect everyone (even though in some cases the abuse may be private), it brings GBV into the open as a pressing societal issue. For example, the 1999 declaration by retired President Moi of HIV as a national disaster and high-profile campaigns on drink driving, smoking, and vaccinations have helped to galvanize action. Similar action is needed to tackle GBV; it is appropriate and urgent for society to intervene, even when GBV touches on private affairs or goes against existing norms.
- Businesses are affected by the consequences of GBV through lost time and productivity; demand for products and services is reduced due to diverted resources. Demonstrating these costs should help to influence businesses to respond to GBV in their workplace by embracing gender-friendly policies and setting up effective units to manage GBV. When it is clearly demonstrated that GBV affects the profit margin, there is an incentive for businesses to lobby governments to work towards effective prevention strategies and also to implement their own prevention and support programmes.
- This study demonstrates that perpetrators and their families incur heavy losses arising out of the incarceration of the perpetrators, the cost of litigation, and the loss of time and productivity, yet perpetrators and their families remain part of society. It is difficult to explain what causes a 50-year-old male teacher to defile an 11-year-old girl under his care. It is important to ponder what measures can be put in place to prevent such tragedies from happening. This study should help to raise awareness among perpetrators on how they pay for both their own and each other's violent behaviour. This should help bring about the cultural and mindset change that is required to eliminate GBV.

# SECTION 6: RECOMMENDATIONS

## 6.1 Overall Recommendations

This report has established the extent to which GBV is prevalent in Kenya. This calls for strong action by the three arms of government to address the problem. In our view, action should be premised on the “*inalienable and indivisible*” human rights, as provided for in the Bill of Rights in the Constitution of Kenya. These are fundamental and should not be trampled upon, though they may be limited through determination and punishment by a competent court of law, as contemplated in the constitution. For example, if, in exercising his/her rights, a person violates the rights of other people, such a person will be given an appropriate sentence after trial.

If the respective authorities take action with a view to reducing gender-based violence, this could generate immense benefits for survivors, perpetrators, their families, and the country. There will be huge savings with regard to costs and productivity; there will be more working days and reduced mortality.

Although this study is largely illustrative, with qualitative findings, a quantitative costing has been estimated. The implications of GBV costs on the country are well demonstrated. What remains are the challenges of ensuring that the findings of this study raise awareness to enhance prevention and promote measures for change.

The following recommendations include those proposed under county and national governments, as well as cross-cutting ones.

### 6.1.1 National Government

#### STRENGTHEN PROGRAMMES IN CORRECTIONAL SERVICES FACILITIES

1. Commission a study to establish the extent and impact of GBV in correctional services facilities.
2. Advocate for and establish in-house GBV reporting and safe houses for prisoners who suffer GBV while incarcerated.

## 6.1.2 County Government

### STRENGTHEN COMMUNITY SYSTEMS TO DEAL WITH GENDER-BASED VIOLENCE CASES

1. Commission county-specific studies to estimate the economic burden of GBV in counties to facilitate county-specific GBV programming.
2. Reinforce and enhance the network of county-specific GBV working groups to facilitate community education and outreach. Coordinate survivor referral, provide safe spaces and shelters, and oversee response with relevant stakeholders and service points for cases reported to community structures.
3. Enhance the mainstreaming of gender at county facilities through maternal, newborn, and sexual and reproductive health activities; this includes orienting facilities and community-based providers towards GBV prevention and response, counselling, and strengthening referral mechanisms.
4. Strengthen county programmes that seek to cultivate male involvement through the engagement of male sexual and reproductive health champions to raise awareness and lead dialogue around masculinity, gender biases, GBV, and HIV/AIDS.
5. Advocate and strengthen GBV activities by local organizations to enhance community and grass-roots participation so that communities can actively discuss and deal with sociocultural norms and inequalities that are the root causes of GBV.

## 6.1.3 Cross-cutting

### A) BUILD ON COST ESTIMATES, INCLUDING COSTS TO IMPLEMENT GENDER-BASED VIOLENCE LEGISLATION, POLICIES, AND SERVICES

1. Conduct specific case studies to determine the costs borne by businesses as a result of GBV, which will be useful in assessing the economic impact of GBV on employers. Information obtained from the studies should then be used to lobby for the private sector to partner with the government to invest in GBV prevention programmes.
2. Estimate fully the resources required to implement legislation and policies related to GBV, including the Domestic Violence and Sexual Offences Acts, which will be key information for understanding the economic impact of GBV. This should be used as a benchmark for resource allocation by county and national governments.

### B) DEVELOP AN EFFECTIVE INTER-SECTORAL FUNDING AND COORDINATION MODEL

1. Declare GBV a national disaster – taking into account the estimated cost to the economy of KES 46 billion – and institute a multi-sector response funding and coordination model, similar to the approach used to implement HIV/AIDS-related activities. There is a need to strengthen the capacity of the NGEN to provide the leadership required to coordinate and oversee the implementation of GBV legislation, policies, and programmes.

2. Establish a clearly defined inter-sector budgeting allocation resource mechanism that will also mitigate challenges in implementing legislation related to GBV. The goals of the coordinated response should be to minimize duplication and enhance the effectiveness of services. Within county governments and national government ministerial departments, ring-fencing of funding is important for ensuring that funds intended to support GBV are used as such and are not reallocated for other purposes.
3. Develop a national and county database for sexual offenders that will help screen out potential paedophiles and rapists from gaining employment in public and privately owned institutions dealing with children and other vulnerable groups.

### **C) STRENGTHEN POLICIES AND SERVICES FOR GENDER-BASED VIOLENCE SURVIVORS**

1. Enhance health and other service provision facilities for GBV care, and support readiness in terms of private space, laboratory equipment, and drugs. Emergency measures should include contraception procedures, infection prevention procedures, equipment, facility–community linkages, provider skill enhancement, and the availability and use of data collection tools, job aids, and up-to-date guidelines.
2. Advocate for the integration of GBV screening in outpatient health facilities and school health programmes to identify GBV survivors and link them to appropriate treatment and other psychosocial support services.
3. Commission a study to establish the causative factors fuelling GBV against men.
4. Build provider capacity through continuing education, on-the-job training, training of trainers, and supportive supervision for comprehensive, non-discriminatory care for survivors, injury management, forensic examination, and post-exposure prophylaxis. Other measures should include contraception, trauma counselling, psychosocial support, legal aid, maintenance of confidentiality, preservation of evidence, and free services such as documentation, testifying in court, and referrals (if necessary).
5. Enhance psychosocial support services by facilitating at every service point the employment of the following necessary skilled staff: psychiatrists, psychologists, trauma counsellors, and social workers to provide individual, group, and family therapy.
6. Provide a platform to enhance and advocate for policy change (where necessary), guideline formulation, and the rights of vulnerable, marginalized groups through the strengthening of GBV working groups.
7. Encourage and advocate for mass media campaigns that highlight the root causes of GBV, encouraging discussion and dialogue to eliminate the problem.



## 6.2 Opportunities for Further Research

1. The study has provided the opportunity to create awareness about GBV as a serious policy issue.
2. It is clear that there is need for specific studies on the impact of GBV on children, as well as the causes of violence in institutions of learning. The study should further explore the long-term economic impact and burden of school dropouts resulting from GBV.
3. There are children who have been placed in institutions because of abandonment, neglect, and defilement. There is a need to establish the lifelong impacts of GBV on such children, with a view to addressing the problem.
4. There is a dearth of information and documentation on violence against men. Studies on this emerging issue will help to better understand the correlation of violence between men and women.
5. The gaps in this study call for specific studies in different environments such as hospitals, health centres, and correctional facilities (prisons, borstal institutions, and correctional schools).
6. Community-based conflict resolution mechanisms appear to be the first point of reference for most GBV survivors in the community. However, these mechanisms are not always effective and at times perpetrate injustice against the survivors. Some, such as the Kaya

Godoma model, are positively impacting survivors. Mechanisms that are guided by the knowledge held by ordinary people in the community and carried out by those close to and most impacted by the violence in the same community that the violence occurs can be harnessed to create powerful change agents within communities.

7. The study has exposed the weaknesses in policy and legal frameworks, which require immediate action in the form of strengthening partnerships in the implementation mechanisms among stakeholders and agencies. This will help map out service providers dealing with GBV and identify who is responsible for taking certain measures for effective collaboration and coordination.

## 6.3 Conclusion

The relevant authorities should take further action, as proposed in the opportunities arising from the study, in the search for a comprehensive solution to tackling the GBV menace. This study has generated information and awareness hitherto unavailable to policy and decision makers. Its findings deserve great attention and consideration in planning. We firmly recommend that, after the publication of the report, a documentary of the case studies and other situations described in the report be made for posterity.

# REFERENCES

- African Development Bank, *Gender Dividend: The Economic Benefits of Investing in Women*, 2014.
- Ashford, Lori et al., *The Crucial Role of Health Services in Responding to Gender-Based Violence*, funded by USAID under the BRIDGE Project.
- Aura, Dr. Ruth, *Situational Analysis and the Legal Framework on Sexual and Gender-Based Violence in Kenya: Challenges and Opportunities*, National Council for Law Reporting (Kenya Law), 2015.
- European Union, *Estimating the Costs of Gender-based Violence in the European Union*, Luxembourg: Publications Office of the European Union, 2014.
- Health Promotion International*, “Violence and Health: The Ultimate Public Health Challenge”, Volume 17, Issue 4, pp. 293–295.
- Hwenha, Sylvester, *Reframing Interventions to End Gender-based Violence in South Africa: Lessons Learnt from CSI Funded Programmes*, First Rand Foundation.
- Kenya National Bureau of Statistics, *Kenya Demographic and Health Survey: Key Indicators*, 2014.
- Kenya National Bureau of Statistics and ICF Macro, *Kenya Demographic and Health Survey 2008-09*, Calverton, Maryland: KNBS and ICF Macro, 2010.
- Kenya National Bureau of Statistics and ICF Macro, *Kenya Demographic and Health Survey 2014*, Calverton, Maryland: KNBS and ICF Macro, 2015.
- Munguti, Nzoya, Luk Cannoodt, Wilfred Githinji, and William Mainad, *An Estimate of the Economic Costs of Injuries Due to Interpersonal and Self-directed Violence in Kenya*, Ministry of Public Health and Sanitation, 2007.
- National Gender and Equality Commission, *National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya*, December 2014.
- Scaling up Gender-Based Violence Prevention and Response in Nairobi and Coast, Kenya*, funded by USAID Kenya and AIDS, Population, and Health Integrated Assistance Plus (APHIAplus), July 2013.
- United Nations Economic Commission for Africa, *Violence against Women in Africa: A Situational Analysis*, UNECA and African Centre for Gender and Social Development, 2012.
- WAVE and United Nations Population Fund, *Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia: A Resource Package*, 2014.

# APPENDIX 1: SURVEY TOOLS

## INFORMED CONSENT FORM (SURVIVOR)

[Name of Principle Investigator]

### Informed Consent Form

Name the group of individuals for whom this consent is written. Because research for a single project is often carried out with a number of different groups of individuals – for example, healthcare workers, patients, and parents of patients – it is important that you identify which group this particular consent is for.

This informed consent form is for the survivors of gender-based violence and their families and parents/guardians of child survivors who we are asking to participate in research on the economic burden of gender-based violence to the survivors and their families.

Name of Principal Investigator: Dr. Julius Korir

Name of Organization: Centre for Policy Analysis (CEPA)

Name of Sponsor: National Gender and Equality Commission, with support from UN Women

This Informed Consent Form has two parts:

- Information Sheet (to share information about the study with you)
- Certificate of Consent (for signatures if you agree to participate)

You will be given a copy of the full Informed Consent Form

### PART I: Information Sheet

#### Introduction

I am \_\_\_\_\_, working for the CEPA. We are doing research on the economic burden of gender-based violence on the survivors and their families in this country. I am going to give you information and invite you to participate in this research. Your participation in this research study is voluntary. You may choose not to participate and you may withdraw your consent to participate at

any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study.

There may be some words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. (If you have questions later, you can ask them of me, the study doctor, or the staff.)

### **Purpose**

The study will focus on violence from intimate partners, within family set-ups, and from outsiders. The study will estimate the costs incurred when women and others suffer domestic violence of any form. The costs will be calculated at two levels: direct monetary costs and social costs.

### **Participant selection**

You have chosen to participate as a survivor or family member or parent or guardian.

### **Confidentiality**

The information that we collect from this research project will be kept confidential. Information that will be collected from the research will be put away and no one but the researchers will be able to see it. It will not be shared with or given to anyone except National Gender and Equality Commission.

## **PART II: Certificate of Consent**

I have been invited to participate in this research to estimate the cost of gender-based violence to survivors, perpetrators, and their families. I have read the foregoing information or the information has been read to me. I have had an opportunity to ask questions about it, and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate in this study.

Name of Participant (print) \_\_\_\_\_

Name of Parent/Guardian (in the case of a child) \_\_\_\_\_

Signature of Participant/Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Day    Month    Year

## DATA COLLECTION TOOL FOR THE SURVIVORS AND THEIR FAMILIES

(The questionnaires are to be filled by the research assistants during the interview with the survivors and/or the survivor's family.)

1. Date of interview ..... (dd/mm/yy)
2. Place of interview (county and ward) .....
3. Name of the survivor .....
4. Gender: 1. Male 2. Female (circle code)
5. Marital status: 1. Married 2. Widowed 3. Single 4. Divorced 5. Others (specify) \_\_\_\_\_  
(circle code)
6. Age (in years): 1. 0–4 2. 5–14 3. 15–29 4. 30–44 5. 45–59 6. 60 + (circle code)
7. Highest level of education: 1. Nursery 2. Primary 3. Post-primary/vocational 4. Secondary  
5. College (middle level) 6. University (circle code)
8. Religion: 1. Christian 2. Muslim 3. Atheist 4. Others (specify) \_\_\_\_\_ (circle code)
9. When did the incident take place? ..... (dd/mm/yy)
  - a. How did this affect you? (Emotionally? Psychologically? Economically? Socially?)
  - b. How did you cope?
  - c. What measures did you take to receive help?
  - d. Who took care of you/the child/mzee/nyanya? (For elderly, children, and persons with disability)
  - e. To whom did you turn for help? Why?

10. Did you/person/child seek any medical attention following the incidence?

Yes..... No..... (Circle code)

a. Did you/person/child incur other costs other than transport while seeking medical attention?

(Specify) \_\_\_\_\_

b. In cash? In kind? In terms of time wasted? (How much time per day? How many days per week?)

11. If yes, in which hospital/clinic/facility? .....

12. Were you/the person/the child admitted? 1. Yes 2. No (circle code)

13. If yes, for how long? ..... (in days)

14. How much was the total hospital bill? ..... (in Ksh.)

15. What were the sources of money paid for the hospital bill? Explain. \_\_\_\_\_

\_\_\_\_\_

16. How much did you or family pay out of pocket (own money) for the medical services?

\_\_\_\_\_ (Ksh.)

17. How much did you spend on transport to seek medical attention? .....(in Ksh.)

18. Did you/the person/the child lose any property during the incident? (E.g. destruction of clothes, loss of phone, jewelry, etc.)? 1. Yes 2. No (circle code)

19. If yes, what is the approximate value of the property lost? ..... (in Ksh.)

20. Which of the following best describes the work you do? Probe all activities: 1. Salaried 2. Self-employed non-agricultural 3. Unpaid family worker non-agricultural 4. Self-employed agricultural 5. Unpaid family worker agricultural 6. Contract 7. Other (specify)..... (circle code)

21. In your MAIN work, do you work: 1. Throughout the year? 2. Seasonally/part of the year?

3. Whenever you can find a job? (circle code)

22. In the past 12 months, how many months did you work in your MAIN job? What was your average monthly earning from the work you have performed?

23. Did you have to stop working after this incident? 1. YES 2. NO (circle code)

24. If yes, for how long (days/months)? .....

For children only. (Questions to be directed to the child, guardian, or caregiver.)

25. Did you/the child miss school? Yes.... No.... (circle code)

26. If yes...for how long?

Questions 27 and 28 for persons with disability and the elderly only (Frame the question as appropriate)

27. Did you/person/mzee/nyanya/child have to incur any extra cost by virtue of your/their disability/age? Yes..... No.....

28. If yes, specify.

\_\_\_\_\_

29. Did you have to stop housework after this incident? What are the types of work you had to forego?

30. Did your husband/wife/partner/child's mother/father/caregiver have to take time off from work after this incident? 1. Yes 2. No (circle code)

31. If YES, for how many days did they have to take time off from work because of this incident?

32. Did they get paid for the days they had to take time off from work? 1. Yes 2. No (circle code)

33. If yes, for how many days were they paid out of all the days they missed work?

34. Did you go to any other authorities in the community after this incident? (E.g. chief's office/church)? Yes..... No..... (circle code)

35. If yes, which one?

\_\_\_\_\_

36. Were you assisted? Yes..... No..... (circle code)

37. If no, why?

38. Did you pay for transport to go to these other authorities? How much? (in Ksh.)

39. What other payment did you make? (in Ksh.)

What was the payment for? (Explain)

40. Did you go to the police after? Yes..... No..... (circle code)

41. Did you have to pay for transport to go to the police? ..... (in Ksh.)

42. How long did it take for the case to be resolved? ..... (months/years)

43. What other payments did you or your family pay? (Explain and put the amounts in Ksh.).....

.....

44. Did you file a formal complaint after reporting to the police? 1. Yes 2. No (circle code)

45. Did you have pay for transport to go to make the formal complaint? If YES, how much did you pay?  
..... (in Ksh.)

46. Did you have to pay any fees? 1. YES 2. NO (circle code)

47. How much did you pay? 1. COURT \_\_\_\_\_ 2. LAWYER \_\_\_\_\_ 3. Any other fee/cost?  
(circle code) .....(in Ksh.)

48. We have talked about various fees and other costs you/the person/the child had to bear. Did you pay for all these fees and costs out of your own pocket? Who else assisted you to pay for some of them (husband/wife/partner/father/mother)? Did your family pay for some of them? (Explain and put the amounts in Ksh.).....

.....

This brings us to the end of our questions. Before we finish this interview, is there anything else you consider important and would want to share with me?



## INFORMED CONSENT FORM (PERPETRATOR)

[Name of Principle Investigator]

### **Informed Consent Form**

This informed consent form is for perpetrators of gender-based violence (GBV) and their families who we are asking to participate in research on the economic burden of GBV on the perpetrators and their families.

Name of Principal Investigator: Dr. Julius Korir

Name of Organization: Centre for Policy Analysis (CEPA)

Name of Sponsor: National Gender and Equality Commission, with support from UN Women

This Informed Consent Form has two parts:

- Information Sheet (to share information about the study with you)
- Certificate of Consent (for signatures if you agree to participate)

You will be given a copy of the full Informed Consent Form.

### **PART I: Information Sheet**

#### **Introduction**

I am \_\_\_\_\_, working for the CEPA. We are doing research on the economic burden of gender-based violence on the survivors and perpetrators and their families in this country. I am going to give you information and invite you to participate in this research. Your participation in this research study is voluntary. You may choose not to participate and you may withdraw your consent to participate at any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study.

There may be some words that you do not understand. Please ask me to stop as we go through the information, and I will take time to explain.

#### **Purpose**

The study will focus on violence from intimate partners, within family set-ups, and from outsiders. The study will estimate costs incurred when women and others suffer domestic violence of any form. In addition, the study will establish the direct and indirect monetary cost to the perpetrator's family.

**Participant selection**

You have chosen to participate as a perpetrator or family member of the perpetrator.

**Confidentiality**

The information that we collect from this research project will be kept confidential. Data that will be collected from the research will be put away and no one but the researchers will be able to see it. It will not be shared with or given to anyone except the National Gender and Equality Commission.

**PART II: Certificate of Consent**

I have been invited to participate in this research to estimate cost of gender-based violence on survivors, perpetrators, and their families. I have read the forgoing information or the information has been read to me. I have had an opportunity to ask questions about it, and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate in this study.

Name of Participant (print) \_\_\_\_\_

Name of Parent/Guardian (in case of a child) \_\_\_\_\_

Signature of Participant/Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Day    Month    Year

## DATA COLLECTION TOOL FOR THE PERPETRATORS AND THEIR FAMILIES

(The questionnaires are to be filled by the research assistants during the interview with the perpetrators and/or the perpetrators' family.)

1. Date of interview .....(dd/mm/yy)
2. Place of interview (county and ward) .....
3. Name of the perpetrator (optional) .....
4. Telephone contact (optional) .....
5. Gender: 1. Male 2. Female (circle code)
6. Marital status: 1. Married 2. Widowed 3. Single 4. Divorced/Separated 5. Others (specify) \_\_\_\_\_ (circle code)
7. Age (in years): 1. 6–14 2. 15–29 3. 30–44 4. 45–59 5. 60+ (circle code)
8. Highest level of education: 1. Nursery 2. Primary 3. Post-primary/vocational 4. Secondary 5. College (middle level) 6. University (circle code)
9. Religion: 1. Christian 2. Muslim 3. Atheist 4. Others (specify) \_\_\_\_\_ (circle code)
10. When did the incident take place? ..... (dd/mm/yy)
11. Was any legal action taken against you?  
Yes \_\_\_\_\_ No \_\_\_\_\_
12. If yes, how long did it take for the case to be resolved? ----- (months/years)
13. Were you imprisoned? 1. Yes 2. No (circle code)

14. If yes, for how long? ..... (months/years)
15. How did this affect you? (Emotionally? Psychologically? Economically? Socially?)
16. How did this affect your family? (Emotionally? Psychologically? Economically? Socially?)
17. How much was the 1. Legal fee \_\_\_\_\_ 2. Court charges \_\_\_\_\_
18. Did you make any other payments to help resolve the case? 1. Yes 2. No (circle code)
19. If yes, specify and state the amounts \_\_\_\_\_  
\_\_\_\_\_
20. What were the sources of money paid for the legal services and/or other payments in 17–19 above?  
(Explain and give amounts in Ksh.) \_\_\_\_\_  
\_\_\_\_\_
21. Estimate the travelling expenses (transport, meals, etc.) associated with the incident.
22. Which of the following best describes the work you do? Probe all activities: 1. Salaried 2. Self-employed non-agricultural 3. Unpaid family worker non-agricultural 4. Self-employed agricultural 5. Unpaid family worker agricultural 6. Contract 7. Other (specify) ..... (circle code)
23. In your MAIN work, do you work: 1. throughout the year? 2. seasonally / part of the year?  
3. whenever you can find a job? (circle code)
24. In the past 12 months, how many months did you work in your MAIN job? \_\_\_\_\_
25. What was your average monthly earning from your main job? ..... (in Ksh.)
26. If in prison, how much was your average monthly earning before the incident?  
..... (in Ksh.)
27. Did you have to stop working after this incident? 1. YES 2. NO (circle code)

28. If yes, for how long (days/months)? .....

29. Did you have to stop domestic work after this incidence? 1. YES 2. NO (circle code)

30. What are the types of work you had to forego? (specify) .....  
.....  
.....

31. Did any member of your family have to take time off from work after this incident? 1. Yes 2. No  
(circle code)

32. If YES, for how many days did he/she (the family member) have to take off because of this incident?  
..... (list for every family member)

33. Did he/she get paid for the days you had to take off from work? (list for every family member)  
1. Yes 2. No (circle code)

34. If NO, how much on average did he/she forego/lose? ..... (in Ksh., list for every  
family member)

35. If yes, for how many days was s/he paid out of all the days s/he missed work? .....

This brings us to the end of our questions. Before we finish this interview, is there anything else you  
consider important and would want to share with me?

Thank you for your time!

## FOCUS GROUP DISCUSSION GUIDE

[Name of Principle Investigator]

### Focus Group Discussion Guide

Date of Interview:

County:

Sub-county:

Location:

Sub-location:

Thank you for agreeing to participate in this discussion. We are very interested in hearing your valuable opinion on how the government and particularly the National Gender and Equality Commission (NGEC) can create laws and policies and implement them to eliminate gender-based violence.

- The purpose of this study is to learn and understand the costs that are incurred by a person and their families when this person is subjected to gender-based violence. We hope to learn things that the NGEC can use to improve programming and other factors that would improve the conditions and lives of survivors of gender-based violence in Kenya.
- The information you give us is completely confidential, and we will not associate your name with anything you say in the focus group.
- We would like to tape the focus group discussion so that we can make sure to capture the thoughts, opinions, and ideas we hear from your group. No names will be attached to the focus group discussion members, and the tapes will be destroyed as soon as they are transcribed.
- We understand how important it is that this information is kept private and confidential. We will ask participants to respect each other's confidentiality.

### 1.0 Introduction

#### 1.1 Welcome

Introduce yourself and the note-taker; let members of the discussion group introduce themselves and write their names on a piece of paper so that you are able to identify who is talking.

Review the following:

- Who we are and what we're trying to do
- What will be done with this information
- Why we asked you to participate

## 1.2 Explanation of the Process

Ask the group if anyone has participated in a focus group discussion before. Explain that focus group discussions are being used more and more often in research so that information from as many people is captured to enrich the quality of information gathered.

Emphasize the following about focus group discussions:

- We learn from you (positive and negative).
- We are not trying to achieve consensus, we're gathering information.
- We are looking for important information that can help us identify priorities.
- In this study, we are doing both questionnaires and focus group discussions. The reason for using both of these tools is that we can get more in-depth information from different sources for comparison. This also allows us to understand the context behind the answers given.

## 2.0 Questions

1. Let's start the discussion by talking about your understanding of gender-based violence (probe physical versus psychological, child neglect, harassment of girls in school and in the village, denial of access to family resources by one gender, etc.).
2. What are the most common forms of gender-based violence in your community? (Probe intimate partner violence; defilement and rape; child marriages; FGM; harassment of girls, boys, women, and the elderly; public space harassment of a particular gender or age-group, and of people living with disabilities.)
3. Which categories of people in your particular community would you say are the most vulnerable to GBV? Why? (Probe women, girls, boys, male youth, female youth, people with disabilities – female, male, young, elderly, poor, rich, educated, illiterate.)
4. What in your opinion are some of the negative effects of gender-based violence on the person who is affected, their spouse (if married), their family, and society? (Probe effects on children's education, productivity.)
5. What in your opinion fuels gender-based violence? (Probe imbalance between men and women, culture, ignorance, conflicts, structures of society, institutions such as media.)
6. Have there been any events or changes in your community that fuel gender-based violence? (Probe consumption of illicit brews, illnesses and death, HIV, reduction of land parcel sizes.)

7. Do you know some of the organizations that deal with gender-based violence? (Probe local, regional, national, international.)
8. When a person suffers gender-based violence in this community, where do they go to first to seek help? What factors contribute to a person seeking help? (Probe hospital, police, chief, relative, elder, community-based organization, age mate, peers for youth, mother, father, religious leader.)
9. Do you know of any laws and policies that have been enacted to deal with gender-based violence? Do you know anything about NGECC?
10. What in your opinion are some of the major costs incurred by a person who has suffered gender-based violence and their families and community? Can you put a shilling value on these costs? (Probe direct costs, transport, medical bills, cost of litigation, indirect costs, loss of opportunities.)

This is the end of our focused group discussion. Thank you so much for coming and sharing your thoughts and opinions with us. Is there anything else you would like to tell us? Do you have any questions?



## KEY INFORMANT INTERVIEW GUIDE

[Name of Principle Investigator]

### Key Informant Interview Guide

Date of Interview:

Name of Interviewee:

County:

Thank you for agreeing to participate in this discussion. As a key stakeholder and service provider, we are very interested in hearing your valuable insights and experiences on key gender-based violence issues in this county. We are also interested in learning how the government and its development partners, particularly the National Gender and Equality Commission (NGEC), can enhance laws and policies and implement them to eliminate gender-based violence.

### Questions:

1. Let's start the discussion by talking about your understanding of gender-based violence (probe physical versus psychological, child neglect, harassment of girls in school and in the village, denial of access to family resources by one gender, etc.).
2. What are the most common forms of gender-based violence in this county? (Probe intimate partner violence; defilement and rape; child marriages; FGM; harassment of girls, boys, women, and the elderly; public space harassment of a particular gender or age-group and of people living with disabilities.)
3. From your experience in this county, which categories of people would you say are the most vulnerable to GBV? Why? (Probe women, girls, boys, male youth, female youth, people with disabilities – female, male, young, elderly, poor, rich, educated, illiterate. Statistics?)
4. What programmes do you have in place to address gender-based violence in the county? In your opinion what fuels gender-based violence? (Apart from implementing their mandates, probe if they have a workplace gender policy.)
5. What challenges do you face in implementation? (Probe inadequate/lack of understanding/information, financing, capacity/partner collaboration, etc.)
6. What would you recommend to improve implementation?

Thank you for your time.

# APPENDIX 2: STAKEHOLDER WORKSHOPS – KAKAMEGA AND KILIFI

## STAKEHOLDERS' ANALYSIS WORKSHOP 1 – KAKAMEGA COUNTY

### DETERMINING THE COST OF GENDER-BASED VIOLENCE TO SURVIVORS, PERPETRATORS, AND SERVICE PROVIDERS

FRIDAY 14 JULY 2015 – GOLF HOTEL, KAKAMEGA

The workshop started at 9:15 am with a word of prayer, after which participants introduced themselves.

#### 1.0 Opening Remarks

*Grace Wangechi – UN Women*

- She formally invited everyone to the workshop.
- She said gender violence is become a major issues of concern in Kenya.
- Lack of understanding of the impact of gender-based violence is one of the reasons that the world is not treating it as a crisis.
- She noted that inadequate statistics on gender-based violence are hampering the effective management of the problem.
- She also noted the importance of having a gender-based violence costing study that will help in charting the way forward.
- She asked the participants to give feedback on the study and share case studies that will make the report rich enough to influence policymakers.

*Stephanie Mutindi – National Gender and Equality Commission*

- She explained the oversight role of NGECC in coordinating, monitoring, and advising the government on gender mainstreaming.
- She commended UN Women for funding the study and the Centre for Policy Analysis Kenya (CEPA) for carrying out the study.
- She called upon the participants to ensure that they play a role in creating awareness about GBV in their counties.

**2.0 Objectives of the Workshop: Ambassador Boaz Mbaya – Centre for Policy Analysis Kenya (CEPA)**

- He noted that gender-based violence has not been fully addressed, and there were major gaps that need further analysis. He also said that the magnitude of the problem has not been fully appreciated.
- He informed the participants that the findings of the study were grim and asked everyone to share challenges and successes in their counties.
- He mentioned that, in future, county-specific studies will be key for charting effective gender-based violence prevention strategies.
- The overall objective of this workshop was therefore to share preliminary findings and experiences and chart a way forward.

**3.0 Overview – Preliminary Findings: Beatrice Asienwa – CEPA**

- The study was carried out in seven counties: Kakamega, Nakuru, Migori, Kilifi, Narok, Meru, and Nairobi.
- A total of 218 survivors and 150 perpetrators were interviewed, out of the 400 survivors and 100 perpetrators that were targeted. Out of the 218 survivors interviewed, 85 percent were female, with the majority falling within the age bracket 14–49.
- The preliminary findings indicate that the average cost of medical-related expenses is KES 14,274; the productivity loss is KES 223,476 per incident; and the premature mortality arising from gender-based violence is a staggering KES 5,840,664.
- From a country economic perspective, a total of KES 14 billion is spent on medical-related expenses, with up to KES 8 billion going into the treatment of minor injuries.
- Productivity loss was estimated KES 25 billion. In total, the cost incurred by the survivors of GBV was estimated at KES 46 billion annually.

**4.0 Emerging Issues – Gaps and Testimonies: Jacinta Makokha – CEPA**

- Globally, one out of every three women has been affected by gender-based violence, making it the least recognized human rights abuse in the world – yet it's the most common form of violence against women.

- Most of gender-based violence incidents happen around power dynamics in society. There are several types of gender violence:
  - a. Overt physical abuse (battering, sexual assault)
  - b. Psychological abuse
  - c. Deprivation of resources needed for physical and psychological well-being
  - d. Treatment of women as “communities”
- Gender-based violence mostly affects women because of their subordinate status in society.
- Traditional beliefs and culture on many occasions have allowed women to be violated by the men in their lives.
- Due to the assumed private nature of marriage, spousal abuse is rarely discussed within African communities. For instance, in Meru County, families are against discussing domestic violence beyond the family circles.
- Economic activities such as the *boda boda* business in Kakamega County contributed heavily to the defilement of girls, as that was their only means to school.
- Over and above emotional pain, some sexual abuse cases lead to hysterectomy, which is a very expensive medical procedure.
- In one instance in Kakamega County, a father had denied his deaf son the right to access the family farm because he was deemed irrelevant due to his disability. The parent felt that the land would be put to better use if it was presented to the able sons. After reporting the issue to the local administration, the village elder could not address the issue, saying that the dad was the sole owner of the land and thus the decision rested on him.
- The cost implication of GBV is something that has to be quantified from the perpetrators, the survivors, the family, the society, and the government at large.
- One of the challenges for the study was the process of linking up with the survivors, their families, and the other stakeholders involved in the various counties.
- Due to the large areas to be covered, many of the survivors were spaced far apart and thus it took longer than expected to reach them.

## 5.0 Testimonies

*Fanis Lisiagali – Healthcare Assistance Kenya (HAK), GBV Rapid Response Call Centre*

- The centre has a toll-free number (1195) that is used to report cases of gender violence; the centre works with all service providers to assist GBV survivors to access treatment and other services.
- In 2014, centre staff visited 16 counties for the 16 Days of Activism against Gender Violence; the aim was to sensitize communities about the existence of this support service, and she regretted that many survivors were not using the service.
- In 2014 the centre recorded 542 GBV cases, compared to 485 in 2013. The situation seems not to be improving; so far this year, the hospital has registered 300 cases.

- A total of 17,900 calls were received in 2014, compared to 20,000 the previous years.
- One of the key challenges is effective networking at the county level.

*Dr Marwa – Kehancha Sub-county Hospital, Migori County*

- He cited cultural practices as the key instigator of GBV in Kuria; circumcision, peer pressure, and FGM were key drivers of gender-based violence. FGM also leads to early marriages among the Kuria.
- Prostitution in the smaller towns in the county is becoming very prevalent; many of those engaged in this vice are survivors of GBV.
- Management of emotional trauma for service providers and the survivors is a key issue in managing gender-based violence.
- Stunted growth/development is a GBV catalyst because young girls are married off by their parents before they are physically and emotionally mature. This is sometimes motivated by the desire to reduce the financial burden on the family, as well as gain some funds through the dowry paid.
- In some cases, perpetrators are turning the violence to themselves; suicide is becoming a common occurrence. In the last five months, six cases of suicide have been reported.
- In some instances, corrupt health service providers collude with the police to manipulate GBV evidence, thus defeating justice for survivors.
- He suggested that legislation and policies be strengthened to ensure that survivors are safeguarded; he advocated for strengthening prevention measures at the community level to prevent gender-based violence.

*Victor – RIPPLES Rescue Centre, Meru County*

- At the rescue centre, the main challenges revolve around counselling, legal redress, and regular check-ups for the survivors.
- The centre's activities cover Tharaka-Nithi, Samburu, and Meru Counties; they rescue girls who are GBV survivors.
- In Meru County, in collaboration with other partners, 60 percent of the cases reported to them have been successfully prosecuted.

*Caroline Okere – Migori Residents Association (MIRA), Migori County*

- MIRA is a paralegal community-based organization working with other partners to address GBV in the county.
- In Migori County, cultural practices such as wife inheritance and mistreatment of widows are the key contributors to gender-based violence.
- The organization has seen an increased number of survivors seeking legal help due to being denied access to resources. She said some of the men claim that the recently enacted Marriage Act gives them the authority to marry more than once and distribute resources.

- A major challenge facing the organization is support for those seeking legal redress. The Federation of Women Lawyers – Kenya (FIDA) supports MIRA by providing legal support to at least ten survivors per quarter, but this is inadequate because they have many more cases in which survivors' personal financial status limits their access to legal support.
- FIDA supports the MIRA to monitor GBV, but there is a need to increase funding for wider coverage. Transport costs are extremely high due to the poor roads in some sub-counties, and police sometimes are a hindrance to survivors seeking justice.

*Nickson Ominde and Patrick Kariba – Department of Prisons, Kakamega and Migori Counties*

- The cost of rehabilitating and reforming the perpetrators is a challenge because it requires counselling services, which are not adequate due to the limited number of trained counsellors in the prisons services.
- A costing of services provided to GBV perpetrators in prisons should be looked into in order to get a clear picture of how much it costs the state to incarcerate GBV perpetrators.
- As correctional services providers, they have noted that almost 80 percent of the GBV cases appealed by the perpetrators end up going through, even when the perpetrator is guilty. This is due to the poor presentation of the original case; there is need to do a lot of advocacy and awareness on the processes of preserving evidence for both the victims and the Government of Kenya stakeholders involved (the police, health officers, the judiciary) so as to successfully prosecute GBV cases.
- Homosexual acts are a real but hidden problem in correctional services; there is a need to find effective strategies to address this problem, because some of the inmates are HIV positive.
- Due to a lack of facilities for young offenders, they are mixed with adult prisoners, which is a violation of their rights.
- They further proposed that additional interaction with prisons is required in order to fully address the issue of gender-based violence in society, particularly in asking the question “why”.
- A total of KES 1,005 per day is used to maintain a single inmate in prison.
- GBV is not just limited to prisoners; workers are also affected, and there is a need to strengthen counselling services.

*Collins Muyela – Little Prinz Children's Home, Kakamega*

- Alcoholism and drug abuse in Shinyalu, Kakamega East Sub-county, are some of the factors contributing to the abuse and neglect of children.
- He started taking care of neglected children in 2013, when one day he found that a severely malnourished and jigger-infested child had sneaked into his kitchen and was helping himself to food. The sorry sight of the child moved him to want to help. So far, he has rescued over 30 children whose parents had separated due to GBV. These children suffer malnutrition, are infested with jiggers, and have psychosocial problems. The home also provides outreach services.

- Due to drug abuse and other social ills, cases of children being defiled and brutally murdered in the area are on the rise, because many of them are left unattended in their homes.
- The costs of rehabilitating a single child vary depending on the problem the child has (malnourishment, jigger infestation, other conditions). For a child who has no other complications other than being malnourished, the cost per day is about KES 200 – to cater for normal food, including fruits and high protein foods, given at regular intervals for a period of two weeks. Thereafter, once the child has stabilized, s/he is monitored to ensure that there are no hidden medical conditions (by taking the child to a health facility for a check-up).
- If a child is severely malnourished, then special food is required, at times costing up to KES 500 per day, including fruits and a special diet as directed by a nutritionist. This includes frequent visits to the doctor, ranging from KES 1,500 to 6,000. Transportation to the doctor in town costs at least KES 300 per return motorbike trip. Some children are so badly malnourished that they need extra care from caregivers. Two of the children had to be transported to Nairobi to get specialized treatment, which cost KES 50,000.
- The home has outreach programmes in which home visits are made to treat jigger-infested children. This involves the use of motorcycle transport to move from one home to another; the cost varies, but the minimum is KES 50 for a short one-way journey. Volunteers are given a token of between KES 200 and 1,000 to motivate them, while a litre of peroxide, the standard jigger treatment, lasts a week. Follow-up is also done.
- The cost of investigating and processing such cases should be considered in costing gender-based violence.
- Collins recommended that there is a need to have psychosocial counselling centres for such kids in all counties.

## **6.0 Observations and Comments on Key Findings**

- The medical aspect of gender-based violence needs to be assessed, measured, and costed in more detail. This is because of the diversity and complexity of the cases presented: no two cases are the same, and many factors, including coping strategies and the physical environment, affect the rehabilitation of a survivor.
- There is need for awareness creation about both the processes for dealing with GBV cases and the aftercare services for the survivors.
- Families denying access to resources is on the rise due to complicity by the clan or even the church.
- Most of the communities are yet to be empowered on matters of GBV.
- There is need for enhanced advocacy at the community level on the importance of following the judicial process when pursuing GBV cases.
- Spiritual leaders should support the fight against gender violence.

## 7.0 Syndicate Breakaway Group Plenary Presentations

### Costing Gender-based Violence

- The cost of rape and defilement is estimated at KES 200 million per annum, covering medical and legal costs, as well as those relate to family, witnesses, follow-up, and paralegal services. This cost includes specialized laboratory investigations, surgery for survivors who have suffered serious injuries, trauma and normal counselling, preservation of evidence, and court processes. Cases can be lengthy, taking even up to one year.
- Battery cases were also estimated to be around KES 200 million.
- Sexual harassment at workplaces could not be quantified, because its effect was far-reaching, including job loss and staff seeking transfers. There is a need to carry out a study that documents losses to the employer as well as the survivor.
- In a case that may require surgery, treatment for a survivor is estimated at KES 80,000; this covered surgery, ambulance, and DNA tests, and included follow-up counselling, transport, and other incidental costs.
- Indirect costs are difficult to measure due to the location and nature of the violence, but costs were estimated at KES 400,000, covering the legal fees and cost of transportation.

The best course of action in sexual defilement/rape or assault is as follows:

#### *Medical Aspect*

- Preservation of evidence
- Going to hospital for emergency treatment
- Physical examination
- Treatment of injuries and reporting to the police
- Filling of P3 forms
- Court process
- Linkage to support groups

#### *Spousal Battery*

- Reporting to relevant authorities
- Medical examination and filling of the P3 form
- Psychosocial counselling and follow-up

#### *Denial of Access to Resources*

- Involvement of family, clan, church, and local leadership
- Reporting to relevant government entity



- Judicial process
- Psychosocial support from the community and other groups

#### *Factors Fuelling GBV*

- Poverty
- Denial of conjugal rights
- FGM
- Land disputes
- Male chauvinism
- Unfaithfulness
- Cultures that subjugate women

#### *Gaps in Dealing with GBV*

- Lack of awareness and insufficient resources in the counties
- Weak links among service providers
- Lack of will to fight GBV

### **8.0 Challenges and Recommended Way Forward: Ambassador Boaz Mbaya – CEPA**

- Due to the complexity of GBV and the issues arising once the study commenced, it was realized that the funds earmarked for carrying out the study were insufficient to effectively cover the needs.
- GBV has so many facets, some of which were not anticipated; the timelines proposed for the study proved inadequate (for instance, getting survivors on board was a major challenge). Effective structures for handling GBV care and the provision of the necessary support can go a long way in helping survivors to come out and speak about their experiences.
- Gender-based violence affects national security and national sovereignty; safety from GBV is a key component of national pride as well as personal security. The national interests of a state consist of its sovereignty and territorial integrity, national security, economic development, national prestige, and national power. The findings of the study in Kenya point to a direct bearing on these core elements in different ways. As a security issue to survivors, perpetrators, and society, the effect of GBV permeates the security interests of the country. GBV's negative impact on individual economic activities directly affects the economic production of the individual, family, community, and, consequently, the national economy. The country loses these individual contributions to its national development. GBV has a negative impact on the national psyche of Kenyans. Frightened nationals cannot enjoy the "feel good" factor of being Kenyans. They live underground in fear, constantly worrying about their lives and usually unable to enjoy their rights. This contradicts the national character of Kenya. The overall impact on the economy reduces the individual, family, and community contribution to the creation of wealth, which is the basis of national power and greatly weakens the country's cohesion and capacity to act as a nation.

**9.0 Recommendations – Ambassador Boaz Mbaya**

- Gaps in the judicial processes need to be filled through education and awareness creation. The legal process has to be strengthened by ensuring that GBV cases are dealt with accordingly.
- Community-based GBV committees should be integrated from the grass-roots level to the national level in order to guide the proper formulation of policies.
- NGEK should be involved in training health staff, the judiciary, social workers, and decision makers at both county and national levels.
- There is an opportunity to study more on the impact of gender-based violence on:
  - a. Children
  - b. Schools
  - c. Health centres
  - d. Correctional facilities
- There is a need for definitive policy guidelines to help people understand GBV and where the policy advocacy should come in and be implemented.
- GBV awareness should be incorporated into educational syllabuses for schoolchildren to create early awareness in schools.
- The media should also be optimally utilized for awareness creation on GBV issues.
- Children's rights clubs should be set up in sub-counties to advocate for children's rights in counties.
- Involvement of key stakeholders should help in pushing anti-GBV policies to the top of the national agenda.

## **STAKEHOLDERS' ANALYSIS WORKSHOP 2 – KILIFI COUNTY**

### **DETERMINING THE COST OF GENDER-BASED VIOLENCE TO SURVIVORS, PERPETRATORS, AND SERVICE PROVIDERS**

FRIDAY 17 JULY 2015 – BAMBOO LODGE HOTEL, KILIFI

The workshop started with a word of prayer at 9 am, after which participants introduced themselves.

#### **1.0 OPENING REMARKS**

GRACE WANGECHI – UN WOMEN

- Grace Wangeci, on behalf of UN Women, welcomed all participants to the forum and thanked each one of them their contribution towards the success of this study so far.
- She pointed out that UN Women works with various partners, including other UN agencies and the National Gender and Equality Commission (NGEC), to advocate for the prevention and elimination of gender-based violence at the community level and the national level. She said this study was to contribute to a better understanding of the strategies and programmes that need to be put in place to address GBV.
- The ongoing costing studies would therefore inform advocacy measures to sensitize both county and national government policymakers to prioritize GBV as an issue.

TABITHA NYAMBURA – NATIONAL GENDER AND EQUALITY COMMISSION

- Tabitha Nyambura appreciated the funding support provided by UN Women to make this study possible. She also commended the consultants, Centre for Policy Analysis Kenya (CEPA), for a job well done.
- She called upon the participants to add value to the report by sharing more information from their respective areas of jurisdiction to make the report all-inclusive.

#### **2.0 WORKSHOP OBJECTIVES – AMBASSADOR BOAZ MBAYA**

- To share preliminary findings of the study, identify gaps, and agree on the way forward
- To share experiences from non-participating counties to enrich the study findings
- To raise awareness about the impact of GBV on the country and therefore the need to strengthen strategies and programmes to combat GBV

### 3.0 OVERVIEW OF PRELIMINARY FINDINGS: BEATRICE ASIENWA – CEPA

Beatrice shared the preliminary findings of the study, highlighted below:

- The study was carried out in seven counties: Kakamega, Nakuru, Migori, Kilifi, Narok, Meru, and Nairobi.
- A total of 218 survivors and 150 perpetrators were interviewed out of the 400 survivors and 100 perpetrators that were targeted. Out of the 218 survivors interviewed, 85 percent were female, with the majority falling within the 14–49 age bracket.
- The preliminary findings indicate that the average cost of medical-related expenses is KES 14,274; productivity loss is KES 223,476 per incident; and premature mortality arising from GBV is a staggering KES 5,840,664.
- Nationally, a total of KES 14 billion is spent on medical-related expenses, with up to KES 8 billion going to the treatment of minor injuries.
- Nationally, productivity loss was estimated KES 25 billion. In total, the cost incurred by the survivors of GBV was estimated at KES 46 billion annually.

### 4.0 EMERGING ISSUES – GAPS AND TESTIMONIES: JACINTA MAKOKHA – CEPA

- Globally, one out of every three women has been affected by gender-based violence, making it the least recognized human rights abuse in the world, yet it's the most common form of violence against women.
- Most GBV incidents happen around power dynamics in society. There are several types of gender violence:
  - a. Overt physical abuse (battering, sexual assault)
  - b. Psychological abuse
  - c. Deprivation of resources needed for physical and psychological well-being
  - d. Treatment of women as “communities”

#### *ISSUES*

- In Kakamega County, GBV is propagated in different environments, from homes to schools and even corrective institutions.
- In one incident cited, a teacher in a local primary school had continuously been defiling his class pupils, who were so traumatized that some refused to go to school until one parent managed to get her daughter to reveal the problem. The teacher was arrested, and the case is ongoing. In another case, a 15-year-old girl was gang-raped and seriously injured; she required specialized treatment in Nairobi. The father of the defiled child was duped into a KES 10,000 out-of-court settlement, but the family remains heavily traumatized, as the perpetrators are still in the village and the girl had to be relocated to stay with a relative.

- Traditional mechanisms of conflict resolution still dominate in the community, but these mechanisms are unfriendly to the survivor and open to manipulation and abuse; they often add to the agony of the survivors and their families.
- In Narok County, strong cultural norms play a big role in marginalizing various categories of people in society. For instance, the study found that men who are under 35 years have no voice in society because they are deemed too young to discuss certain matters. The same applies to young girls, many of whom are subjected to FGM and married off by their parents without their consent, often to much older men, some even older than their parents.
- Whereas advocacy has played a role in rescuing girls and returning them to school, married women, while appreciating this, lamented that there was no institution to champion their rights and neither were there rescue centres. They also lacked the right to make decisions concerning their health. The study team was told of a woman who had been violated but could not seek medical attention because the husband was away. By the time she went to seek medical attention, her vagina was found to be infested with maggots.
- GBV is also perpetrated against persons with disability, who are discriminated against by virtue of their disability. In Kakamega Central, the study team encountered a deaf man whose father had disinherited him on account of his disability. Though the man reported the issue to the local administration, the village elder could not address the issue, saying that the father was the sole owner of the land and thus the decision on who should be given the land rested with him.
- In Migori County, societal and peer pressure within the Kuria community is very strong and a major contributor to GBV. FGM is a major cause of early marriages and high school dropout rates. Young girls are often married off to older men; the girls later become GBV perpetrators when these old men become too frail to support them financially. In other instances, widows and orphans are often victimized and denied access to land.
- In Meru County, the boy child is particularly at risk because of cultural norms that state that boys can take care of themselves. There are no rescue centres for boys who suffer GBV such as sodomy, neglect, or abandonment. Traditional conflict resolution mechanisms are still very strong, particularly the *njuri ncheke* (male elders): however, they are heavily patriarchal.
- In Kilifi County, young people are fast-tracking elderly people to their graves in order to inherit land. Every month, more than ten bodies of elderly people who have been murdered on accusation of being witches are collected from various parts of the county. The wall of silence from community members prevents the police from prosecuting the perpetrators.
- GBV is also a major issue in correctional institutions; there are many women who have been incarcerated due to livelihoods that are simply coping strategies after they have left abusive marriages. Men having sex with men is rife in the prisons, enabling the spread of HIV; however, most of the victims suffer in silence for fear of victimization. Inadequate facilities for prison warders, with warders forced to share limited facilities, also fuel GBV.

## 5.0 COUNTY-SPECIFIC TESTIMONIES

Participants shared testimonies highlighting key GBV issues in their respective workplaces, and also discussed successes, challenges, and recommendations.

*Nakuru County: Sister T. Murage – Gender-based Violence Recovery Centre, County General Hospital, Nakuru*

- Sexual and gender-based violence is a major problem in Nakuru County; many of the victims are children.
- Services are free, including the cost of P3 forms; the only cost survivors incur is transport for when they come for follow-up and counselling, attend court cases, or attend support group meetings. Successful counselling therapy requires at least five counselling sessions. Patients come from different parts of the country, with some coming from distant counties such as Nairobi, Kitale, and Kakamega. Many of the patients never finish the mandatory counselling sessions because of lack of transport.
- In 2014, the centre recorded 542 GBV cases, compared to 485 in 2013. By May 2015, 300 cases had been registered.
- Sister Murage informed the participants that effective management of sexual and gender-based violence cases depended upon the victims accessing help within 72 hours; this was a major challenge in seeking justice for GBV survivors.
- Three out of every five GBV cases failed to meet the 72-hour reporting threshold due to lack of transport to the hospital, lack of support from the police, as well as lack of awareness on the process of reporting GBV cases. This compromised the ability to preserve evidence.
- Lack of proper equipment in sub-county dispensaries was also cited as a key factor in delayed justice for GBV survivors.
- Many of the clinics in Nakuru County lack the minimum package for sexual violence response, which includes HIV testing and counselling.
- Cultural practices among some communities in Nakuru County also proved to be a major setback in the fight against GBV.
- Economic dependency of the survivor on the perpetrator complicates GBV management, as the survivor (who may not have a source of income) fears being ostracized by the community if the perpetrator is jailed.
- Sister Murage also said that GBV is being perpetrated in the form of religion. Many young girls have been defiled by pastors during overnight prayers and out-of-town trips. In many cases, the congregation help to hush up the matter so as not to tarnish the name of the church.

*Kilifi County: Community and Traditional Conflict Resolution to Save Elderly People*

*Emmanuel Katana, the acting Chairperson of Ganze District Cultural Association, a community-based organization that is based at the Kaya Godoma in Mrima Wa Ndege Sub-location, Ganze Sub-county, has the objective of reconciling young people with elders, promoting agriculture, and preserving culture.*

- Since 2007, when the association started, they have successfully rehabilitated 19 elderly people back into the community, in a lengthy process that takes up to three years. Elderly people at risk are kept at the kaya, which is used as a rescue centre; currently there are 19 survivors at the kaya, 17 men and 2 women, from different parts of the sub-county.
- Causes of killings include family land disputes, marital infidelity, drug abuse, and disputes between groups in a polygamous family where the economically dominant branch attempts to deny the rest of the family access to land resources by instigating the death of the head of the household. Most of these murders are planned within the family, but perpetrators who are known get away with the murder because these old people are branded witches and thus the killers are seen as “saviours” of the community. The kaya also houses 17 youth volunteers who take care of security, 5 to 10 men who carry out reconciliation activities, and traditional medicine people who administer treatment to those who are sick. They require at least KES 1,200 per day to cater for food in the kaya; the money is contributed by the 51 members of Ganze District Cultural Association and well-wishers. When the money is not available, feeding the survivors is a major challenge.
- The rescued elders suffer humiliation because of being rejected by their family members. They are no longer productive; one elderly man who used to make at least KES 4,000 every day from the sale of mats, brooms, and baskets is particularly bitter because of the dependency he faces.
- Mr Katana recommended that support should be provided to the kaya to improve the living conditions, train the volunteer youth, and also sensitize the community on GBV.

*Kilifi County Police Services: Dennis Wekesa – OCS Kilifi Police Station*

- Having been the OCS for Kilifi County for over one year now, Dennis Wekesa shared his challenges, which range from a not very supportive community to a police force that is deprived of the basic tools and equipment for handling GBV cases.
- According to Mr Wekesa, over 60 percent of GBV cases go unreported in Kilifi County because many of the perpetrators are close family members. Incest is the most common form of abuse in this county, followed closely by domestic violence.
- Among the cases reported are threats to the elderly, defilement, rape, and abortion, but the station is too under-resourced to effectively deal with these cases.
- Many poor families are unable to follow up their cases because of lack of transport due to the poor road infrastructure; at times, police are forced to fuel their personal vehicles to pursue these cases.
- Lack of space to remand suspected offenders is a major challenge; police officers are forced to give small bonds of up to KES 5,000 in order to reserve the limited police cells for other equally serious crimes such as murder. Unfortunately, once the perpetrators are released they frustrate the process, leading to the collapse of the cases before they are filed in court.
- In situations where minors and the disabled have been arrested for GBV offences, the police officers are forced to let them go due to the lack of cells for minors in Kilifi County.

- Sexual and gender-based violence survivors need counselling before they can write a coherent statement. The police station does not have a counsellor, which delays and frustrates many of these cases. Currently, of the 25 police officers in Kilifi County, only 3 have received specialized GBV training.

*Kilifi County Correctional Services: James Murimi – Kilifi Prison*

- Almost 85 percent of inmates in the prison are below the age of 35; almost 60 percent have been convicted of GBV-related crimes.
- The cost of maintaining one prisoner per day is estimated at KES 1,020; this included food, clothing, and skills acquisition.
- The costly training (both vocational and formal) was going to waste, because the GBV perpetrators end up wasting their productive years serving the jail term; when they are released, rejection and lack of employment opportunities make them become repeat offenders.
- The cost of medical treatment of these perpetrators has also been growing annually, because, due to a lack of spacious cells, infectious diseases spread easily. Others are infected with HIV through homosexual acts, which are difficult to detect because the victims are afraid to speak up and only do so when they start ailing.
- The transportation and security costs travelling to and from court during the lengthy court cases were also mentioned as contributing to the high expenditure in prisons.
- The prison warden called upon the government to intervene and help in stemming GBV, which seemed to provide most prisoners in the larger coast region.
- The annual budget for prisons is not sufficient to feed the growing population of prisoners, and thus the government has asked for additional activities such as farming to make them self-sufficient.
- There is a need to educate some human rights NGOs to work proactively with prisons management to achieve the effective rehabilitation of prisoners.

*Kilifi County: Raymond Katana –Trauma Counsellor, Kilifi County Hospital*

- Teenage pregnancies are very high in the county due to early marriages and defilement; many of the cases are not prosecuted due to collusion between the perpetrators and families of the survivors. In some instances, the case is only reported when the perpetrator fails to pay the agreed compensation. The family hopes that by reporting to the police, the perpetrator will be forced to pay up, but when this does not happen, they abandon the case, even if it would have been successfully prosecuted. Some of the perpetrators hire lawyers.
- Without proper counselling, the teenage parents are traumatized by both the pregnancy and the threats they receive from the perpetrator as they go through the lengthy and costly judicial process. In some cases, survivors have committed suicide after failed abortion attempts.
- Cultural activities like *disco matangas* or *keshas* also contributed to forced sex in the community.



*Justina Chome – Nursing Officer, Gender-based Violence Recovery Centre, Kilifi County Hospital*

- The biggest challenge in handling GBV cases in the centre was the trauma that the survivors go through and which remains with them for the rest of their lives. Some costs are not quantifiable because of this suffering. Mrs Chome is a nurse of many years, but until she was trained and attached to the recovery centre, she never understood some of the issues presented by patients, which she now realizes were caused by GBV.
- She shared the experience of a mother who delivered through Caesarean and was readmitted after one week due to the rupture of the wound because the husband had forced her to have sex; those who brought her to the hospital did not think the husband was wrong, believing it was his right.
- Because most perpetrators were close family members, the survivors failed to fully present their cases to health personnel and in court for fear of reprisal by family members. Mrs Chome narrated the experience of a house-help who was repeatedly defiled and ended up pregnant. Fifteen years later, the house-help almost secured sponsorship for the child, but complications about the paternity of the child forced her to admit the abuse that had remained secret, which was challenged by the perpetrator's relatives.

*Florence Mbeyu – Manager, Kikambala Rescue Centre*

- Kikambala Rescue Centre provides rescue and counselling services to survivors of incest and has so far registered 30 cases of GBV this year.
- Many of the survivors do not take legal action; the communities prefer to solve the issue through traditional conflict resolution mechanisms, which do not favour survivors.
- The perpetrators use all sorts of measures to frustrate the reported cases, including paying off witnesses, who then do not appear in court, leading to many of these cases being terminated.
- The distance that the survivors have to cover to attend court frustrates most cases; this leads to depression and even attempted suicide.

*Child Protection Services: Francis Menza – Volunteer Children's Officer, Mtwapa Sub-county*

- Mr Menza has been a volunteer for the last ten years in Mtwapa Sub-county; he has seen cases of defilement rise steadily over the years. However, he commends the government for putting in place measures to mitigate GBV cases against children. The major challenge is lack of support from the community and the slow processes.
- One of the main challenges is access to post-rape care forms on the weekend, yet the law stipulates that GBV cases have to be reported within 72 hours.
- He also singled out some police officers who collude with perpetrators to defeat justice in some very needy cases.

*Nzioki Kingola – International Centre for Research on Reproductive Health, Mombasa*

- The centre works with stakeholders to raise awareness about GBV. They have also supported the establishment of GBV recovery centres at Coast Provincial General Hospital (Mombasa County), Mtwapa Health Centre, County General Hospital (Kilifi), and Malindi Sub-county General Hospital.
- Over and above being the most resourced GBV recovery centre in the larger coast region, Coast Provincial General Hospital handles over 691 cases per year from all over the region (see table).
- Since the establishment of the centre in May 2007 up to June 2015, it has attended to a total of 5,701 survivors of sexual violence. Kilifi County Hospital has attended to 521 survivors since the inauguration of their centre in June 2013; Mtwapa Health Centre has attended to 180 survivors of sexual violence from June 2013. Malindi Sub-county Hospital has attended to 87 survivors since the establishment of their centre on in March 2015.

PLANNED Sept 2014 – Dec 2015	ACHIEVED Sept 2014-June 2015
SGBV Service Provision at the four SGBV Centres (CPGH GBVRC ,Mtwapa, Kilifi & Malindi )	691 survivors attended to at CPGH (July 2014-June 2015) 234 Survivors at Kilifi County Hospital 97 Survivors at Mtwapa Health Centre 87 Survivors at Malindi Sub-County Hospital (April –June 2015)
Sensitive Community Stakeholders on SGBV Prevention and Response	256 (96 males,156 females) stakeholders from Kilifi and Mtwapa sensitized
SGBV Community Education Forums	60 Community Units were reached with information on SGBV 5453 (1367 males,4086 females) CHWs were reached 1 school (241 Pupils reached with information on SGBV & Response)
Provide SGBV Information through IEC Materials	21,004 IEC materials distributed
Quarterly Stakeholders Progressive Review Meetings	3 Progressive meetings were held (1 Mombasa, 1 Malindi,1 Mtwapa)



## 6.0 PLENARY PRESENTATIONS/FEEDBACK

The afternoon session was dedicated to breakaway syndicate group discussions. The following are the summaries of the group feedback.

### GROUP ONE

In your opinion, what is the best course of action and response when sexual assault (rape/defilement) happens?

- Survivors should not clean themselves no matter how much they want to before they visit a hospital and are examined by a medical officer.
- Do not destroy or wash your clothing. Wrap it in a newspaper or brown paper bag.
- Do not put clothes in a plastic bag. This may destroy the evidence.
- Take the clothes to the hospital with you and let the doctor examine them.
- The victims should be rushed to the nearest hospital where medical management is given within 72 hours.
- The case should also be reported to the nearest police station, even if the patient/victim has been rushed to the hospital.

### Medical management in hospital

- Survivor will be seen in a private and safe room.
- A file will be opened on him/her.
- A doctor will ask for details about the experience and examine the survivor for injuries.
- Treatment for other injuries will also be provided and the post-rape care form will be filled out.
- Medication will be provided to prevent HIV, pregnancy, and sexually transmitted infections.
- Specimens such as blood, urine, and vaginal, anal, and skin swabs will be collected from the survivor for medial and forensic management.
- A trained counsellor will provide the survivor with emotional and psychological support.
- The survivor will be linked to the legal, police, and judicial system.

### GROUP TWO

From your own experience, to what extent are communities and victims aware of what action to take in the event of any violation? If so, do they follow these processes? If not, why?

The majority of the community and victims are aware of the actions to be taken, but many do not follow the process because of the following reasons:

- Shame
- Stigma
- Cost of following a legal process

- Safeguarding perpetrators who are spouses or relatives
- Safeguarding marriages
- Intimidation by perpetrators
- Lack of trust of the justice system (*bila chochote hauwezi kuenda popote*)
- Poverty
- Compromise by perpetrators
- Community accepting the situation as normal

### COSTING GENDER-BASED VIOLENCE

Costing is not homogenous and is difficult to triangulate due to the following:

- Transport costs – will depend on the distance from the survivor's home to the hospital and to the police (also for perpetrators/caregivers/witnesses)
- Medical costs – consultation fees,; type of injury can be minor or serious (needing complicated surgery); medication; trauma counselling; cost of DNA testing is a major cause of not following up
- Time wasted – by the survivors, caregivers, perpetrators
- Service provider's cost – police, judiciary, etc.

### GROUP THREE

Discussion Question: In your opinion, what is the best course of action and response when an incident happens?

<b>Situation</b>	<b>Course of Action</b>
Poverty and unemployment making children drop out of school	Reinforce free primary education through stakeholder and government engagement
Lack of education, pornography, and early marriages	Set up institutions to fight early marriages, encourage law implementers and mind-set change Parental guidance
Lax law enforcement mechanisms, leading to repeat offences	Collectively fight corruption in our communities
Influence of drugs and alcohol	Parental guidance
Perpetuation of a culture supporting early marriage	Introduction of FGM law and stopping the cultural practice all together

#### QUESTIONS ARISING FROM THE KILIFI COUNTY FORUM

1. Is there room to introduce a programme in primary schools on GBV issues?
2. How do we ensure that we mainstream gender issues, especially GBV, into the county programmes?
3. The investment of counties on GBV? Counties are yet to put numbers to it, because in the beginning we did not have statistics on GBV.
4. If someone is convicted for murder, one gets an advocate from the government... Is it something that can be done for GBV victims?
5. What can be done for post-care for the survivors of GBV? Are there programmes for them?
6. How can we improve the skill sets of social workers on GBV matters?
7. Can UN Women or other concerned actors ensure that we have laws against GBV in counties?

#### **7.0 CHALLENGES AND RECOMMENDED WAY FORWARD: AMBASSADOR BOAZ MBAYA – EXECUTIVE DIRECTOR, CEPA**

- GBV is a complex issue. Many issues that came up at the onset of the fieldwork impacted on the timelines. GBV occurs in so many settings and contexts; it therefore requires time to effectively handle the issues.
- Among the factors that are fuelling GBV are cultural factors such as FGM, poverty, peer pressure, and the erosion of societal values, leading to drug abuse, incest, alcoholism, etc.
- Local conflict resolution mechanisms favoured by many to resolve GBV issues are not effective, especially when close family members are involved.
- Poverty and greed were the main causes of the many GBV cases that collapsed while in pursuit of justice, though ignorance also contributed to the lack of concrete evidence in most cases.
- It was recommended that for the war against GBV to be won, all stakeholders (central and county government, the private sector, and development agencies) must devise ways to help in eliminating poverty, greed, ignorance, and unbending cultural traditions.
- This is to be done through education at all levels of society – in schools, public *barazas*, etc.
- It was recommended that in order to make this fight a success, GBV must be quantified at county and national levels so as to put some statistical value on the economy, our nationalism, and the security of the country at large.

#### **8.0 PROPOSED WAY FORWARD**

- GBV should be integrated into our curricula for schools, service providers, and decision makers.
- There is need for awareness creation at both county and national government levels, for both policy-makers and policy implementers.
- In summary, the study has helped us to be better informed of GBV and its implications.
- There is a need for a specific study on GBV and children.

- The study will help in filling the gaps on information that will aid in other specific studies to confirm costs.
- Specific studies need to be done in different environments: the justice system, hospitals, community centres, etc.
- The gender policy needs to be implemented fully to be able to manage the problem of GBV.
- There is need to strengthen partnerships locally and internationally.
- A mapping of the centres dealing with GBV cases is also key to enhancing the fight against GBV.

## **9.0 CLOSING REMARKS**

### **TABITHA NYAMBURA – NGECC**

- Ms Nyambura reported that a directive had been issued to counties to ensure that the Medium-Term Plan II indicators are gender sensitive, and to mainstream it at country level.
- Furthermore, counties have signed the performance contracting agreement to ensure that gender equality is measured at both county and national government levels.
- She further informed the forum that the commission was working with UN Women on a campaign called “keeping the promise” to help in creating awareness on GBV. Currently, a handbook is being put together on GBV.
- Once the report is done, it will be used as a lobbying tool to prompt action that will make GBV a national issue.

### **GRACE WANGECHI – UN WOMEN**

Ms Wangechi informed the forum that the report will be launched soon and that participants will be acknowledged in the report.

## APPENDIX 3: ECONOMIC BURDEN CALCULATIONS

As of 2014, there was an estimated female population in Kenya of 22,685,747. Fourteen percent of the female population reported having ever experienced gender-based violence. This gives us an estimated 3,176,005 female survivors. The 14 percent was obtained from the Kenya Demographic and Health Survey 2008–09, Table 16.6, and the Kenya Demographic and Health Survey 2014, Table 16.3.1.

For every 100,000 people in the general population, there were 565 reported cases (see Munguti et al., 2007). According to this source, 78 percent of these reported cases are attributable to GBV, translating to 441 treated cases per 100,000 people. Assuming 85 percent (based on this study) of the 441 treated cases are female, there are 375 females per 100,000 being treated due to GBV.

From the female population estimate of 22,685,747, the total number of treated cases is obtained as follows:  $(22,685,747/100,000) \times 565 \times 0.78 \times 0.85$ . This gives 84,980 treated cases.

With an average of KES 16,500 being spent by families for each victim, the total cost of treatment per year is given as follows:

$$84,980 \times 16,500 = \text{KES } 1,402,170,000$$

However, assuming a 40 percent reporting rate, the cost of treatment is given as follows:

$$3,176,005 \times 0.4 \times 16,500 = \text{KES } 20,961,633,000$$

The total number of GBV-related deaths was as follows:  $22,685,747 \times 7.9/100,000 = 1,792$ . According to WHO, the death rate of females from violence in Kenya is 7.9 per 100,000 females.

With a 30-year duration loss due to death, the total loss of income from mortality (deaths) per female can be given by taking the 30-year life expectancy multiplied by average earnings per (18,623 x 12 months) multiplied by the annual discounting factor as shown in the table below.

Year	Average Monthly Earnings (KES)	Average Annual Earnings (KES)	Discounting Factor (Discount Rate of 3%)	PV (Annual) KES
0	18,623	223,476	1	223,476
1	18,995	227,940	0.97087	221,300
2	19,375	232,500	0.9426	219,155
3	19,763	237,156	0.91514	217,031
4	20,158	241,896	0.88849	214,922
5	20,561	246,732	0.86261	212,833
6	20,973	251,676	0.83748	210,774
7	21,392	256,704	0.81309	208,723
8	21,820	261,840	0.78941	206,699
9	22,256	267,072	0.76642	204,689
10	22,701	272,412	0.74409	202,699
11	23,155	277,860	0.72242	200,732
12	23,618	283,416	0.70138	198,782
13	24,091	289,092	0.68095	196,857
14	24,573	294,876	0.66112	194,948
15	25,064	300,768	0.64186	193,051
16	25,565	306,780	0.62317	191,176
17	26,077	312,924	0.60502	189,325
18	26,598	319,176	0.58739	187,481
19	27,130	325,560	0.57029	185,664
20	27,673	332,076	0.55368	183,864
21	28,226	338,712	0.53755	182,075
22	28,791	345,492	0.52189	180,309
23	29,367	352,404	0.50669	178,560
24	29,954	359,448	0.49193	176,823
25	30,553	366,636	0.47761	175,109
26	31,164	373,968	0.46369	173,405
27	31,787	381,444	0.45019	171,722
28	32,423	389,076	0.43708	170,057
29	33,072	396,864	0.42435	168,409
<b>Total Discounted Earning</b>				<b>5,840,651</b>
<b>Total Number of Deaths</b>				<b>1,792</b>
<b>Total Income Lost Due to Death</b>				<b>10,466,447,080</b>



### **Lost Income Due to Disability**

The estimated female population in 2014 (aged 20–64) was 10,194,106, and with the assumption of 14 percent of the female population experiencing GBV in the last 12 months, this gives 1,427,175 who experienced GBV. With 40 percent reporting an inability to perform regular activities, this gives a total as follows:  $40\% \times 1,427,175 = 570,870$  people. From the survey, 28 percent reported serious injuries. The productivity losses were calculated as follows:

- Serious injuries (28 percent): total lost income = KES 25,719,267,131 annually
- Not serious injuries (72 percent): total lost income = KES 7,654,543,789

### **Reporting to Police**

This study found that 40 percent of survivors reported the cases to the police, out of which 87 percent paid transport costs. This translated to 1,270,402 cases reported annually. The transport cost for 87 percent paying was estimated at KES 906,304,787 per year. The cost associated with the P3 form was estimated as  $1,270,402 \times 500 = \text{KES } 635,201,000$ . Other costs (28 percent) were computed as KES 1,059,107,485.

# APPENDIX 4: CASE STUDIES

## Case Study 1: Are children safe in their homes?

SV, a young girl whose father violated her, was very traumatized when she became pregnant and then discovered that her “father” had done this to her (SV then learned that her mother had married this man when SV was a baby and that he was not her biological father). The trauma of both violations was too much for her. The head teacher threw her out of school. She was rescued by a girls’ rescue centre, which helped her report the case and counselled her through the pregnancy. The centre also helped her register for exams. When the baby was delivered, she had no interest in him, and had to be seriously counselled even to breastfeed him. In this condition, she had to sit for her exams and still managed to get over 260 points. Now she is preparing to join Form 1, but the centre is worried because they do not have resources to support her secondary school education. How can such children be protected?

*What has this girl endured? She has lost time in school, which would have greatly improved her final grades. She now will have to deal with lifelong trauma over the rejection and lifelong social stigma.*

*What other support is this girl entitled to, taking into account the fact that children’s homes only take in survivors aged ten and below?*

**Case Study 2: Shinyalu – “You are a woman! The constitution has made you women big headed!”**

BK, a retired lecturer, has since 2009 had a longstanding land dispute between her and a sibling. BK had bought a piece of land where she had lived with her mother. She had registered the land in her mother’s name. After her mother’s death, this land brought upon her a lot of grief, including disputes with her sibling and financial expenditures. Customary law and the informal legal system still seem to dominate decision making in rural communities in Kenya. In her attempt to resolve the issue, BK has already spent KES 150,000 on transport to attend sessions at the chief’s office and in the previous district and provincial land tribunal offices.

BK has been intimidated and threatened, and a criminal case was also brought against her, for which she paid KES 30,000 in cash bail. The matter remains unresolved, but what has BK gone through?

Directs Costs (for transport and court): KES 180,000

Indirect Costs:

- Physical threats
- Mental torture
- Social ostracism for continuing to “fight” for her rights
- Psychological trauma and violence

*BK’s mental condition has been impacted by the stress around her, and her productivity and usefulness (as a professional offering services) in the community has definitely decreased.*

### **Case Study 3: Opportunity for using traditional conflict resolution mechanisms to address gender-based violence?**

Competition for land is high, and the community in Kilifi has many superstitious beliefs. The officer in charge of crime at the Kilifi Police Station informed the team that at least ten bodies of elderly people are collected in the county weekly and taken to the mortuary. The police cannot investigate these cases because of the wall of silence. In most cases, the killers are known; they are seen as “saviours”. The underlying issues seem to be land disputes. Some of the elderly people have sought refuge in the Kaya Godoma in Mrima Wa Ndege Sub-location, Ganze Sub-county, where traditional conflict resolution mechanisms are being used to reconcile families and the threatened old people. The process to have one elderly person be accepted back into the community can take up to three years.

The rejected elderly people live in very rudimentary structures in the kaya without basic amenities. They are wholly dependent on handouts at the kaya, and they often go without food; they cannot venture out for fear of being killed.

#### *The challenges:*

- *Estimation of emotional violence*
- *Estimation of cost of depression due to separation from family in old age and rejection*
- *Estimation of cost of loss of social status and independence*
- *Loss of productive time in society as an advising patriarch/matriarch*

**Case Study 4: Vulnerable perpetrator?**

NN was on remand awaiting the resolution of an assault case against her husband. Her husband had forcibly taken away money she had borrowed from the Kenya Women Finance Trust and her women's "merry-go-round" *chama* (cooperative society) to expand her hotel business. She had confronted him and he had become violent; a fight had ensued that resulted in injuries for both of them. They both had gone to seek treatment at the local health facility; she had paid for the treatment and thereafter had gone to her business premise.

Apparently her husband decided to report the case to the police, who arrested her and charged her with assault. She was remanded, as she could not afford the cash bail. No one was willing to stand surety for her, and she has been on remand ever since. NN has a young school-going child. Nobody has come to see her since she has been on remand. She is traumatized about her child's welfare. She does not know the status of her business, as whatever money she had on the day of arrest was taken away by the husband. The prison authorities placed her on watch, as they were concerned about her emotional well-being. She cannot afford legal representation and cannot be accorded state representation, because this is preserved for those facing murder charges. She has no one to turn to.

*What costs has this woman incurred?*

- *Direct costs seeking treatment for self and husband*
- *Loss of business opportunities now that she is not there to supervise*
- *Emotional and psychological trauma resulting from being a victim turned perpetrator and thus a pariah*

### **Case Study 5: The unreported health impacts of violence – how violence almost destroyed JC and his family**

JC is a 54-year-old man. His experience is heart-breaking. He was a fleet manager in a large security company with nationwide branches. During the post-election violence of 2008, while he and his two adult sons were away from the home monitoring the results of the election, his wife and younger children were attacked in their home and ran away for safety. The worst awaited him. His two adult sons were killed in his presence and his house and car burnt to ashes. He was able to locate his wife and young children after three weeks, and immediately with support from friends he relocated to his county of birth.

In the process of having to settle his family again, he lost his job due to absenteeism. It took him over two years to get another job as a driver, on a lower salary than his previous one. However, he lost this job and many others frequently, for reasons he could not explain. This affected his family, as his wife did not have salaried employment. Through networks, JC was offered a driver's position in a company in Nairobi in early 2015. He accepted this job happily, though it was at a much lower salary than his previous positions. Here, the effects of the trauma he had gone through started emerging. Every time he saw an armed police officer while driving, something would happen to him. He would panic, drive over the pavement, or drive on the wrong side of the road, and often would get reprimanded by the police. In the meantime, his employer was incurring costs due to damage to the vehicle. This became such a regular occurrence that the employer decided to talk to him to find out what was going on with him. The employer was puzzled due to the fact that he was a mature person with over 20 years of driving experience and had the documentary evidence to prove his competence.

After some discussions, it became evident to the employer (a health professional) that JC was suffering from post-traumatic stress disorder, which he was not even aware of. The employer has embarked on a rehabilitation programme and is in the process of finding him alternative work and helping him to cope with his condition. However, this does not happen often, and in most cases victims do not settle into stable jobs again; rather, their condition goes unnoticed and unmanaged.

Costing JC's losses:

Direct	Indirect
Loss of his house/belongings (KES 300,000) and loss of land (KES 200,000)	Loss of two sons – KES 14 million, if both were working for another 30 years
Loss of his car (KES 200,000)	*Loss of workdays – KES 840,000, averaged at 35,000 a month
Loss of his animals (100K)	Decreased productivity due to low self-esteem (KES 100,000)
Loss of monthly income (KES 45,000)	Decreased productivity due to post-traumatic stress disorder (KES 100,000)

*This is a classic example of the breadwinner in the family who cannot even visualize his losses, as it is very traumatic. His direct costs have been quantified, but how do we quantify his indirect losses?*

*At the same time, how do we quantify the effects on his family, who have to endure a lower living standard than they were used to, loss of siblings and children, etc.?*

*How can we relate this case to GBV survivors whose cases go unnoticed and unreported?*

\*He was out of a job for two years.

**Case Study 6: What have this girl and her family lost?**

A 15-year-old girl was gang-raped on her way home from school. The matter was reported to the nearest police station, but before investigations could commence, the girl's father was prevailed upon by villagers and families of the perpetrators to withdraw the case. He was given KES 10,000 as compensation. The girl remained bedridden for some time, until a Good Samaritan took her to the County General Hospital where it was established that she needed specialized treatment. She was referred to a specialized hospital in Nairobi, where she stayed for over three months and had to undergo a hysterectomy.

On realizing the seriousness of the situation, the father decided to reinstate the case, but was threatened with arrest. The team visited the mother, who was very distraught and reluctant to share any further information. She blamed the children's officer for sharing this matter with the team. Her daughter had been relocated to live with a relative because of the impact on her and the fact that the perpetrators were still walking free in the village.

*Multiple costs and losses have occurred in this family and among service providers:*

*Direct Costs*

- Transportation of survivor and caregiver to county hospital (KES 1,000)
- Transportation cost to transfer survivor to Nairobi (KES 50,000)
- Hospitalization for 3 months (KES 450,000)
- Surgery (KES 200,000)
- Counselling (KES 15,000)
- Cost of relocation to a new school (KES 20,000)

*Indirect Costs*

- Physical violence to a 15-year-old girl
- Lifelong disability – inability to bear children
- Mental violence to the family
- Mental trauma to the victim, who has to live away from her family
- Psychosocial trauma to the family
- Maintenance at the relative's place
- Long-term depressive illnesses related to the incident suffered by the victim



### **Case Study 7: Cry for justice – is there a way this woman can receive justice?**

PA, a 40-year-old woman with a primary school level of education, was physically assaulted by her husband in 2014 for questioning his negligence of family. The husband poured hot water on her, and she sustained serious burns together with her five-year-old son, who eventually died as a result of the injuries he sustained during the incident. She was treated at a leading GBV recovery centre in Nairobi and reports to the centre on a monthly basis for a medical check-up and twice a week for counselling sessions with a support group. The GBV recovery centre covers all her medical bills, but she has to cater for her transport. The centre provides her with a stipend for upkeep. Her face is disfigured and her hands wholly burnt, and she covers her head and hands to hide the scars.

She reported the case to the nearest police station; her husband was held in the police cell for a few days, but was later released without the case being taken to court. PA believes the husband bribed the police to obstruct justice. He is a free man, and this has really traumatized her. She has never been able to resume her business, and she has yet to recover emotionally. She was crying during the interview and looked depressed. PA had to close her fish business, which she said was fetching a daily income of KES 2,000. Her greatest wish was to get justice for the injustice she suffered. She also wonders why the police released her husband without doing a thorough investigation.

*What has this woman and family lost? Multiple costs and losses have occurred in this family and among service providers:*

#### *Direct Costs*

- Transportation to the GBV recovery centre
- Hospitalization and treatment for over three months
- Transportation to the GBV recovery centre for follow-up and counselling
- Cost of relocation to a new house
- Cost of reconstructive surgery, which at the moment she is not able to afford

#### *Indirect Costs*

- Loss of business and social life
- Lifelong disability – emotional trauma due to the scarred face and hands
- Mental trauma for having to encounter the perpetrator and for the loss of her five-year-old child
- Psychosocial trauma to the family
- Maintenance at a relative's place
- Long-term depressive illnesses related to the incident suffered by the survivor

**Case Study 8: Education and economic empowerment are key to combating gender-based violence**

Twenty-four-year-old MG\* dropped out of school in 2007 to get married. She was then in Class 8. She has three children, aged seven, five, and two, and is pregnant with her fourth child. In 2009, her husband started battering her due to what she termed differences on the use of family resources. The battering has continued and is more severe at each successive incident. The husband is a subsistence farmer, but spends most of his time prospecting for gold, which sometimes yields very good returns (KES 100,000–150,000).

MG stated that any time her husband got “good money”, he would disappear from home for weeks, leaving the family without support. During such periods, he would be violent and any complaint from her would earn her a beating. When the money was exhausted, he would then resort to selling farm produce to finance his activities; this brought tension and resulted in beatings from him whenever she objected. In March 2015 during one such incident, he beat her up so severely that she fainted; when she came to, she went to report the matter at the chief’s office. While at the chief’s office she again fainted; when she woke up, she found she had been rushed to and admitted at Kehancha Sub-county Hospital. She stayed at the hospital for a week receiving treatment and counselling at the GBV recovery centre that had been established there. She said that at that point, she was so sad that she contemplated committing suicide, but the counsellors helped her to come to terms with her situation. She bitterly regrets having dropped out of school, because by now she would be undergoing training somewhere. She said that during the time she was in school, her performance was good.

Her brothers, fearing that the husband would eventually kill her, advised her not to go back to her matrimonial home. The matter was reported to the police, and she was given a P3 form. She was also given a warrant of arrest to take to the chief to have her husband arrested, but she has declined to take action. She said, “Even if he is arrested, he will be taken to court and released on bond, and then he will come and kill me!”

One of her brothers used KES 25,000 to rent and stock a shop for her, which she is currently operating; he subsidizes her rent (KES 1,000 per month) and helps her buy food. The Children’s Department assisted her to get her children from her husband; the children have since been enrolled in another school close to where she is currently staying. For the

two school-going children, she was required to pay KES 3,000 each for registration and transfer fees. She also had to buy uniforms and books for them, and she has not finished paying the school levies.

Her shop has not done well. Her main worry is the upkeep of her children, but she does not want to pursue the matter with the Children's Department since it will mean having to interact with her husband. She was categorical that she was not prepared to have any interaction with him. The service provider who linked us to MG had one concern: if the business did not pick up well and her brother stopped subsidizing her, MG may just be forced to go back to her tormentor.

*What has this woman lost?*

*Direct Costs*

- Cost of relocation and starting afresh
- Cost of putting children in a new school

*Indirect Costs*

- Time lost during hospitalization and recuperation
- Time spent following up the case as well as getting her children from her estranged husband
- Lifelong trauma and pain at decisions made at a young age
- Ridicule and scorn from peers
- The "fear factor", which will always be with her, as long as her husband remains free and she refuses to take legal action

\*Seventeen survivors were identified through the GBV recovery centre; only two agreed to be interviewed, one man and one woman.

**Case Study 9: Perpetrator or survivor?**

Thirty-seven-year-old RN and her 21-year-old school-going brother-in-law were imprisoned for three years each without the option of a fine on 28 April 2015 for causing grievous harm. Her married stepdaughter, who was also accused, had her bail cancelled for arriving late in court and remanded.

The events that led to this started on the night of 13 December 2011, when an intruder invaded RN's home, attempting to break down the door of the house where her teenage daughter and stepdaughters were sleeping. Neighbours came to their rescue and beat up the man, who still managed to escape. In March 2012, on a date she did not remember, RN and her brother-in-law and stepdaughter were arrested and taken to the nearest police station where they were charged with the offence of causing grievous harm. She said that family, friends, relatives, and other community members came together and raised the KES 90,000 bail that had been posted for them. They were released after one week in remand.

She did not remember exactly how many times they had to attend court, but thought it was about four times. She had to attend court every month for a while then every alternate month. The reasons for the case not taking off were varied. Sometimes the magistrate was not available or the witnesses were not present, while other times the prosecutor was not ready to proceed with the case.

RN, who was a subsistence farmer on her two-acre portion of family land and a petty trader at the local market, made on a good day KES 1,000 and between KES 500 and 700 on other days from selling maize and other foodstuff. Her farming activities brought her ten bags of maize and one bag of beans, out of which she would sell five bags of maize at KES 2,000 each and 15 tins of beans for KES 3,000. RN described her 51-year-old husband as a "an alcoholic and serial wife inheritor" who was hardly seen at home and did not contribute to the upkeep of the family. She has three children aged between 9 and 16, and she was also taking care of four children from a co-wife who died in November 2014. She was sure that if the husband had been at home, they would have been more secure.

On the days they attended court, the three were always accompanied by at least two family members, each paying return fair of KES 200 to attend court. Each would spend at

least KES 100 for lunch of soda and bread. The money would sometimes be contributed by family, friends, and neighbours, or she would get it from her kitty. They were too poor to afford a lawyer, who had demanded KES 100,000 to defend them. However, she was particularly grateful to her neighbours for the support they had accorded her. After her incarceration, no one had been to the prison to see her. She was very worried about her children, who had been left on their own. She also complained that they were never given an opportunity to defend themselves, and even the witnesses were never given a chance to testify in their favour.

Prison officers told us she was on medication for high blood pressure, and that they had noted that she was severely depressed. The study team noticed a strong body odour, which was the result of not having adequate sanitation, as she had no one to bring her soap and other sanitary materials.

*What costs has this woman incurred?*

*Direct Costs*

- Travelling and lunch expenses during the hearing of the case
- Cost of repairing the door that was damaged during the attempted break-in

*Indirect Costs*

- Loss of business and business opportunities
- Emotional and psychological trauma – worrying about the family she left behind and also the fate of her stepdaughter who had been taken back to court for mention of her case





