COMPREHENSIVE POST-RAPE SERVICES IN VCT SITES IN KENYA: WHAT ROLE DOES COUNSELING HAVE??

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Introduction

- Invisibility of gender based violence
- GBV key risk factor for sexual violence, HIV
- 90% of violence targets women
- HIV + women: experience violence (2.68 times)
- Abused women: experience sexual violence, engage in sexually risky behavior
- Abusive men: sexual risky behavior (6.2 times)
- Fear of violence: prevents discussions on fidelity, condom use & treatment seeking
What do statistics tell us??

- True extend of sexual violence – unknown
- One in four (25%) women experience sexual violence at least once in their lifetime
- Most rape – assailants known
- 70% rape unreported
- Approx. 1/3 of adolescents report forced sex
- Hundreds of thousands – women sold p.a
- Rape is a weapon of war
Kenya – an example??

- 4% HIV infections in adolescents – rape
- 24% women been raped at least once - adults
- 6.3% men abused sexually
- 40.7% women abused sexually
- 25% adolescents – virginity lost through force
- Often repetitive
- GBV propagates a viscous cycle
GBV as a risk factor for vulnerability to HIV infection

- Accepted norms
- Violence
- Unequal Status (gender inequality)
- Vulnerability

Fears: challenge, fuel, fear to challenge
Acceptance: results, fuel
Vulnerability: fear
Unequal Status: results
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
- situation analysis
Aims

- strategy for provision of comprehensive post rape services + PEP in VCT sites
  - support advocacy for practical and policy responses to GBV
  - strengthen links: HIV prevention & care
- plan for implementation of the strategy developed
Situation analysis

- literature review
- review, analysis of post rape service provision experience (+ PEP) in sub-Saharan Africa
- document current status in Kenyan post rape service provision
- establish perceptions of GBSV and VCT in Kenya
Key issues emerging

- perceptions of sexual violence and rape
  - ‘african girls mean yes when they say no’, mode of dress, male rights to sex – in relationships
- ignorance – people don’t know what to do
- limited support in hospitals and from police
- no counseling services – shame/stigma
- no records or documentation
- lack of regulatory framework
What needs to be done – regulatory framework

- policy shift for GBV
- legal responses
- national guidelines and protocols
- multi-disciplinary approaches – advocacy, health services, legal protection and support
  ‘the medico-legal network for GBV in Kenya’
What needs to be done – health care services

- mainstream service provision in hospitals
- offer comprehensive packages i.e
  - counseling: crisis intervention, on-going support, drug adherence
  - forensic medical examination, prophylaxis’, clinical care, specimen collection/handling
- clear & defined systems and processes
Psychological consequences

- Trauma experience
- Rape trauma syndrome (withdrawal, emotional, nausea, vomiting, headaches, fear)
- HIV / STIs, unwanted pregnancies & children
- Depression
- Drug and alcohol abuse
- Engagement in sexual risk taking behaviour
Counseling services – why do we need them??

- Getting through trauma
- Dealing with HIV in the trauma period
- Dealing with shame and stigma
- Living positively (if infected with HIV, or have children)
- Family/Coping with partner
Counseling services – what does it entail?

- Crisis prevention – to the survivor after rape
- On-going support – survivor, family & partner
- Drug adherence counseling – PEP, STI drugs
Counseling services – what needs to be done??

- Need to be strengthened
  - Counselor training
  - Capacities in primary health care
  - Made national health requirements
- Need to be institutionalized in health care
- National counseling standards and protocols
- Counselor cadres as part of establishment
- As part of primary health care systems
Why VCT in primary health care

- Currently practicing counselors in primary health care settings
- Confidential/safe environment
- rapid testing with pre and post test counselling
- Support supervision structures in place
- referral systems with other services
- roll-out of VCT key HIV/AIDS strategy in Kenya
Why VCT in primary health care settings

“HIV PEP should be provided in the context of a comprehensive treatment and counseling program that recognizes the physical and psychosocial trauma experienced by victims of sexual assault”

Bamberger, Karz et.al, (1999), *PEP for HIV infections following sexual assault*. Am J of med; 323.
“establishing comprehensive post-exposure prevention programmes that incorporate risk reductions counseling with medication may facilitate integration of clinical and prevention services that traditionally have been separated”

Rolland, Martin et.al (2001), *PEP for HIV after sexual or injection drug use exposure; identification and characterization of the source of exposure*, Jof Inf. Dses, Vol164;1611
Conclusion

- opportunities
  - reduce risk of HIV infection
  - holistic counseling in PHC
  - sustainability
- research
  - screening for sexual violence, drug adherence, disclosure, informed choice
- partnerships
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