

Gender-based Violence Disclosure in Humanitarian Contexts

Case Study Country Brief: **KENYA**



GENDER-BASED VIOLENCE DISCLOSURE IN HUMANITARIAN CONTEXTS

Case Study Country Brief
KENYA

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Introduction

In recent decades, Kenya has experienced widespread and complex migration influenced by several factors, including nearby violent conflicts that have led to mass displacement. By the end of January 2021, the total population of refugees and asylum-seekers living in Kenya was 508,033.¹ The majority of whom are from Somalia (53%), followed by South Sudan (25%), the Democratic Republic of the Congo (DRC, 10%), and Ethiopia (5%). Other refugees and asylum-seekers are primarily from Sudan, Rwanda, Eritrea, Burundi, and Uganda.² The majority of refugees in Kenya (43%) reside in Dadaab and in Kakuma (41%), and the remaining 16% reside in urban areas (primarily Nairobi).³

Gender-based violence in Kenya's migration and displacement context

Participants described gender-based violence (GBV) as frequently occurring during the armed conflicts that refugees and asylum-seekers have fled, with one participant noting, *"While the reasons for migration vary, a lot of the abuse happened during the crisis in their countries, war situations, which exposed them to gender-based violence."*⁴ The journey itself was also identified as increasing vulnerability to abuse and GBV while in transit.⁵ Study participants reported that domestic violence and intimate partner violence (IPV) are some of the most common forms of GBV reported by refugees seeking services. Additional types of commonly reported GBV include rape, sodomy, physical assault, emotional or psychological abuse, and forced marriages.⁶ Although female genital mutilation or cutting (FGM) is practiced among some refugee communities, it was noted as often culturally sanctioned and therefore, rarely reported.⁷

Relevant legal and institutional framework

Refugee Protection

According to the Constitution of Kenya, the general rules of international law and any treaty or convention ratified by Kenya shall form part of the national law.⁸ The Constitution includes a robust Bill of Rights that outline human rights obligations, which include the rights to equality, dignity, and access to certain socio-economic rights.

As such, refugees enjoy several rights, including:

- The right to identification and civil registration documents that grant access to services from both the national and county levels of government in Kenya.⁹
- The right to engage individually or in a group in gainful employment or enterprise or to practice a profession or trade where they hold qualifications recognized by competent authorities in Kenya.¹⁰

- The right to not be refused entry into Kenya or be expelled or extradited from Kenya to any other country where they would be subjected to persecution or where their life, physical integrity or liberty would be threatened.¹¹
- The right to dignity and humane treatment through the provision of and access to necessary amenities for preservation of their fundamental human rights and dignity.

The right to asylum

Besides acceding to relevant international refugee laws including the 1951 Refugee Convention and its 1967 Protocol, and the 1969 Organization of African Unity (OAU) Convention Governing the Aspects of Refugee Problems in Africa, the Kenyan government has established legal frameworks and policies that guide the reception, registration, and protection of refugees. These include the Refugee Act (2021),¹² Comprehensive Refugee Response Framework for Kenya (2020),¹³ the Kenya Citizenship and Immigration Act (2011), the Encampment Policy (2014), and the Refugee Act of (2006).¹⁴

Refugee Encampment Policy

The Refugee Encampment Policy in Kenya was adopted to facilitate the control and administration of large numbers of refugees following the civil wars in South Sudan and Somalia in the 1990s. Kenya's policies restrict refugee movement in and out of the camps, limiting opportunities for refugees to develop and improve their livelihoods and creates a system that promotes reliance entirely on relief aid from the international community to meet basic needs. The law and policies criminalizing homelessness¹⁵ further restricts public movement of refugees. Beyond controlling numbers, the policy has been justified as a safety and security measure in Kenya, given the proliferation of terrorism in the region in the recent past. It remains a controversial response to asylum-seekers and refugees.¹⁶ The policy is implemented in conjunction with the 2014 Security Law Amendment Act, which seeks to limit the number of refugees and asylum-seekers in the country to 150,000 and enforce an encampment policy.¹⁷ However, the Kenyan High Court ruled against several parts of the Act as unconstitutional, including the provision attempting to legally limit the number of refugees that the country could host at any given time.¹⁸ This was interpreted as an attempt to institute and justify possible refoulement, given the large number of refugees and asylum-seekers currently residing in Kenya.

GBV protection under the law

Kenya has several laws that attempt to prevent and address GBV, irrespective of nationality or social status. These include the Sexual Offences Act No. 3 of 2006 (revised in 2009), which defines all acts that constitute sexual offences and their penalties and includes specific protections for children. The Prohibition of Female Genital Mutilation Act No. 32 of 2011,¹⁹ the Protection Against Domestic Violence Act of 2015,²⁰ the Counter Trafficking in Persons Act of 2010,²¹ the Election Offences Act of 2016,²² select provisions of the Penal Code,²³ and the Children Act of 2022 are also relevant.²⁴

Overview of study sites: Nairobi and Kakuma

Nairobi

Nairobi is the economic capital and political seat of Kenya, with a population of 4.9 million people.²⁵ Despite Kenya's encampment policy which prohibits refugees from leaving camps, Nairobi has been a home for refugees for many years, with 83,935 registered refugees residing there in 2021.²⁶ By moving to the city, refugees largely give up their access to humanitarian assistance and live in low-income areas and informal settlements. However, they choose to live in Nairobi to gain better access to economic opportunities and social services, such as education and health.²⁷

Kakuma Camp and Kalobeyei Settlement

The Kakuma refugee camp is in Turkana County in north-western Kenya. The entire county is a semi-desert climate and suffers from rain deficits, which presents challenges for livestock raising – the mainstay of Turkana community livelihoods. The camp was established in 1992 to host the Lost Boys of Sudan, among other Sudanese refugees. The Kalobeyei Settlement was later established in 2015 to accommodate the growing population of Kakuma, with the aim of transitioning refugee assistance from an aid-based model to a self-reliance model through opportunities for economic inclusion, integrated services, and improved livelihood opportunities for both refugees and the host community.²⁸ This approach is seen as a bridge between humanitarian and development assistance, providing cash-based assistance and promoting self-reliance, while Kakuma offers relief assistance.²⁹ As of November 2021, there were 216,114 refugees residing in Kakuma and Kalobeyei, with the majority still residing in Kakuma (80%).³⁰

When GBV Disclosure Happens

Motivation and opportunities for disclosure

Participants noted potential opportunities for services, benefits, and/or international protection as primary motivations for GBV disclosure. One participant noted that some survivors in Kakuma believe they will get resettled faster if they disclose.

I think there is a sense or feeling in the camp that if they report their cases, or even if they're admitted into a safe haven, that they might be fast tracked for resettlement.³¹

Disclosure was also described as motivated by opportunities to receive food or other material support after a vulnerability assessment is conducted.³² Additionally, participants noted that survivors in need of immediate shelter or protection, medical services, or psychosocial support are highly motivated to disclose.³³ Survivors are also sometimes encouraged to disclose their experience by members of the community from their home country.³⁴ For instance, a person may share the information about the services they have received from a GBV hospital or clinic, motivating other survivors to seek GBV services.³⁵

Common opportunities for disclosure identified by participants were during the provision of legal, psychosocial, health, and shelter services as well as through the GBV hotline or at the GBV clinic in Kakuma.³⁶ Participants noted the community workshops or discussions related to GBV are also settings where disclosure might occur.

Common scenarios and recipients of disclosure

Common scenarios identified for GBV disclosure included comfortable and confidential settings, with particularly welcoming staff with whom survivors have already established trust.³⁷ Full disclosure was identified as likely occurring after survivors receive a referral from community-based leaders, other GBV service providers,³⁸ or health centers.³⁹

Key recipients. Participants stressed the importance of trust as the primary factor for establishing who survivors choose to disclose to, rather than a specific service provider cadre or community member type.

Number one, of course, it's a question of trust because sensitive information and disclosing it to someone may expose a survivor further, so they have to feel that they trust the person that they are disclosing the issue to. And then in addition to trusting them, they feel that they will get the right information or direction to help them in solving the issue.⁴⁰

Another participant noted when survivors trust a particular staff member, over time, they become more open and talk to the person with confidence. She explained that survivors appreciated the routine support and daily availability of consistent providers, allowing them to eventually open up and share their experiences.⁴¹ For minors, finding a trusted adult can be more complex. One participant noted that girls who have suffered GBV, especially rape, might not be able to talk to their mothers directly and instead prefer to disclose to their neighbors.⁴²

GBV Disclosure Barriers for Survivors

Individual-level barriers to disclosure for survivors

Study participants highlighted **fear, trauma, communication challenges, and shame** as GBV disclosure barriers.

Fear of impact on access to shelter, employment, or legal status. Study participants highlighted how survivors may hesitate to disclose GBV in fear they will lose the few resources they have, including access to basic necessities or humanitarian assistance.

(...) Some are scared that if I report then ... will I lose my house? Will I go to the streets? And yeah, so they're scared. And also there's a [humanitarian] system, you have an allocation for the house, in that household, there's the allocation for your food, your allocation for basics like soap and so on and so forth. So there's that fear that when I report then I lose the comfort of my home, I lose my access to food,... to basic needs.⁴³

Fear of losing shelter was described as particularly challenging for separated minors suffering from GBV by family members hosting them.⁴⁴ Survivors living in urban settings were identified as sometimes hindered by fears of being identified as a refugee without proper documentation. As one participant stated,

So for [urban refugees], when they face any kind of violence, they would prefer to just stay underground instead of going out and reporting, because now when they report, they have outed themselves for lack of a better word.⁴⁵

Safety risks, fear of further violence. Participants also noted fear of further violence and as barriers to disclosure, especially when the perpetrator is a romantic partner, relative, someone living in the same community, or someone with more money or power.

Trauma and fear of re-traumatization. Mental health impacts of past traumatic events were highlighted as impacting survivors' willingness and ability to speak about those experience. Participants noted that, for some survivors, past traumas contribute to newfound or exacerbate existing fears of meeting and trusting new people. Additionally, some survivors prefer to recall or discuss past traumatic experiences because of the intense pain or mental anguish it may bring.

Language and communication barriers. Lack of interpretation support for survivors, especially in urban areas, was identified as a barrier to GBV disclosure. Even when interpretation support is available, participants noted it may be inadequate, or survivors may not wish to disclose with a third-party present.

... You see if I am from this community and the person who's supposed to interpret for me is from another community or from the same community, I would not want them to hear my complaints or my cries. So I'll tend not to speak out because I don't want a third party knowing what I went through.⁴⁶

Children and survivors with intellectual or other disabilities were specifically identified as hindered by communication challenges limiting disclosure of GBV. As one participant noted,

...by the time a parent eventually finds out, many months have gone by and the children may be infected with STIs or become pregnant. This happens because the perpetrator knows that they are unable to communicate effectively.⁴⁷

Shame. Participants highlighted that for some survivors, internalized shame and feelings of worthlessness are barriers to disclosing GBV.⁴⁸ Other survivors were described as feeling ashamed, as well as afraid that disclosure would bring shame to their families.⁴⁹

Social and community-level barriers to disclosure

In addition to individual-level barriers, study participants identified **cultural norms, community or family conflict resolution mechanisms and stigma** as social barriers to GBV disclosure.

Cultural norms, including normalization of violence. Participants described how GBV disclosure can be inhibited by a “culture of not sharing” within communities or the perception that sexuality is private and should not be openly discussed. Additionally, a major disclosure barrier described by participants was the normalization of violence for survivors who experienced or observed high levels of gendered violence within their family or community.

Number one, I think it's because it's a norm. As I said, maybe it's something they've seen culturally growing up, or something that they saw their mother go through, their aunts, so to them, it doesn't seem like such a big deal and so they don't see the need to report.⁵⁰

Community / family conflict resolution mechanisms. Participants described efforts to mitigate familial shame as impediments to GBV disclosure. In Kakuma, survivor families were identified as often choosing to solve complaints of domestic or sexual violence at the family

level or with local leaders, often resulting in agreements, out-of-court settlements or forced marriages as reparations. One study participant explained,

I would give, maybe, an example of a school-going girl who has been violated. They tend to talk to their parents and due to the culture, the parent will not even speak it out anywhere else and if at all they are pushed to do it, they will talk to the elders in that community because they're trying to protect their culture and they don't want this woman to go out of their cultural beliefs and their cultural norms. They will tend to sort it out in those local barazas to the point that they would say since you violated this lady, you will have to marry her, again, they will end up being married, being a minor married to a very old man (mzee).⁵¹

Stigma. Fears of being stigmatized, excluded, judged, or blamed by family members or communities were identified as social barriers to disclosure. Participants described how some survivors are afraid to seek medical services that might associate them with GBV for fear of discrimination and ostracization. One participant shared,

You find that the women ostracize the survivors also. So they will not invite you to social events, they will not sit with you at functions. So most of the women, you talk to them, they say, 'I was raped, but I didn't report anywhere. I couldn't tell the community, the chairman of our camp or the chairman of Rongai Banyamulenge group or the Oromo community, I wouldn't say it because once people find out then the women are not going to be with me anywhere or I'll be seated somewhere and people will be talking and laughing at me.'⁵²

Structural, legal, and systematic barriers to disclosure

In addition to individual and social-level barriers, structural barriers identified by participants included **insufficient GBV or cultural competency, inadequate GBV-services, corruption, and infrastructure challenges.**

Insufficient GBV or cultural competency. Participants highlighted lack of sensitivity, especially among police, toward survivors as a barrier of disclosure.

The other thing is these people, the survivors, they have a lot of trauma. So they are woiye woiye⁵³. In this regard, they need a very patient person.... So if they approach an officer who is not patient with them or does not take time to understand the trauma they are going through, they immediately withdraw.⁵⁴

Participants also noted a general lack of friendliness by police toward refugees, especially toward individuals without proper identification documents, further inhibiting GBV

disclosure. Additionally, general insensitivity towards potential re-traumatization was also reported as discouraging survivors to report to law enforcement. As one participant explained,

Even the law enforcement system and the criminal justice system does not take the issue of GBV seriously. When one reports to have been sexually assaulted, the police will ask them to go back and solve the issue with that person, as it is of a personal nature, not one to be addressed by the police.⁵⁵

Inadequate GBV-related services, corruption. Participants stressed that the complicated GBV response system, poor handling of cases, and lack of feedback on referred cases all further hinder disclosure and exacerbate lack of trust in institutions. Additionally, fees are often required to access GBV services (excluding specific services for survivors of sexual violence) in urban settings, such as trauma counselling. Corruption and inaction were also cited as two reasons survivors may hesitate to disclose at police stations, as explained by one participant,

Or a scenario where the perpetrator has more money so they can pull strings at reporting stations. For example, I have gone to police station A. The [perpetrator] knows people there and I am not able to report again there as the people have been compromised. So that also is a barrier to that whole process.⁵⁶

Perpetrator release without charges after arrest was also noted as increasing lack of trust in services and hindering disclosure of GBV.

Infrastructure challenges restricting access and ability to disclose. Participants identified the lack of one-stop centers, where survivors can receive all required services without having to be referred to other institutions, as a barrier to disclosure.⁵⁷ Poor roads and long distances that survivors must travel to physically report their cases were noted as additional barriers to disclosure.⁵⁸

Service Provider Challenges and Strategies Related to GBV Disclosure

Study participants in Kenya shared strategies service providers can utilize to enable and elicit GBV disclosure, as well as potential challenges providers may experience.

Enabling gender-based violence disclosure

Participants highlighted the importance of **creating safe spaces for disclosure, fostering trust, and survivor-centered services** as mechanisms to enable GBV disclosure.

Creating safe spaces and building trust

The most common strategies for enabling survivors to disclose GBV included **building a sense of trust** and **providing a confidential and private location** for disclosure to occur. Participants highlighted that trust is even more critical when clients are referred by a former client of the same facility.⁵⁹ Consent forms were described as an essential step to reassure clients of confidentiality at the start of services as well as before referral to other institutions.⁶⁰

Confidentiality is important, especially when they finally open up. They want to be assured that not everybody will know about their situation.⁶¹

Accessible, survivor-centered opportunities for disclosure

Key informants highlighted the importance of **hiring a diverse team** of service providers who speak different languages themselves, as well as **ensuring interpreters** are available when providers and survivors do not share the same language. Furthermore, participants emphasized the importance of **clear, accessible, and survivor-centered reporting avenues**. For example, some safe shelters encourage survivors to choose for themselves who they trust and want to speak to, rather than assigning a specific service provider to work with them.⁶² Several respondents also shared their organizations have GBV hotlines that clients can call when they are unable to reach clinics or camps to access services.⁶³ Participants shared two additional strategies to increase accessibility of GBV services and opportunities for disclosure including: (1) **opening field offices** to reduce the travel distance and time for clients,⁶⁴ (2) **establishing an open door policy**, which allows refugees and migrants to walk in at any time of day to speak to a trusted officer.⁶⁵

Eliciting gender-based violence disclosure

Some participants shared their organization ensures clients are always served by the same person/people in order to build trust, maintain confidentiality, and avoid re-traumatization while eliciting disclosure.⁶⁶ Key informants noted when they suspect cases of GBV, they start by assuring the client of confidentiality⁶⁷ and build upon information they already have to mitigate re-traumatization.⁶⁸ One participant shared that non-mental health service providers will request client consent to have a mental health professional join them to provide additional support in eliciting GBV.⁶⁹

As much as I've read about how to deal with the refugees, at times I've not been able to break through. Once they go through the psychosocial support program, it's usually eight sessions, but by the first, second or third, they are able to open up.⁷⁰

One participant noted they elicit GBV disclosure through a feedback form following GBV talks and trainings. The form requests feedback on the training or discussion as well as asks specific questions about experiences with GBV. The provider is then able to follow up based on the information provided in the form.⁷¹

Service provider challenges

While participants highlighted a number of strategies used to enable and elicit GBV disclosure, they also noted some outstanding challenges they face as service providers including a **lack of sufficient resources, skills, and capacities** to support disclosure. Participants identified that private rooms to ensure confidentiality, necessary forms, and audio-visual tools (including those for use by children) to assist with disclosure are often unavailable. **Gaps in continuous training** on disclosure techniques that encompass “do no harm” principles were also identified. One service provider felt they did not have the capacity to address GBV disclosure in more vulnerable groups, such as persons living with disabilities or members of the LGBTIQ+ community. Additionally, **unrealistic service targets** established by organizations were identified as limiting the amount of time spent with individual clients and subsequently reducing opportunities for disclosure.⁷² Furthermore, one provider identified **lack of self-care and mental health resources** and **service provider shortages** as challenges to providing ongoing, comprehensive services without experiencing burnout.⁷³

Additional strategies and practices in service provision contexts

In addition to discussing numerous strategies and challenges of GBV disclosure, participants highlighted other **outreach, awareness-raising, and trust-building activities** they have implemented to generally increase survivors’ confidence to approach service providers. Additionally, strategies to ensure robust **follow-up and referral pathways** after GBV disclosure were identified.

Outreach, awareness-raising, and trust-building strategies

Participants identified **outreach and sensitization workshops**, where members of the community are provided with GBV-related information and encouraged to seek out help for their cases, as a strategy to improve awareness-raising around GBV generally as well as available services.⁷⁴ During COVID-19, service providers faced numerous challenges conducting outreach. Two respondents shared they hosted **radio programs to provide information** to the public focused on GBV awareness-raising and where to seek help.⁷⁵ **Long-term engagement with communities**, including offering self-empowerment programs, such as financial literacy classes, were also described by one participant as an effective trust-building strategy.

Post-disclosure follow-up and referral pathways

Strategies for follow-up with survivors after disclosure and referral pathways were also identified by participants. A few providers shared that they use **an online, secure, interagency referral system** that ensures a smooth transition from one service provider to the next and a coordinated response by all actors.⁷⁶ Another participant shared they use **encrypted audio recordings and phone calls** to share a client's full history (with client consent) to the referral officer to ensure the client does not have to narrate their experience again and risk re-traumatization.⁷⁷

Appendices

Key informant interview summary

A summary of key informant interviews, including the Participant ID used for the study, the date of the interview, and the number of key informants per interview, is provided below.

Participant ID	Location of services	Month and Year	No. of interviewees
KE_01	Kakuma	Nov. 2021	1
KE_02	Kakuma	Nov. 2021	1
KE_03	Nairobi	Nov. 2021	1
KE_04	Nairobi	Nov. 2021	1
KE_05	Nairobi	Nov. 2021	1
KE_06	Nairobi	Nov. 2021	1
KE_07	Nairobi	Nov. 2021	1
KE_10	Kakuma	Nov. 2021	1
KE_11	Kakuma	Nov. 2021	1
KE_12	Kakuma	Nov. 2021	1
KE_13	Kakuma	Nov. 2021	1
KE_14	Kakuma	Nov. 2021	1
KE_15	Kakuma	Nov. 2021	1
KE_16	Kakuma	Nov. 2021	1
KE_17	Kakuma	Dec. 2021	1
KE_18	Nairobi	Dec. 2021	1
Total no. of interviewees:			16

In total, 16 participants were interviewed, six of whom were from Nairobi, while the rest were from Kakuma Camp and Kalobeyei Settlement. All participants were working with NNGOs and INGOs working towards refugees' wellbeing either at the Kakuma Refugee Camp and Kalobeyei settlement or in Nairobi.

Endnotes

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- ¹ UNHCR, Kenya Statistics Package, 31 July 2022, available at <https://www.unhcr.org/ke/wp-content/uploads/sites/2/2022/08/Kenya-Statistics-Package-31-July-2022.pdf> [Accessed 8 September 2022].
- ² UNHCR, Kenya Statistics Package, 31 July 2022, available at <https://www.unhcr.org/ke/wp-content/uploads/sites/2/2022/08/Kenya-Statistics-Package-31-July-2022.pdf> [Accessed 8 September 2022].
- ³ UNHCR, Kenya Statistics Package, 31 July 2022, available at <https://www.unhcr.org/ke/wp-content/uploads/sites/2/2022/08/Kenya-Statistics-Package-31-July-2022.pdf> [Accessed 8 September 2022].
- ⁴ DSC_KE_14_KAK.
- ⁵ JICA-RI Research Project, Conflict And Gender-Based Violence (GBV), available at https://www.jica.go.jp/jica-ri/research/peace/175nbg00000bwayb-att/GBV_pamphlet_A4_ENG_print.pdf [Accessed 8 September 2022].
- ⁶ DSC_KE_02_KAK.
- ⁷ DSC_KE_02_KAK.
- ⁸ Articles 2(5) and (6) of the Constitution of the Republic of Kenya
- ⁹ See ss. 15 – 18 of the Kenya Citizenship and Immigration Act, 2011.
- ¹⁰ Kenya Citizenship and Immigration Act, 2011.
- ¹¹ S. 28 of the Refugees Act, 2021.
- ¹² S 28 of the Refugees Act, 2021. The Act details the procedures of granting asylum and the management of refugee affairs in the country and formally allows refugees to access education, jobs, and integrate with the host community
- ¹³ Informed by the Global Compact on Refugees.
- ¹⁴ Established institutions that control and manage refugee affairs in the country, such as the Department of Refugee Affairs (DRA) later restructured to the Refugee Affairs Secretariat (RAS) under the Ministry of Interior and Coordination of the National Government.
- ¹⁵ Including criminalizing public sleeping, camping, sheltering, storing belongings, sitting, lying, vehicle dwelling, and panhandling.
- ¹⁶ See Agwanda, Billy, and Uğur Asal. 2020. “State Fragility and Post-Conflict State-Building: An Analysis of South Sudan Conflict (2013-2019).” *Güvenlik Bilimleri Dergisi*, 9: 125–146; Cristiano d’Orsi, *A Look at global changes in refugee policies through the lens of Dadaab*, 18 June 2020, The conversation, available at <https://theconversation.com/a-look-at-global-changes-in-refugee-policies-through-the-lens-of-dadaab-140955> [Accessed 8 September 2022].
- ¹⁷ Section 48 of Security Law Amendment Act.
- ¹⁸ Coalition for Reform and Democracy (CORD) & 2 others v Republic of Kenya & 10; others [2015] eKLR.
- ¹⁹ This Act prohibits FGM in the Kenyan territory, which also applies to refugees who reside in Kenya
- ²⁰ This Act provides for the protection and relief of victims of domestic violence; to provide for the protection of a spouse and any children or other dependent persons, and to provide for matters connected therewith or incidental thereto.
- ²¹ This Act provides for the implementation of Kenya’s obligations under the United Nations Convention against Transnational Organized Crime particularly its Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children; to provide for the offences relating to trafficking in persons and for connected purposes.
- ²² This Act provides for election offences; and for connected purposes which includes prohibition of violence during election periods.
- ²³ See CHAPTER XV of the Penal Code which highlights offences against morality and includes prohibition against defilement, detention for immoral purposes, living off earnings of prostitution, unnatural offences and indecent practices between males.
- ²⁴ This Act gives effect to Article 53 of the Constitution; to make provision for, amongst others, children rights, parental responsibility, alternative care of children including guardianship; to make provision for care and protection of children and children in conflict with the law; to make provision for, and regulate the administration of children services.
- ²⁵ Kenya National Bureau of Statistics, *Population and Housing Census*, 2019, available at <https://www.knbs.or.ke> [Accessed 8 September 2022].
- ²⁶ UNHCR, Kenya Statistics Package, 31 July 2022, available at <https://www.unhcr.org/ke/wp-content/uploads/sites/2/2022/08/Kenya-Statistics-Package-31-July-2022.pdf> [Accessed 8 September 2022].
- ²⁷ Naohiko Omata, *Many refugees living in Nairobi struggle to survive because of COVID-19*, 20 May 2022 <https://www.rsc.ox.ac.uk/covid-19-resources/covid-19-blog/many-refugees-living-in-nairobi-struggle-to-survive-because-of-covid-19> [Accessed 8 September 2022].
- ²⁸ Fix, Jedediah Rooney (et al). *Understanding the Socioeconomic Conditions of Refugees in Kenya : Volume A - Kalobeyi Settlement : Results from the 2018 Kalobeyi Socioeconomic Survey (English)*. Washington, D.C.: World Bank Group. Available at <https://documents.worldbank.org/curated/en/982811613626800238/Understanding-the-Socioeconomic-Conditions-of-Refugees-in-Kenya-Volume-A-Kalobeyi-Settlement-Results-from-the-2018-Kalobeyi-Socioeconomic-Survey> [Accessed 8 September 2022].

²⁹ Betts, Alexander, Omata, Naohiko, Rodgers, Cory, Sterck, Olivier, Stierna, Maria (2019), *The Kalobeyi Model: Towards Self-Reliance for Refugees?* (Oxford: RSC).

³⁰ UNHCR, *Kenya Statistics Package*, 31 July 2022, available at <https://www.unhcr.org/ke/wp-content/uploads/sites/2/2022/08/Kenya-Statistics-Package-31-July-2022.pdf> [Accessed 8 September 2022].

³¹ DSC_KE_01_KAK.

³² DSC_KE_16_KAK.

³³ DSC_KE_03_NBO.

³⁴ DSC_KE_03_NBO.

³⁵ DSC_KE_10_KAK.

³⁶ DSC_KE_16_KAK.

³⁷ DSC_KE_14_KAK.

³⁸ DSC_KE_11_KAK.

³⁹ DSC_KE_02_KAK.

⁴⁰ DSC_KE_14_KAK.

⁴¹ DSC_KE_01_KAK.

⁴² DSC_KE_14_KAK.

⁴³ DSC_KE_14_KAK.

⁴⁴ DSC_KE_17_KAK.

⁴⁵ DSC_KE_06_NBO.

⁴⁶ DSC_KE_03_NBO.

⁴⁷ DSC_KE_01_KAK.

⁴⁸ DSC_KE_02_KAK, DSC_KE_13_KAK, and DSC_KE_14_KAK.

⁴⁹ DSC_KE_14_KAK.

⁵⁰ DSC_KE_14_KAK.

⁵¹ DSC_KE_10_KAK.

⁵² DSC_KE_07_NBO.

⁵³ This is an expression that means sympathy, in this context meaning that you sympathize with people by how they look.

⁵⁴ DSC_KE_07_NBO.

⁵⁵ DSC_KE_06_NBO.

⁵⁶ DSC_KE_04_NBO.

⁵⁷ DSC_KE_11_KAK, DSC_KE_06_NBO, DSC_KE_11_KAK.

⁵⁸ DSC_KE_01_KAK, DSC_KE_10_KAK.

⁵⁹ DSC_KE_01_KAK.

⁶⁰ DSC_KE_12_KAK.

⁶¹ DSC_KE_05_NBO.

⁶² DSC_KE_01_KAK.

⁶³ DSC_KE_13_KAK.

⁶⁴ DSC_KE_14_KAK.

⁶⁵ DSC_KE_05_NBO.

⁶⁶ DSC_KE_07_NBO.

⁶⁷ DSC_KE_05_NBO.

⁶⁸ DSC_KE_14_KAK.

⁶⁹ DSC_KE_01_KAK.

⁷⁰ DSC_KE_07_NBO.

⁷¹ DSC_KE_17_KAK.

⁷² DSC_KE_07_NBO.

⁷³ DSC_KE_13_KAK.

⁷⁴ DSC_KE_05_NBO.

⁷⁵ DSC_KE_12_KAK.

⁷⁶ DSC_KE_01_KAK, DSC_KE_07_NBO, DSC_KE_12_KAK.

⁷⁷ DSC_KE_17_KAK.

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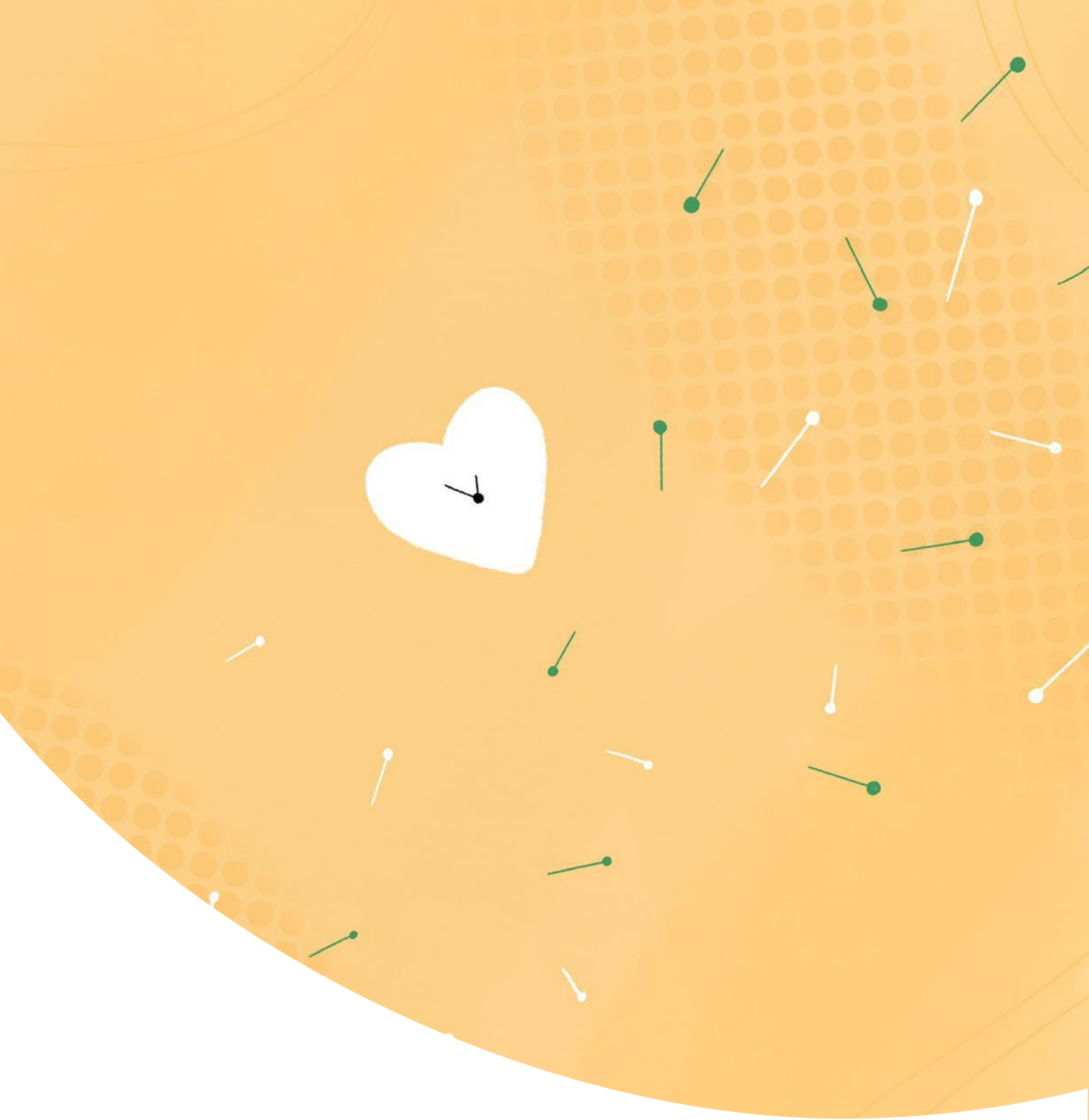
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