POST RAPE SERVICES IN KENYA: A SITUATION ANALYSIS

Nduku Kilonzo, Sally Theobald, Sassy Molyneux, Miriam Taegtmeyer.
Introduction

- LVCT – HIV prevention and care
- Kenya’s largest VCT service provider
- Government resources & infrastructure
quality assurance for VCT

- clinical care and management of HIV + clients including ARV & PEP
- client centred research programmes
PEP in Thika VCT sites

- PEP study in Thika
  - HCWs report high levels of GBSV
  - VCT clients reporting rape
  - lack of basic support services and skills

- impetus
  - demands from counselors and HCWs
  - national priorities
Literature

- violence – risk factor for HIV infection
  - Kenya: 4% HIV in adolescents – rape (Johnston, 2002)
- limited data on sexual violence – Kenya
- over 70% sexual violence not reported
- no studies - sexual violence, HIV, PEP & VCT
- PEP efficacy in sexual exposures uncertain
Objectives

- establish perceptions of GBSV
  - 3 sites (Malindi, Thika, Nairobi), 18 focus group discussions (by age & gender, CSWs)
- analyze facilities and services
  - 34 key informants (11 private & public hospitals, 4 police stations, 12 civil society organizations – prevention, care & rehabilitation, 4 government departments)
Overview of perceptions of sexual violence that came out of FGDs

- ‘stranger-in-the-dark-alley’ perception
- rape by known persons most common
- rape – shame, stigma & blame,
- anal rape & homosexuality - confusing
- knowledge - what to do or where to go
- women – less open to discuss sex
Sexual violence in relationships

diverse opinions

- rape does not occur in marriage
  "hiyo kitu hamna" [that thing is non-existent adult male, Malindi]

- rape occurs in marriage
  "kama haujiskii na anasema anataka na mnastrugle si hio ni rape" [if you do not feel like it (sex) and he says he wants (in reference to a husband) and then you struggle, is that not rape? (adult female, Thika)].
Violence in non-marital relations

- consenting to a relationship was seen as synonymous to consenting sex

“How can someone talk about date rape, ukienda kwa huyo mwanaume si unajua ni nini unaenda uko kufanya” [when you go to the man’s house, you know what you are going to do there] (adolescent male, Thika)

- responsibility for assault on survivor

“girls put themselves in this situation and should not be blaming men” (male adult, Thika)
Justification for sexual violence??

- dress: blamed for rape,
  “is it rape if a woman is dressed provocatively and makes your desires go up?” (male adult, Malindi, FGD)

- african dress??

- expressed lack of self-control was questioned
  “what do you people mean? Surely sisi sio wanyama, tunaweza kujicontrol” [surely, we are not animals, we can control ourselves (male adult, Thika, FGD)].
• women not fulfilling man’s desire:
  “...a man and he is married and is with the house girl there and maybe the wife doesn’t care about the husband (in reference to not providing sex), what is he supposed to do? He can rape the girl” (female adolescent, Thika)

• “African girls say no when they mean yes (adolescent male, Nairobi) — “using force sometimes”

• the media
Health care services & systems

- 1 comprehensive rape service provision centre
- unclear referral systems
- varying costs
- different protocols
- rape survivors being referred to VCT
## Post rape services provided

<table>
<thead>
<tr>
<th>Institutions</th>
<th>STI prophylaxis</th>
<th>PEP</th>
<th>ECP</th>
<th>Counseling</th>
<th>On-going</th>
<th>VCT</th>
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<td>Women’s rights awareness</td>
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-** provide syndromic management of STIs already existing
Gaps in service provision

- forensic examination,
- specimen collection – ‘spermatozoa’
- capacities for PEP administration
- HIV – a secondary issue

“We do not offer more than treatment for STIs and sometimes recommend emergency contraception...we really haven’t thought about HIV” (clinical officer, Malindi).

- no data or records on rape
● counseling – capacities, systems
  – trauma & HIV testing, on-going support for survivor and family, drug adherence

“how does one deal with HIV at a time when they haven’t even began to deal with rape, as a person and from a family point of view?” (NGO worker).
Legal protection and the CJS

- poor & un-enforced legislation
- poor evidence collection
- limited evidence of long-term effects
- chain of custody of evidence
- legal services unaffordable
- past training been beneficial to magistrates and police - attitudes
Gaps in policy

- Legislation & policy
- national operational guidelines and standards
- records and documentation
- no links between service providers
  - MoH, police, advocacy groups, care & support services
- no monitoring or evaluation system
Conclusion

- gender norms & power relations influences action - individual & institutional
- ad hoc services
- limited capacities
- links: national policy & implementation
- literature, data, information
Recommendation

An intervention study

- adopt multi-disciplinary approaches
- build required capacities
- operational mechanisms
- consider VCT
- influence policy & inform scale-up
Acknowledgements

- Dr. Miriam Taegmeyer – LVCT, Nairobi
- Dr. Sally Theobald – LSTM, UK
- Dr. Sassy Molyneux – KEMRI/Welcome Trust, Kilifi
- Dr. Josephine Kibaru – DRH
- Research assistants – LVCT
- All staff - LVCT