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Battering, Rape, and Lethal Violence

A Baseline of Information on Physical
Threats against Women in Nairobi

By Claire Mc Evoy



A Working Paper of the Small Arms Survey

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List of abbreviations

COVAW	Coalition on Violence against Women
DHS	Demographic and Health Survey
DPP	Office of the Director of Public Prosecutions
GBPV	Gender-based physical violence
GBVRC	Gender-Based Violence Recovery Centre
GVRC	Gender Violence Recovery Centre
HIV	Human immunodeficiency virus
IPV	Intimate partner violence
KES	Kenyan shilling
MSF	Médecins Sans Frontières
NGEC	National Gender and Equality Commission
NGO	Non-governmental organization
PRC	Post-rape care
SASA	Sexual Assault Survivors Anonymous
SOA	Sexual Offences Act
TFISOA	Taskforce on the Implementation of the Sexual Offences Act
WRAP	Women's Rights Awareness Programme

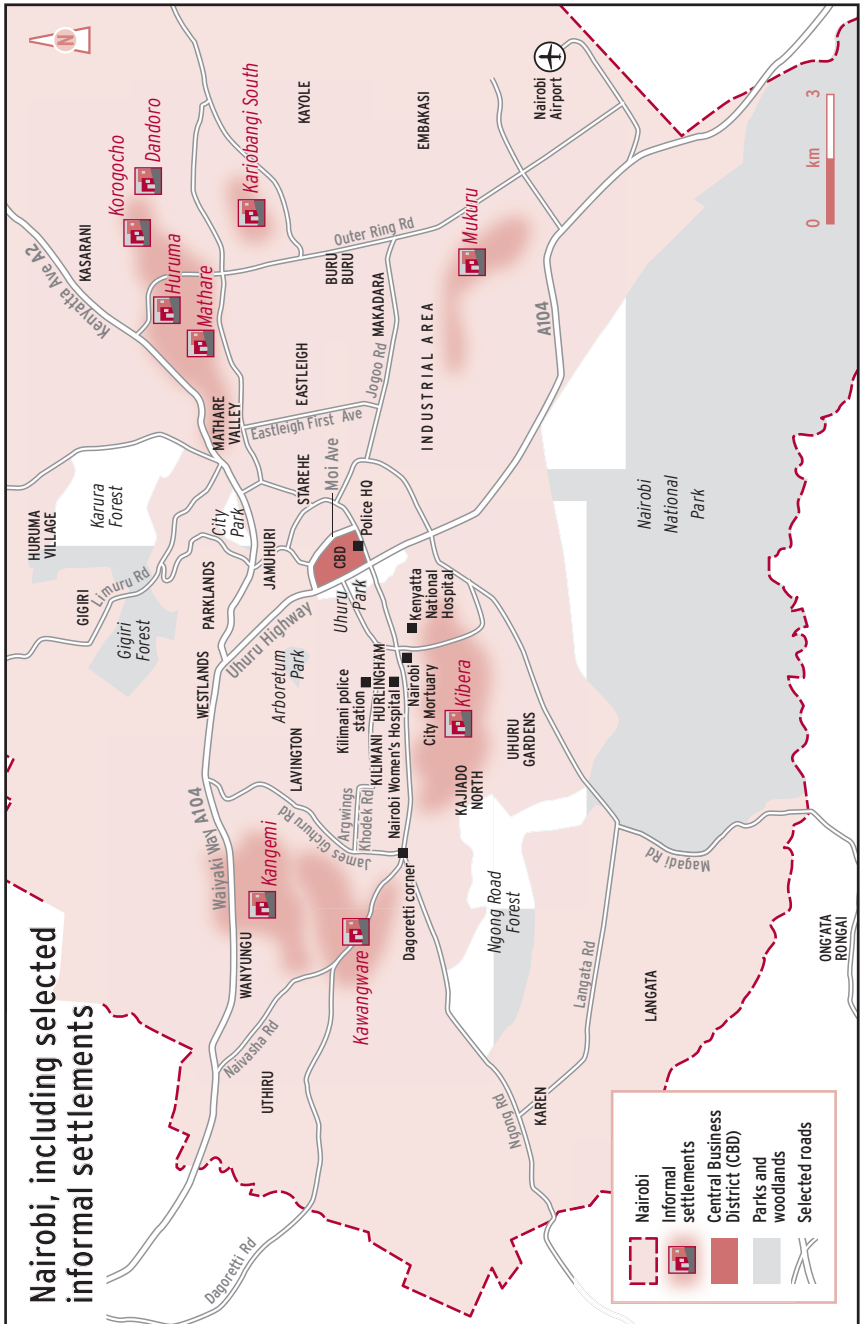
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I. Introduction

Violence against women stems from what we are taught to believe as children—that men are more valuable and more powerful than women, and that they have a right and even a responsibility to control women, even with violence (SASA, n.d.).

The starting point for this research is the knowledge that gender-based physical and sexual violence targeting women is commonplace in Kenya—and that few cases are reported to the police.¹ Almost half (45 per cent) of Kenyan women aged 15–49 have experienced physical or sexual violence, including ‘forced sexual initiation’, according to the 2008–09 Kenya Demographic and Health Survey (DHS), which surveyed 6,318 female respondents (KNBS and ICF Macro, 2010, p. 251). Reports of gender-based physical violence targeting women and girls ‘abound’ in the major national daily newspapers, on television, and on the radio (NCGD, 2010b, p. 2).

A number of factors contribute to the widely tolerated levels of violence. These include the low status of women in society, patriarchal values and power structures focused on male dominance,² discriminatory institutions and implementation of laws, the absence of a legal framework on intimate partner violence (IPV), and a criminal justice system that is largely inaccessible. Crucially, the low socio-economic status of most women—and the low status of poor people in general—perpetuates the status quo.

Exacerbating matters, the violence meted out to women is rarely recognized; in a recent poll, for example, 72 per cent of respondents (240 in total, both male and female) from four districts in Kenya said that acts of gender-based physical violence—including rape, defilement, and battering—were *not* serious crimes (NCGD, 2010b, p. 30). A recent government report notes: ‘This finding on perception is significant in the sense that it brings out the fact that Kenya as a country tolerates a culture of violence against women, and that the country values and positions women much lower than men’ (p. 29).

Most of the violence occurs within the domestic sphere, perpetrated by spouses or intimate partners as the women go about their daily routines (AI, 2009). It takes place as part of ‘normal’ life, as opposed to during conflict—although it peaks during times of political strife or tensions.

During post-election violence in 2007–08 there was a spike of rapes targeting mostly poor women in their homes; the perpetrators were state security agents—from the Administration Police, Kenya Police,³ and General Service Unit⁴—organized gangs, neighbours, relatives, and ‘friends’ (CIPEV, 2008, pp. 251–52). Police officers reportedly committed more than one-quarter (26 per cent) of the recorded rapes (HRW, 2011, p. 22).⁵ During this period, the Gender Violence Recovery Centre (GVRC) at Nairobi Women’s Hospital saw 524 cases of rape and defilement, of which almost 60 per cent occurred in Nairobi⁶ and 89 per cent targeted women and girls (GVRC, 2008b, pp. 7–9, 15). Perpetrators—who attacked in gangs of up to 11—reportedly chanted support for political parties (p. 14). It is unclear whether they were ordered to do so in support of those parties.⁷ As of August 2012, no post-election sexual violence cases had been prosecuted in Nairobi.⁸

It is important to understand this violence against a backdrop of consistently high levels of violence targeting both men⁹ and women—a recognized risk factor for violence against women anywhere in the world. A study in *The Lancet*, for example, notes that the risk of IPV ‘is greatest in societies where the use of violence in many situations is a socially accepted norm’ (Jewkes, 2002, p. 1423). Cross-cultural studies suggest that IPV is much more frequent in societies where violence is ‘usual in conflict situations and political struggles’ (p. 1428).

Kenya’s history is littered with the use of state-sanctioned violence, including widespread, systematic, and grave human rights abuses committed during colonial times and by Kenyan administrations since (Elkins, 2005; KHRC, 2011a, p. 8).¹⁰ Ordinary citizens also frequently resort to violence as a dispute resolution mechanism; inter-communal clashes and killings, forced evictions and displacements, mob lynchings, school arson by students, and inter-familial revenge killings and suicides are all regularly reported by the media.¹¹ Election-related violence often occurs in the run-up to, during, and after voting. Physical abuse of children,¹² under the guise of ‘disciplinary’ measures, is also commonly reported.¹³

After the review of general conditions in Nairobi provided in Section I, Section II of this report focuses on three types of violence, which are collectively referred to as gender-based physical violence, or GBPV:¹⁴

- battering or non-sexual, physical violence;
- rape or sexual violence; and
- lethal violence.

Within each category of violence, the section reviews available information regarding prevalence, perpetrators, and circumstances leading to the attacks. In presenting an overview of a deep social crisis in East Africa's premier city, it poses and answers a number of key questions. What information and data are available about GBPV in Nairobi? Who is most at risk? How strong is the link between urban poverty and violence? In what circumstances does the violence occur? Is the state's response adequate? The report takes stock of the situation as of 2012—two years after the introduction of Kenya's new constitution with a markedly progressive bill of rights and six years after the introduction of the Sexual Offences Act—highlighting multiple knowledge gaps in the process.

In the past ten years a plethora of reports has been published on GBPV in Kenya, thanks in part to a vibrant civil society engaging on the issue. These studies—and especially the DHS of 2008–09 and other surveys—have made significant contributions to knowledge about the extent and distribution of the problem in Nairobi, identifying IPV as the biggest threat to women countrywide.

Given the stigma attached to all forms of GBPV, however, it is still reasonable to assume that violent acts remain underreported.¹⁵ It should also be noted that, although the DHS results are generally presented as accurate and representative, the number of (Nairobi) women who responded to some survey questions is in fact small,¹⁶ rendering the findings unrepresentative for the general population.¹⁷ Other surveys have tended to have small sample sizes, rendering their findings anecdotal as well.¹⁸ Nevertheless, these surveys, combined with other published findings based on quantitative and qualitative data, provide snapshots of extremely valuable information about sections of the Nairobi population.

Generally speaking, data gathering systems on GBPV in Kenya remain severely underfunded and underutilized, a common challenge in sub-Saharan Africa.

Nairobi is the only Kenyan city to have two gender-based violence recovery centres¹⁹—whose clients are mainly from the province—but there are significant gaps in the information they collect.²⁰ In addition, the Kenyan state shies away from publishing disaggregated data on relevant crimes, such as assault, rape, and murder.²¹ Since all three types of violence examined in this report are also chronically underreported by survivors, the available quantitative data represents only a fraction of the actual number of cases.²²

In view of these limitations, Section II analyses a selection of (some hitherto unpublished) quantitative data from three main sources: the GVRC at Nairobi Women’s Hospital,²³ the Gender-Based Violence Recovery Centre (GBVRC) at Kenyatta National Hospital,²⁴ and the Kenya Police. It supplements this examination with a qualitative analysis and a literature review.

In addition to taking stock of what is known about battering and sexual violence in Nairobi, the report extends its analysis in Section III to lethal violence, which has been inexplicably neglected by organizations working on GBPV.²⁵ It reflects on the obstacles to obtaining justice for survivors of violence and highlights the widespread impunity for the crimes committed. Finally, it offers policy-relevant guidance designed to enhance the disjointed ‘system’ that is currently in place to respond to the violence. While some of the paper’s findings are particular to Nairobi, many of them can be applied to Kenya more generally.

Methodology

The author undertook field research for this report between October 2011 and May 2012 and inserted some additional material between July and October 2012. She interviewed 90 people as part of her research, all in Nairobi province.

Qualitative data was obtained using unstructured, in-depth interviews with survivors of violence, service providers (medical, legal, and psycho-social), government officials, police officers, NGO officials, and various other Nairobi residents, in addition to semi-structured focus group interviews with survivors of violence and residents of informal settlements, or slums. The focus group interviewees were chosen on the basis of the author’s contacts in two specific informal settlements: Kangemi and Kawangware. The views expressed by these residents are not representative of all views among all social classes in Nairobi;

they should be understood as a snapshot of a very specific socio-economic group. Other interviewees were chosen on the basis of a literature review, web-based research, organizations' advocacy work, media reports, and snowball sampling.²⁶

As noted above, the report refers to three main sources of quantitative data: the GVRC, the GBVRC, and the Kenya Police. The GVRC serves as the principal source of quantitative data on battering and sexual violence, which was largely obtained from the centre's published annual reports.²⁷

The GVRC and GBVRC provided data on the basis of anonymity, allowing the author to take advantage of existing information. This minimizes any possible harm associated with gathering new data. It should be noted that the quantitative analysis is based exclusively on *reported* cases, which, due to chronic underreporting, represent a fraction of the actual incidents of violence and violent deaths in Nairobi. The women who seek, and are able to access, services are clearly not representative of all women experiencing violence in Nairobi. At no stage is there a presumption that the reported data represents *actual prevalence* among Nairobi society at large (UN, 2008, p. 1).

Where possible, trends were analysed by compiling tables of data gathered over a number of years and comparing and contrasting them. This approach proved to be a challenge, or impossible in some cases, as the quality or type of some of the data changed over time. For example, since 2008–09 the GVRC has published some of its data on physical and sexual violence under the broad heading of 'gender-based violence', making it impossible to differentiate between the two very different kinds of violence; previously, all of the published data had been disaggregated, which provided more nuanced information.

Findings were triangulated, where possible, with a variety of sources, including literature, media reports, and key informant interviews. In all cases the quantitative analysis is based on data provided by the above-mentioned sources, with the presumption that methodologically sound collection methods were used. Caveats are attached to the police data, in particular, given the low reported crime figures.

The author faced a number of challenges in undertaking the research. In some cases requested data was simply not available; the GBVRC, for example, largely works with handwritten records and was only able to provide extremely limited information. Obtaining data and responses to inquiries in a timely manner was

another general challenge. Not all approached health providers were willing to share data. As mentioned earlier, the quality of some of the GVRC data has deteriorated—at least for research purposes—in that it has become less nuanced. Moreover, it has not been made available in a consistent manner over the years, hindering comparative analysis. Finally, although the Kenya Police provided extensive data in writing from its Nairobi divisions, the provincial police commissioner’s office did not respond to the author’s repeated calls for clarification and thus she was unable to use most of the information.

All interviewees were informed of the purpose of the study and gave oral consent to be interviewed. Most opted to be interviewed confidentially; individuals who are named in this report granted explicit permission to that effect.

Key findings

This study reveals that:

- Nairobi’s women are most likely to be battered, raped, and murdered by their (former and current) husbands and intimate partners.
- Impunity for gender-based physical violence cases is widespread: police reportedly accept bribes from rapists and even murderers to bungle cases and halt prosecutions.
- The number of rapes reported to Nairobi’s three biggest post-rape care medical providers is rising.
- Women living in informal settlements appear to be targeted for regular and in some cases extreme forms of (sexual) violence and violent deaths.
- Children are extremely vulnerable to sexual violence. Nairobi’s two biggest post-rape medical service providers are now treating *more* cases of female children than adults. Children aged 11 and younger make up the largest group of rape survivors who are treated at the GVRC.
- The incidence of gang rape is a worrying trend; 15 per cent of all rapes reported to the GVRC in 2010–11 involved more than one perpetrator.
- More and better data on GBPV is needed, as is a centralized data gathering system for medical providers and an independent monitoring system to gather data on lethal violence.

- There is an urgent need for *one* office to be established to oversee all mortuaries and post-mortems in Nairobi.
- GBPV advocacy work in Kenya focuses for the most part on gender-based sexual violence, and to a lesser extent on battering. Lethal violence is completely neglected; the state and civil society actors must urgently recognize it as a form of gender-based physical violence and develop prevention frameworks and policies to address it.

Data from the GVRC may not be reproduced without explicit permission from the GVRC's management.

II. Violent threats to women's security and lives: what are the facts?

A brief introduction to Nairobi

Nairobi province—an area covering 695 km², almost all of which is urbanized—is home to Kenya's capital and 3.14 million people (KNBS, n.d.).²⁸ East Africa's cultural, diplomatic, political, and economic hub, it is a United Nations headquarters with an increasing number of wealthy foreign as well as middle-class Kenyan inhabitants. It is also a city of visible and growing economic inequalities. As the number of luxury shopping malls, gated communities, expensive hotels, new roads and highways, and modern apartments grows, the informal settlements are largely hidden behind a facade of 'progress' and expected five per cent economic growth in 2012 (World Bank, 2012b). Many full-time workers are permanently locked out of the formal housing market;²⁹ more than one-third of the population (36 per cent or 1.12 million) officially lives in 'informal' dwellings or slums, in deplorable conditions, according to the latest census. More than half a million residents of informal settlements (almost 513,000), or 45 per cent of the total, are female (KNBS, 2010).

Wages are extremely low, and informal wages have been static for years. A day's labour for a man can earn as little as KES 150–300 (USD 1.80–3.60), while a woman washing clothes in an informal settlement earns as little as KES 100–250 (USD 1.20–3.00) per day.³⁰ The poorest families live cheek by jowl—up to six and seven per room—in one-room shacks without sanitation, nobody attending school, nobody working, and one meal a day.³¹ Cases of urban malnutrition are on the rise (IRIN, 2011). Meanwhile, the extreme economic pressures on families are intensifying; mismanagement of the economy combined with soaring global food prices caused food inflation to reach a high of 24 per cent in 2011, while overall inflation neared 17 per cent (World Bank, 2012a). Research shows that all but the wealthiest quintile in Nairobi are poorer than they were ten years ago as their incomes, adjusted for inflation, decline and their spending on food—just to survive—increases (Kamau, Olwande, Githuku, 2011, p. 15).

Both male and female residents are targeted by terrorism and ‘normal’ criminal and gang activity—such as muggings, carjackings, theft, break-ins, murder, and pickpocketing—much of which is committed by young, unemployed male youths. Yet women and girls are routinely exposed to gender-specific types of violence. Research undertaken for this report reveals a pattern of attacks that range from socially accepted disciplining—such as slapping—of women by their intimate partners, to extreme ‘domestic’ violence using crude weapons, rape, and gang rape, sadistic methods of sexual and non-sexual torture, and violent deaths and mutilation. Many Kenyans have yet to acknowledge and openly discuss these issues; indeed, in recent times the national debate about gender-based physical violence has focused on men as the victims of violent wives³² instead of the much more prevalent targeting of women.³³ In fact, open dialogue about violence against women is almost non-existent; when it does occur, it is forced onto the agenda by dedicated women’s NGOs or civil society groups.

Anecdotal evidence suggests that extreme violence against women in informal settlements may be endemic. For this study, a long-term resident of Kangemi settlement (west of Nairobi city)³⁴ was asked to keep a diary of violent attacks against women between December 2011 and July 2012 that he *personally* came across in the course of his daily routines.³⁵ His findings include the following:

- A large group of approximately 15–20 teenage boys—allegedly members of a criminal gang—in turns raped a woman who was under the influence of alcohol. The woman, in her forties, lay naked and unconscious on the ground, visibly bleeding from her genital area. Security guards from a nearby residents’ association were asked to intervene but said it fell outside their jurisdiction.³⁶
- A woman and her husband had a physical fight. A mob descended on their home and beat her up severely, saying she should not have attacked her husband. He then attacked her head with a panga (a machete-like bladed weapon).³⁷
- An elderly woman was raped by an assailant who broke into her home during the night. The assailant poured acid, presumed to be battery acid, on her genital area and used an axe to cut both knees to prevent her from moving. She died at the scene.³⁸

- An ex-husband and -wife fought after the woman forcibly entered his home. He beat her up and then poured an acid used to clean metals on her head. She was taken to hospital by neighbours and subsequently died.³⁹
- A naked, decapitated female body was found dumped on the side of the road. The head was left beside the body. The breasts, tongue, and eyes had been removed and the genital area had been severely cut ('her private parts were missing'). A finger on the left hand was also missing. Clothes, an ID card, money, and a phone were left beside the body. The victim's former husband was later arrested with the victim's body parts on his person; he claimed that he wanted to sell them.⁴⁰
- A naked female body was found dumped in a ditch. The breasts, eyes, and tongue had been removed and the body was still bleeding.⁴¹
- A woman was attacked by her husband. He set her clothes on fire after raping her ('bottling her') using a Tusker beer bottle and beating her up. When the Kangemi resident saw her, she had torn her clothes off and was visibly bleeding from her genital area. Administration Police were nearby and took no action.⁴²
- Three men broke into a house to steal, breaking the female owner's leg and cutting off both her hands with a panga.⁴³ Local residents reported that one of the perpetrators was the woman's ex-husband. A mob descended on the three, killing all of them.⁴⁴
- A naked female body was found dumped near a petrol station at around 8 a.m. An *askari* (guard) said he had seen five men moving the body from a local pub at around 4 a.m. the previous night.⁴⁵
- A partly dressed young girl's body, aged about six, was found dumped in a ditch. She had been raped; her genital area was described as 'bleeding' and 'destroyed'.⁴⁶
- A woman was raped by an estimated ten men and left lying on the ground naked, bleeding heavily from her vagina and buttocks. One of the assailants was 'arrested' by local people and taken to the police.⁴⁷

Other interviewees confirmed the nature of the brutal attacks targeting women, and the frequency.⁴⁸ Another male resident of Kangemi described how women were regularly raped and murdered for a variety of reasons, including for wearing revealing clothing such as mini-skirts; alleged infidelity; rejection of

potential suitors; and revenge (such as the rape of a child to ‘punish’ her mother, or rape of a woman to ‘punish’ her husband during a robbery).⁴⁹ The same interviewee, a *jua kali* (handworker) who walks to work in different areas of the city, described encountering an estimated ten female bodies in the course of his work in 2011, a higher number than in 2010.⁵⁰ He explained: ‘Men have some attraction, and decide to rape them. When they get a woman and she knows them, then they decide to kill her. If alive, she will report it.’⁵¹

Women who live in Kariobangi informal settlement (north-eastern Nairobi) and have been victims of sexual violence described a *constant* fear for both their own security and the security of their daughters, partly due to the threat of rape from male relatives.⁵² They also spoke of police demanding sex in return for basic services. Focus group interviewees in Kawangware informal settlement reported that they *never* felt safe at home but placed the emphasis on perceived external dangers, such as gangs and the Mungiki sect.⁵³ One of these women said that at least one rape or murder—of both men and women—was reported there on a weekly basis.⁵⁴ Women in Kangemi spoke of both women and children—mostly girls—being raped there on a monthly basis.⁵⁵ In the absence of data on actual incidents in different geographical areas, it is impossible to determine how widespread this kind of violence is in these settlements; anecdotal evidence suggests that it is far from unusual.

This report examines three different types of violence separately although, in reality, they are often combined: women are often beaten, raped, and left for dead in the same attack. Survivors of intimate partner beatings are also often survivors of other kinds of physical violence, such as marital rape. It is important, however, to resist the tendency to bunch the incidents together as ‘gender-based violence’ cases in order to analyse and understand the different (female) targets, as well as the perpetrators, circumstances, and risk factors underpinning each kind of violence.

Battering

Prevalence

Non-sexual, physical violence is the most common type of violence examined in this report, which could in part be due to underreporting of sexual violence.⁵⁶ Based on a survey of 546 Nairobi women aged 15–49, the 2008–09 DHS reveals

that almost three out of ten (28.5 per cent) respondents reported having experienced physical violence since the age of 15 and half that number (14.5 per cent) reported having experienced sexual violence (KNBS and ICF Macro, 2010, pp. 248, 250).⁵⁷ Ten years ago, Ravestijn found that 60 per cent of a sample group of 195 respondents in Nairobi had experienced 'serious physical abuse' and one-third (34 per cent) 'serious sexual abuse' (Ravestijn, 2002, pp. 52, 57). A more recent study finds that, of 1,795 clients of the Women's Rights Awareness Programme (WRAP), 70 per cent of whom had experienced IPV, about nine per cent explicitly mentioned sexual abuse; the authors acknowledge that this figure may be an underestimate as women may not have volunteered information due to the stigma associated with sexual violence (Crichton, Nyamu Musembi, and Ngugi, 2008, p. 20).⁵⁸

Among the Nairobi residents who reported having experienced physical violence, 15.4 per cent experienced it 'often or sometimes' in the previous 12 months (KNBS and ICF Macro, 2010, p. 248). At 28.5 per cent, Nairobi's was the lowest reported incidence in the entire country, with Nyanza and Western provinces recording astonishing rates of 56.6 and nearly 44.5 per cent, respectively (p. 248).

The past few years have seen a significant reduction in the number of women who say they have experienced physical violence; in the 2003 DHS, more than half of Nairobi's women aged 15 and older (50.7 per cent of 559 respondents) reported having had such experiences in the previous 12 months (CBS et al., 2004, p. 242).⁵⁹ The reasons for the drop are unclear; a disparity of this magnitude makes it difficult to interpret such changes as reflecting a significant decline over a period of just five years from 2003 to 2008 (KNBS and ICF Macro, 2010, p. 247). On the other hand, the questions and interviewer training were almost identical in both surveys, making it equally difficult to attribute the drop to a change in methodology. Countrywide, in contrast, physical marital violence declined only slightly, from 40 per cent in 2003 to 37 per cent in 2008–09 (KNBS and ICF Macro, 2010, pp. 254–55). The next DHS will hopefully reveal whether the apparent decline in non-marital, physical violence is real while also documenting its extent.

What is clear is that women are most at risk in their own homes and from their intimate partners, a finding that corresponds with research carried out on battering worldwide (UNGA, 2006, para. 112; WHO, 2005, pp. 5–11). In Nairobi, almost a quarter (23.4 per cent) of 320 ever-married women aged 15–49 recounted

having experienced IPV (KNBS and ICF Macro, 2010, p. 256). Anecdotal evidence suggests the actual figures may be much higher, particularly among lower socio-economic groups. Numerous interviewees said that women, especially those facing extreme economic circumstances, experienced violence regularly.⁶⁰ Indeed, only two out of 11 semi-randomly chosen female interviewees in a focus group in Kangemi informal settlement said they were not beaten by their husbands.⁶¹ Men interviewed in a focus group discussion in Kangemi said that ‘most’ families experienced violence, adding that some tribes were ‘worse than others’.⁶²

Women from all Kenyan ethnic groups and socio-economic backgrounds experience IPV (Saidi, Awori, and Odula, 2008, p. 352). Nevertheless, there is a clear relationship among socio-economic background, dependency, and exposure: IPV decreases as wealth and education increase (KNBS and ICF Macro, 2010, p. 255).⁶³ Echoing this finding, the interviews conducted for this study suggest that poverty—and with it cramped living space—is the number one factor in exacerbating levels of IPV in Nairobi.⁶⁴ The same message emerges in relevant literature that has identified a link between IPV and poverty worldwide (Jewkes, 2002, p. 1423).

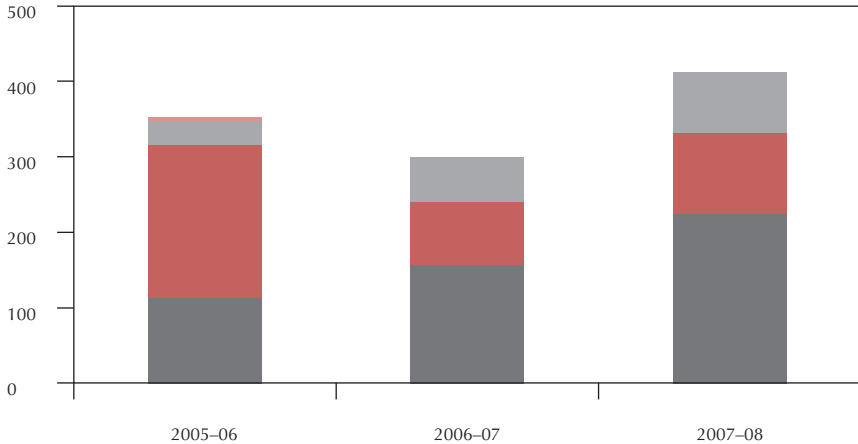
The relationship also appears in data from the GVRC: of the 412 survivors of physical violence treated in 2007–08 (the latest relevant data available), 54 per cent were from Nairobi’s informal settlements, and 26 per cent from middle-class or affluent areas (see Figure 1). Crucially, however, the hospital’s clients do not represent a cross-section of society; an estimated 60 per cent are deemed ‘very poor’, or surviving on less than KES 100 (USD 1.20) per day.⁶⁵ Women of means are reportedly more inclined to seek medical care discreetly elsewhere. In the words of one GVRC interviewee, ‘The high-income earners don’t talk about it for fear of their reputation. They see a specialist and keep quiet.’⁶⁶ The veil of secrecy is reinforced by the absence of a centralized data gathering system in Nairobi—and Kenya more broadly—to document these cases.

The links among extreme poverty, lack of physical space, and violence are key to understanding the phenomenon of IPV in Nairobi, where more than one million people are officially crowded into informal settlements and many more into other high-density, cramped housing. While hard data is lacking, research on the subject indicates that, as poverty grows in Nairobi, violence against women is also likely to rise.

Figure 1 Survivors of physical violence reported to the GVRC, by residential area, 2005–08⁶⁷

■ Nairobi’s informal settlements ■ Nairobi’s middle-class and affluent areas
 ■ Other Nairobi areas ■ Unclassified

Number of survivors



Notes: Latest available data. Survivors comprise adults and children of both sexes.

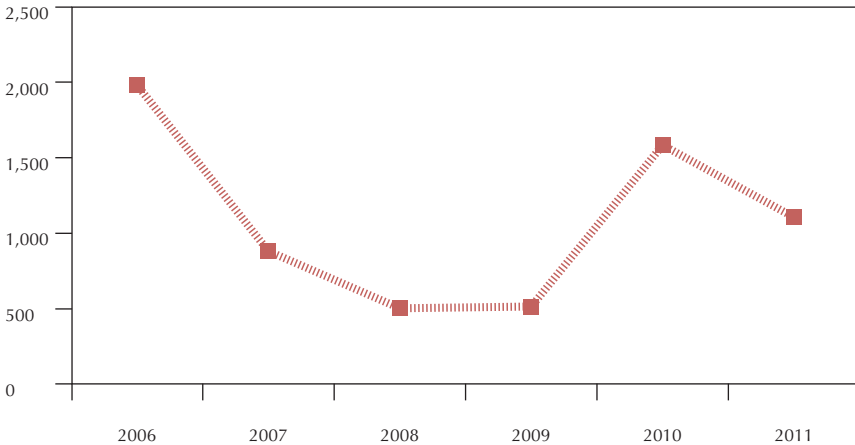
Sources: GVRC (2007, p. 22; 2008a, p. 11; 2009, p. 11)

In addition to socio-economic status, a woman’s age, the number of living children, alcohol and drug abuse in the home, and employment status are factors in whether she is at risk (KNBS and ICF Macro, 2010, pp. 247, 255). An unemployed woman is *less* likely to experience violence in the home (p. 255), presumably because she is seen as less of a threat.

Data for the past six years shows that the police officially received reports of 500–2,000 cases of ‘assault’—though not necessarily IPV—targeting women per year (see Figure 2). Two levels of reporting must take place for a crime to be officially recorded: 1) the survivor must report the incident to the police, and 2) the police interlocutor must officially record the incident. Women’s unwillingness to report violence in the home, which is often exacerbated by the police’s reluctance to provide help, causes the number of reported assaults to be a mere fraction of actual cases (see Section III).⁶⁸ Part of the problem is that cases of ‘domestic’ violence have to be *extreme* to be acknowledged, let alone reported.⁶⁹

Figure 2 Officially reported assault cases against women, Nairobi, 2006–11

Number of cases



Source: Author interview with Alfred Umbaba, director, Police Operations, Nairobi, 13 March 2012

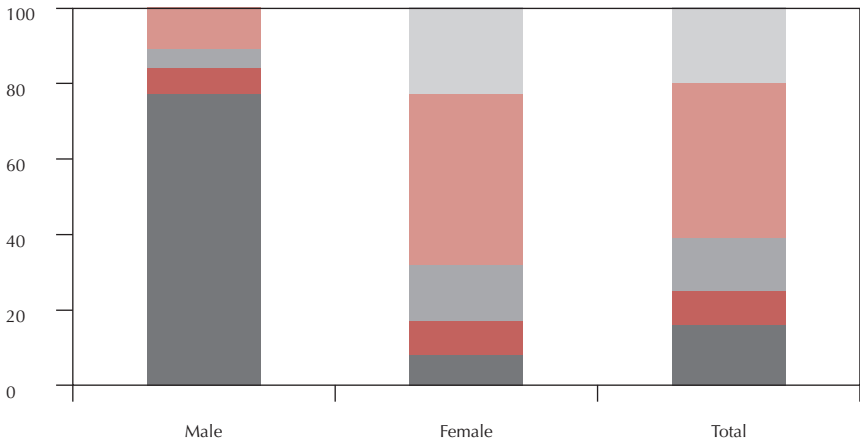
It is reasonable to assume that the survivors of physical violence who report to the GVRC—roughly 400 adults and children per year, of whom at least 80 per cent are from Nairobi⁷⁰—represent the very worst or most extreme cases.⁷¹ While there are some cases of physical abuse of children, most are of women who are battered by their husbands. In 2010–11, the survivors in 83 per cent of reported cases were women aged 19 or older (see Figure 3). In stark contrast, more than 50 per cent of survivors of sexual violence seen in hospitals are children. Strong discrepancies also emerge when physical violence figures for women are compared to those involving male victims; indeed, extreme physical attacks that necessitate hospital care appear to decrease the older—and stronger—men become.

Sharp objects and crude weapons are often used in battering in the home (see Figure 4). Aggressors tend to take more extreme measures if they deem that a spouse failed to ‘learn a lesson’ based on a previous assault, according to Kennedy Odhiambo Otina from the Men to Men Network, which counsels violent men on changing their behaviour. They typically use household items and substances such as furniture, boiling water, kitchen utensils, pangas, and even whips. Published hospital data does not capture the use of firearms in

Figure 3 **Age of survivors of physical violence reported to the GVRC, 2010–11**

Age of survivor: ■ ≤ 11 ■ 12–18 ■ 19–24 ■ 25–34 ■ ≥ 35

Percentage of survivors

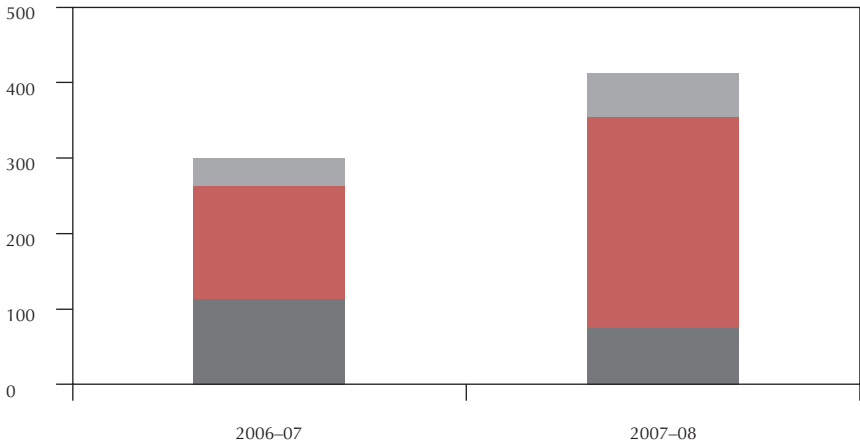


Source: GVRC (2011b, p. 5)

Figure 4 **Weapons used in physical violence cases reported to the GVRC, 2006–08***

■ Sharp objects (knives, pangas, bottles, hammers)
 ■ Other (kicks, fists, strangulation, slaps, human bites) ■ Not indicated

Percentage of survivors



Note: * Latest data available. Survivors comprise adults and children of both sexes.

Sources: GVRC (2008a, p. 13; 2009, p. 14)

'domestic' violence incidents, although they are used in some violent attacks against women, including to threaten them before and during rape, as discussed below.

Research shows that, from a young age, battered women are socialized to accept and rationalize violence from intimate partners (UNSD, 2010, p. 137). That finding is corroborated by the 2008–09 DHS, which reveals that, while 44 per cent of men agreed with wife-beating for at least one reason, an even greater proportion of women—53 per cent—held that view (KNBS and ICF Macro, 2010, p. 238).⁷² The stated reasons were burning food; arguing; going out without informing a husband; neglecting the children; or refusing to have sex. In Nairobi, one in four women (24.6 per cent of 728 respondents), agreed that violence was justified for at least one of the specified reasons (p. 237). This suggests that, in many Kenyan families, physical violence targeting women is absolutely normal. Nationwide, the proportion of women who justify such violence rises in accordance with the number of children they have, indicating relationships among dependency, violence, and acceptance of violence. As a recent report notes:

Many women appear to subordinate their rights to be free from violence [. . .] to the economic imperatives of material survival and providing for children. This is despite the fact that children may also be affected emotionally and physically by the violence (Crichton, Nyamu Musembi, and Ngugi, 2008, p. 35).

As generations of Nairobi's urbanized underclass grow up in slum environments, this situation is unlikely to change, not least because children are routinely subjected to seeing and hearing violence in their homes and communities (Ravestijn, 2002, pp. 53, 58). Boys who experience or witness violence against women are more likely to use it as adults, believing it to be 'normal'; girls who experience or witness it are more likely to get caught in a cycle of violence themselves as adults (Population Council, 2008, p. 2; KNBS and ICF Macro, 2010, p. 255).

Perpetrators

The most frequent perpetrators of physical violence against ever-married women are their current husbands and partners (64.8 per cent), followed by former

boyfriends and intimate partners (19.1 per cent), mothers and step-mothers (15.4 per cent), fathers and step-fathers (10.3 per cent), and teachers (10.2 per cent) (KNBS and ICF Macro, 2010, p. 249).⁷³ Those who never married are most frequently beaten by teachers (40.6 per cent), mothers and step-mothers (35.9 per cent), fathers and step-fathers (24.8 per cent), and other relatives (15.0 per cent) (p. 249). Notably, women feature strongly as perpetrators as well as survivors.

The pattern is confirmed by data from the GVRC, which shows that women routinely know the perpetrators of violent physical attacks against them, most of whom are current or former intimate partners. In contrast, a ‘significant number’ of perpetrators of rape are unknown, although the majority are known (GVRC, 2012, p. 10). In the same vein, DHS data shows that almost one-fifth (17.1 per cent) of never-married women aged 15–49 who experienced sexual violence were raped or assaulted by strangers (KNBS and ICF Macro, 2010, p. 251).

Rigid notions of men as ‘providers’ in Kenyan culture—which many men are unable to live up to due to the poor economic climate—and expectations on the part of women regarding their material ‘entitlements’ are undoubtedly contributing to an increase in the number of frustrated, dysfunctional, and aggressive intimate partners. Evidence suggests that many men who are unable to live up to this ideal attempt to take control of their lives through the use of force, humiliation, and suppression (Ravestijn, 2002, p. 56). In the words of one interviewee: ‘Men have no power over any part of their lives. They become vicious [. . .]. They assert themselves through violence, through control over the family.’⁷⁴ Perhaps predictably, the least educated—and, by extension, the most socio-economically excluded—are the most violent (KNBS and ICF Macro, 2010, p. 257).⁷⁵

In Nairobi almost 50 per cent (48.4) of the 320 married women who said their husbands or partners demonstrated controlling behaviour reported that they became jealous or angry if their wives spoke with other men; 37.3 per cent said their husbands insisted on knowing where they were at all times, 21.7 per cent said they did not trust them with any money, and 21.5 per cent said they frequently accused them of being unfaithful (KNBS and ICF Macro, 2010, p. 252). The will to control can extend to preventing wives from seeking paid work,⁷⁶ even when financial constraints on families are extreme. This link between controlling personalities and violence is well established in relevant research (WHO, 2005, p. 14).

Circumstances surrounding attacks

Male interviewees in Kangemi and Kawangware said the main reasons why men beat their wives were: cultural ('some tribes, unless you beat [. . .] she can't be a good wife'); mistrust regarding faithfulness; 'mistakes' made by women; drunkenness or drug abuse (normally bhang, or cannabis); and quarrels over money. Women in Kangemi attributed the violence to men's hot tempers, exacerbated by alcohol; men's desire to control household finances; the lack of food in the home; and alleged infidelities. Many violent arguments occur at night when a husband returns home, sometimes drunk, looking for something to eat. One interviewee explained: 'She should prepare for her husband. You assume she could have borrowed even if there's no money in the house.'⁷⁷ Challenging a husband about his inability to 'provide'—based on the highly developed notion of marital material entitlements—appears to be especially dangerous for women (Crichton, Nyamu Musembi, and Ngugi, 2008, p. 49).

Anecdotal evidence suggests that the end of the month and holidays are particularly violent periods in families due to financial problems.⁷⁸ The bi-annual rainy seasons are also risky times; the sound of the rain on corrugated iron roofs drowns out the screams.⁷⁹ Research also suggests that pregnancy and HIV status may make Kenyan women particularly vulnerable (Crichton, Nyamu Musembi, and Ngugi, 2008, pp. 21–22, 26–27; AI, 2002). Relevant data from service providers and additional research are required; neither the GVRC nor the GBVRC identifies sub-groups of vulnerable female clients in its records.

As noted above, alcohol is a major exacerbating factor. Nationwide, almost three-quarters (72.2 per cent) of women who have ever suffered IPV say that their husbands are 'often drunk' (KNBS and ICF Macro, 2010, p. 257). There is no available data on alcohol abuse among survivors of IPV.

Rape

Prevalence

However unrecognized IPV is on the basis that it is 'normal' in some homes, some sexual violence—namely that within relationships—is even less recog-

nized and reported. The reason involves the presumption, with its roots in customary law, that consent to sex is automatic within a marital relationship (Saidi, Awori, and Odula, 2008, p. 352). In other words, after marriage or as part of a physical relationship, ‘you don’t own yourself’.⁸⁰

Almost one in five ever-married women (17.2 per cent of 4,336 respondents) in Kenya report having experienced sexual violence from an intimate partner, suggesting that a large percentage of men see sex as a right to be taken (KNBS and ICF Macro, 2010, p. 254). Among ever-married women, 13.6 per cent experienced sexual violence ‘often’ or ‘sometimes’ in the previous 12 months (p. 254). Of 314 respondents in Nairobi, 13.7 per cent said their husbands became angry and reprimanded them if they refused to have sexual intercourse, 12.3 per cent said their husbands had sex with another woman, and 3.5 per cent said their husbands forced them to have sex (p. 240). As discussed in Box 1, marital rape is not explicitly prohibited by Kenyan law.

Although the GVRC—the foremost gatherer of data on reported sexual violence—has relevant data on marital rape, it has not, so far, published it.⁸¹ Moreover, medical services are geared towards one-off emergency rape cases, rather than women who are chronically targeted—and reinfected with diseases—by their partners. These women have very different medical needs and may even be less likely to seek services due to feelings of fatalism and hopelessness (Crichton, Nyamu Musembi, and Ngugi, 2008, p. 29).

Relatively good hospital data is available on sexual violence more generally; in fact, it is much better than that on physical violence, as more women seek medical attention. Data from the three main medical service providers in Nairobi—the GVRC, the GBVRC, and Médecins Sans Frontières (MSF)–France,⁸² all of whom provide free medical care—shows that the number of clients seeking medical help after rape is significant: 2,274 women and girls reported to the GVRC in 2010–11 (GVRC, 2012, p. 9); 367 reported to the GBVRC in 2011 (see Figure 5); and up to 90 reported to MSF–France per month in 2011, reaching a total of more than 1,000 (Gitau, 2012, p. 33). The resulting average is about ten women and girls per day attending just these three service providers. More than 85 per cent of survivors reporting to the GVRC are from Nairobi, as are 80 per cent of those who attend the GBVRC.⁸³

Box 1 **The legal framework governing battering, rape, and murder**

Battering

There is no legislation in place prohibiting ‘domestic’ violence or IPV, although activists have been campaigning for its introduction since at least 1997. To date, all such cases have had to be prosecuted as common ‘assault’ cases under the penal code (GoK, 2009b, paras. 250–51). The current draft of the Protection against Domestic Violence Bill contains a raft of progressive measures, such as a broad definition of violence (covering physical, sexual, verbal, emotional, and economic abuse), and the outlawing of harassment, stalking, and forcible entry into a residence not shared by a person with whom the plaintiff is, or has been, in a ‘domestic relationship’⁸⁴ (GoK, 2012a, paras. 4(A–O), 4(2)). Female genital mutilation, forced marriage, child marriage, forced wife inheritance, cleansing, and virginity testing, among other cultural and religious practices, are proscribed as well. Crucially, the bill also outlaws ‘sexual violence within marriage’ (para. 4(a)(vii)), but not marital rape, which can be violent or simply coercive. A provision on marital rape would be unlikely to pass muster in the Kenyan parliament.

In addition, the bill contains explicit provisions on the duties of the police (GoK, 2012a, para. 7); these call on the police to assist injured parties in finding shelter and medical treatment, to advise them on the right to lodge a criminal complaint (paras. 7(a)–(b)), and on the duty to arrest and charge suspects (para. 7(3)(a)). Members of the public may also lodge a complaint with an Independent Police Oversight Authority if they are ‘not satisfied with the services of a police officer’ (para. 8). The bill lays the foundation for establishing a Family Protection Fund that is expected to disburse funds for necessities, including shelter, food, clothing, and legal services (paras. 41–42, 44). Under the constitution, a version of this bill—along with two other family-related bills, the Marriage Bill (GoK, 2012b) and the Matrimonial Property Bill (GoK, 2012c)—should have been enacted as law by August 2012.⁸⁵ On 8 November the Cabinet finally approved these bills and, once parliament debates and accepts them, they will become law. It remains to be seen whether parliament will allow these largely progressive laws to pass without watering them down.

Rape

The largely progressive Sexual Offences Act (SOA) came into force on 21 July 2006 thanks to extensive and ongoing advocacy work from civil society groups in Kenya. It is gender-neutral and prohibits a range of acts including rape; defilement (rape of minors); gang rape; indecent acts; child trafficking; prostitution; pornography; trafficking for sexual purposes; incest; sexual harassment; and deliberate transmission of the human immunodeficiency virus (HIV). It also contains numerous progressive measures such as mandatory heavy sentences, a reduction in the need for corroboration, witness protection, in camera hearings, collection of forensic evidence, a DNA register of sex offenders, and treatment and supervision of offenders (FIDA Kenya, 2011, pp. 11–12).

Major gaps include the absence of marital rape—which male parliamentarians removed from a draft in 2005⁸⁶—abduction for sexual purposes, and forced oral sex. Until it was repealed in July 2012, the infamous Section 38 also made it an offence to make ‘false allegations’ against a person under the SOA, with a punishment ‘equal to that for the offence complained of’ (GoK, 2007, para. 38). This provision was inserted by members of parliament as a ‘compromise’ measure to permit the bill to become law; it has resulted in at least one person being charged, namely a 16-year-old-girl.⁸⁷ Thanks to advocacy efforts, the clause was expunged as part of the Statute Law (Miscellaneous Amendment) Bill. The challenge now is to ensure that police and members of the public are made aware of this revision. The Evidence Act still states that the reliability of a rape victim may be compromised if the accused can prove her to be of ‘generally immoral character’, placing the emphasis on the ‘character’ of the survivor of rape instead of the act itself (GoK, 2009c, para. 163(d)).

Key to implementing the SOA is the forthcoming legally binding National Policy Framework—to be anchored in the law as an amendment. It will introduce a permanent national coordination body⁸⁸ and will outline various actors’ roles and responsibilities while also directing relations between them as part of a desired multi-sectoral approach to addressing sexual offences. A national referral mechanism will also replace the informal referral networks (such as among the health sector, law enforcement, legal sector, prisons, and informal justice sector) with clear guidelines for each actor on interaction and coordination with others.⁸⁹

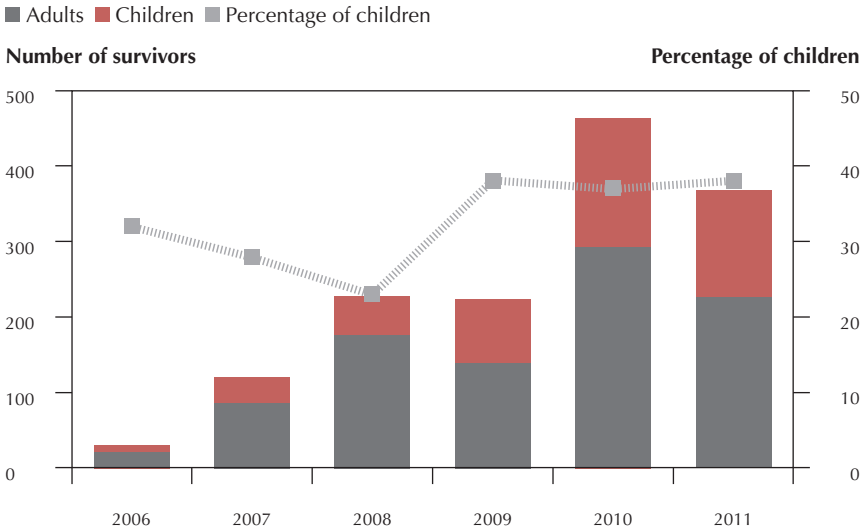
Murder

The penal code prohibits murder—‘any person who of malice aforethought causes death of another person by an unlawful act or omission is guilty of murder’—and the lesser crime of manslaughter (GoK, 2009b, paras. 202, 203). It stipulates that anyone convicted of murder shall receive the death penalty, which can be waived in certain circumstances, such as pregnancy, or for minors (paras. 25(2), 204, 211). The accused may claim to have committed the lesser crime of manslaughter by using the defence of ‘provocation’, thus arguing that a preceding ‘wrongful act’ or ‘insult’ occurred in such a way as to ‘deprive him of the power of self-control and to induce him’ to kill (para. 208(1)).

General human rights protections

The groundbreaking 2010 constitution contains guarantees of relevant rights, including the following: life (GoK, 2010, para. 26.1); equality before the law (para. 27.1); non-discrimination (para. 27.4–5); freedom from cruel, inhuman, or degrading treatment (para. 29f); health (para. 43.1a); and fair administration (para. 47.1).

Figure 5 Female survivors of GBPV reported to Kenyatta National Hospital, by age, 2006–11*



Notes: * An estimated 90 per cent of these cases involved rape or defilement.⁹⁰ Individuals who are 18 or older are considered adults under Kenyan law.

Source: Author correspondence with the GBVRC, Nairobi, 14 March 2012

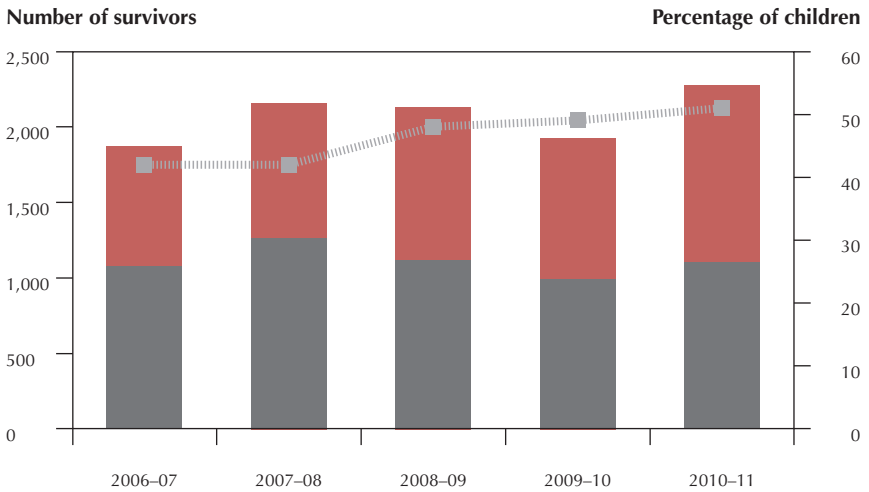
The number of reported cases at all three medical institutions is rising (see Figures 5 and 6). It is unclear whether this trend is due to an increase in the actual incidence or in the reporting of cases. While advocacy groups may disagree,⁹¹ the trend could simply reflect an increase in reporting due to factors such as better outreach programmes, heightened awareness, and longer opening hours of service providers.

In contrast, the number of cases involving adult female survivors that were reported to the Kenya Police has fluctuated between only 30 and 105 in the past six years, with even fewer sodomy cases (see Figure 7). The number of defilement cases is slightly higher, ranging between 58 and 154 and representing only a fraction of those who seek medical help.⁹²

The incidence of reported group attacks—or gang rape—appears to be exceptionally high, although precise data is mostly unavailable (Ravestijn, 2002, p. 58). Of the 29 post-election sexual violence cases submitted for review to the independent Office of the Director of Public Prosecutions (DPP) from Nairobi, for

Figure 6 Female survivors of sexual violence reported to the GVRC, by age, 2006–11

■ Adults ■ Children ■ Percentage of children



Notes: Individuals who are 18 or older are considered adults under Kenyan law.

Sources: GVRC (2008a, pp. 5–6; 2009, pp. 5–6; 2010a, p. 8; 2011a, p. 10; 2012, p. 9)

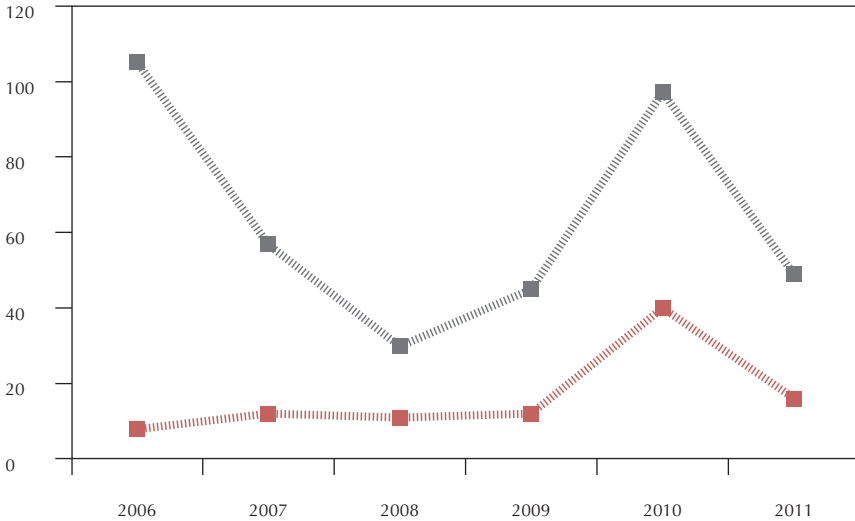
example, 24 were gang rapes. Most of these occurred in Kibera informal settlement and many allegedly involved the police.⁹³ Fifteen per cent of rapes—of men, women, and children—reported to the GVRC in 2010–11, or 381 out of a total of 2,524 cases, involved more than one perpetrator (see Table 1). Of the 90 current adult and child members of the Sexual Assault Survivors Anonymous (SASA) self-help group—all of whom reside in informal settlements—more than half experienced group attacks, according to Sheila Wairimu, a spokesperson for the group.⁹⁴ Most of the attacks occurred on the streets, after dark, with between three and five assailants; eight was the highest number recorded by SASA. Most of the attacks involved vaginal sex, while a few also included anal rape.

The GVRC has noted a rise in the number of rapists per attack in recent years, calling it a ‘disturbing trend’. The number has risen to as many as 20 assailants, defeating efforts put in place to fight both sexual violence and the spread of HIV, the hospital notes in a recent report (GVRC, 2011a, p. 6). Rapists sometimes justify group attacks as a way to teach women or girls ‘a lesson’ if they reject a suitor or

Figure 7 **Officially reported cases of rape and sodomy of women, Nairobi, 2006–11***

■ Number of rape cases ■ Number of sodomy cases

Number of cases



Note: * Reported cases involve only women who survived the attack.

Source: Author interview with Alfred Umbaba, director, Police Operations, Nairobi, 13 March 2012

break off a relationship. ‘It happens in Korogocho especially,’ according to SASA spokesperson Sheila Wairimu. She adds: ‘Men want to dictate when to end a relationship.’ A gang rape is known as a ‘combi’, based on combining for rape.⁹⁵

Abductions for sexual purposes also occur, but there is no reliable data on the practice,⁹⁶ which is not explicitly prohibited by law. Several interviewees spoke of alleged abductions:

- a 13-year-old orphaned girl was abducted and repeatedly raped by a man in Mathare informal settlement for seven days in October 2009;⁹⁷
- a woman was abducted in Dandora in October 2010 for four days and repeatedly raped as her assailants threatened to kill her;⁹⁸ and
- a client of the GBVRC was approached in a traffic jam, where she was presumably drugged, and then abducted to a ‘posh house’, where she was kept and raped for two weeks.⁹⁹

Table 1 **Number of gang rapes reported to the GVRC per quarter, 2010–11**

Quarter	Number of gang rapes
April–June 2010	91
July–September 2010	111
October–December 2010	97
January–March 2011	82
Total	381

Note: The survivors of gang rape included some children and some men, but the majority were women.¹⁰⁰ Disaggregated data is not available.

Sources: Author correspondence with a programme officer, GVRC, Nairobi, 3 February 2012

Most abductions in Korogocho informal settlement allegedly involve sex workers who are ‘abducted, brutally raped, dragged into a car, and taken off’, sometimes for two to three days.¹⁰¹

Rape tends to be accompanied by physical threats and injuries (if not death). The 2008–09 DHS reveals that, of 551 ever-married women (aged 15–49) who had experienced sexual violence from an intimate partner, 39.0 per cent had sustained cuts, bruises, or aches; 22.2 per cent had eye injuries, sprains, dislocations, or burns; and 14.8 per cent had deep wounds, broken bones, broken teeth, or other serious injuries (KNBS and ICF Macro, 2010, p. 260). Weapons such as steel bars, machetes, and crude weapons are frequently used to intimidate women into submission, particularly in incidents that occur on the streets.¹⁰² Practically all of the survivors of rape counselled at the GVRC were threatened with weapons before or during their attacks; among every ten women, an estimated five had been threatened with firearms, two with knives, and the rest with machetes or pangas.¹⁰³

Anecdotal evidence suggests that rapists target girls and very young women for a variety of reasons, including because they are deemed unlikely to be HIV positive; will probably be too scared to report the crime; and may not yet be able to get pregnant.¹⁰⁴ One male focus group interviewee explained: ‘A man can be drunk and lose control. He doesn’t care if it’s a child. He needs to satisfy himself.’¹⁰⁵ Another said that, because some women are making sex expensive by demanding something in return, a man might rape a child ‘to enjoy himself’.¹⁰⁶

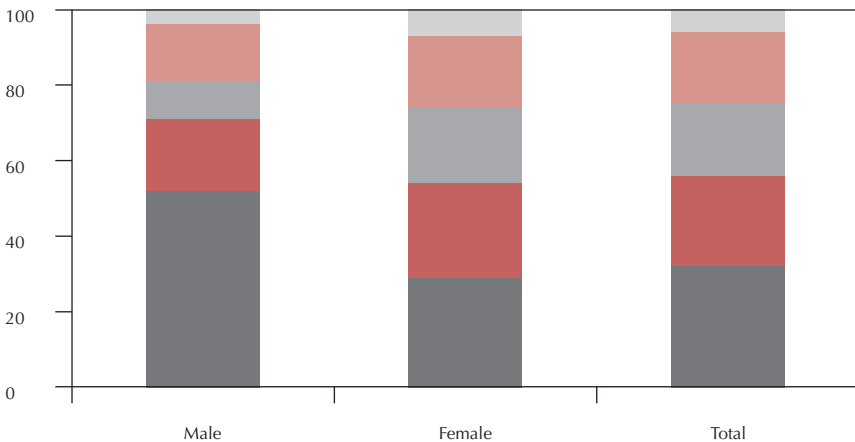
Chronically abused children are turned into ‘wives’ by fathers and step-fathers in the absence of their spouses. The long-term debilitating physical and mental effects of such sexual abuse are well documented (Ravestijn, 2002, pp. 27–29; Crichton, Nyamu Musembi, and Ngugi, 2008, pp. 12–13, 22).

To date, data on the prevalence of childhood sexual abuse has not emerged from Kenya’s Demographic and Health Surveys.¹⁰⁷ Nevertheless, anecdotal evidence points to a high number of cases. Figure 6 shows that more than 50 per cent of female cases reported to the GVRC now involve minors; in 2010–11 more girls reported to the hospital than did women. The fact that 1,171 girls reported to the hospital over the course of that year translates into an average of nearly 100 per month—or more than three per day. GBVRC data shows a similar trend, although the percentage of minors is lower, averaging more than one-third of the total (see Figure 5). Minors account for approximately 50–60 per cent of the patients treated by MSF–France.¹⁰⁸ Other sources corroborate these findings; a recent study shows that, in the Kibera courts system, 43 per cent of all GBPV cases heard between July 2010 and February 2011 involved defilement (18 out of a total of 42) (GIZ, 2011, p. 30).

Figure 8 **Age of survivors of sexual violence reported to the GVRC, 2010–11**

Age of survivor: ■ ≤ 11 ■ 12–18 ■ 19–24 ■ 25–34 ■ ≥ 35

Percentage of survivors



Source: GVRC (2011b, p. 5)

Figure 8 shows that children aged 11 and younger—both girls and boys—constitute the largest group of rape survivors attending the GVRC. A significant number of them are extremely young. Of a total of 2,524 cases of rape or defilement targeting adults and children reported in 2010–11, five per cent—or 126 cases—involved children who had not yet gone to school, meaning they were approximately four or younger (GVRC, 2011b, p. 14). The youngest child ever treated for defilement at the GVRC was a one-month-old girl.¹⁰⁹

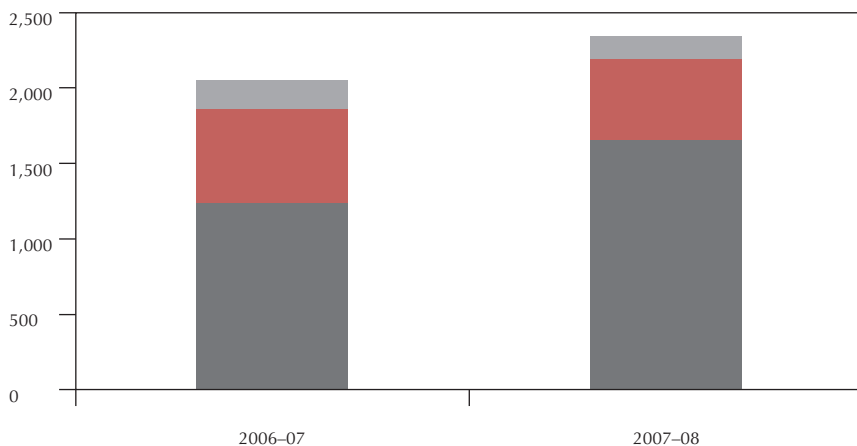
It remains unclear whether more children are, in fact, being raped than adults, or whether proportionally more children are brought to health providers following attacks. More research is needed in this area.

In contrast to physical violence, sexual violence in Kenya is not strongly tied to levels of education and wealth, although poorer and less-educated women are more likely to be sexually abused (KNBS and ICF Macro, 2010, p. 250). Evidence suggests that, in some extremely poor communities, rape of girls and young women is rife; a 2011 study conducted in Korogocho informal settlement

Figure 9 Survivors of sexual violence reported to the GVRC, by residential area, 2006–08*

■ Nairobi’s slums ■ Middle-class and affluent areas ■ Other Nairobi areas

Number of survivors



Note: * Latest available data. Men and boys accounted for 180 of these cases in 2006–07 and 181 in 2007–08.

Sources: GVRC (2008a, p. 7; 2009, p. 6); author correspondence with a programme officer, GVRC, Nairobi, 27 December 2011

finds that a quarter (24.7 per cent) of 381 female respondents aged 14–21 had been raped *in the previous year alone*, almost half (48.4 per cent) by their boyfriends (NMNW, 2011, pp. 13, 15).¹¹⁰ The GVRC also sees significant numbers of clients from informal settlements. In 2006–07, 60 per cent of survivors of sexual violence came from these areas, including Kibera and surrounding villages, Korogocho, Mathare, and Mukuru (GVRC, 2008a, p. 7); by 2007–08, this figure had risen to 71 per cent (GVRC, 2009, p. 6).

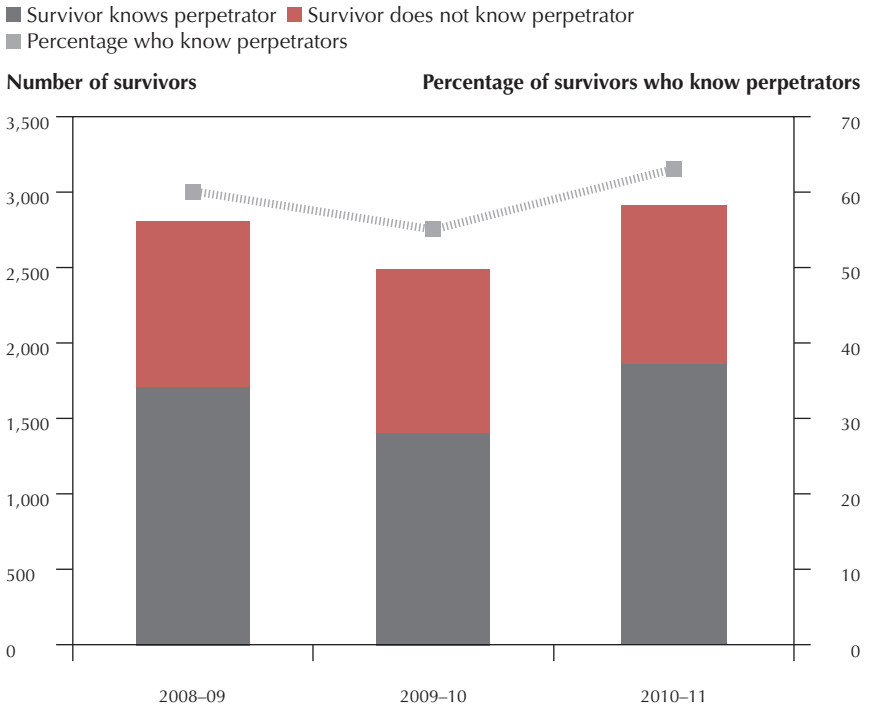
The data also shows, however, that significant numbers of clients come from ‘middle-class and upmarket areas’—about 23 per cent in 2006–07 and 26 per cent in 2007–08 (GVRC, 2008a, p. 7; 2009, p. 11).¹¹¹ These figures demonstrate that all socio-economic groups are affected by sexual violence (see Figure 9).

Perpetrators

As discussed earlier, non-sexual, physical violence is almost always committed by people known to the survivor, such as husbands and boyfriends. Similarly, the majority of rapes are committed by individuals who know and enjoy the trust of their targets. The 2008–09 DHS reveals that almost three-quarters (71.8 per cent) of the 1,106 ever-married, 15–49-year-old women who had experienced sexual violence were attacked by current or former intimate partners or husbands (KNBS and ICF Macro, 2010, p. 251). Among the 196 women who had never been married, current and former boyfriends were the top perpetrators (37.0 per cent), followed by friends and acquaintances (18.7 per cent), and then strangers (17.1 per cent) (p. 251). Although teachers do not rank high as perpetrators (cited by only 1.1 per cent of respondents), it is not uncommon for them to be involved in ‘molesting’ students;¹¹² more research on this is required.

GVRC data shows that clients reported a significant percentage of rapists as ‘unknown’ (GVRC, 2012, p. 10; see Figure 10). The corresponding attacks tend to occur outside and may involve temporary abductions; many are committed by an underclass of chronically unemployed, undereducated young men who hang around abusing drugs and alcohol, looking for ‘opportunities’. Many of them have no responsibilities and no barriers to their behaviour: ‘Most of them are high, nothing matters to them. They will do anything—some of it is for fun, for others it is to vent anger.’¹¹³ Some of them are children themselves; ‘street gangs’ of boys can consider it an initiation rite to gang-rape.¹¹⁴

Figure 10 **Survivors by their relationship to perpetrators of GBPV attacks, 2008–11***



Note: * Approximately 85 per cent of these were sexual attacks.¹¹⁵

Source: GVRC (2010a, p. 12; 2011a, p. 11; 2012, p. 13)

Survivors of attacks who were treated at the GVRC in 2010–11 most commonly identified perpetrators as individuals whom they knew. The top five perpetrators of reported attacks (targeting adults and children) were neighbours, husbands, friends, fathers, and relatives (GVRC, 2012, pp. 13–15). This broad pattern has been repeated over the past few years. A significant number of survivors (14.6 percent) knew but did not name the perpetrator, presumably due to fear. Significantly, SASA has observed that assailants often make similar comments during rape attacks. These include references to power relations between the sexes ('try and fight me back, you are useless'); women looking for trouble ('good girls don't walk at night, why are you?'); clothes (short skirts or tight clothing that invites trouble); and women being 'too empowered' nowadays.¹¹⁶

Circumstances surrounding attacks

The available data on circumstances that lead to sexual attacks is patchy, but instructive nevertheless. Notably, it is only relevant to attacks that did not result in death; lethal rape attacks are neither recorded by the police nor monitored as a distinct phenomenon.

Walking after dark clearly presents a major threat to women’s security (see Table 2).¹¹⁷ Tables 3 and 4 call attention to the dangers of walking downtown and elsewhere, and to the need to be vigilant in all public places, including *matatu* (minibus) stops and parks.

The past 3–4 years have seen a discernible move away from attacks occurring in public places with an accompanying increase in rapes occurring in homes and isolated places out of public view. Highlighting this trend, Table 3 shows a move away from streets and parks, towards homes (residential estates) and secluded places, to which people are usually abducted. The GVRC has noted that this trend involves known persons—such as relatives, friends, and neighbours—committing rapes in either their own or the survivors’ homes (GVRC, 2012, p. 18). As indicated in Table 2, many women are ‘lured’ to their attack.

Table 2 Circumstances surrounding sexual attacks reported to the GVRC, 2004–08*

Circumstances	2004–05	2005–06	2006–07	2007–08
Substance or alcohol abuse	124	61	174	105
Robbery	46	285	151	296
Walking home at night	546	189	917	1,087
Lured with ‘good things’	729	128	448	349
Kidnapping	0	178	0	0
Carjacking	38	80	147	69
Other	0	633	212	432
Not declared	0	17	0	0
Total	1,483	1,571	2,049	2,338

Notes: *Latest available data.¹¹⁸ It is unclear whether these categories are mutually exclusive. Survivors comprise adults and children of both sexes.

Sources: GVRC (2006, p. 20; 2007, p. 19; 2008a, p. 9; 2009, p. 9)

Table 3 Location and circumstances surrounding GBPV attacks reported to the GVRC, 2008–11

Location	2008–09	2009–10	2010–11
Walking home, neighbourhood, or street	1,497	637	734
Accosted at home or robbery	373	416	513
Perpetrator's home	232	729	820
Isolated place or unknown	521	575	554
Carjacked or abducted	182	130	147
Drugging or intoxication ¹¹⁹	0	0	141
Total	2,805	2,487	2,909

Notes: Survivors comprise adults and children of both sexes. In 2010–11, 87 per cent of cases reported to the GVRC were of rape or defilement and the same percentage of cases occurred in Nairobi (GVRC, 2012, pp. 7, 15).

Sources: GVRC (2010a, p. 14; 2011a, p. 15; 2012, p. 18)

Table 4 Location of GBPV attacks reported to the GVRC, 2009–11

Location	2009–10	2010–11
Streets in city centre or business district	842	507
Recreational places such as City Park, Uhuru gardens, Uhuru park, Arboretum park	512	84
Residential estates	593	1,747
Karura and Ngong forests	86	59
Educational institutions such as schools, colleges, universities	31	50
Bus and <i>matatu</i> stops	292	69
Secluded, unknown places (to which survivors are abducted and where they are raped)	131	335
Work place or office	0	17
Hotel rooms (usually after drinking sprees)	0	41
Total	2,487	2,909

Notes: Survivors comprise adults and children of both sexes. In 2010–11, 87 per cent of cases reported to the GVRC were of rape or defilement and the same percentage of cases occurred in Nairobi (GVRC, 2012, pp. 7, 15).

Sources: GVRC (2011a, p. 14; 2012, pp. 17–18); author correspondence with a programme officer, GVRC, Nairobi, 3 February 2012

As with battering, there is a lack of nuanced data on the circumstances under which different groups of vulnerable women—such as sex workers, homeless women, refugees, or women in same-sex relationships—are targeted. For example, a recent study finds that physical violence targeting sexual minorities occurs mostly in Nairobi, with women recounting how they were attacked, verbally abused, threatened with rape to ‘stop’ their homosexuality, and sexually assaulted (KHRC, 2011b, pp. 27–30).¹²⁰ Similarly, there is no data on the circumstances that lead to rape of minors, although evidence suggests, as noted earlier, that cramped housing may play a role. A recent government report notes that a lack of privacy forces parents to share limited sleeping room with children and other relatives. This has reportedly contributed to an increase in the number of cases of incest involving parents and their children (NCGD, 2010b, p. 33).

A separate phenomenon is the use of drugs to disarm targets of violence. Between April 2011 and March 2012 the GVRC treated 128 cases of women who experienced GBPV while drugged or intoxicated.¹²¹ The data does not differentiate between voluntary and involuntary intoxication; more research is required to clarify the number of cases in which drugs were used. Anecdotal evidence suggests, however, that the use of drugs such as Rohypnol in robberies and rapes targeting both women and men is a worrying trend of the past 3–4 years. The drugs are most commonly used in ‘date rapes’,¹²² clubs,¹²³ and, increasingly, at parties held for business and political elites, in private homes.¹²⁴ Typically, female secondary school and university students are invited to these parties, where their drinks are spiked and they are then raped. Many are too ashamed to report the violence to parents or the police on the basis that they should not have been attending the parties in the first place.¹²⁵

Significantly, there appears to be little sympathy for survivors of rape, at least in informal settlements. Male focus group interviewees in Kangemi said that rape within families was ‘embarrassing’ for men; several said it could lead to a separation or divorce. They also agreed that, if a woman goes out and ‘exposes herself’ to rape, she must have been looking for ‘something’.¹²⁶

Lethal violence

Prevalence

There is no reliable data on gender-based lethal violence in Nairobi and therefore no overview of its prevalence. Relevant quantitative data from the Kenya

Police is extremely limited and, as with data on assault and rape, it is not comprehensive. This study was not able to identify any independent, systematic monitoring of violent deaths in Nairobi.¹²⁷ While people frequently are murdered or ‘disappear’,¹²⁸ particularly residents of informal settlements, the vast majority of deaths receive neither media nor any other kind of official attention.

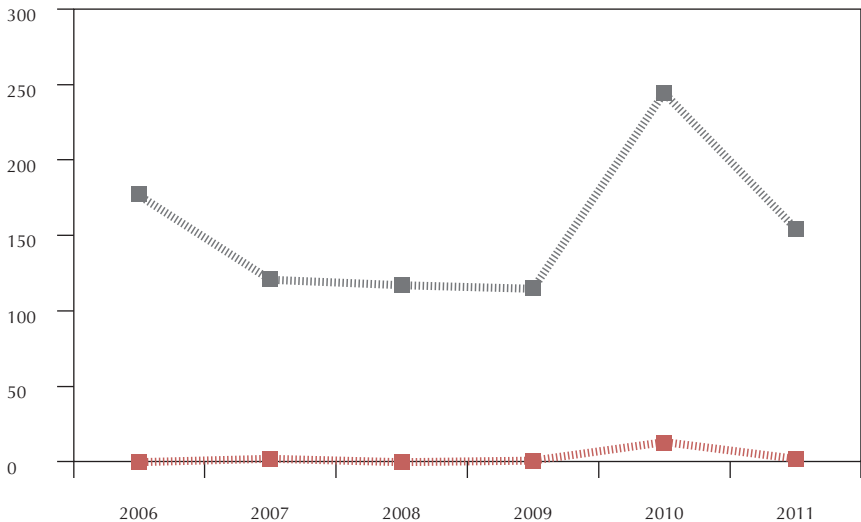
The Kenyan state does not publish disaggregated data on murder or manslaughter although the information is gathered and can be made available upon request. Figure 11 shows Kenya Police data for Nairobi, revealing that 115–244 women were officially murdered annually between 2006 and 2011. There are a number of reasons to question the validity of these figures.

Cases that involve prominent people, such as politicians, or the police themselves as perpetrators are unlikely to be investigated or recorded (UNGA, 2011, paras. 25–26).¹²⁹ The overall number of these cases is unclear, although it is certain that the rate escalated from late 2010 to 2011 (para. 15). While the

Figure 11 **Official cases of murder and manslaughter of women, Nairobi, 2006–11**

■ Murder ■ Manslaughter

Number of cases



Source: Author interview with Alfred Umbaba, director, Police Operations, Nairobi, 13 March 2012

victims of most of these acts are young men, such as alleged criminals, gang members, or members of the Mungiki sect, some associated women are also targeted.¹³⁰ Virginia Nyakio, the wife of the former head of the Mungiki, Maina Njenga, was one prominent example (KNCHR, 2008, paras. 50, 77).

Murders of victims who are unidentified—such as bodies dumped in informal settlements, as described in Section II—and who remain unclaimed by relatives, or whose relatives do not push the police, are rarely investigated.¹³¹ As one GBVRC counsellor explains: ‘If the family don’t want to take [pursue] the case, no case is taken. The Kenyan state will not interfere.’¹³² A police officer affirmed that if a family makes ‘no effort to follow a case, it’s thrown away’, adding that ‘[y]ou have to use money for a case to succeed’.¹³³ A chairman of an informal settlement area echoed these words: ‘If the perpetrator is taken to the police he can pay a bribe and be let go. This happens mostly.’¹³⁴ Indeed, several police sources confirmed the unwillingness to investigate even cases of murder in the absence of bribes, and without a victim’s family pushing a case forward.¹³⁵ It is unclear to what extent these uninvestigated cases are officially recorded.

Three separate sources said that, for approximately KES 5,000–10,000 (USD 60–120), depending on the incriminating evidence, murderers in informal settlements can buy their way to freedom.¹³⁶ High-profile cases cost much more.¹³⁷

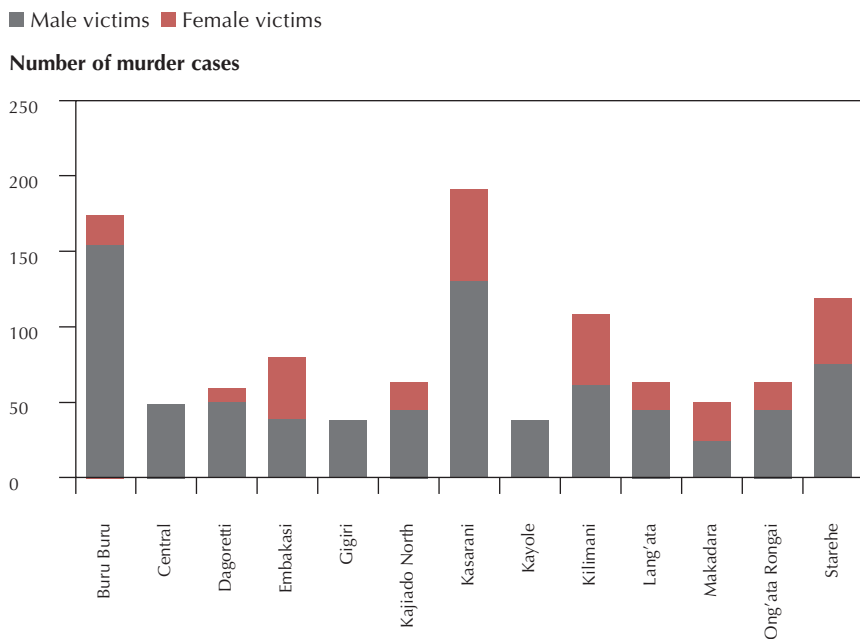
Exacerbating matters, while the police may record some cases that are brought to their attention, they do not actively pursue cases. Many families take bodies to private mortuaries, for example, without reporting suspect deaths to the police.¹³⁸ Private mortuary staff are trained to recognize obvious signs of violence and to advise families to contact the police about suspicious circumstances.¹³⁹ Although mortuaries are legally required to communicate with the police about suspicious deaths to avoid becoming ‘an accessory after the fact’, the system is unregulated and dysfunctional in practice (GoK, 2009b, para. 222).¹⁴⁰

Nairobi City Mortuary is mandated to undertake independent post-mortems on all ‘police cases’ (or unnatural deaths), including suspected murders and suicides, as well as traffic accidents and other freak accidents.¹⁴¹ It should be an excellent source of independent information on the number of individuals who die violently, but, in reality, it sees only a ‘small percentage’ of relevant

bodies as relatives of victims flock to pay for private services.¹⁴² Severe overcrowding, decomposing bodies heaped together, and the lack of refrigeration for all bodies—not to mention recent media reports of faulty coolers for an entire week resulting in vermin and a stench that met families outside the mortuary’s walls—have done little to help its reputation (Gisesa, 2012). Private mortuaries carry out post-mortems, but in the absence of a centralized recording system, there is no overview of the actual number of women (or men) who die violently.¹⁴³

Finally, research for this report also suggests that murder rates may be much higher than official figures suggest. A credible source reports that 10–15 women are murdered in Kangemi every month, approximately half of them by intimate partners.¹⁴⁴ A separate source confirmed that between seven and ten women

Figure 12 **Murder cases ‘acted on or finalized’ by the Kenya Police, Nairobi, by sex of victim, 2006–11***



Notes: * These cases are reported by divisional commanders and compiled centrally. Murder victims comprise both adults and children.

Source: Kenya Police (2012a)

were killed per month in a sub-area of Kangemi.¹⁴⁵ The majority of these women are young adults between the ages of 20 and 35, and many have children.¹⁴⁶ These reports suggest that the official figure of 154 female murders for all of Nairobi in 2011 may be a gross underestimate (see Figure 11). More research on this is urgently required.

Figure 12 shows how many murders the police ‘acted on or finalized’¹⁴⁷ annually in 2006–11; these figures are even smaller than those officially reported (see Figure 11). In all police divisions apart from Embakasi, cases involve considerably more male victims than female ones.¹⁴⁸ The police in Buru Buru has acted on or finalized the greatest number of cases involving male victims (154) over the past six years, while the police in Kasarani has dealt with the most murders with female victims (130), followed by Starehe (75) and Kilimani (61). Within Kasarani, murder, sexual offences (rape, defilement, and sodomy), and assault appear to be most common in Githurai 44/45, Kahawa West, Maji Mazuri, Marurui, Mirema Drive, Roysambu, Sunton, Thome Estate, and Zimmerman, (Kenya Police, 2012a, p. 9). No murders of women have been acted on or finalized in Central (that is, the Central Business District in town), affluent Gigiri (home to the United Nations), or Kayole, presumably because no or fewer murders occurred.

Methods used to kill women are varied. Three separate Nairobi police sources said that the most common method involved the use of blunt or sharp objects such as pangas, knives, clubs, or *rungus* (traditional clubs).¹⁴⁹ Based on examinations of the bodies at Nairobi City Mortuary, firearms account for 5–10 female deaths per month, or 60–120 per year.¹⁵⁰ Other GBPV cases account for up to five cases per month; among these, strangulation is the most common cause of death, followed by machete or stab wounds, and then sexual violence (often 1–2 per month).¹⁵¹

In some cases women’s bodies are mutilated, with body parts such as breasts, tongues, and genitals removed.¹⁵² Interviewees attributed the mutilation phenomenon to organized criminals, including police death squads¹⁵³ wishing to render bodies unidentifiable.¹⁵⁴ They also reported that perpetrators may remove sexual organs with the aim of selling them for ‘traditional practices’ or witchcraft, including across the border in Tanzania, or due to beliefs regarding spirits within certain body parts.¹⁵⁵

The number of mutilations occurring is unclear. The head of a Nairobi police station said that for about two years prior to November 2011 the police came across five to seven mutilated female bodies every month in his area alone.¹⁵⁶ A separate source, speaking about the same rough area, also said that between five and seven mutilated bodies were found every month, most of them rape cases.¹⁵⁷ Another police source said there had been hundreds of mutilation cases over the past ten years, mainly in the informal settlements of Dandora, Kangemi, Kibera, and Mathare.¹⁵⁸ Crucially, they are neither officially recorded, nor investigated by the police as a phenomenon; such deaths are treated as ‘random cases’ of murder.¹⁵⁹ More research on this is urgently required to determine the extent of the mutilations, the reasons behind the phenomenon, and the identities of the perpetrators.

Perpetrators

Perpetrators of lethal violence targeting women tend to be former or current intimate partners who either commit murder themselves or hire criminals to do so.¹⁶⁰ There is no data available on intimate partner killings.¹⁶¹

Circumstances surrounding attacks

Many men who are killed violently in Nairobi are targeted in public settings—such as by being shot by the police or beaten to death in ‘mob justice’ attacks,¹⁶² which often end with the burning of the body of a suspected criminal. In contrast, anecdotal evidence suggests that women tend to be killed in domestic settings and following rapes. There is no relevant quantitative data available on circumstances leading to violent deaths. 📌

II. Impunity perpetuating the status quo

No justice

Women who are trapped in violent relationships in Nairobi—and Kenya more generally—tend to resist change for a variety of reasons, including economic dependency, especially with respect to housing; social dependency; pressure from families and communities; and the legitimization and acceptance of at least some violent behaviour—particularly that seen as ‘corrective’ and targeting both women and children—within communities. This pressure extends to women who seek reconciliation after violent incidents, including through informal justice mechanisms. Taking this into account, perhaps, many police fail to take GBPV cases seriously; their actions are based on ‘socially constructed beliefs’ instead of the law, of which they may even be ignorant (Crichton, Nyamu Musembi, and Ngugi, 2008, p. 43).

A recent government report explains:

it brings out the fact that Kenya as a country tolerates a culture of violence against women, and that the country values and positions women much lower than men. Violating a girl or a woman becomes a casual activity. Children are oriented and socialized in a violence prone environment. When these children are grown up, they become elders, chiefs; police and security officers; nurses and doctors; pastors, priests and sheikhs; lawyers, magistrates and judges; who collectively deal with violence against women in the course of their work. Therefore, their actions towards the abused women and children are informed by their upbringing (NCGD, 2010b, pp. 29–30).

Data from the GVRC shows that very few of its clients obtain formal justice. In 2010–11 medical hospital staff acted as witnesses in 178 separate cases, or six per cent of the cases reported during that period (GVRC, 2012, p. 31). That figure was just 75 in 2009–10 and 153 in 2008–09, or 3.0 and 5.4 per cent of the total number of cases, respectively (GVRC, 2010a, p. 20; 2011a, p. 19). There is no available data on the number of convictions in these cases.

Once a crime is recorded in the Occurrence Book at a police station, the police are obliged to follow up on the case. In practice, however, they may not bother; may solicit a bribe on the basis of *hakuna kitu cha bure* (nothing comes for free); may send a survivor home to reconcile with the accused; or may use scare tactics to avoid taking action.¹⁶³ Following the introduction of the Sexual Offences Act in 2006 and the media attention on the high number of rape cases and substandard police investigations, police used Section 38 to deliberately repel prospective sexual violence complainants (see Box 1).¹⁶⁴ Police also push women to pursue traditional dispute mechanisms, involving a chief, elder, or family member to adjudicate a case informally.¹⁶⁵ These mechanisms may offer some relief in the form of an immediate ‘resolution’ of the issue through reconciliation as well as material compensation, but they also leave the perpetrator at large to reoffend.

It is important to acknowledge the severe constraints that the Kenya Police face in doing their work. With extremely low salaries—KES 14,000 net (USD 160) per month for a police officer¹⁶⁶—and in the absence of petrol for vehicles, basic equipment such as gloves to handle dead bodies, facilities, adequate training, physical space, copies of relevant laws, and any kind of psycho-social support, much of the service offered is perhaps inevitably poor. Overwhelmed by all manner of crime, and with poor living and working conditions and support, police officers often view GBPV cases as petty or minor offences.¹⁶⁷

There are some notable success stories, however. Kilimani’s police station’s gender desk, with dedicated, trained staff to deal with GBPV cases, is generally considered a leading light in Nairobi. The gender desk at police headquarters in downtown Nairobi is also responsive.¹⁶⁸ Most referrals to the GVRC come from the police, illustrating a commitment from at least some to helping women obtain medical care. The Kenya Police has also committed to seconding a staff member to Nairobi Women’s Hospital to provide a more integrated service for clients (see Table 5).

But, overall, there is a perceived lack of political will to tackle GBPV among the leadership of the police.¹⁶⁹ The Kenyan government is also perceived as falling short of its obligations. The current administration is strong on producing policies and visionary statements on violence against women, as evidenced by the revised constitution (GoK, 2010); the SOA (GoK, 2007); Vision 2030;¹⁷⁰ the National Framework towards Response and Prevention of Gender-Based Violence in

Kenya (NCGD, 2009); the National Plan of Action to Aid the Implementation of the National Framework towards Prevention and Response of Gender-Based Violence in Kenya (NCGD, 2010a); the National Training Curriculum on Sexual and Gender-Based Violence (NGEC, 2012);¹⁷¹ and the establishment of the National Gender and Equality Commission in 2011.¹⁷² But the government generally fails to provide the necessary resources for practical implementation of its plans.¹⁷³ A case in point involves the gender desks, which were supposed to have been introduced in every police station to address GBPV cases with female trained staff. A recent report comments: ‘Most gender desks at police stations are not functional partly due to lack of budgetary allocation rendering them inefficient and ineffective’ (NCGD, 2010b, p. 17).

Anecdotal evidence suggests that, while some police do act professionally despite the difficulties they face, many do not. One interviewee described the response to GBPV at some stations as ‘inhuman’.¹⁷⁴ Many women who attempt to report an assault or a rape are ridiculed and verbally abused. Women of limited economic means are openly discriminated against: if a woman is well dressed, she is served properly; if she looks poor, good service will be ‘very rare’, admitted one police source.¹⁷⁵ Another police source estimated that 75 per cent of his colleagues seek to make money out of a rape case.¹⁷⁶ Money is required for fuel, transportation, forms that should be provided free (such as the P3 form necessary for court appearances), and other assorted ‘expenses’. A common practice is to keep asking the complainant to return the following day; eventually he or she gives up.

The most cynical police make money from both the victim—to record the crime and make an arrest—and the accused—to botch the investigation and release the suspect.¹⁷⁷ This happens frequently and in all stations, according to the head of a Nairobi police station. A rape case can ‘disappear’ for as little as KES 1,500–2,000 (USD 18–24).¹⁷⁸ As noted earlier, KES 5,000–10,000 (USD 60–120) can reportedly buy freedom for an alleged murderer.

Nevertheless, a 2011 survey found that, countrywide, Kenyan women trust the police slightly more than men do.¹⁷⁹ This finding is significant and merits more research. It is unclear whether this is because more professional services are, in fact, offered to women than to men, or whether it is because women have fewer dealings with the police than do men.

Disconnected responses

To date, Kenya's developing 'one-stop' model for survivors of GBPV—described as a 'system' rather than a physical space—has focused for the most part on providing medical and psycho-social assistance to survivors of mostly one-off sexual violence (Crichton, Nyamu Musembi, and Ngugi, 2008, p. 14). This approach is changing as part of ongoing efforts by civil society actors to improve services. Overall, however, the picture is still one of a disjointed system that lacks a genuinely holistic and multi-sectoral approach, namely one that involves the medical sector, police, prisons, justice actors, and traditional authorities.

Current procedures for survivors of violence are disconnected, cumbersome, time-consuming, at times confusing, and not affordable for low-income women. The cost of pursuing a case in the formal justice system without multiple levels of financial and other assistance from an NGO or pro bono lawyer is prohibitive.¹⁸⁰ The absence of funds may even prevent a woman from accessing a hospital where forensic evidence can be gathered; most survivors arrive at hospitals in a packed *matatu* (minibus) in the absence of an accessible, government-run ambulance system.¹⁸¹ For women on a daily wage of KES 150–300 (USD 1.80–3.60)—on the days when they work—paying a significant percentage of that income for transportation is simply not an option. Pursuing a case means numerous trips to a medical facility, police, the police doctor, and the courts; frequently being unable to work; having to organize babysitters for children; and finding transportation money each time, including for taxis for the police to transport forensic evidence to the government chemist for examination.

Some rape survivors do opt for formal justice despite the obstacles—mostly with the help of dedicated NGOs. Table 5 illustrates the many pitfalls they face, largely because of the disjointed levels of care and services that are currently available and the lack of emphasis on forensic evidence and DNA testing. In recognition of the latter shortcoming, the GVRC is hoping to introduce DNA testing at the hospital at a subsidized rate, but it is currently dependent on the government chemist, which takes three to four months to produce results.¹⁸² For now, DNA-related services are 'grossly inadequate' (TFISOA, UNODC, and GTZ, 2010, p. 7); moreover, testing remains the preserve of high-profile cases and the wealthy.¹⁸³

Table 5 **Summary of obstacles to obtaining justice after rape***

Service provider	Expected services ¹⁸⁴	Potential problems
<p>Medical facility</p>	<p>Medical practitioners undertake a full-body external and internal examination (vaginal and rectal swabs for evidence of sperm) to search for and treat injuries (such as tears, bleeding, bruising, fractures), and find other physical evidence.</p> <p>Two types of forensic evidence are looked for: 1) evidence to confirm the assault occurred; and 2) evidence to link the alleged perpetrator to the crime. Blood, semen, saliva, skin trapped in nails, (pubic) hair, cigarette butts, clothes, and urine (in the case of drug use) are taken and labelled clearly for examination by a government chemist.</p> <p>A post-rape care (PRC) form is filled out by a doctor, clinical officer, or a nurse in full and in triplicate (the original is for the police and copies are for the survivor and medical facility) as a record of medical trauma.¹⁸⁵</p> <p>The P3 form is filled out by a health practitioner or the police doctor, based on the PRC form, and returned to the police.¹⁸⁶ The medic who fills out the form is required to act as an expert witness in court.</p> <p>Survivors are encouraged, but not forced, to report to the police.</p> <p>Physical evidence is handed to the police in paper bags for transport to the government chemist for analysis.</p> <p>Evidence is packed, stored, labelled, transported, and secured correctly (that is, fluids are refrigerated, other samples are normally kept dry).</p>	<p>Unaware of free medical services, the survivor fails to seek medical care, or reports to a medical facility after 72 hours, making it difficult to obtain traces of sperm.</p> <p>Showering or changing destroys crucial evidence.</p> <p>The survivor—not referred to the GVRC or GBVRC—receives inferior medical care elsewhere; the health facility lacks necessary equipment to gather forensic evidence; the medical examination is flawed and doctors document inaccurate or vague information about the rape; untrained medical staff not familiar with the SOA misrepresent the facts on the PRC/P3 forms.</p> <p>The medical outlet has no PRC forms available; a detailed medical record is lost.¹⁸⁷</p> <p>The absence of a standardized national forensic examination procedure leads to patchy collection and little physical evidence.</p> <p>Plastic bags, sunshine, water, or a lack of refrigeration contaminate forensic evidence.</p> <p>Evidence is handed to the survivor for safekeeping or transport, risking contamination.</p> <p>The P3 form is handed back to the survivor, risking damage or loss.</p>

Service provider	Expected services	Potential problems
	<p>A record of all handling of samples is kept.</p> <p>A record of all tests and results is kept in a laboratory rape register.</p>	
Police	<p>The rape is reported and entered into the Occurrence Book, and a case number is obtained.</p> <p>The survivor and witness(es) give a formal statement <i>after medical treatment has been received</i>, to be signed only when they are satisfied with the written version.</p> <p>Physical evidence is handed to police in paper bags for evidence in court.</p> <p>The P3 form is obtained from police.</p> <p>Police are assigned to undertake an immediate investigation to collect evidence from the crime scene.</p> <p>Evidence is gathered and a suspect is arrested and held for up to 24 hours before a court appearance.</p>	<p>The crime is not reported.</p> <p>There are no (female) trained staff at the police station to handle the case.</p> <p>Police trivialize the rape and fail to record it.</p> <p>The crime is improperly recorded due to lack of knowledge of relevant laws or lack of access to copies of the law.</p> <p>The crime scene is not secured or sufficiently examined; evidence is lost.</p> <p>A lack of police transportation, collection, storage, and preservation system for evidence leads to contamination or loss. The chain of evidence is destroyed.¹⁸⁸</p> <p>The survivor's statement is incomplete due to the absence of trained personnel at police stations and a lack of familiarity with legal terms.</p> <p>The investigation is undertaken late; evidence is lost; the perpetrator flees.</p> <p>Police seek a bribe to undertake an investigation or make an arrest.</p> <p>Police or the medical facility erroneously send the survivor to have the P3 form signed by the police doctor, thereby delaying procedures.</p> <p>The suspect is not examined for forensic or medical evidence.</p> <p>The P3 form is 'lost' by police (copies may not be kept by others).</p> <p>The crime scene and other investigations are substandard and produce little or no evidence.</p> <p>The police are bribed.</p> <p>Forensic evidence 'disappears'.</p> <p>The suspect intimidates the survivor.</p>

Service provider	Expected services	Potential problems
<p>Criminal justice system</p>	<p>If the state decides to prosecute, a court hearing determines whether the suspect is pleading guilty or not guilty.</p> <p>A suspect who pleads guilty is referred for a psychological assessment to determine whether he is sane.</p> <p>A suspect who pleads not guilty may be kept on remand for serious offences or bailed.</p> <p>The court announces a date for subsequent hearing(s) at which the survivor and witnesses appear.</p> <p>A magistrate declares the suspect guilty or not guilty and sentences in accordance with the SOA.</p>	<p>The survivor abandons the case due to numerous adjournments—most cases take 2–3 years to prosecute—a lack of financial resources to attend court, a lack of understanding of the legal process, or frustration.¹⁸⁹</p> <p>The suspect is released on bond; the survivor is intimidated.</p> <p>Miscommunication between police prosecutors and the medic who provides evidence leads the latter to attend the wrong court, or to attend when there is no sitting court.</p> <p>A retrial is ordered due to unqualified police prosecutors.</p> <p>Charges are framed incorrectly, without the two crucial ingredients of ‘unlawful’ and ‘without consent’.¹⁹⁰ The case is thrown out.</p> <p>A medic fails to attend as an expert witness.</p> <p>A magistrate is unaware of the contents of the SOA; the accused is charged under the penal code.</p> <p>The case is dismissed due to a discrepancy between the P3 content (filled out incorrectly) and the survivor’s testimony.</p> <p>The case is dismissed due to a lack of supporting (forensic) evidence.</p> <p>The magistrate is bribed.</p> <p>The witnesses are unwilling to give evidence due to intimidation, or fear that they might be arrested.</p>

Service provider	Expected services	Potential problems
		<p>The plaintiff is encouraged to drop the case in favour of material compensation.</p> <p>The evidence presented by the police is inadmissible, or fails to link to the suspect ‘beyond reasonable doubt’.</p> <p>Insufficient corroborative evidence leads the case to be thrown out.</p> <p>A conviction is quashed on appeal because the constitutional rights of the defendant have been violated.¹⁹¹</p>

Note: *The challenges described in this table are indicative of problems faced when seeking justice for other crimes as well.

Sources: Ajema et al. (2009); GVRC (2010b); FIDA Kenya (2011); GoK (2009a); GVRC (2006; 2007; 2008a; 2009; 2010a; 2010b; 2011a; 2012); HRC (2012); NCLR (2010); Ombwori (2009); TFISOA, UNODC, and GTZ (2010); author interviews conducted for this report, November 2011–May 2012

In practice, Nairobi’s current gender-based violence management system—which is undoubtedly the best in Kenya—is stacked against the survivor of violence from the start due to a lack of integrated teamwork. The criminal justice agencies cannot perform if the police are not on board; the police cannot perform if forensic evidence is not collected by health professionals; health professionals cannot perform if society encourages women not to seek medical help.¹⁹² Put simply, the stronger the linkages, the more likely the survivor will be able to obtain formal justice. The need for a holistic system is well recognized by activists on sexual violence—and progress is being made on the SOA in this regard—but much work remains to be done.¹⁹³

The 2010 constitution ‘propelled’ a series of ongoing reforms in Kenya (HRW, 2012). Among these is a radical overhaul and transformation of the judiciary under the leadership of Willy Mutunga.¹⁹⁴ This process includes a focus on ‘rapid results’ and envisions a ‘cultural shift’ through which the courts are to become ‘people-centred’ and provide justice for all (Mutunga, 2012).

The DPP announced in February 2012 that it would be hiring approximately 30 legal staff from civil society to work through the current backlog of cases; this step is meant allow the office to take over all state prosecutions, including GBPV cases.¹⁹⁵ The office plans to ‘professionalize’ the prosecution of gender-based violence cases to secure more convictions; the stated intention is to supervise the prosecution of cases more effectively as a means of ensuring higher standards.¹⁹⁶ This process will entail retraining police prosecutors who work under the umbrella of the office and eventually establishing a professional case management system, which is currently lacking. A dedicated budget for training on gender-based violence has yet to be established, however, and the current general training budget is ‘a drop in the ocean’;¹⁹⁷ in the meantime, many prosecutions fail to show results as police prosecutors continue to make blunders.

Police reforms, in contrast, are proceeding¹⁹⁸ ahead of the 2013 election period, but slowly and with significant internal resistance to change.¹⁹⁹ Policing is one of the weakest links in Kenya’s approach to violence against women,²⁰⁰ with serious implications for women’s security. However reformed the judiciary and prosecution procedures are, Kenya’s women will neither be safe nor obtain justice after violent attacks without a professional police force. 📌

Conclusion

This report details the symptoms of a profound societal crisis in Nairobi, and in Kenya more generally. Behind the discourse about women becoming ‘too empowered’ and the media hype about men being battered by violent wives is the underreported brutality that many women—from all socio-economic groups—experience.

Anecdotal evidence suggests that extreme and even fatal acts of violence targeting poor women in particular are common enough to be unremarkable. Many of these cases are so unremarkable that they are neither officially recorded, nor investigated—a non-issue for the media,²⁰¹ the police, the political class, and, by extension, the Kenyan state. Indeed, most GBPV crimes targeting women are hidden. This is in part a reflection of the fact that both the living conditions of Nairobi’s urbanized underclass and the elevated levels of violence they experience are firmly under the radar of national debate and concerns. As one *Daily Nation* reader lamented in July 2012: ‘It is appalling that none of the leading presidential aspirants is talking about the deplorable living conditions of slum dwellers who represent a significant chunk of voters’ (Luvinzu, 2012). The insecurity experienced by Kenya’s female residents of informal settlements is just one element of these deplorable living conditions.

The aim of this report is not to single out Kenya. Many of the problems described are common to other countries—both developing and developed. But this does not lessen the gravity of the problem or weaken the case for concerted action from the government in a number of areas. Despite clear evidence of the magnitude of the GBPV problem in Kenya, for example, successive governments have consistently left provision of most necessary services—shelter, legal aid, and affordable, quality medical services—to donor- or privately funded NGOs and medical providers with limited funding (Crichton, Nyamu Musembi, and Ngugi, 2008, p. 13). This situation must come to an end. Moreover, services have largely targeted one-off survivors of violence after the fact, neglecting those who are chronically abused within marriages and relationships; those who have long

histories of abuse; and, most crucially, prevention mechanisms such as compulsory education in schools on equality and (safe and appropriate) relationships.

Exacerbating matters, the current legal framework is grossly inadequate. It implicitly endorses rape within marriage and, for the moment, intimate-partner battering—on the basis that no law explicitly outlaws these acts, despite years of activism on these issues. The resistance to meaningfully addressing GBPV is characterized by the failure of the current administration to bring a single perpetrator of rape to justice in Nairobi in the five years since the post-election violence and as Kenya prepares for another election in March 2013.²⁰² The official argument is that there is not enough evidence to prosecute these cases;²⁰³ this is convenient, given that many of the perpetrators were agents of the state. The emphasis now should be on urgent and radical police reforms to avoid a similar situation occurring in 2013.²⁰⁴ Yet, as retired justice Effie Owuor, who leads to the Taskforce on the Implementation of the SOA, recently pointed out in relation to sexual violence: ‘There is a troubling discrepancy between what is supposed to happen and the reality on the ground’ (Wangari, 2012).

While a vibrant and extremely committed advocacy movement continues to work on the implementation of the SOA, non-sexual physical violence has been comparatively neglected. This discrepancy is evidenced by the approach of the Sexual and Gender-based Victims’ Rights Section in the DPP, which focuses mostly on sexual violence cases.²⁰⁵ Legislation and policy frameworks on battering need to be introduced as a priority, and activists—and the state—need to join hands to ensure that relevant acts and policies are fully implemented in tandem with one another. Resources will always be an issue, but they should not act as an obstacle to making progress; much can be done with the necessary political will. Sexual violence and battering that result in death also need to be addressed under the umbrella of gender-based physical violence. The separation between violence that women survive, and violence that kills women, is at best arbitrary and reflects the fact that gender-based lethal violence in Kenya is barely recognized. In addition, policies need to be developed and implemented to respond to emerging issues, such as sexual violence using drugs and the high incidence of gang rape.

Crucially, more detailed research and more joined-up and systematic data collection is needed from the state, civil society groups, and medical providers in order to inform policies in a number of areas identified in this report, namely:

- to determine actual levels of violence, particularly in informal settlements, ideally with monitoring systems strategically based across the city;
- to identify subgroups of particularly vulnerable female targets for violence;
- to understand the prevalence of abductions for sexual purposes;
- to determine why the incidence of rape of children is so high and to identify the perpetrators and risk factors;
- to investigate the phenomena of mutilation of corpses and gang rapes; and
- to provide credible figures on the extent of lethal (sexual) violence targeting women and the circumstances surrounding these cases.

As part of a shift towards obtaining more and better data, it is also essential to centralize data gathering systems among medical providers, and between the police and all of the city's morgues.

In the absence of a stepped-up government commitment to protecting women, and as Kenya's political elites are distracted by the forthcoming presidential elections, legal action may well be needed to foster progress. The constitution explicitly provides for public interest litigation, stating that 'a person acting as a member of, or in the interest of, a group or class of persons' may institute court proceedings following a violation or infringement of rights (GoK, 2010, art. 22(2)(b)).²⁰⁶ Taking legal action against the government for the blatant discrimination that Kenyan women face from at least some agents of the state may well be the most sensible step forward. 📌

Endnotes

- 1 Regarding the prevalence of gender-based physical violence against women in Kenya, see, for example, AI (2009); CBS et al. (2004); Crichton, Nyamu Musembi, and Ngugi (2008); Erulkar (2004); FIDA Kenya (2009); KNBS and ICF Macro (2010); NMNW (2011); Ravestijn (2002); UNAIDS (2006). Regarding the low reporting rates, see CIPEV (2008, pp. 246–47); GIZ (2011, p. 17); KNBS and ICF Macro (2010, pp. 263–64); NCGD (2010b, p. 16); Ravestijn (2002, pp. 96–97).
- 2 On the low status of women in Kenya, see, for example, KHRC (2011a, pp. 13–16). The report identifies the following trends: only an estimated 5 per cent of women have land titles in Kenya in their own names; men have higher incomes and better jobs in both the formal and informal sectors; of the 222 members of parliament, just 22 were female when the study was published; and women are routinely subjected to ‘repugnant and harmful practices’ and unequal power relations with men, such as forced and early marriages, polygamy, widow inheritance, and ritual cleansing.
- 3 The penal code of 2009 mandates two separate police forces in Kenya (GoK, 2009b).
- 4 The General Service Unit is a paramilitary wing of the Kenyan army and police.
- 5 During the post-election violence between December 2007 and February 2008, almost 664,000 people were forcibly displaced and more than 78,000 homes were destroyed (KHRC, 2011a, p. 13).
- 6 Most of these cases were in low-income areas of informal settlements such as Huruma, Jamuhuri, Kibera, and Mathare (GVRC, 2008b, p. 15).
- 7 Two Kenyan cases at the International Criminal Court will probe the issue of responsibility for sexual violence that occurred after the elections. Francis Muthaura, former head of the public service and secretary to the cabinet of the Republic of Kenya, is charged with rape, as is Uhuru Kenyatta, son of Kenya’s former president, Jomo Kenyatta, and a presidential candidate himself in 2013. Both were staunch supporters of Kenyan president Mwai Kibaki at the time of the disputed elections. See ICC (n.d.).
- 8 By 9 August 2012, the Office of the Director of Public Prosecutions (DPP) had evaluated 150 sexual violence cases from the post-election period out of a total of 350 for the whole of Kenya. Prosecutions of post-election rape have proven extremely difficult as most—more than 80 per cent—of women are reportedly unable to identify the rapists, and in many cases there is no forensic evidence as the rapes were reported too late. Author interview with Dorcas Oduor, chairperson, Post-election Violence Task Team, DPP, Nairobi, 9 August 2012.
- 9 Based on a survey of 1,873 households in 31 out of 47 counties in Kenya, men are 1.34 times more likely to report household-level victimization as part of a crime than women. The survey was conducted between April and July 2011. Author correspondence with Ryan Murray, statistical analyst, Small Arms Survey, 17 December 2011.
- 10 See KHRC (2011a) on the litany of violent and ‘systemic injustice[s]’ committed since colonial times in Kenya. These are listed as: massacres; political assassinations; extra-judicial killings;

arbitrary arrests; detentions and torture; land injustices; internal displacements; gender-based injustices; economic marginalization; economic crimes; and insecurity and civil strife, among others (KHRC, 2011a, p. 8).

11 Author's observations.

12 For the most recent countrywide data on violence against children in Kenya, see GoK et al. (2012), published after this report was finalized.

13 Author's observations. See, for example, Ndurya and Matoke (2012). Although a father admitted beating his 14-year-old daughter, Olivia, to death, his sentence was reduced to manslaughter and he was released. James Njuguna from the Law Society of Kenya's North Rift chapter commented that disciplining a child 'is part of the parental correctional duty, but it is unfortunate that Olivia died in the process' (emphasis added).

14 This definition differentiates these forms of physical violence from other forms of gender-based violence, such as emotional or economic violence.

15 The authors of the DHS acknowledge the 'particularly challenging' nature of collecting data on gender-based violence, noting that some women who want to speak about it may not do so due to shame or fear (KNBS and ICF Macro, 2010, p. 245).

16 With a population of 3.14 million, and two confidence intervals at 95 percent (the standard), a sample size of approximately 2,400 female respondents would be needed to make any findings representative. Email correspondence with Ryan Murray, Small Arms Survey Statistical Analyst/Methodological Advisor, 23 April 2012.

17 See KNBS (2010, p. 259), for example, where only 76 women responded to a question about the types of violence they had experienced (emotional or physical/sexual) in the last 12 months.

18 See, for example, FIDA Kenya (2009), with a sample of just 11 respondents from Nairobi, and NCGD (2010b), with a sample of 60. Surveys are extremely expensive and logistically challenging to undertake.

19 The GVRC has several outlets in and around Nairobi city, namely in Hurlingham, Kitengela, Ngong Road, and Ong'ata Rongai.

20 Other medical institutions also treat gender-based violence cases; one is the Mbagathi District Hospital, which has a Patient Support Center for survivors. From January 2006 to May 2011, Mbagathi treated 97 survivors of IPV and approximately 50 of rape. Author interview with a medical social worker, Mbagathi District Hospital, Nairobi, 28 May 2012.

21 Aggregated crime data is available for Kenya as a whole from Kenya Police (2011).

22 Underreporting may result from stigma, fear, or a lack of knowledge regarding services.

23 The GVRC is a charitable trust of Nairobi Women's Hospital, a leading private hospital that specializes in obstetrics and gynaecology as well as other fields of medicine. Both institutions operate independently of one other. See GVRC (n.d.a).

24 Kenyatta National Hospital is a public hospital.

25 The author was unable to identify any organization that monitors lethal violence against women in Nairobi; moreover, interviewees were generally unaware of the phenomenon.

26 Snowball sampling is a procedure whereby an interviewee suggests another eligible or qualified person or organization to interview. See Robson (2002, p. 265).

27 See the GVRC's annual reports at GVRC (n.d.b). Note that in all of the tables showing quantitative data from the GVRC, each annual period covers April to March of the previous year, such that the 2012 report contains data from 1 April 2010–31 March 2011.

- 28 As part of a devolution process under Kenya's 2010 constitution, the country has been divided into counties, of which Nairobi is one (GoK, 2010, ch. 11, p. 168). Since the devolution process is ongoing, this report refers to Nairobi as a province.
- 29 For example, a guard working a six-day week (72 hours) with one of Kenya's biggest private security companies, Kenya Kazi Services Ltd., earns approximately KES 13,800 (USD 166) per month net. Many workers, such as guards, can only afford accommodation in informal settlements. Author interview with a Kenya Kazi Services guard, Nairobi, 28 January 2012.
- 30 Author interviews with residents of informal settlements, Nairobi, October 2011–May 2012.
- 31 Author interview with a former resident of Kangemi, Nairobi, 26 September 2012.
- 32 The debate on men being targeted in central Kenya was so intense in February and March 2012 that the Heinrich Böll Foundation organized a gender forum on 26 April 2012 to discuss it in Nairobi. In an invitation in the *Daily Nation*, the Foundation noted that the issue had dominated discussions in the streets, homes, work places, and local and electronic media as well as social media and that much of it was informed by 'ignorance, misinformation and a clear lack of understanding of the root causes of the problem'. See Heinrich Böll Foundation (2012).
- 33 There is no comprehensive data on men experiencing 'domestic' violence. The numbers of treated cases are small. Just 0.3 per cent (eight cases) of adult, non-sexual physical violence cases reported to the GVRC in 2010–11 targeted men (GVRC, 2012, p. 9); 174 cases of boys who were sodomized were also reported to the hospital in 2010–11 (pp. 9–11), or seven per cent of the total number of rape and defilement cases for that period (pp. 11–12).
- 34 Kangemi is made up of two sub-locations—Kangemi and Gishagi—and has a population of just over 64,000 people. Author interview with a source in the Kenya National Bureau of Statistics, Nairobi, 17 October 2012.
- 35 The man, referred to as Kangemi resident 1, has been living in the settlement for 20 years. The area was chosen semi-randomly in that the author had good contacts there. She had no previous knowledge of levels of violence in the area.
- 36 The incident took place in Kibagare village, Kangemi, at some time in December 2011.
- 37 The incident took place in Kibagare village, Kangemi, on 1 December 2011.
- 38 The incident took place in Kibagare village, Kangemi, on 23 December 2011.
- 39 The incident took place in Kibagare village, Kangemi, at some time in December 2011.
- 40 The incident took place opposite Kihumbuini primary school, Kangemi, at some time in December 2011.
- 41 The incident took place at the Uthiru–Kawangware junction, Satellite, on 25 January 2012.
- 42 The incident took place in Kaptagat, Kangemi, on 1 March 2012.
- 43 A large gang operation is reportedly using hand amputations to 'punish' people who do not cooperate in robberies, or who have nothing to steal, in Kangemi, Kawangware, and Satellite.
- 44 The incident took place in Gatina, Kangemi, on 1 March 2012.
- 45 The incident took place in Wanyungu, between Kabete police station and Kangemi, on 4 April 2012.
- 46 The incident took place in Kishagi village, Kangemi, on 4 April 2012.
- 47 The incident took place in Kibagare village, Kangemi, on 22 July 2012.

- 48 Author interviews with Kangemi resident 2, Nairobi, 3 February 2012; Kangemi resident 3, Nairobi, 15 March 2012; police source 1, Nairobi, 20 February 2012; and security source 1, Kangemi, 15 March 2012.
- 49 Author interview with Kangemi resident 2, Nairobi, 3 February 2012; focus group interview with ten women, Kawangware, 29 February 2012.
- 50 Author interview with Kangemi resident 2, Nairobi, 3 February 2012.
- 51 Author interview with Kangemi resident 2, Nairobi, 3 February 2012.
- 52 Focus group interview with three members of Sexual Assault Survivors Anonymous (SASA), Westlands, Nairobi, 18 February 2012.
- 53 Mungiki is an underground criminal extortion network. Focus group interviews with ten women in Kawangware, 29 February 2012. See also AI (2009, p. 13) on the rampant incidence of muggings, physical attacks, theft, and other violence in Nairobi's informal settlements.
- 54 Focus group with ten women, Kawangware, 29 February 2012.
- 55 Focus group interview with 11 women, Kangemi, 8 December 2012.
- 56 A 2005 World Health Organization study finds that sexual violence is considerably less frequent than physical violence in settings surveyed worldwide, with the exception of provincial Bangladesh, Ethiopia, and urban Thailand (WHO, 2005, p. 6).
- 57 It is unclear at what age the respondents experienced the sexual violence. GoK et al. (2012, p. 3), published after this report was finalized, found that nearly one in three girls and one in five boys surveyed had experienced at least one episode of sexual violence before reaching the age of 18.
- 58 The study relies on WRAP records. It is unclear whether clients were explicitly asked about sexual violence.
- 59 Countrywide, 49 per cent reported having experienced physical violence since the age of 15 in the 2003 DHS; 39 per cent did so in the 2008–09 DHS (KNBS and ICF Macro, 2010, p. 247).
- 60 Author interview with Kennedy Odhiambo Otina, regional programme associate, Men to Men, FEMNET, Nairobi, 4 November 2011; focus group with ten men, Kangemi, 1 December 2011; focus group with 11 women, Kangemi, 8 December 2012; focus group with ten men, Kawangware, 15 December 2011; author interview with Kangemi resident 4, Nairobi, 24 April, 2012.
- 61 Focus group with 11 women, Kangemi, 8 December 2011. One of the women was not married.
- 62 Focus group with ten men, Kangemi, 1 December 2011.
- 63 The 2003 DHS finds that, countrywide, the relationship between spousal violence and poverty was not strong, and that only the wealthiest Kenyan women were less likely to experience violence (CBS et al., 2004, p. 243). These conclusions stand in contrast to the findings of the 2008–09 DHS and of this report.
- 64 Author interviews with Kennedy Odhiambo Otina, regional programme associate, Men to Men, FEMNET, Nairobi, 4 November 2011; a social worker, WRAP, Nairobi, 11 November 2011; and a chairman, informal settlement in western Nairobi, 15 March 2012. See also AI (2009, p. 3) on poverty as a consequence and cause of violence.
- 65 Author interview with a counsellor, GVRC, Nairobi, 22 October 2011.
- 66 Author interview with staff member 1, GVRC, Nairobi, 13 October 2011.
- 67 In 2005–06, 7.7 per cent of these cases targeted men (GVRC, 2007, p. 21). By 2006–07, the rate had increased to 12.7 per cent and by 2007–08 it had climbed slightly to 13.1 per cent (GVRC, 2008a, pp. 9–10; 2009, pp. 9–10).

- 68 A recent report estimates that only 20 per cent of GBPV crimes in Kenya are reported to the police (TFISOA, UNODC, and GTZ, 2010, p. 5).
- 69 Author interview with Kennedy Odhiambo Otina, regional programme associate, Men to Men, FEMNET, Nairobi, 4 November 2011.
- 70 Eighty-seven per cent of GVRC clients reporting GBPV in 2010–11 came from Nairobi (GVRC, 2012, p. 15).
- 71 Author interview with a counsellor, GVRC, Nairobi, 22 October 2012.
- 72 Worldwide, wife-beating is generally accepted most by those who have direct experience of it (WHO, 2005, p. xiii).
- 73 These figures are based on the statements made by 1,945 ever-married respondents countrywide.
- 74 Author interview with Kennedy Odhiambo Otina, regional programme associate, Men to Men, FEMNET, Nairobi, 4 November 2011.
- 75 See WHO (2005, pp. 8–9) on the links between violence and both a woman’s and a man’s level of education.
- 76 Author interview with Kennedy Odhiambo Otina, regional programme associate, Men to Men, FEMNET, Nairobi, 4 November 2011.
- 77 Focus group with ten men, Kangemi, 1 December 2012.
- 78 Multiple author interviews with residents of informal settlements, Nairobi, November 2011–May 2012.
- 79 Author interview with Kangemi resident 1, Nairobi, 13 April 2012.
- 80 Author interview with Kennedy Odhiambo Otina, regional programme associate, Men to Men, FEMNET, Nairobi, 4 November 2011.
- 81 The GVRC will publish data on marital rape for the first time in its forthcoming 2011–12 annual report, covering the period of April 2011 to March 2012.
- 82 MSF–France did not participate in this report.
- 83 Author interview with a counsellor, GBVRC, Nairobi, 6 December 2011.
- 84 Domestic partnerships include unmarried couples.
- 85 Author interview with Suzanne Majani, programme officer, Access to Justice and Women’s Rights, Coalition on Violence against Women (COVAW)–Kenya, Nairobi, 21 May 2012.
- 86 See Onyango-Ouma et al. (2009, p. 22).
- 87 Author correspondence with Faith Kabata, project adviser, Taskforce on the Implementation of the Sexual Offences Act (TFISOA), Nairobi, 28 February 2012. The case is known as *Republic v. Beatrice Wambura Mwangi*.
- 88 The TFISOA mandate expires on 31 December 2012.
- 89 Author interview with Faith Kabata, project adviser, TFISOA, Nairobi, 28 February 2012.
- 90 Author interview with a counsellor, GBVRC, Nairobi, 6 December 2011.
- 91 Advocacy groups routinely state that the number of cases of sexual violence is on the rise. See, for example, FIDA Kenya (2011, p. 11).
- 92 Author interview with Alfred Umbaba, director, Police Operations, Nairobi, 13 March 2012.
- 93 Author interview with Dorcas Oduor, chairperson, Post-election Violence Task Team, DPP, Nairobi, 9 August 2012.
- 94 Author interview with Sheila Wairimu, SASA spokesperson, Nairobi, 14 January 2011.
- 95 Author interview with Kennedy Odhiambo Otina, regional programme associate, Men to Men, FEMNET, Nairobi, 4 November 2011.

- 96 Since the 2008–09 edition, the GVRC has been reporting on carjackings and abductions under one category, making it impossible to differentiate between the two.
- 97 Author interview with Sheila Wairimu, spokesperson, SASA, Nairobi, 14 January 2012.
- 98 Author interview with a counsellor, GBVRC, Nairobi, 6 December 2011.
- 99 Author interview with a counsellor, GBVRC, Nairobi, 6 December 2011.
- 100 Author correspondence with a programme officer, GVRC, Nairobi, 3 February 2012.
- 101 Author interview with Sheila Wairimu, spokesperson, SASA, Nairobi, 14 January 2012.
- 102 Author interview with Sheila Wairimu, spokesperson, SASA, Nairobi, 14 January 2012.
- 103 Author interview with a counsellor, GVRC, Nairobi, 22 October 2011.
- 104 Focus group with ten women, Kawangware, 29 February 2012.
- 105 Focus group with ten men, Kangemi, 1 December, 2012.
- 106 Focus group with ten men, Kangemi, 1 December, 2012.
- 107 The DHS asked 15–49-year-old women whether they had ever experienced sexual violence; it is unclear from the published data whether they experienced it as a child or as an adult.
- 108 Personal communication with an MSF staff member during the 16 Days of Activism against Gender-based Violence, 25 November–10 December 2012.
- 109 Author interview with Grace Wangechi, executive director, GVRC, Nairobi, 2 August 2012.
- 110 See also Nduta and Mukoma (2011) on child sex workers in Korogocho.
- 111 More recent data on survivors of sexual violence is not available.
- 112 Interview with Faith Kabata, project adviser, TFISOA, Nairobi, 28 February 2012.
- 113 Author interview with Sheila Wairimu, spokesperson, SASA, Nairobi, 14 January 2012.
- 114 Rape of ‘street children’, both male and female, is widespread. There is extensive research on the plight of these children in Kenya and the wider region. See, for example, Lalor (2004) and Kilbride, Suda, and Njeru (2000).
- 115 Sexual attacks accounted for 85.4, 84.4, and 86.8 per cent of cases seen by the GVRC, respectively, in 2009, 2010, and 2011 (GVRC, 2010a, p. 7; 2011a, p. 9; 2012, p. 10).
- 116 Author interview with Sheila Wairimu, spokesperson, SASA, Nairobi, 14 January 2012.
- 117 Variations across the years in Table 2 cannot be accounted for and may suggest poor data collection methods. For example, there are no figures available for ‘kidnappings’ for three out of the four years covered. Whether this means that there were no kidnappings is unclear and depends partly on the definition used each time an event was recorded. (A ‘carjacking’, for example, could also be counted as a kidnapping.) Second, a large number of circumstances were not captured at all, as evidenced by the high number of circumstances recorded as ‘other’. Furthermore, asking respondents to choose between ‘substance and alcohol abuse’ and circumstances such as walking home at night, carjacking, and kidnapping probably produces misleading data; if the ‘alcohol’ box is ticked first, data on other circumstances may not be recorded. It is also unclear whether the data on substance or alcohol abuse refers to the survivor or the perpetrator.
- 118 Starting with its 2008–09 report, the GVRC has only provided data on circumstances surrounding incidents of gender-based physical violence. Previously, it had differentiated between circumstances surrounding sexual violence and non-sexual, physical violence.
- 119 ‘Intoxication’ covers two scenarios: either the victim was unaware of alcohol being added to drinks, or he or she overindulged and was taken advantage of. Author correspondence with a programme officer, GVRC, Nairobi, 10 August 2012.

- 120 One woman recounted: ‘I was dancing with my girlfriend in a night club in Nairobi Central Business District, the bouncer just came to us and said “people like us” were not allowed into their bars. He dragged us forcefully and humiliated us by physically kicking us out and shouting that we needed [a] real “penis to teach us how to be a woman”’ (KHRC, 2011b, p. 28). Verbal abuse portrays gay people in Kenya as ‘subnormal, pathological, perverted and deserving of annihilation’, a report finds (KHRC, 2012b, p. 27).
- 121 Author correspondence with a programme officer, GVRC, Nairobi, 3 August 2012. During the same period, 31 men were also attacked while drugged or intoxicated.
- 122 Date rape is defined as non-domestic rape committed by someone who knows the victim. See Chege (2011).
- 123 A number of clubs in Nairobi’s Westlands and Hurlingham areas are known for this practice. Author interview with Grace Wangechi, executive director, GVRC, Nairobi, 2 August 2012.
- 124 Author interview with Grace Wangechi, executive director, GVRC, Nairobi, 2 August 2012.
- 125 Author interview with Grace Wangechi, executive director, GVRC, Nairobi, 2 August 2012.
- 126 Focus group with ten men, Kangemi, 1 December 2012.
- 127 Chiefs’ offices, which fall under the Administration Police, record violent deaths in their areas of responsibility by hand; in the absence of a centralized data gathering system, however, the information remains fragmented. Author interview with a chief’s secretary, Nairobi, 19 May 2012.
- 128 Focus group interview with ten women, Kawangware, 22 February 2012.
- 129 The Kenya Police has been involved in hundreds of extra-judicial killings. While some are ‘opportunistic, reckless or personal’, many others are carefully planned (UNGA, 2009, para. 5).
- 130 Author interview with Suzanne Majani, programme officer, Access to Justice and Women’s Rights, COVAW–Kenya, Nairobi, 21 May 2012.
- 131 Author interviews with Daffline Nyaboke, legal counsel, FIDA–Kenya, Nairobi, 23 April, 2012; police source 1, Nairobi, 20 February 2012; and police source 4, Nairobi, 19 May 2012.
- 132 Author interview with a counsellor, GBVRC, Nairobi, 6 December 2011.
- 133 Author interview with police source 1, Nairobi, 20 February 2012.
- 134 Author interview with the chairman of an informal settlement, western Nairobi, 15 March 2012.
- 135 Author interviews with police source 2, Nairobi, 24 January 2012; police source 1, Nairobi, 20 February 2012; and police source 4, Nairobi, 19 May 2012.
- 136 Author interviews with police source 4, Nairobi, 19 May 2012; administration source in an informal settlement, western Nairobi, 19 May 2012; and Suzanne Majani, programme officer, Access to Justice and Women’s Rights, COVAW–Kenya, Nairobi, 21 May 2012.
- 137 Author interviews with police sources, Nairobi, January–May 2012.
- 138 Author interview with police source 2, Nairobi, 24 January 2012.
- 139 Author interview with the manager of a private mortuary, central Nairobi, 14 February 2012.
- 140 Author interviews with police source 2, Nairobi, 24 January 2012, and the manager of private mortuary, central Nairobi, 14 February 2012.
- 141 Each body is labelled with a metal tag that refers to: 1) a file that states the cause of death, and 2) a separate burial permit. Author interview with Oduor Johansen, pathologist and head, Medico-Legal Division, Nairobi City Mortuary, Nairobi, 21 February 2012.

- 142 Author interview with Oduor Johansen, pathologist and head, Medico-Legal Division, Nairobi City Mortuary, Nairobi, 21 February 2012. The mortuary sees approximately 300–350 cases per month, of which about ten per cent are women.
- 143 Exacerbating matters is the disconnect between the Nairobi City Mortuary and the police. The mortuary automatically sends forensic samples to the government chemist in Nairobi, but the police do not always bring the results back to the mortuary and staff there do not have time to follow up on all cases. Author interview with Oduor Johansen, pathologist and head, Medico-Legal Division, Nairobi City Mortuary, Nairobi, 21 February 2012.
- 144 Author interview with security source 2, Nairobi, 19 May 2012.
- 145 Author interview with security source 1, Nairobi, 15 March 2012. The source asserts that the number of violent deaths of women is rising; the same source said that, three to five years ago, an average of three violent murders of women occurred per month in the same area.
- 146 Author interview with security source 2, Nairobi, 19 May 2012.
- 147 This work includes undertaking investigations, making arrests, prosecuting, and going through the court process.
- 148 The global ratio is five murders of men for every woman (Alvazzi del Frate, 2011, p. 117).
- 149 Author interviews with police source 1, Nairobi, 20 February 2012; Moses Ombati, deputy provincial police commissioner, Kenya Police, Nairobi, 20 April 2012; and police source 4, Nairobi, 19 May 2012.
- 150 Normally, Nairobi City Mortuary administers 30–35 post-mortems on female bodies per month, although that figure has reached 50. Author interview with Oduor Johansen, pathologist and head, Medico-Legal Division, Nairobi City Mortuary, Nairobi, 21 February 2012.
- 151 Author interview with Oduor Johansen, pathologist and head, Medico-Legal Division, Nairobi City Mortuary, Nairobi, 21 February 2012.
- 152 Interviews with police source 1, Nairobi, 20 February 2012; Kangemi resident 1, Nairobi, December 2011–June 2012; Kangemi resident 2, Nairobi, 5 February 2012; Moses Ombati, deputy provincial police commissioner, Kenya Police, Nairobi, 20 April 2012; and police source 4, Nairobi, 19 May 2012.
- 153 In February 2009, the UN Special Rapporteur on Extrajudicial, Arbitrary or Summary Executions noted that ‘it is clear from the many interviews that I conducted that the police are free to kill at will,’ adding that they ‘are a law unto themselves and they kill often with impunity’ (Alston, 2009, p. 2).
- 154 The Kenya National Commission on Human Rights has documented how police killing squads changed tactics from shooting to methods that include mutilation, with the purpose of attributing the killings to thugs and Mungiki gangs (KNCHR, 2008, para. 16).
- 155 Interviews with Moses Ombati, deputy provincial police commissioner, Kenya Police, Nairobi, 20 April 2012, and police source 4, Nairobi, 19 May 2012. See Ombati (2010) and Agoya and Masava (2010) on the removal of body parts from corpses in mortuaries.
- 156 Author interview with police source 1, Nairobi, 20 February 2012.
- 157 Author interview with security source 2, Nairobi, 19 May 2012.
- 158 It is unclear what happens to these bodies. One pathologist said he had undertaken only one post-mortem on a mutilated female body in the last four years. Author interview with Oduor Johansen, pathologist and head, Medico-Legal Division, Nairobi City Mortuary, Nairobi, 21 February 2012.

- 159 Author interview with Moses Ombati, deputy provincial police commissioner, Kenya Police, Nairobi, 20 April 2012.
- 160 Author interview with Moses Ombati, deputy provincial police commissioner, Kenya Police, Nairobi, 20 April 2012.
- 161 The police collect data on cases ‘involving husbands’ and ‘involving wives’, meaning ‘any husband’ and ‘any wife’ and not necessarily those of the survivor or deceased. Author interview with a source in the Office of Moses Ombati, deputy provincial police commissioner, Kenya Police, Nairobi, May 2012.
- 162 The police recorded 127 so-called ‘mob justice’ killings of men in Nairobi in 2011. No similar killings of women were recorded (Kenya Police, 2012b).
- 163 Author interview with legal counsel and a social worker at an NGO, Nairobi, 28 February 2012.
- 164 Author interview with Faith Kabata, project adviser, TFISOA, Nairobi, 28 February 2012.
- 165 It is common for people in Nairobi to go up-country to resolve cases using traditional mechanisms, or to call on an elder from their home area to come to Nairobi. Author interview with Daffline Nyaboke, legal counsel and programme officer, Access to Justice Programme, FIDA–Kenya, Nairobi, 23 April 2012.
- 166 Author interview with police source 4, Nairobi, 19 May 2012.
- 167 Author interview with Emmah Nungari, technical adviser and adviser on sexual and gender-based violence, National Gender and Equality Commission (NGEC), Nairobi, 15 May 2012.
- 168 Author interview with Grace Wangechi, executive director, GVRC, Nairobi, 2 August 2012.
- 169 Multiple interviews with people working on GBPV issues, Nairobi, November 2011–July 2012.
- 170 Vision 2030 is ‘the national long-term development blue-print that aims to transform Kenya into a newly industrialising, middle-income country providing a high quality of life to all its citizens by 2030 in a clean and secure environment’ (Kenya Vision 2030, n.d.).
- 171 This curriculum is aimed at actors in the education, health, (formal and informal) justice, security, and psycho-social sectors, as well as civil society groups (NGEC, 2012, pp. 1–2).
- 172 The National Gender and Equality Commission was established in 2011 under the Ministry of Gender, Children and Social Development, which expanded the mandate of the National Commission on Gender and Development. The objective of the NGEC is to ‘coordinate, implement and facilitate gender mainstreaming in national development’. It also advises the government on all aspects related to gender through its National Taskforce on Gender (NGEC, 2012, p. 1).
- 173 For example, all Kenyan ministries and parastatals have gender officers, but without budgetary support and teeth, they remain powerless to mainstream gender issues effectively. Author interview with Emmah Nungari, technical adviser and adviser on sexual and gender-based violence, NGEC, Nairobi, 15 May 2012.
- 174 Author interview with a social worker, Women’s Rights Awareness Programme, Nairobi, 11 November 2011.
- 175 Author interview with police source 2, Nairobi, 24 January 2012.
- 176 Author interview with police source 1, Nairobi, 20 February 2012.
- 177 Author interviews with police source 1, Nairobi, 20 February 2012, and police source 4, Nairobi, 19 May 2012.
- 178 Author interview with police source 1, Nairobi, 20 February 2012.

- 179 Survey respondents ranked their confidence in the police on a scale from 1 (low) to 4 (high); the mean rating accorded to the police by women (2.43/4) exceeded that of men (2.35/4). Similarly, women gave the police higher ratings regarding transparency and responsiveness. Author correspondence with Ryan Murray, statistical analyst, Small Arms Survey, Geneva, 23 April 2012. See endnote 10.
- 180 One of the findings of a workshop on a referral mechanism for survivors of sexual violence is that it 'is difficult to get lawyers to give pro-bono services'. Similarly, doctors working in the public sector may be required to give evidence in court, but those in private practice are not obligated and may be reluctant to do so, due to the lack of remuneration and time involved (TFISOA, UNODC, and GTZ, 2010, p. 12).
- 181 The GVRC has only one ambulance to undertake 'rescues'.
- 182 Author interview with programme officers, GVRC, Nairobi, 23 February 2012. Sponsorship is urgently needed for DNA testing at Kenyatta National Hospital, according to one interviewee, as one test costs about KES 15,000 (USD 175).
- 183 Author interviews with staff, Liverpool VCT, Nairobi, 13 February 2012.
- 184 These notes are largely adapted from the National Guidelines on the Management of Sexual Violence (GoK, 2009a).
- 185 Revised PRC forms are soon to become a national document, which, by law, must be filled out following a rape as part of the Medical Regulations Act (soon to be gazetted). The gazettement has been delayed for unknown reasons. Interview with Grace Wangechi, executive director, GVRC, Nairobi, 2 August 2012.
- 186 There is widespread confusion about the signing of the P3 form among many medical practitioners and police themselves, many of whom believe that the police doctor in Nairobi—of whom there is only one—must sign it and then appear in court as a witness. The national guidelines clearly state that any 'health practitioner' may sign the form (GoK, 2009a, p. 31), but these guidelines have yet to be properly disseminated and implemented. The Medical Regulations Act, soon to become law, explicitly states that clinical officers and nurses may fill in the P3 form. Author correspondence with Liverpool VCT, Nairobi, 6 June 2012.
- 187 All national, provincial, and district hospitals provide post-rape care services; in practice, they are not necessarily equipped to do so. Documentation is often erratic and poor.
- 188 Chain of evidence refers to the 'process of obtaining, preserving and conveying evidence through accountable tracking mechanisms from the community, health facility, and finally to the police'. It also refers to the paper trail that allows evidence to be traced (GoK, 2009a, p. 30).
- 189 An NGO that provides free legal aid to child survivors of rape cited a case that—in addition to involving 39 court visits and 21 adjournments—forced the survivor to testify four times. Author correspondence with the NGO, Nairobi, 13 March 2012.
- 190 *Achoki v. Republic, JMA v. Republic, Phillip Kipoech Chepkwony v. Republic, and Paul Mwangi Murunga v. Republic* all deal with the crucial elements of the crimes of rape or attempted rape (NCLR, 2010, p. xlvi).
- 191 One example of a conviction being quashed on appeal is *Mwangi v. Republic* of 2008. Having been convicted of defilement and sentenced to life imprisonment, the defendant saw his conviction nullified as he had been illegally held for six days after his arrest, in violation of Section 72 of the constitution. See NCLR (2010, pp. 66–70).

- 192 See Ward (2012, p. 3) on the benefits of a ‘coordinated care model’ for survivors of sexual violence.
- 193 Any system that does not encourage women to avail themselves of its services by providing financial support—including for transportation and to compensate for days off work—will fail in its objectives. The easiest way to provide such support is through Kenya’s highly developed mobile phone money transfer system.
- 194 This process is guided by various laws, including the Vetting of Judges and Magistrates Act of 2011 and the Judicial Service Act of 2011 (GoK, 2011d–e).
- 195 To date, the system has seen approximately 300 police prosecutors prosecuting criminal cases on behalf of the DPP, as state prosecutors have numbered only about 80 for the whole of Kenya. The integration of police prosecutors into the office was to be completed by October 2012. About 50 per cent of the prosecutors do not want to stay with the DPP; the resulting shortfall will be made up by hiring. Author interview with Tabitha Ouya, head, Sexual and Gender-Based Victims’ Rights Section, DPP, Nairobi, 9 August 2012.
- 196 Author interview with Tabitha Ouya, head, Sexual and Gender-Based Victims’ Rights Section, DPP, Nairobi, 9 August 2012.
- 197 Author interview with Tabitha Ouya, head, Sexual and Gender Based Victims’ Rights Section, DPP, Nairobi, 9 August 2012.
- 198 In 2011, legislators passed the National Police Service Act and the National Police Service Commission Act, which will bring the two forces under one command structure and establish a civilian National Police Service Commission. An Independent Policing Oversight Authority Act was also passed. See GoK (2011a–c).
- 199 Author interviews conducted for this report, November 2011–August 2012. Police reforms are proceeding under the umbrella of the Police Reforms Implementation Committee, whose mandate is to implement the recommendations of a 2009 National Taskforce on Police Reforms, known as the Ransley Report (GoK, 2009d). See Gondi (2012) and Wainaina (2012) on the urgent need for reforms and the widespread perception that progress is not being made.
- 200 Author interviews with Faith Kabata, project adviser, TFISOA, Nairobi, 29 February 2012, and Suzanne Majani, programme officer, Access to Justice and Women’s Rights, COVAW, Nairobi, 21 May 2012.
- 201 Apart from incidents of mass civil unrest during which women are targeted, the media tends to report on violence experienced by upper- and middle-class women. Author’s observations.
- 202 Interview with Dorcas Oduor, chairperson, Post-election Violence Task Team, DPP, Nairobi, 9 August 2012.
- 203 Interview with Dorcas Oduor, chairperson, Post-election Violence Task Team, DPP, Nairobi, 9 August 2012.
- 204 Interview with Dorcas Oduor, chairperson, Post-election Violence Task Team, DPP, Nairobi, 9 August 2012.
- 205 Interview with Tabitha Ouya, head, Sexual and Gender-based Victims’ Rights Section, Nairobi, 9 August 2012.
- 206 This right is restated in Article 258(1), which provides that ‘every person has the right to institute court proceedings claiming that the Constitution has been contravened or is threatened with contravention’ (GoK, 2010).

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