

PERFORMANCE MONITORING FOR ACTION

GENDER-BASED VIOLENCE (GBV) HELP-SEEKING & HELP-SEEKING BARRIERS

October 2023

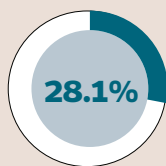


Why This Matters

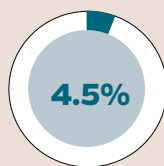
- **Gender-based violence (GBV)**, especially intimate partner violence (IPV) and sexual violence, is a major human rights violation and public health issue that **affects more than 1 in 3 women globally**. It has short-term and long-term consequences for physical, sexual, mental, emotional, and reproductive health (1).
- In Kenya, **71% of sexual violence against women is committed by an intimate partner**, despite widespread attention on non-partner sexual violence (NPSV) (2).
- Help-seeking for violence can increase safety and improve health, yet **half of women who experience violence remain silent** (3).
- Despite expanded services and a robust policy framework, **access to violence services remains challenging in Kenya and elsewhere, in part due to stigma**.

Key Findings

Figure 1: Prevalence of past-year IPV among partnered young women and past-year NPSV among all young women, weighted

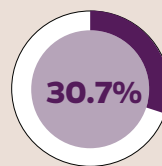


Physical or Sexual IPV (n=593)

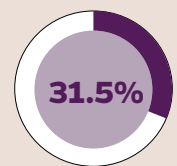


NPSV (n=828)

Figure 2: Percentage of young women who sought help for IPV and NPSV, among those who experienced GBV, weighted



Sought help for physical or sexual IPV



Sought help for NPSV

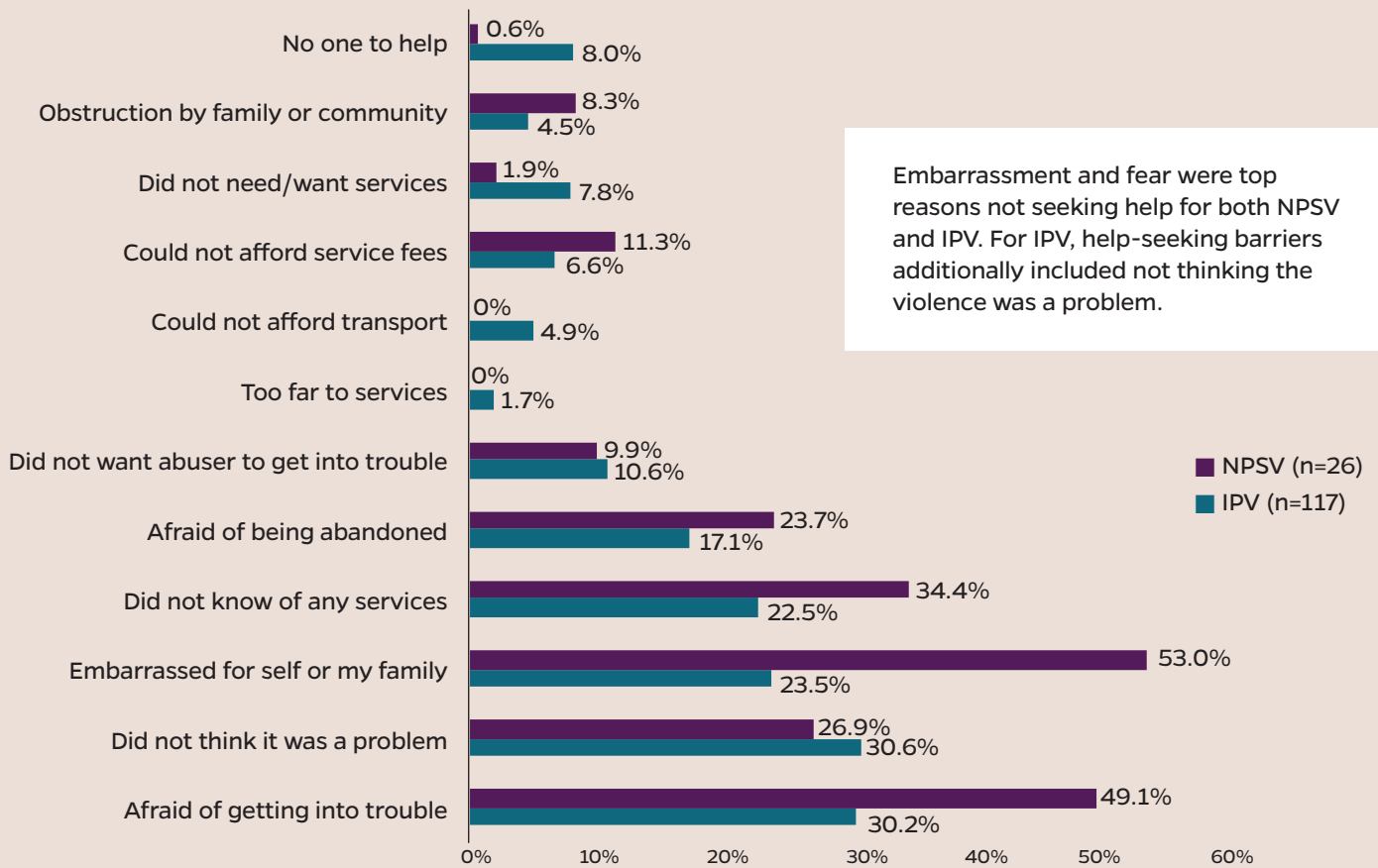
Approximately 30% of survivors sought help for IPV or NPSV.

“ Even reporting...you know, coming out of the house and **going to the police station is a very big step because after doing that, you don't know what the partner will do in return.**

– 16-year-old male IDI participant.

Key Findings

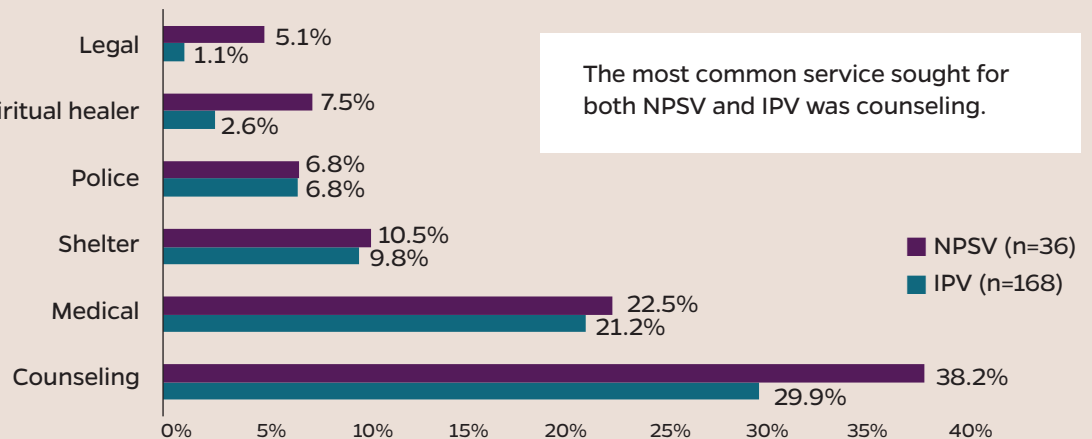
Figure 3: Reasons for not seeking help, among those who experienced GBV and did not seek help, weighted



Embarrassment and fear were top reasons not seeking help for both NPSV and IPV. For IPV, help-seeking barriers additionally included not thinking the violence was a problem.

“ I won’t have any evidence that he has abused me verbally. I can go and report him that he said this and that but **if he denies there is no way I can prove that he said so.** ”
 – 17-year-old female IDI participant.

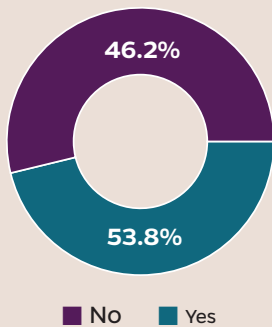
Figure 4: GBV services received, among those who experienced GBV, weighted



The most common service sought for both NPSV and IPV was counseling.

Key Findings

Figure 5: Percent of GBV survivors who spoke to someone about their experience, weighted



Of those who spoke to someone,

- 71.7%** spoke with a friend
- 31.2%** spoke with a relative
- 9.8%** spoke with a peer educator/CHV
- 2.6%** spoke with a peer/student
- 1.4%** spoke with a hotline (not mutually exclusive).

I was mostly afraid to go to that mentor to tell her... **I thought that I can go and tell her, and she'll start judging me** and tell me like 'Now why did you come to tell me?' At first, I said 'No, I'm not going to tell her', but my friend told me that she will get used to you and you know if you leave him, he will continue and then it will end badly. So, my friend told me you go, go tell her, report him.'

– 19-year-old female IDI participant.

Sometimes when you go and report, the police ask you if you had a family conversation, but if he has hurt you, they will tell you to push the case forward. And sometimes when you go there, they refuse to help you, **they say 'this is a family issue, go and talk about it at home.**

– 17-year-old female IDI participant.

Key Takeaways

Help-seeking for both IPV and NPSV was low, with approximately 1 in 3 survivors seeking help and 1 in 2 speaking to someone about their experience.

Shame and fear are key barriers to reaching out for support.



1 in 3 survivors sought help

Action Steps

- Enforce and expand current policy guidelines to **strengthen systems surrounding GBV response, including those for IPV.**
- **Increase knowledge of and access to GBV response services** by placing these services in easy-to-access and comfortable locations for GBV survivors.
- **Protect confidentiality for survivors** when they access services, including ensuring privacy and discretion at help-desks, while making police reports, and while accessing medical and counseling services.
- **Decrease stigma surrounding help-seeking** through the implementation of survivor-centered health, justice, and psychosocial care.
- **Engage friends and informal supports** to help reduce stigma and fear for survivors, and facilitate access to care.

Methods

Performance Monitoring for Action (PMA) Agile is a longitudinal cohort of adolescents and youth ages 15-24 in Nairobi, Kenya initially recruited via respondent-driven sampling from June-August 2019 (n=690 young men, n=664 young women). From 2020-21, fully remote follow-up data collection was conducted with the cohort to track changes in contraceptive dynamics and assess the gendered impact of COVID-19 (survey rounds at 12-month follow-up from August-October 2020, and 18-month follow-up from April-May 2021 [n=586 young men, n=591 young women]), accompanied by qualitative methods, including focus group discussions (FGDs) and in-depth interviews (IDIs) with youth and relevant stakeholders.

From June to August 2023, data collection with the Nairobi youth cohort (now ages 19-28) was conducted (n=551 young men, n=550 young women), and with replenishment sampling for youth ages 15-19 to account for attrition and cohort aging (n=320 young men, n=281 young women, total n=871 young men, total n=831 young women). Data collection was in-person, computer-assisted as in the initial wave, with a remote option. These data track and compare contraceptive use and behaviors, gender-related norms and attitudes, and gender-based violence (GBV) experiences and sources of support.

Accompanying qualitative methods included in-depth interviews with youth ages 15-29, sampled purposively based on demographics (N=30, male n=15 and female n=15).

References

1. Ellsberg M, Jansen HA, Heise L, Watts CH, Garcia-Moreno C; WHO Multi-country Study on Women's Health and Domestic Violence against Women Study Team. Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. *Lancet*. 2008;371(9619):1165-1172. doi:10.1016/S0140-6736(08)60522-X
2. Kenya National Bureau of Statistics, ICF Macro. Kenya Demographic and Health Survey. 2022.
3. Augustyn MB, Willyard KC. The Contextual Influences of Police and Social Service Providers on Formal Help-Seeking After Incidents of Intimate Partner Violence. *J Interpers Violence*. 2022;37(1-2).

Suggested Citation

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Authored by: Ngina J, Wood SN, Devoto B, Williams A, Thiongo M, Gichangi P, Wamue-Ngare G, Decker MR.

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