ASSESSMENT OF GENDER-BASED VIOLENCE RESPONSE THROUGH POLICARE CENTRE; THE CASE OF CENTRAL POLICE HEADQUARTERS IN NANYUKI

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A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF ANTHROPOLOGY GENDER AND AFRICAN STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF DEGREE OF MASTER OF ARTS IN GENGER AND DEVELOPMENT STUDIES OF THE UNIVERSITY OF NAIROBI.

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DECLARATION

This Thesis is my original work and has not been presented for examination in any other institution or university:

Signature  …Date 7TH Nov. 2023

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This thesis has been submitted for examination with our approval as the university supervisors

Signature. *Domia* **Date: 15th Nov. 2023**

Dr. Dalmas Ochieng Omia

DEDICATION

To my late father whose unrelenting spirit always pushed me to surpass my goals and to my dearest mother who has always inspired me to defy the odds.

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ABSTRACT

Survivors of Gender Based Violence (GBV) have continued to face challenges both in access to post GBV services and justice. Most survivors therefore have had to grapple with access to medical treatment and care, psychosocial support and legal aid. Majority have remained at a disadvantage and at higher risks of suffering further instances of GBV.The current study assessed GBV response through Policare Centre in Laikipia police headquarters, in Nanyuki, Laikipia County. Specifically, the study sought to establish the effectiveness of the Policare Centre in reducing re-traumatization of survivors seeking care, and strategies used to facilitate expeditious justice and closure of GBV cases. The study was guided by Radical Feminism Theory. Data was obtained through in-depth interviews and Key Informant Interviews. Data was analyzed thematically, and results presented through verbatim quotes derived from the voices of the informants. The results reveal that the Policare Centre uses integrated services including medical examination and treatment, psychological counselling, legal aid and police assistance to undercut re-traumatization of GBV survivors. Further the centre has been able to provide support across all aspects of the legal process including pushing for survivor-centric approach within legal proceedings to aid in the closure of GBV cases. However, weak information management systems, inadequate resources as well as lack of knowledge and outreach have created obstacles in effectively addressing and managing cases within the Policare model. While the comprehensive and all-inclusive approach by Policare Centre is the most appropriate model for GBV response, the teething problems must be addressed to mitigate against the risks of survivor re-traumatization and closure of GBV cases. The study recommends that the Policare Centre aligns its information management system with interventions that are predicated on impeccable data collection systems and analysis methods. These interventions include the National Monitoring and Evaluation Framework towards the prevention and response SGBV in Kenya. If adopted, the framework developed by NGEC is ideal in promoting evidence informed interventions at the Policare Centre. The study also calls for increased funding to ensure that the Centre employs a sufficient number of skilled personnel and regularly conducts training and capacity-building programs for their staff, particularly, medical professionals, counsellors, legal experts, and support staff. There is also need for enhanced outreach and awareness campaigns including the launch of more aggressive and focused advertisements to increase visibility of the facility and enhance the effectiveness of the model.

ABBREVIATIONS AND ACRONYMS

CEDAW- Elimination of All Forms of Discrimination Against Women

DEVAW- Declaration on the Elimination of Violence Against Women

GBVRC-Gender Based Violence Recovery Centres

GBVIMS- Gender Based Violence Information Management System

FIDA- Federation of Women Lawyers

ICS-Improving Community Security

KDHS- Kenya Demographic Health Survey

LVCT- Liverpool VCT, Care and Treatment

MSF- Médicins Sans Frontières

NGEC- National Gender and Equality Commission

NGO-Non-Governmental Organization

NPS- National Police Service

ODPP- Office of the Directorate of Public Prosecution

OSC - One Stop Centre

SGBV- Sexual and Gender Based Violence

SOPs- Standard Operating Procedures

SOA- Sexual Offences Act

PADV-The Protection Against Domestic Violence Act

UN- United Nations

UNICEF- The United Nations Children's Fund

UNECA-United Nations Economic Commission for Africa

CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

Over the years, the management of Gender-Based Violence has been marred by a wide range of challenges that have left survivors groping in the dark. There has been a spectacular failure in GBV response, co-ordination, and creation of constructive collaboration among different actors in Africa (World Bank, 2017). While an array of anti GBV laws have been enacted at the national, regional, and international levels to end specific forms of GBV, Kenya like other parts of the world has continued to register a surge in GBV cases with domestic violence and sexual offenses taking the lead. According to the Kenya Demographic Health Survey (KDHS, 2014), 47percent of women aged between 15 to 49 years have suffered either sexual or physical Intimate Partner Violence in their lives, which means being forced to have sexual intercourse or perform any other sexual acts against one‘s will. This reality has further been reinforced by similar studies in Kenya that point to high levels of violence.

A recent study by the Ministry of Labour and Social Protection reveals the new face of gender-based violence in Kenya today with one in every two young adults experiencing violence that range from forced abortions, gang rape, cyberbullying, revenge pornography, spousal killings, acquaintance rape, date rape, forced prostitutions, eugenics and forced sterilization of persons with disabilities (Ministry of Labour and Social Protection 2019).

In a wide range of responses, many countries, Kenya included have increased access to care and support by improving the quality and quantity of services offered in public institutions. This has paved the way for establishing one-stop centers (OSCs), modelled around a multidisciplinary, integrated, and comprehensive approach that combines a package of services to GBV survivors

within a single physical location. For instance, the OSC model has evolved with countries in North American and European settings, registering remarkable results in providing integrated health care, forensic, counselling, and social services for both children and adults (Newman et al., 2005; Snell, 2003). In Africa, many countries have opted for stand-alone OSCs to overcome challenges posed by material and human constraints (Chomba et al., 2010). In Kenya, facilities akin to this model are housed at referral hospitals as Gender Based Violence Recovery Centres (GBVRC).

However, despite the establishment of OSC models, re-traumatization of survivors when seeking care has derailed the effectiveness of most centres (Olson RMcK, et al. BMJ Global Health, 2020). Further, prosecution and conviction of perpetrators in most cases continue to present barriers that allow GBV to thrive in the country. While prosecution and conviction of the perpetrator requires cooperation of the police and survivors, this is lacking. According to Ajema C., Mukoma W., Kilonzo N., Bwire B., Otwombe K. (2011), survivors still have to grapple with a myriad of challenges that range from obstruction to justice, unresponsive police officers and corruption. This is in spite of the intensified efforts to engage the police through GBV training and the establishment of Gender Desks in police stations. Most survivors and stakeholders (including donor representatives who fund the OSCs, program managers and staff from each OSC, and external partners who work closely with the OSCs) have faulted the effectiveness of these efforts.

In a review by Population Council (2012) the OSC model is considered inadequate in addressing the needs of GBV survivors holistically. While the hospital owned OSCs provide an opportunity to address gaps in the provision of clinical and psychosocial services, solid linkages to the legal and justice system are still wanted. In addition, the lack of synergy between GBV services, particularly the limited development of shared standards and procedures tend to whittle down the

protection accorded to survivors and therefore it is impossible to support the uniformity and roll-out provision between national and county institutions (Njeri and Ogola, 2014; NCPD, 2012). Equally, the absence of coordination and feedback between sectors and institutions (ACORD, 2009), including inability to mainstream GBV across line ministries nationally and at the county level (Odotte et al., 2016) continue to blur the situation. The current reality has therefore culminated in the introduction of service delivery models that are unable to engage with the survivors and only accord emergency rape or sexual assault needs that overlook psychosocial care and legal outcomes (Mak'anyengo et al., 2012).

It is from this extensive background that this study sought to investigate the contribution by Policare Centres in providing an integrated system, where survivors are not only able to access medical and psychosocial support but ensure the prosecution and conviction of perpetrators (for survivors that value this outcome). The study primarily focused on assessing the efficacy of Policare Centres in reducing re-traumatization of survivors. The study also delved on strategies used by Policare Centres to facilitate expeditious conclusion of GBV services. The study was critical in providing systematic evidence on the effectiveness of Policare Centres, to help guide national-level policymakers and program managers in introducing or adapting the Policare model across the 47 counties. The study further contributes to the body of knowledge and literature on Policare Centres in enhancing the psychosocial and legal outcomes of GBV survivors in a single location.

1.2 Problem Statement

Despite the escalation of GBV cases in the country, access to GBV-related services remains a challenge for those in need. On diverse dates between 15th April 2021 and 31st October 2021, FIDA-Kenya's GBV toll-free line 00800720501 recorded a total of 1, 561 cases. In 2020, a study

conducted by the National Crime and Research Centre on gender-based violence in the country mirrored statistics from the toll-free line with GBV cases increasing by 87.7%, when compared to the previous year. GBV is estimated to cost Kenya Ksh 46 billion annually in lost productivity, legal, psychosocial and health costs (NGEC, 2017)

Over the years, the Government of Kenya has rolled out several GBV-related initiatives, with varying degrees of success. These have ranged from the review of SGBV policy and legal frameworks, capacity building of actors in the Criminal Justice System, and development of Standard Operating Procedures (World Bank, 2017).

Further, Kenya has also enacted several legislations to respond to GBV. They include the Sexual Offences Act (SOA, 2006), The Protection Against Domestic Violence Act 2015 (PADV), The Prohibition of Female Genital Mutilation Act 2011, and Counter-Trafficking in Persons Act 2011. This has further been reinforced by the National Policy on Gender and Development (Gender Policy, 2019) and Vision 2030. Other policy frameworks include the National Policy for the Eradication of Female Genital Mutilation (2019), the National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence, 2014 and multi-sectoral Standard Operating Procedures (SoPs) for Sexual Violence Prevention and Response (2013).

However, these efforts have not yielded any meaningful results. A report by World Bank (2017) reveals that the management of GBV in the country is still marked by weak responses tied to under resourcing; poor implementation of the promising laws and policies, uneven quality of services; difficulties faced by duty bearers in responding effectively and poor coordination among actors. Survivors still must grapple with challenges in accessing healthcare, legal services and representation in court.

While the introduction of Policare model beamed a ray of hope in terms of protecting GBV survivors from re-traumatization through provision of free quality and comprehensive services in a single physical location, there is no concrete evidence to demonstrate effectiveness of the model as currently applied. Further, there is little knowledge on whether efforts towards accelerating collaboration and synergy within the Criminal Justice System has facilitated expeditious justice and closure of GBV cases. This study therefore seeks to investigate whether the Policare Centre in Nanyuki has been able to protect GBV survivors from secondary trauma through provision of quality and comprehensive services. The study will also look at whether the Policare Centre has facilitated expeditious conclusion of GBV services. To answer this overall objective, the study will be guided by the following research questions:

1. What has the Policare Centre in Nanyuki done to reduce re-victimization of survivors seeking care?
2. What are the strategies used by the Policare Centre in Nanyuki to facilitate expeditious justice and closure of GBV cases?

1.3 Objectives of the study

1.3.1 Overall objective

To assess gender-based violence response to survivors at Policare Centre in Nanyuki police headquarters, Laikipia County.

1.3.2 Specific Objectives:

1. To establish the strategies used by Policare Centre to reduce re-traumatization of survivors seeking care at Nanyuki Police Station.
2. To examine the efficacy of the Policare Centre in facilitating expeditious justice and closure of GBV cases

1.4 Assumptions of the Study

1. The Policare Centre provides quality and comprehensive services to eliminate re-traumatization of survivors seeking care at Nanyuki Police Station.
2. The Policare Centre facilitates expeditious justice and closure of GBV cases

1.5 Justifications of the Study

This is a good time to increase the body of research on the Policare model in the Kenyan setting as the One Stop Center concept spreads across Africa. The purpose of this research is to evaluate how well Policare Centre works to prevent re-traumatization of survivors who come for care at the Nanyuki police station facility, all the way up to court results. The results of this research will provide methodological proof of the efficacy of Policare Centre, assisting program managers and politicians at the federal level in implementing or modifying the Policare concept across the 47 counties. Additionally, the study will add to the corpus of research and literature on Policare Centre ability to provide survivors complete, high-quality assistance.

1.6 Scope and limitations of the study

The study focused on Nanyuki police station where the Policare model has been operationalized. Laikipia County continues to register high cases of sexual and gender-based violence, with studies ranking it among counties with the highest prevalence of Sexual and Gender-Based Violence (SGBV) cases. The study primarily assessed gender-based violence response to survivors at the Policare Centre at Nanyuki police Station, Laikipia County. This included examination of provision of quality and comprehensive services offered by Policare Centre and establishing the role played by Policare Centre in facilitating expeditious justice and closure of GBV cases.

While the study assessed the efficacy of Policare Centre in providing quality and comprehensive services for both adult and child survivors, children ‘s voices were muted from this report. For

ethical reasons, only survivor interviewees above the age of 18 participated in the study. However, the study interviewed caregivers of child survivors rather than the children themselves. It is therefore possible that children's actual perspectives on GBV services received at the Policare Centre were different from the perspectives provided by their caregivers.

1.7 Definition of key terms

Policare: These are centres that have been modelled around a multidisciplinary, integrated, and comprehensive approach that combines a package of services to GBV survivors within reach.

One Stop Centre: Centres that ensure survivors of Sexual and Gender Based Violence (SGBV) can access comprehensive services in a single physical location.

Gender Based Violence Recovery Centre: Centres that provide comprehensive free medical treatment and psychosocial care to survivors who have experienced any form of violence such as sexual, physical, psychological, or emotional abuse.

Gender-Based Violence: This is a form of violence that targets individuals based on their sex, gender identity, or perceived adherence to culturally ascribed expectations of being a woman or man, girl or boy. It ranges from physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty and economic deprivation, which may occur in public or private. GBV affects women, girls, men, and boys in different ways.

Sexual Gender-Based Violence (SGBV): This is a form of violence that includes acts of rape, attempted rape, gang rape, defilement, attempted defilement, sexual harassment, sexual assault, forced prostitution, trafficking for sexual exploitation, child trafficking, child sex tourism, child prostitution, child pornography, among other offences.

Sexual Violence: This is described as any sexual act, attempt to forcefully obtain sexual favours, unwanted sexual comments or advances, acts to traffic and includes use of coercion in any

setting including but not limited to home and work.

Integrated approach: Support efforts to strengthen existing referral networks and better coordination among service providers across all sectors.

Response: Support efforts that increase accountability across the justice, health sectors and the police

Re-traumatization: Curbing secondary victimization through multiple survivor interviews and interference of victims and witnesses.

Strategies: Approaches that are impactful in helping to achieve results.

Increased uptake: influencing service seeking behavior.

Challenges: Barriers inhibiting provision of quality and comprehensive service

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of literature premised on the research questions and objectives. The literature has been categorized under the following headings: Responses to Gender Based Violence in Kenya; Sectoral Responses; the Current situation and Challenges facing different models. The chapter concludes by discussing Radical Feminism and its relevance to the study.

2.2 Responses to Gender Based Violence in Kenya

Kenya has adopted a raft of measures at the national policy level to enhance response to GBV. These include the National Policy for the Prevention and Response to Gender Based Violence (2014) which calls for the adoption of a multi-sectoral approach to address GBV through prevention and response interventions; the National Guidelines on the Management of Sexual Violence (2014), which spells out procedures critical for SGBV management with a clear focus on treatment of sexual violence survivors, preservation of evidence and psycho-social support.

Similarly, the government has also adopted the National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya (2016) which provides indicators for monitoring and evaluation of the different sectors supposed to prevent and respond to sexual violence.

In addition, several standards have been developed at the national sectoral level, such as the National Health Sector Standard Operating Procedures on Management of Sexual Violence in Kenya (2014) which outline a holistic approach to services accorded to survivors across sectors-health, legal and psychosocial, and define referral pathways in cross sectoral management of survivors.

More significantly, the newly established County Government Policy on Sexual and Gender Based Violence, 2017 and its accompanying model legislative framework on Sexual and Gender Based Violence for County Government echo similar provisions. The framework is premised on a safeguarding framework to aid in the formulation of laws, policies and, programmes for prevention and response to GBV for county governments with a rider on each county's commitment. The policy specifically underscores the need to "ensure that the framework is actionable, well-coordinated and sufficient resources are allocated for its implementation at County level" (NGEC, 2017). Further, UN agencies and actors from the wider implementing space have developed supplementary procedures and processes, exclusively dedicated to addressing perceived gaps (World Bank, 2017).

Several organizations have also developed their own standards and SOPs. For instance, as part of the 'Improving Community Security (ICS) Programme' implemented by Coffey International, NGEC data management systems (SGBVIS) have been operationalized in 4 counties (16 stations), and GBV standard operating procedures (SOPs) have been developed by a multi-agency committee and rolled out to the 30 pilot police stations. Organizations such as LVCT Health have also developed specific SOPs for survivors of child sexual violence (World Bank, 2017).

2.3 Sectoral Responses

2.3.1 Police Responses

In the year 2004, the National police service introduced gender desks to facilitate the reporting of domestic violence and rape in police stations by survivors. This followed a spirited campaign by women advocates who were seeking sensitivity in handling GBV cases. The government yielded to these demands and in the subsequent Poverty Reduction Strategy Paper (PRSP, 2004) undertook

to establish gender desks across different ministries with specific focus on police stations countrywide.

According to NGEC (2014) the police gender desks primary mandate was to prevent and respond to GBV. To prevent GBV, the gender desks were tasked with the role of educating the community by stepping up community policing initiatives, conducting patrol and other security measures to curb the recurring cases of sexual offences. They also had a mandate to provide real time data on SGBV cases as well as analyzed data on trends of cases to inform policies, legislation, and programming.

To respond to GBV, they were further required to provide shelters and safe houses for survivors (NGEC, 2014). This was geared towards complementing ongoing efforts by the government to address a range of issues from provision of health, psychosocial, security and legal support, to reintegration of survivors and advocating for justice. This was in addition to rehabilitation of sex offenders, recording statements, preparing all the documents needed to initiate criminal proceedings, collecting all the forensic evidence, maintaining the chain of evidence and promotion of community action against GBV. While some of these aspirations have been actualized, gaps remain. For instance, there have been efforts to prevent and better respond to incidents of violence against women and girls, however most gender desks are ill-equipped, with poor amenities (ICS, 2015).

2.3.2 Health Responses

Health responses date way back in 1994 when the first OSC was established at a tertiary hospital in Malaysia with the aim of providing efficient and effective services to survivors of violence (Colombini M, Mayhew SH, Ali SH, et al, 1994). The model was further escalated throughout Southeast Asia and Western Pacific regions. Today the model has garnered a lot of popularity and

is currently being implemented with donor support in several African countries and Latin America. The majority of OSCs are located within tertiary care facilities, while others are stand-alone centres strongly embedded in the provision of on-site basic health services and referrals for specialized and emergency services. Some like the Thuthutzela centres in South Africa have integrated the judicial system and are currently run either by the government, private sector, non-governmental organizations (NGOs) or a combination (Jordaan S, Slaven F, Louwrens C, et al, 2016).

The OSC model was inspired by the need to respond to a myriad of challenges facing survivors and advocates who wanted services availed in non-integrated healthcare, police and legal systems (Colombini M, Mayhew SH, Ali SH, et al, 1994). At that time, most services were scattered in different locations and survivors were required to recount their harrowing ordeals each time they engaged with a different service/sector which led to secondary victimization. The OSC models therefore came in handy to promote accessibility and acceptability as well as enhance a multi-sectoral approach to eliminate survivor re-traumatization when seeking care.

The OSC model has evolved and increased access to more services provided in a single physical location and reduced survivor interviews. These have culminated in valuable outcomes such as improved multisectoral coordination and effective handling of survivor-centered care (Palermo, T., Bleck, J. and Peterman, A., 2014). These outcomes have helped in the realization of the goal of the OSC to reduce survivor re-victimization when seeking care.

In North American and European settings for instance, studies indicate remarkable results in providing integrated health care, forensic services, counseling, and social services for both children and adults (Newman et al., 2005; Snell, 2003). However, there is no concrete evidence on the acceptability, effectiveness, or cost of this approach as currently applied in the African context (Chomba et al., 2010).

2.4 The Current situation

In Africa, evidence points to a relative increase in access to services in the areas where OSCs models operate but there is limited data to confirm this or guide scale-up efforts (Chomba et al., 2010).

For instance, in East and Southern Africa, most countries have adopted three types of OSC models namely the health facility based OSC model that is owned and run by the health facility. The services (including psychosocial support) are integrated within a health facility and provide the initial response services (Population Council, 2008; Keesbury & Askew, 2010).

The other category is the health facility based OSC model run with support from Non-Governmental Organizations (NGOs). In this model, the NGO establishes a separate center within an existing health facility to offer a wide range of services that help augment services offered at the main facility. This model is popular in most African countries. The third type is purely owned by an NGO and primarily offers legal and psychosocial support services while survivors access health services elsewhere.

According to the Keesbury, J., Onyango-Ouma, W., Undie, C., Maternowska, C., Mugisha, F., Kahega, E., Askew, E., Askew (2012), only the health facility-based, hospital- "owned" OSC has worked and helped to achieve a range of health and legal outcomes for survivors. An assessment by the authors revealed that survivors seeking services at the health facility based OSCs enjoyed a range of services when compared to NGO OSC models which are barely equipped to manage rape (or other kinds of violence) to survivors.

During the assessment, all survivors and caregivers who sought services in hospital owned OSCs expressed a high level of satisfaction and cited the type of questions asked and the empathy shown by providers among areas that they felt amply addressed their needs. The medical care offered was

also perceived by survivors and their caregivers as enhancing legal outcomes. Survivors were particularly satisfied with the fact that the services were largely free.

In Kenya, the first OSC model was established in 2001 by Nairobi Women‘s Hospital, a private for-profit health facility with the aim of offering free medical and psychosocial services (Population Council, 2012). Over the years, Kenya has witnessed unprecedented interventions in this area with 20 more OSCs being established primarily in government health facilities, across the country, including KNH (Nairobi), and MTRH (Eldoret). Majority of these facilities were established at the height of Kenya‘s 2007-08 post-election violence experience.

Mak’anyengo, M. Undie, C., Maternowska, C. (2012) indicate that Kenya has a mix of both hospitals based and the NGO run OSC models. Currently, there are five stand-alone NGO and legal service providers namely the Médicins Sans Frontières (MSF)-France Juja Road Center and the MSF-Belgium Kibera Center, The Cradle, Children‘s Legal Action (CLAN), and the Federation of Women Lawyers (FIDA). Liverpool VCT, Care and Treatment (LVCT) also offers limited OSC services.

The hospital based includes the Gender-Based Violence Recovery Centre (GBVRC) at the Kenyatta National Hospital which is owned and run by the facility. The model was established in 2006 and re-launched in 2008 with support from Liverpool VCT, Care & Treatment, the CRADLE, Coalition on Violence against Women (COVAW), American Women‘s Association, and other partners.. The clinic operates from Monday to Friday beginning at 8.00am to 5.00pm. A trained nurse is attached to the Outpatient Department at the hospital‘s Emergency and Casualty Department for night and weekend services.

The Moi Teaching and Referral Hospital (MTRH) is another health facility-based OSC model owned and managed by the facility. Widely known as the Center for Assault Recovery, Eldoret

(CAR-E), the OSC at MTRH was established in May 2007 and exclusively provides SGBV services. At the moment, the facility draws support from external partners, including Indiana University and the German Development Corporation. It offers both medical and psychosocial services to SGBV survivors and provides off-site referrals to a legal aid center. It is staffed with medical officers, nurse counselors, and a social worker.

A review by population council (2012) of records of 394 cases in the health facility-based, hospital-owned OSCs in Kenya confirmed that survivors had received essential clinical services in response to SGBV. These services included pregnancy test (Gravidex), RPR test for syphilis, HVS to detect the presence of sperm, HIV test, and provision of PEP and EC. About 70 percent of the cases reported were related to sexual violence, with defilement accounting for 36 percent of reported cases, and rape, 34 percent. According to the review MTRH, is the only facility in the country (in which the OSC is exclusively for SGBV services, most offered under one roof) that offers most comprehensive health care to survivors, including forensic collection of evidence and signing of police medical report forms. The signing of police medical report forms at the OSC is an important procedure that enhances the chances of positive legal outcomes for survivors that would like to take legal action. Of all the OSCs, MTRH was the only one that handled this procedure.

2.5 Challenges facing different models

However, despite the establishment of more OSC models, survivors still have to grapple with a myriad of challenges which continue to undermine efforts towards addressing GBV in the country (Ajema C., Mukoma W., Kilonzo N., Bwire B., Otwombe K., 2011). Most survivors and stakeholders (including donor representatives who fund the OSCs, program managers and staff from each OSC, and external partners who work closely with the OSCs) have faulted the effectiveness of these efforts.

In the Population council review (2012) the OSC model is considered inadequate in addressing the needs of SGBV survivors holistically. While the hospital-owned OSCs are very good at provision of clinical and psychosocial services, aspects that speak to the legal and justice system are still wanted. Stakeholders argue that without an integrated system, survivors will only be able to access clinical and psychosocial support services, but the prosecution and conviction of perpetrators (for survivors that value this outcome) will hardly yield any results. While the NGO-owned OSC models were perceived to have a strong legal component, there has been a spectacular failure in their medical and referral systems. This leaves a research gap to assess the efficacy of Policare Centres in not only providing quality and comprehensive services and more specifically in eliminating re-traumatization of survivors but facilitating expeditious justice and closure of SGBV cases with a focus on the Policare Centre at the Nanyuki police headquarters, Laikipia County.

2.6 Summary of Literature Review

From the literature review, it is evident that a myriad of challenges that range from infrastructural impediments, including a lack of human and financial resources at the duty bearer level such as skill levels of the service providers, gaps in systems, tools, and supplies, and physical and societal attitudinal barriers have continued to derail effective provision of services (World Bank, 2017). Overall, the barriers faced in provision of services are compounded by weak guidelines that are not comprehensive enough to adequately address the roles of survivors, communities, health care workers and the police in reference to management of forensic evidence which "contributes to delays in prosecuting, or even a failure to prosecute sex offenders" (Ajema et al., 2011: 11).

In addition, there is little attempt to eliminate re-traumatization of survivors and facilitate expeditious justice and closure of SGBV cases which tend to whittle down the protection accorded to survivors (Njeri and Ogola, 2014; NCPD, 2012). In addition, the absence of coordination and

feedback between sectors and institutions (ACORD, 2009), including a lack of mainstreaming of GBV across line ministries nationally and at the county level (Odotte et al., 2016) continue to blur the situation.

The current reality therefore calls for the introduction of service delivery models that can engage with the survivors and provide them with quality and comprehensive services (Mak'anyengo et al., 2012). The Policare Centres therefore are step in the right direction, placing a positive obligation on the referral pathway with a strong underpinning on a functional framework for collaboration between the police, health, and justice sectors as a means of strengthening the entire GBV response system.

2.7 Theoretical Framework

2.7.1 Radical Feminism

Radical feminism theory serves as an analytical framework for this study. The theory was conceptualized by Clare Chambers and Allan Hunter (Al Hibri, 1984) to drive significant attention towards inequalities in the society and raise visibility on the various forms of violence faced by women and girls in their diverse identities in the society.

Proponents of this theory were keen on amplifying the shadow pandemic of violence targeting women and girls that remained veiled under the guise of disputes between individuals without projecting patriarchy which had continued to give a higher premium to male's perspective and contributions, leading to marginalization of the women and consequently violence itself.

Kimberle Crenshaw (1987) explains that gender-based violence was a product of unequal power dynamics that had confined women to vulnerabilities such as less decision-making power, less opportunities to engage in remunerated activities and acquire their own assets (Heise, 1998).

According to Molyneux (2000), GBV occurs at different levels of society, and is not limited to interpersonal and familial relationships but through communities and society, including via the state.

The theory strongly rejects any attempts to trivialize violence as an individual problem between a man and a woman but affirms it as a collective problem that has been perfected by a patriarchal society. The theory defines rape as a cultural aspect of sexual violence (Daly & Lewis, 2003; Orme, 2002).

The theory therefore underscores the need to redefine Domestic violence as a systemic societal problem which should be accorded significant attention as opposed to dismissing it as "family drama" or an "honour killing" as it is often presented in the media. According to the theory, Sexual and Gender Based Violence should be treated as a collective problem and therefore requires a collective solution (Whelehan, 1995).

The proponents of the theory argue that what happens in private spaces such as sexuality, love, motherhood, marital relations, abortion, contraception, violence must become visible in public and regarded as a systemic problem.

The theory defines personal as political and explains that issues such as violence that happen within the private sphere must be brought to light. The theory is emphatic that giving visibility to GBV will help inform public policies that can help steer the adoption of a holistic approach towards prevention and response to GBV (Featherstone, 2001).

Further, the theory provides insights on strategies that can be used to build solid support for GBV survivors among them the establishment and provision of domestic violence and sexual assault counselling services (Featherstone, 2001).

2.7.2 Relevance of the theory to the Study

Similar underpinnings have been replicated in the study which is premised on a public policy that roots for a comprehensive approach for coordinated interventions to achieve a greater and sustained impact in tackling GBV (Whelehan, 1995; see also, Roche & Goldberg Wood, 2005). Radical Feminism Theory pushes for a holistic approach to GBV and advocates for survivors agency through a range of strategies such as the establishment of health centers and shelters for violated women. The Policare Centres that have been premised on this concept and aim at reducing re-traumatization and increasing access to care and support for survivors. The theory is also important to this study because it creates a major shift in terms of harnessing opportunities in the fight against GBV through increased visibility and meaningful action. In a similar way, the study through the Policare model demonstrates that long-term coordinated and comprehensive approach is essential in facilitating expeditious justice and closure of SGBV cases.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter describes the methodology used to conduct the study. It defines the research site, the study design, study population, sample size, sampling procedures as well as data collection methods and analysis. The chapter concludes by highlighting the ethical considerations that were observed during the study.

3.2 Research Site

3.2.1 Location and population size

The Policare Center, where the research study was conducted is housed at the Laikipia Central Police Headquarters in Nanyuki, Laikipia County (Figure 3.1).

The Policare model is a new concept introduced by the National Police Service to guarantee GBV survivors' access to comprehensive services in a single physical location (NPS, 2020). The model was borne out of the need to restore dignity to survivors. Coined in two English words "police and care", the Policare concept seeks to harness the idea that police care and are part of a new and energized beginning for survivors. The concept has further been emboldened by a slogan dubbed *priceless dignity* which underscores the provision of a safe space for survivors imbued with quality and dignified service in a one stop shop (NPS, 2020).

It is entirely grounded in the National Policy on Prevention and Response to GBV (2018) as well as MTP 111 in the Women, Youth and Vulnerable Groups chapter (The National Treasury and Planning, 2019). The model is further premised on National Police Service policy that seeks to address critical GBV issues and current gaps in terms of prevention and response. The Policare model is also part of the 12 bold commitments by the government to build a solid framework to end Gender-Based Violence (GBV) including sexual violence by 2026 through integration of

medical, legal, and psychological support services into the essential minimum package of the Universal Health Coverage UHC by 2022 (Equality Now, 2021). Launched on 13th October 2021, the policy is intended to steer NPS in the establishment, management, and operations of one stop centres dubbed Policare that guarantee GBV survivors comprehensive support services at no cost. Modeled around a multidisciplinary, integrated, and all-encompassing strategy, Policare Centre offers a wide range of services under one roof, including forensic investigations, health, legal, and judicial services as well as counseling and psychological assistance. The center also has holding cells for both male and female, a room for medical examination and P3 issuance, trauma centers, interrogation rooms, a room for criminal records, triage, and forensic evidence storage.

The approach not only seeks to reduce secondary victimization, but it also creates a strong framework for interaction with the criminal justice system and reduces victim and witness interference (NPS, 2020).

The Policare Centre serves GBV survivors drawn from the entire County covering the sub counties of Laikipia Central, Laikipia East, Laikipia North, and Laikipia West with a population of 518,560 (KNBS, 2019). Generally, Laikipia County is cosmopolitan with over 23 main communities settled in the County including Maasai, Samburu, Rendille, Somali, Pokots, Tugens, Asians, European, Meru, Kikuyu, and Turkana among others (Laikipia County Integrated Development Plan 2018-2022).

A key feature of these communities is the rites of passage for boys and girls. While boys are initiated to moranism after circumcision, girls undergo Female Genital Mutilation as a rite of passage. Girls between the ages of 8 years and 15-years-old go through the procedure to not only graduate them from one stage to another, but to also prepare them for marriage. In fact, FGM is a key determinant of the marriageability of a girl. Once a girl has been circumcised and has started

menstruation, she is considered ready for marriage, regardless her age. This explains the high prevalence of child marriages in these county. Girls are vulnerable to such marriages as they are seen as a source for more cows and pathway to wealth for their families. FGM remains high in the county and currently stands at 80percent (UNICEF, 2017). Both FGM and child marriages are forms of GBV in Kenya and criminalized under the Prohibition of Female Genital Mutilation Act of 2011 and Children's Act, 2001 respectively. In addition, the County continues to register high cases of defilement which is the reason why the Policare center was established to promote survivor centered care including access to justice.

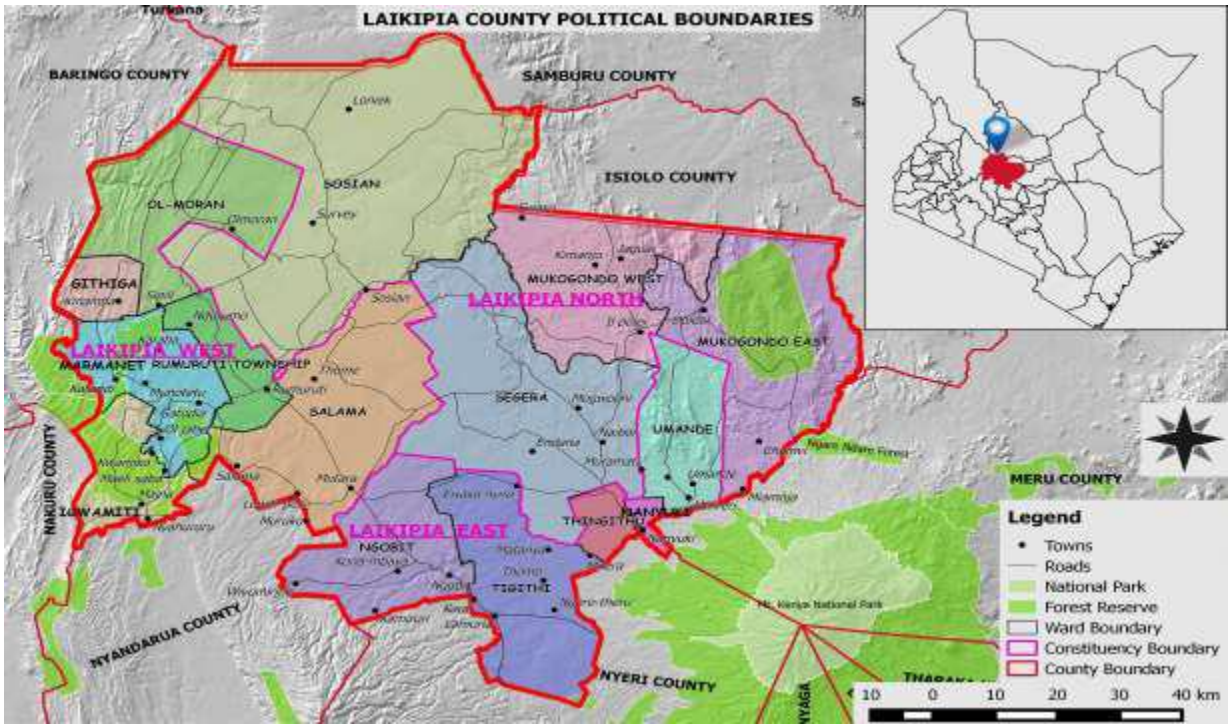

Figure 3.1: Map of Laikipia County

Source: *Laikipia wildlife forum 2017*

3.3 Study Design

The study adopted a cross-sectional descriptive study design to address the outlined overall and specific objectives. The cross-sectional descriptive study design was important because it provided the researcher with perspectives of GBV response by the Policare Centre at the time the study was conducted and more specifically on the strategies used in reducing re-traumatization of survivors and what the Policare Centre has done in facilitating expeditious justice and closure of GBV cases.

The study began with in-depth interviews with the survivors of GBV who were selected purposively from a list of survivors that have been seeking care at the Policare Centre in Nanyuki. Their eligibility was primarily based on whether they had visited the Policare Center for treatment and that their court proceedings were still ongoing. The in-depth interviews were critical in the study because they provided important data about how well Policare centers work to prevent survivors from becoming new victims. They also uncovered obstacles that survivors had to overcome to get justice. To maximize the quality of the information gathered, the other collecting tools were redesigned using the data gathered from this one.

This was followed by Key Informant Interviews administered purposively from the list of selected individuals who work directly at the Policare Centre or have interacted with the facility and had first-hand knowledge and experience regarding services provided at the Policare Centre. The key informants helped enrich the study by generating information that was crucial in addressing gaps arising from the previous collection tool including providing expert opinion on the three study objectives.

3.4 Study population and Unit of Analysis

The study population included female survivors of Gender Based Violence (GBV) aged between 19-35 years. The survivors must have lived within Laikipia County at least one year preceding the study. The unit of analysis was solely female survivors who had accessed care at the Policare Centre in Nanyuki and their cases were still pending in court.

3.5 Sample Size and sampling procedure

In qualitative research, sample size determination is largely dictated by saturation guidelines. While 9–17 interviews are enough to reach saturation (Hennink & Kaiser, 2022), other scholars advocate for a rule of thumb- 5-35 interviews as is the case in grounded theories studies (Sim et al., 2018). Purposive sampling was suitable for this study. Purposive sampling allowed the researcher to target individuals with direct knowledge or experience related to the Policare Center and strategies used to improve on its efficacy. Additionally, purposive sampling was used for selecting individuals with expertise in the field, as their insights and experiences were crucial to understanding the specific context of the Policare Center's response to GBV.

Prior to conducting the interviews, the researcher approached police officers manning the Policare Centre who agreed to notify the participants on the date, location and time of the interviews. This ensured that only survivors who voluntarily agreed to be interviewed participated in the study. The researcher pitched camp at convenient locations in Nanyuki town to ensure that survivors were able to choose locations that were appropriate for them. A meeting was scheduled for those who expressed agreement, within the designated day, time, and venue. While some of the participants preferred private rooms, others chose to be interviewed away from the public eye. One thing that

emerged from the interviews is that majority of the respondents opted for areas where they were assured of their safety, privacy and confidentiality were upheld.

The key informants were purposefully chosen for inclusion in the study. This group consisted of the County police commander, officers assigned to the Policare Center, Children officers, probation officers, and members of the County Gender Technical Working Group. The participants underwent a thorough evaluation process to ensure that they met the specific criteria for inclusion and exclusion in the research. These criteria included a comprehensive understanding of the tactics used by the Policare Center to minimize the re-traumatization of survivors and expedite the resolution of gender-based violence cases.

3.6 Data Collection Methods

Tools earmarked for data collection were subjected to pretesting prior undertaking the study. Primary data was generated through in-depth interviews and key informant interviews. Secondary data was collected through review of records, including client court records at the Policare Centre.

3.6.1 In-depth Interviews

In-depth interviews were chosen as the main technique for gathering data. This method gave a thorough analysis of how services provided by the Policare Center looked like at the time of the interview and how participants perceived them in respect to reducing re-traumatization of survivors and resolution of GBV cases. This was aligned to an argument by Patton (1990) that in-depth interviews provide insights on salient features of a facility under review that stand out among the participants and areas they feel need to be improved as a result of their involvement with the Centre.

15 in-depth interviews involving GBV survivors were conducted by the researcher. Among the screening criteria were female survivors who had sought help at the Policare Centre and whose

cases were still pending in court. The researcher conducted face to face interviews in locations that guaranteed privacy and confidentiality for the participants. Staff from the Policare Centre greatly aided the researcher to schedule the interviews including advising them on appropriate dates, time and location where they felt would promote trust and uphold the dignity of the survivors in Nanyuki town. The participants were further given a leeway to choose interview locations from the selected spaces. (Patton (2014) is emphatic that engaging participants in the selection of interview locations is critical in promoting their ease, participation and trust, minimizing impartiality.

Stake (2010) concurs that participants not only own the process but the interviewer builds a trust level with participants when they are allowed to decide the interview location. There was an extensive interview guide used (Appendix 2).

3.6.2 Key Informant Interviews

The researcher conducted 15 Key informant interviews with key stakeholders and informants among them: the County Police Commander, police officers who man the Policare Center, probation officers, Children officers and members of the Gender Technical Work Group. These individuals were selected purposely because they have information on service provision at the facility. The key informants helped provide objective views on the strengths and weakness of the Policare model in reducing survivor re-victimization of GBV survivors, successful strategies for facilitating expeditious justice and conclusion of GBV cases. The Key Informants also helped the researcher understand how the Policare Centre works and what the study participants say and do.

A key informant guide was used to conduct the interviews (Appendix 3)

3.6.3 Secondary Data

This study was grounded on secondary data generated throughout the process of developing this thesis to provide background information on the important issues under review in the study objectives. The data was derived from several sources namely information records and court transcripts within the Policare Centre. Guba and Lincoln (1981) attest to the fact secondary data is key in providing vital statistics reports that enable the researcher to generate a lot of information in this case on the Policare Centre and in better understanding participants and making comparisons among groups.

3.7 Data Analysis

To examine the data, the research used qualitative methodologies. Information from key informant interviews and in-depth interviews was recorded using audio cassettes, notes, and records. After that, the generated data was translated and transcribed. Concurrent data transcription, translation, and analysis were carried out to see if any particular tools were picking up fresh information that other tools had overlooked, as well as to refine the tools and questions as the data gathering process progressed. When creating the first data gathering tools, several issues were overlooked, such as the age distribution of survivors in the region. Both the key informant guide and the in-depth interview guide included these questions.

After being transcribed and saved in a Microsoft document, the data were loaded into the qualitative data analysis program ATLAS.to. After that, a codebook was created using the three theme groups that were selected from the goals. The researcher was able to generate code categories according to the study's goals thanks to the program. An analysis was conducted with a focus on the experiences of female GBV survivors regarding the services they got at the Policare center, and the tactics used to speed up the completion of GBV treatments. To code the data, each

transcript and text excerpt had to be examined, their meanings had to be determined, and a code that addressed the goals of the study had to be assigned. Next, to determine the link between these extracts, both inductive and deductive analysis were used. The findings were then presented using the exact quotations for the major themes and statements.

3.8 Ethical considerations

To help the researcher adhere carefully to the ethical concerns mentioned in the standards for research principles and guidelines, tight procedures were put in place at the beginning of this project. Under license SU-IERCC10222/23, the researcher first obtained ethical approval from the Strathmore Review Board. The National Commission for Science, Technology, and Innovation (NACOSTI) then granted clearance under license number NACOSTI/P/20/8246. In addition, the goal of the research and the timeline for its completion were explained to the county police commander and other top cops. Participants were informed about the goal of the research, who it was targeting, and what it hoped to achieve with the data it produced throughout the data collecting phase. The permission procedure was also explained to the participants, and they were not allowed to be interviewed until they had signed the consent form (Appendix 1), which confirmed that they had understood all we had spoken about and that they were willing to take part in the research. Participants were also made aware that the interviews would be audio recorded before they began. A separate consent procedure was used to record their talk. The purpose of this, according to the researcher, was to confirm details and identify any gaps that may have occurred during notetaking. All information supplied by research participants was guaranteed to be kept completely secret, with limited access granted to unauthorized individuals. The study's researcher clarified that all the data will be safely stored on a Google Drive. The researcher guaranteed the participants' anonymity by making sure that no personal information was gathered for recruiting or

participation. To further reduce that danger, the contact details of possible participants were also not kept on file.

To share the study results, it was decided in advance that the Policare Center would be the primary means of communicating the findings to the community. Moreover, unpublished thesis copies will be available at the University of Nairobi library, and writings published in peer-reviewed journals will be accessible via online scholarly articles.

3.9 Problems encountered during the study and their solutions.

The researcher encountered obstacles while conducting the research. The purpose of this research was to determine whether the Policare Center in Nanyuki effectively prevented the re-traumatization of survivors. A limited number of survivors were inclined to divulge their experiences at the facility due to apprehension that doing so could result in their being victimized. There were occurrences in which certain participants refrained from disclosing certain information. Their limited responses to most of the research queries were primarily the result of mistrust and apprehension. By reassuring them that the research was conducted exclusively for academic purposes and that the privacy and confidentiality of the information provided would be maintained, the researcher successfully surmounted this obstacle. Additionally, data was collected from police officers stationed at the Policare Center as part of the study. These officers are members of a disciplinary force in which, according to procedure, only the chief of the police division may represent the station in public. To surmount this obstacle, the investigator was required to obtain the county police commander's consent after informing him that the study's objectives were exclusively scholastic in nature and that the gathered data could not be utilized for any other purpose. The participants were guaranteed strict confidentiality and were prohibited from having their identities mentioned in any way. Additionally, due to the disproportionately

young age of the majority of GBV survivors who sought care at the Policare Centre, the study conducted interviews with the caretakers of child survivors instead of the children themselves.

CHAPTER FOUR: GENDER-BASED VIOLENCE RESPONSE THROUGH POLICARE CENTRE

4.1 Introduction

This Chapter presents the findings of the study as drawn from research questions and specific objectives. The chapter provides insights on the efficacy of the Policare Centre in managing gender-based violence with a specific focus on strategies employed by the facility in reducing re-traumatization of survivors. The Chapter also delves into the analysis of the efficacy of Policare Centre in facilitating expeditious justice and closure of GBV cases. In the context of Radical Feminism theory, this study explores experiences and viewpoints of survivors when seeking care at the Policare Centre. The study also sheds light on the larger conversation surrounding the pursuit of justice within the radical feminist paradigm.

The findings are presented in line with discussion on each study objective under the following subheadings; Strategies employed by Policare Center to reduce re-traumatization of survivors and its efficacy in facilitating expeditious justice and closure of SGBV cases.

4.2 Strategies employed by Policare Center to reduce re-traumatization of survivors

This section delved into the strategies implemented by the Policare Center to mitigate the risk of re-traumatizing survivors when seeking care at the facility. The study's respondents identified six key strategies that had been implemented by the Policare Centre to reduce re-traumatization of the survivors. These tactics included integrating services and improving coordination, conducting training and sensitization programs, empowering survivors through information distribution, emphasizing privacy and confidentiality, community engagement and implementing trauma-informed practices. The findings are as presented and discussed below;

4.2.1 Integrating services and improving coordination

The study found that the Policare Centre had integrated diverse services across sectors under one roof to provide comprehensive support to the survivors. The centre brought together key services including medical examination and treatment, psychological counselling, legal aid, police assistance, and social welfare support. This made it possible for survivors to get all the services they needed in one place. One of the respondents rightly noted that;

> "*Our rallying principle is collaboration and increased synergy into the criminal justice system to enhance GBV prevention and responses*." **(KII #2)**

To enable this integrated model, most respondents acknowledged that the Policare Centre focused extensively on enhancing coordination between the various sectors and service providers. Three key strategies were dominantly recognized by the respondents. These included; working closely with the ODPP offices to ensure prompt legal advice as well as responding to directions for prosecution; preparing an index of lawyers working on pro bono basis, paralegal, counsellors, medical workers among others willing to assist the victims; establishing a multi-sectoral committee of representatives from health, police, legal, counselling, gender, and children's units.

The committee facilitated regular information sharing and collaboration among different parties towards efficient and integrated services to survivors.

Another respondent noted that Policare's integration of data management system has been beneficial;

> "*Policare Centre created a unified information management platform that could be accessed by authorized personnel from all sectors. This increased coordination because all stakeholders had access to information in real-time including case details, procedures, referrals, and follow-ups across disciplines. Generally, the focus on coordination made the Policare model to effectively work together*." **(KII #4)**

4.2.2 Conducting Sensitization and Training Programs

Study findings indicated that conducting sensitization and training programs was another crucial strategy the Policare Centre used to reduce the re-traumatization of survivors. According to McGuire et al. (2022), reducing re-traumatization necessitated equipping stakeholders across sectors with the appropriate knowledge, tools, and sensitivities to assist survivors effectively. To this end, the respondents noted that the Center had established extensive sensitization programs and training workshops focused on building the capacity of the staff as well as community members on GBV-related issues.

One participant stated that;

> "*A wide range of subjects were covered in the training programs, including first response, forensic evidence procedures, legal procedures, counselling strategies, and trauma-informed care approaches. The sessions were designed to provide both theoretical grounding as well as practical skill-building*." **(KII #6)**

Another respondent added that;

> "*Sensitization drives were undertaken to increase public awareness of GBV, debunk cultural myths that fuel violence, and provide information on rights and services available. Overall, the sensitization efforts and training workshops endeavoured to create a supportive ecosystem where both the service providers and community could contribute meaningfully to survivor rehabilitation*." **(KII #4)**

4.2.3 Empowering Survivors through Information Provision

The study found that the Policare Centre strongly recognized the need to empower GBV survivors by equipping them with comprehensive information on available options so they could make self-determined decisions. The respondents acknowledged that the Centre had put in place measures to educate survivors on their rights, provide details on therapeutic services, elucidate legal procedures, discuss safety planning, and advise on follow-up care.

One respondent mentioned that;

> "*The Policare Centre has provided survivors with insights and access to spaces and conversations where they can effectively reshape narratives and find solutions around GBV at the community level. As survivors, we are able to know the emerging cases of GBV, their causes, and how they can be dealt with. The community also explores possible ways to deal with emerging issues*." **(IDI #8)**

This study's findings concerning information provision were consistent with the empirical studies by the World Health Organisation. World Health Organization (2018) recommends that women and adolescent girls be given sufficient information to make well-informed choices. One participant in this study mentioned that;

> "*The proactive information provided at the Policare Centre enabled us to make informed choices about treatment, legal action, counselling support, rehabilitation and accessing other services. It assisted in giving us our lost agency and control back over our quest for justice and healing. Furthermore, we were able to effectively navigate complicated systems without experiencing new trauma thanks to the widespread availability of information*." **(IDI #5)**

4.2.4 Prioritizing Confidentiality and Privacy

The study found that the Policare Centre instituted several protocols to fulfil its commitment to maintaining strict confidentiality and privacy for the survivors. An analysis of the insights provided by the study's responses coalesced into four essential measures instituted by Policare Centre to ensure confidentiality and privacy for the survivors. These included i) implementing robust security measures to prevent unauthorized access to survivors' records or information shared

with service providers ii) formulating policies that prohibited sharing of survivors' data or details without explicit informed consent, and iii) providing protected, private counselling spaces where survivors could share their experiences freely without fear of judgment, and iv) regularly sensitizing Policare staff members on confidentiality norms and the significance of responding with empathy while handling the survivors.

Confidentiality and privacy of the survivors was a common theme among the gender technical working group. One member stated that;

> "*Dignity is being able to report confidently and access services in a safe and secure manner. It is ensuring that survivors' dignity is not eroded just because they have made a report; but they are treated in a humane way, worthy of the support and service that they need. Fortunately, survivors accessing required assistance at the Policare Centre are assured of utmost confidentiality and privacy*." **(KII #8)**

Collectively, these initiatives established a setting guided by ethics, confidentiality, and consideration for the privacy of survivors. As a result, the survivors and the Center developed a strong sense of trust, encouraging help-seeking behavior. This study's findings were consistent with the findings of various empirical studies emphasizing survivor-centered approaches like Vidale-Plaza (2023).

4.2.5 Community Engagement Strategies

This study also found that the Policare Centres had established community engagement strategies to reduce the re-traumatization of survivors. An in-depth evaluation of the responses demonstrated that the Policare Centres had instituted various measures to actively engage the local communities as shown by the excerpts below;

> "*The Centre organized participatory workshops, seminars, and events targeting both men and women. These platforms stimulated constructive dialogue on GBV, addressed cultural taboos, increased public awareness, and mobilized collective action*." **(KII #3)**

"*The centre supported grassroot women's groups and youth clubs to implement community initiatives around GBV. Radio programs were also conducted in local languages to widen reach*." **(KII #10)**

"*The centre engaged strategically with village elders, religious leaders and influencers who played a key role in shaping community narratives*." **(KII #14)**

Furthermore, the community engagement approach also entailed using the empowered survivors to create awareness and empower others. One of the GBV survivors had the following to say;

"*Most of us as beneficiaries of the Policare Centre have become community champions working to prevent GBV. In addition to assisting the community, we are also taking part in our psychotherapy sessions*." (**IDI #7**)

Overall, sustained community engagement helped combat the stigma around reporting GBV cases and promoted an enabling social environment. The study's findings were consistent with the findings by McGuire et al. (2022) that community ties and partnerships are essential in limiting the re-traumatization of GBV survivors.

4.2.6 Adopting trauma-informed approaches

The study's respondents rightly identified trauma-informed approaches as a key initiative that had been implemented at the Policare Centre to prevent re-traumatization of survivors during service delivery processes. All these interventions were designed to acknowledge the survivor's trauma background and aimed at promoting their safety, trust, choice, control, collaboration, and empowerment.

One of the KII reiterated the above as shown in the excerpt below;

"*Tuko na Trauma Center kwa sababu SGBV ni moja ya vitendo vinavyosababisha madhara makubwa na aibu. Pia inadhalilisha waathirika na kuwafanya wahisi kama hawakubaliki. Kituo hiki kinasimamiwa na wataalamu wa saikolojia kusaidia waathirika kupona na kuwa*

> *tayari kukutana na mkosaji mahakamani*." **(KII #11).** This translates to, we also have a trauma Centre because SGBV is one of the most traumatizing, humiliating, and degrading vices that inflict pain on the survivors and make them feel like they don't belong. This Centre is manned by psychologists to help survivors recover and be fit enough to withstand trial and meet the perpetrator in court.

Another respondent mentioned that;

> "*Policare Centre staff members are specifically trained to identify trauma triggers, modify protocols to minimize distress and respond supportively to survivors' needs. The services at the Centre are tailored to each survivor's unique experiences, thus facilitating recovery at their own pace*." **(KII #15)**

Overall, the trauma-informed approach was foundational to the Policare Centre's ability to provide ethical, compassionate care focused on 'doing no further harm'. This study's findings are consistent with the findings of various empirical studies that emphasize trauma-informed approaches such as studies by Sperlich et al. (2021) and Ades et al. (2019)

4.3 Efficacy of Policare in facilitating expeditious justice and closure of SGBV cases.

This section entailed an intricate analysis of the extent to which the Policare Center has succeeded in streamlining the judicial processes and ensuring swift resolution of SGBV cases, considering the radical feminist perspective. The study found that the integrated one-stop model adopted by the Policare Centre played an instrumental role in enabling expeditious justice and closure for GBV cases. Some key ways in which the Centre facilitated timely justice are discussed below:

4.3.1 Enhancing Survivors' Access to Justice

One of the foremost aims of the Policare Centre was enhancing GBV survivors' access to justice by providing extensive guidance and support across all aspects of the legal process. An in-depth evaluation of the participant's responses indicated that the survivors were assisted by the personnel at the Policare Centre throughout the entire process of seeking justice. This is shown by the excerpts below;

> "*Right from the initial stages, the Centre assisted me in lodging official complaints and reporting the crime through appropriate channels. The counsellors also helped me prepare my testimony and narrate my experiences in a comfortable manner, I felt safe as in sikuworry kuhusu being traumatized in the process* (I was not worried about being traumatized in the process)." **(IDI #3)**
>
> "*The Centre works closely with the survivors in compiling relevant documentation required as evidence for prosecution. Staff members also aid in court preparations by informing survivors on protocols, connecting them to pro bono legal assistance, and helping them identify and brief potential witnesses. Additionally, recognizing that court appearances could be intimidating for survivors, staff members routinely accompanied them on hearing dates for moral support*." **(KII #1)**
>
> "*We have made sure survivors get justice, including ensuring children who were defiled and have dropped out of school to go back to learning*" **(KII #13)**
>
> **"***Our approach is also geared towards ensuring that justice is expedited and SGBV cases closed within a reasonable time***" (KII #9)**

By helping across the entire legal journey, the Policare Centre played an enabling role in ensuring survivors could actively pursue justice. This support was invaluable, especially for marginalized or vulnerable survivors who otherwise lacked resources or awareness.

4.3.2 Streamlining Legal Procedures

The study findings indicated that the Policare Centre actively collaborated with the judiciary to streamline administrative and legal procedures related to GBV cases. One participant mentioned that;

> "*Regular meetings were conducted between Centre staff and court officials through the Court Users Committee to identify areas of delay and design solutions accordingly. Processes that contributed to case backlogs were reviewed and modified to optimize efficiency*." **(KII #11)**

Many survivors expressed satisfaction at the speed with which their trials were conducted. One participant mentioned that;

> "*The Policare Centre have set up dedicated court-annexed benches nearby to ensure we can easily access the legal system. They've also introduced summary proceedings and special fast-track courts, which are instrumental in ensuring that trials can be concluded*

swiftly. These changes have significantly improved the legal process and have been a great relief for survivors of GBV like me." (**IDI #14**)

The above-mentioned efforts helped expedite case disposal, thereby enhancing justice delivery. However, despite the easing of hurdles pertaining to legal procedures hurdles in survivors' help-seeking behaviours, scholars such as Burns and Sinko (2023) advocate for restorative justice given the potential of re-traumatization arising from criminal justice systems.

4.3.3 Fostering a Survivor-Centric Approach

Study findings indicated that the Policare Centre strongly advocated for a compassionate survivor-centric approach within legal proceedings. A number of the respondents noted that Policare staff members routinely sensitized judiciary officials on avoiding re-traumatization of survivors during trials by accommodating special measures. These included allowing in-camera proceedings, banning aggressive cross-examinations, and using video-link testimonies. One participant also mentioned that;

> "*The Centre also counselled officials on employing trauma-informed questioning styles*." **(KII #5)**

By promoting survivor-friendly legal procedures, the Centre enabled survivors to participate meaningfully in trials without undergoing further distress. This contributed significantly to expediting justice. Various scholars advocate for the survivor-centric approach in improving how GBV survivors are handled. This study's findings are therefore consistent with the findings of several empirical studies by scholars such as McGuire et al. (2022)

4.3.4 Offering Comprehensive Services

A number of the respondents also noted that the Policare Centres offered comprehensive services which minimized delays in accessing required support. This was aptly summarised by one of the participants who mentioned that;

> "*The availability of comprehensive medical, legal, counselling and social work services at the Policare Centre saved survivors from navigating disjointed systems, thereby minimizing delays in accessing required support. Integrated services ensured survivors could obtain timely medical examination, psychological help, legal guidance, protection, and reintegration assistance in one location*." **(KII #6)**

The comprehensive services contributed substantially to an efficient justice delivery process as survivors could seamlessly access all requisite services under one roof. In contrast to the potential of re-traumatization when having to frequent multiple locations, the one-stop model enabled survivors to focus on their rehabilitation and the legal case. Another respondent indicated that;

> **"***Initially, when a survivor came to report a GBV case, they would speak to a minimum of 27 people. They started with the report office, then the Gender Desk and crime offices. By the time they were being referred to the hospital, they had spoken to six police officers in a station. It is estimated that they would have spoken to at least 27 people on this referral pathway by the time they get to court. This is what we have eliminated so that the victim speaks to only five people at the Policare Centre***." (KII #3)**

This study's finding is consistent with the rationale behind the creation of One-Stop Centres as espoused in several empirical studies like Mulambia et al. (2018) and Newaz et al. (2023). For instance, Mulambia et al (2018) noted that most families in Malawi were satisfied with the services- high quality care- offered at the 'Chikwanekwanes' (One Stop Centres). Several scholars including Lukakeny (2018) have argued that the demands of GBV survivors are numerous and complicated, necessitating the coordinated action of several sectors to provide a more effective response. Consequently, One-Stop Centres reorient the approaches to handling GBV survivors in a manner that emphasizes the needs and rights of the survivors as opposed to contrasting institutional directives of the stakeholders involved in the process.

However, Olson et al. (2020) point out that the efficacy of One-Stop Centres is hampered by several barriers including unclear mandates of implementing partners, fragmented services, and implementation obstacles such as limited private consultation spaces and a lack of multisectoral staff. These obstacles have frequently kept the OSC model from being applied as planned and

producing the desired outcome of offering high-quality, comprehensive, and accessible services the GBV survivors need.

4.3.5 Providing Clinical and Psychological Support

Study findings indicated that the Policare Centre offered both clinical and psychological support to the GBV survivors. The Centre acknowledged that facilitating justice also required caring for the mental wellbeing of survivors. One study participant noted that;

> "*The availability of in-house psychologists and counsellors ensured survivors could obtain much-needed clinical and psychosocial support. Addressing trauma and emotional upheaval was essential to equip survivors to participate effectively in legal proceedings*." **(KII #8)**

Another participant also mentioned that the Centre offered counselling sessions to the survivors, particularly to the children and their parents as shown in the excerpt below;

> "*Other than the group therapy established by the Centre to offer peer support, there are counselling sessions which have been designed to ensure that children survivors are not just counselled but are also enrolled in the 10-week Counselling plan. The plan enjoins parents in the counselling to help them heal and be able to assist the child to recover. After the 10-week sessions, the parent and their children graduate*" **(IDI #9)**

According to Lakin et al. (2022), GBV cases are strongly linked to mental health problems like post-traumatic stress, anxiety and depression. Consequently, the counselling sessions provided by the study's participants aided survivors in coping with grief, anger, and other complex feelings; this is also consistent with the findings in the study by Meffert et al. (2021). These findings were also consistent with those reported in other low-income settings such as in the study by Bass et al. (2013). Overall, mental health assistance enabled survivors to gain closure and embrace the justice-seeking process as part of their inner healing journey.

In summary, the study identified that the Policare Centre's integrated approach coalesced in five key domains: legal aid, streamlined procedures, survivor-centricity, comprehensive services, and clinical and psychological care. The above-mentioned approach strategically fostered an enabling environment for expedited justice delivery. By catering to survivors' multifaceted needs, the model facilitated timely legal resolutions. From a radical feminist perspective, the Policare Centre's strategies align with the core principles of challenging patriarchal structures and empowering women. By providing integrated services, individualized care, safe spaces, mental healthcare, and community engagement the Centre addresses the systemic roots of GBV.

4.4 Impact of Policare Centre in Reducing Re-Victimization of Survivors

The study found that the Policare Centre's integrated and comprehensive model of service delivery significantly contributed to reducing the re-victimization of GBV survivors in multiple ways. These were categorized into six domains: safe navigation of legal processes, dedicated safe spaces, individualized care, mental healthcare, community engagement, and economic empowerment.

4.4.1 Safe Navigation of Legal Processes

Study findings indicated that one of the foremost ways in which the Policare Centre reduced re-victimization was by enabling survivors to safely navigate legal processes in pursuit of justice. The excerpts below demonstrate the assertion above:

> "*Staff members consistently assisted survivors across all aspects - from lodging complaints, recording statements, accessing pro bono lawyers, compiling evidence, court preparations, follow-ups, and so on. Before the follow-up process was tedious and demoralizing and wore us out because we had to make endless trips to the courts. However, the Policare Centre has given us a new lease of life*." **(IDI #7)**

> "*In-house legal advisers thoroughly explained laws, clauses, and sentencing options so survivors could make informed choices. Staff members also accompanied survivors on court appointments, shielding them from perpetrator confrontation or harassment*." **(KII #12)**

By facilitating access to justice in a protected manner, the centre fulfilled a key requirement for preventing re-victimization (Melgar Alcantud et al., 2021). This extensive support ensured survivors did not undergo undue hardship, complexity or intimidation during legal proceedings which could potentially re-traumatize them.

4.4.2 Dedicated Safe Space

Study findings demonstrated that the Policare Centre had provided GBV survivors with a dedicated safe space. Many survivors voiced feeling comfortable at the Policare Centre compared to general hospitals or police stations where stigma could be high. Some of the excerpts from the study participants are provided below;

> "*The Policare Centre provided us with a dedicated safe space where we could share our experiences freely, obtain support, and begin rebuilding our lives. Having all required services centralized in one location within the protected premises of the Centre eliminated the need for us to recount our experiences repeatedly across scattered platforms*." **(IDI #10)**

> "*Service providers displayed great sensitivity to privacy, confidentiality, and respect, promoting survivors' trust. For marginalized survivors like persons with disabilities or LGBTQ persons, the centre provided an especially non-discriminatory environment*." **(KII #9)**

> *"…The recovery programme has been designed to make it very interesting especially to the kids. The training sessions engage the children in dance and other physical activities. We have had cases where survivors want to come back to the recovery programme. We also give them an opportunity to become facilitators*…" **(KII #2)**

Overall, the exclusive safe space and survivor-centric ethos were invaluable aspects that protected against re-victimization. Melgar Alcantud et al. (2021) argue that these safe spaces have to have both formal and informal networks- intervention of other people- for the effective recovery of the SGBV survivors. The rationale behind the creation of dedicated safe spaces aligns with the three requirements for effective intervention of support networks in recovery processes. These included

encouraging introspection regarding the socialization the survivors have encountered in their affective-sexual relationships, empowering the survivors to take charge of their own healing by demonstrating their capacity for transformation, and not blaming the survivor.

4.4.3 Integrated Services Under One Roof

Study findings indicated that the integrated 'one-stop' model of support services adopted at the Policare Centre played a major role in mitigating the re-victimization of survivors. This was aptly summarised by one of the study's participants as follows;

> "*Unlike fragmented systems, the Centre offered centralized clinical, psychosocial, police, legal, and welfare services. Survivors could obtain required assistance without needing referrals across multiple locations*." **(KII #5)**

Another participant mentioned that;

> "*The presence of in-house psychologists provided survivors early access to counselling before emotional upheaval escalated. Integrated medical services facilitated timely examination, treatment, and documentation without survivors needing follow-ups in a general hospital*." **(KII #1)**

Overall, prompt coordinated support eliminated gaps that could potentially re-traumatize survivors.

4.4.4 Individualized Care Approach

The study found that the Policare Centre consciously focused on providing individualized care catered to each survivor's unique needs and circumstances. One study participant rightly mentioned that;

> "*Counsellors at the Centre practiced active listening to identify specific needs of the survivors. Service delivery processes accounted for diversity factors like age, gender, disability status, socioeconomic barriers, and cultural backgrounds. No one-size-fits-all approaches were adopted. For instance, separate interview rooms existed for children to provide child-friendly settings. Special measures were undertaken for survivors with disabilities*." **(KII #13)**

From the perspective of radical feminism theory, the individualized care and safe spaces offered by the Centre prioritize survivors' autonomy, challenging the notion that women should be passive victims. Such person-centered care approaches were invaluable in preventing re-victimization. These findings align with several studies that advocate for survivor-centric approaches in preventing re-victimization of the survivors (McGuire et al., 2022)

4.4.5 Clinical and Psychological Support

The study found that strong clinical and psychosocial services at the Policare Centre equipped survivors to cope with the trauma in healthy ways. One study participant mentioned that;

> "*It is through the psycho-social support we get as survivors of violence that we are able to tell our own stories and pick up the threads of their lives. Most of us have become some of the strongest activists in the community*. **(IDI #15)**

Another participant added that;

> "*Counselling aided cognitive reframing and healing. Group therapy offered peer bonding, validating survivors' experiences. Yoga, meditation, and art therapy provided outlets to process emotions. Mental health support enabled survivors to gain closure, reclaim agency and focus on rehabilitation*." **(KII #10)**

By equipping survivors psychologically, the Centre protects against potential re-victimization from unaddressed trauma impacts. These findings were consistent with psychoeducation and psychotherapy as effective interventions for GBV across individual, interpersonal, community, structural, and multiple levels in Low- and Middle-income nations (Sabri et al., 2022).

4.4.6 Economic Empowerment Initiatives

Study findings indicated that the Policare Centre had implemented economic empowerment initiatives to prevent re-victimization of GBV survivors. One participant aptly stated that;

> "*The Policare Centre recognized economic dependency as a risk factor for re-victimization. Livelihood programs were conducted to impart marketable skills to*

> *survivors. Linkages were provided to financial institutions, social enterprises and government schemes. These interventions aided empowerment and self-sufficiency, providing survivors alternatives to exploitative situations*. **(KII #12)**

According to Tarshis et al. (2022), effective survivor support services are those that steer clear of reductionist methods that might be interpreted as "victim-blaming." These findings were inconsistent with the findings by Quattrochi et al. (2019) and Annan et al. (2017). Quattrochi et al. (2019) opine that survivors', empowerment programs, especially women, positively alter their beliefs concerning their economic rights, interaction with other family members, and domestic violence issues. According to Annan et al. (2017), economic empowerment such as adding women survivors of GBV to a women's savings group effectively reduced PTSD. Economic empowerment disrupts financial dependency, giving survivors agency. The Policare Centre's approach fosters a holistic ecosystem of care, aligning with radical feminism's goal of dismantling patriarchal structures and advancing women's long-term wellbeing by addressing not just the symptoms but the root causes of GBV. However, while psychological and social empowerment interventions reduce GBV, economic empowerment interventions are largely equivocal in sub-Saharan Africa according to Keith et al. (2023)

4.4.7 Community Awareness Drives

Study findings indicated that through sustained community outreach initiatives, the Policare Centre had educated the public on responding supportively to survivors instead of stigmatizing them. One respondent mentioned that;

> "*Community awareness facilitated societies become part of the solution rather than the problem. This mass sensitization reshaped collective attitudes and created a supportive environment for survivors' rehabilitation free of re-traumatization risks*." **(KII #1)**

Community engagement reflects radical feminism's emphasis on collective action to challenge patriarchal norms. These findings were consistent with community engagement as an effective

intervention for GBV across individual, interpersonal, community, structural, and multiple levels in Low- and Middle-income countries (Sabri et al., 2022)

4.5 Key Challenges Encountered in GBV Management at the Policare Centre

Although the Policare Center concept had great potential, the study also identified seven key obstacles that the Center had to overcome in order to manage GBV cases as effectively as possible. These challenges included resource limitations, infrastructural and equipment deficits, shortages of skilled personnel, insufficient training of personnel, coordination gaps between stakeholders, weak information management systems, and deeply entrenched cultural norms.

The excerpts presented below demonstrate the various obstacles eencountered in GBV management at the Policare Centre;

> "*Weak coordination, harmonization, and networking among actors at all levels, inadequate resources, and limited technical capacity continue to derail the management of GBV at the Policare Centre*." **(KII #1).** This response was prevalent among Policare Centre staff.
>
> "*Limited funds for outreach initiatives limit help-seeking efforts, especially among marginalized communities*." **(KII #15)**
>
> "*Weak information management systems limit monitoring of survivors' end-to-end services and follow-ups, affecting continuity in rehabilitation support*." **(KII #12)**
>
> *"Gaps in follow-up protocols contribute to abrupt termination of medical, psychosocial, or legal aid, heightening vulnerabilities*." **(KII #9)**
>
> **"***Insufficient funds translated to infrastructure gaps such as shortage of examination rooms, lack of modern equipment, and inadequate accommodation facilities on premise for survivors, particularly those from remote regions. Resource limitations also contributed to understaffing which increased case burdens upon existing staff, affecting the quality of services. Heavy caseloads coupled with long duty hours increased the risk of burnout among service providers*." **(KII #3)**
>
> **"***Limited funding constrained intensive awareness drives and engagement initiatives. Large sections of the community remained unaware of the centre's existence leave alone the services offered*." **(KII # 10)**

"*We faced equipment deficits at the Centre, including a shortage of rape kits, which unfortunately led to delays in the prompt collection of samples. Additionally, the lack of vehicles constrained our outreach programs and hindered our ability to provide follow-up support for survivors' rehabilitation*." **(KII #6)**

"*Inadequate clinical staff like nurses and doctors especially on the night shift is a common challenge at the facility. The existing staff is overburdened by the shortage of trained counsellors, rehabilitation specialists, legal advisors and social workers. These can result in gaps in service provision.*" **(IDI #10)**

"*Deeply entrenched socio-cultural norms that stigmatized survivors and normalized GBV hindered help-seeking behaviour. Stigma was pronounced in marginalized groups like LGBTQ persons and sex workers. For instance, girls who escape from circumcision; are stigmatized and often ridiculed by fellow women. This stigmatization and isolation pushes them to agree, many years later, to be circumcised so as to belong. Others are circumcised, without their knowledge, by the birth attendant during the birth of their firstborn child. It is this significance the communities attach to FGM that criminalization of the practice has only managed to send it underground rather than eliminate it*." **(KII # 4)** This response was popular among members of the gender technical working group.

"*There are coordination gaps in referrals, follow-ups, data sharing, survivor handovers between them. For instance, delays occurred in relaying survivors' forensic reports from medical exam to police departments. Such systemic disconnects increased re-victimization risks despite the model's integrated design*." **(IDI #11)**

"*Limitations in the information management system constrained monitoring of survivors' end-to-end services, follow-ups and measuring legal case outcomes. Data gaps affected continuity in rehabilitation support provided to survivors*." **(IDI #14)**

There are various obstacles to help-seeking behaviours among SGBV (McCleary-Sills et al., 2013; Saint Arnault & Zonp, 2022; Murphy& Contreras-Urbina, 2020; Muuo et al., 2020; Nakalyowa-Luggya et al., 2022; Naudi et al., 2018; and Ting & Panchanadeswaran, 2009). The findings of this study were consistent with the 15 barriers identified by Olson et al. (2020) including unclear mandates of implementing partners, fragmented services, lack of multisectoral staff and private consultation spaces.

From a radical feminist perspective, the identification of these challenges within the Policare Center highlights the deeply rooted systemic issues that perpetuate gender-based violence (GBV). Resource limitations and infrastructural deficits reflect the historical devaluation of women's needs

and well-being, reinforcing patriarchal structures that fail to prioritize GBV prevention and survivor support. The shortage of skilled personnel and insufficient training further underscores the systemic devaluation of women's experiences. It reflects a society that has traditionally dismissed the significance of GBV, resulting in a lack of expertise and inadequate responses. The deeply entrenched cultural norms represent a fundamental challenge, as these norms have long justified and normalized gender-based violence. Radical feminism theory seeks to challenge and transform these norms, recognizing that true progress in addressing GBV requires a deep societal shift that acknowledges women's rights and experiences as central to human rights and well-being.

4.6 Recommendations for Improving GBV response at the Policare Centre

The goal of the research was to determine the suggestions made by the participants for enhancing the Policare Center's handling of GBV. The suggestions are predicated on the information obtained from the survey answers. To increase the Policare Center's efficacy in managing GBV, the participants were asked to list the areas they thought needed improvement. The results show that the participant replies revealed several important areas that need to be improved. The study found eight key recommendations. These included;

1. Increasing budgetary Allocations for the Policare Centres by National and County Governments. The respondents recognised that this measure would augment infrastructure, procure advanced equipment, recruit more skilled personnel, and enhance training and sensitization
2. Enhancing outreach and awareness campaigns- launch more aggressive and focused advertisements. This entails interacting with underprivileged groups and implementing community education initiatives
3. Integrating cultural sensitivity into protocols through the inclusion of various segments of the population such as religious leaders, village elders, and women's groups in designing and implementing GBV intervention measures.
4. Strengthening coordination between stakeholders
5. Instituting excellent follow-up procedures
6. Implementing robust monitoring frameworks
7. Engaging in affirmative advocacy
8. Mainstreaming GBV in academy curricula

Kageyama et al. (2023) suggests that in addition to increasing resources, these measures should also promote cultural sensitivity, raise awareness and outreach, improve coordination and cooperation, and provide ongoing training and capacity building.

The excerpts below show some of the participants' responses concerning recommendations for enhancing the Policare Center's handling of GBV;

> *"There is a need to escalate training and sensitization forums on GBV to reach a critical mass of Policare Centre staff*." **(KII #2).** This response was prevalent among Policare Centre staff.

> "*Interagency coordination policies must be formulated mandating regular case conferencing, joint trainings, standard referral protocols, integrated health records, shared database etc. across legal, health and social welfare stakeholders*." **(KII #5)**

> *"Standardized procedures for follow-ups must be instituted for continuity in medical, legal and psychosocial care post survivor discharge. Meetings must review dropped out cases. Protocols for reintegration must be strengthened through liaising with communities."* **(KII #8)**

> *"Real-time monitoring frameworks must be adopted using ICT for tracking case outcomes, coordinated care, referrals, service standards etc. Feedback mechanisms should also be instituted for continually optimizing Policare Centre processes."* **(KII #13)**

> *"Integrate GBV management as a vital component of capacity building curricula for law enforcement, judicial, social work, healthcare, and allied academies at pre-service level. This will create a steady pool of sensitized personnel"* **(KII #9)**

> *"Proactively advocate and sensitize agencies like law enforcement, legal, health, rehabilitation etc. to adopt affirmative practices that avoid re-traumatization of survivors during processes."* **(IDI #15)**

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the results, draws conclusions, and offers suggestions on how to respond to survivors of gender-based violence at the Policare Center at Nanyuki Police Headquarters in Laikipia County. This research aimed to determine the tactics used by the Policare Center to lessen the re-traumatization of survivors who are receiving care at the Nanyuki Police Station. It also aimed to investigate the effectiveness of the Policare in promoting prompt justice and the resolution of SGBV cases. In accordance with the study's particular goals, the results and pertinent suggestions are presented in this chapter.

5.2 Summary of Findings

5.2.1 The Impact of the Policare Centre in Reducing Re-Victimization of GBV Survivors

The research finds that the Policare Center is essential in preventing GBV survivors from becoming new victims in a number of ways. First and foremost, the Policare Center makes it easier for victims of gender-based violence to obtain justice by providing a safe space in which they may learn about the legal system and hold perpetrators responsible. With this support, survivors are much less likely to experience more trauma or lose interest in seeking justice.

Second, the Policare Center offers a specific location where people may get all-inclusive services including social assistance, counselling, and medical attention. This all-encompassing or holistic method recognizes and attends to the various needs of GBV survivors. As a result, the GBV survivors may get necessary assistance all under one roof.

Finally, social workers, licensed psychologists, and counsellors are also housed in the Policare Center. These experts see to it that GBV survivors get therapeutic and psychological assistance. To address the emotional damage caused by GBV, licensed psychologists and counsellors provide crucial psychological therapy. Social professionals and support groups often help with practical concerns like housing, employment, and safety planning in order to encourage survivors' rehabilitation and provide them the skills they need to rebuild their lives.

5.2.2 The Challenges Encountered in the Management of GBV at the Policare Centre

The Policare Center's GBV management confronts several difficulties, according to the study's conclusions. A few of these difficulties include a lack of funding, weak information management systems, inadequate outreach and awareness, social and cultural hurdles, problems with coordination and teamwork, and so on. First and foremost, one of the biggest obstacles to managing GBV is social and cultural hurdles. Deeply rooted societal views and cultural norms around GBV provide challenges to the center's ability to handle and handle cases in an efficient manner. These obstacles might include victim-blaming, stigma, or a reluctance to report violent crimes.

Secondly, the Policare Center's capacity to provide thorough and efficient support services is also hampered by a lack of financing. Due to a lack of funds, the Policare Center must deal with issues such as understaffing, poor employee training, and a shortage of buildings and equipment. It is difficult to satisfy the varied requirements of GBV survivors as a result.

The research indicates that the Policare Center has difficulties in connecting with every person impacted by GBV. This may be explained by a lack of outreach initiatives or just a lack of knowledge of the Policare Center's services and presence, especially in underserved areas. Moreover, the problem may be made worse by survivors being discouraged from seeking help out of fear of societal rejection and shame.

Finally, there is a lack of coordination and cooperation amongst the several service providers participating in the process, which makes managing GBV at the Policare Centers difficult. Service providers including medical professionals, law enforcement, and social welfare organizations often collaborate with the Policare Center. Insufficient cooperation and coordination between various parties may result in disjointed services, redundant efforts, and deficiencies in assistance. The challenges make it difficult for the Policare Center to handle GBV patients effectively.

5.3 Conclusions

This study concludes that Kenya has implemented several GBV-related programs, with differing degrees of effectiveness. One of the most important aspects of these efforts is the creation of one-stop centers (OSCs), which are based on an integrated, interdisciplinary, and comprehensive approach and provide a range of services to victims of gender-based violence in a single, physical place. To prevent survivors seeking treatment at Nanyuki Police Station from experiencing new trauma, the Policare Center offers thorough and high-quality services. The Policare Center also makes it easier for GBV cases to be closed quickly and with justice. A comprehensive, integrated, and interdisciplinary approach is used at the Policare Centre. The study concludes that the Policare Center's integrated design provides comprehensive services, therapeutic and psychological assistance, and access to justice, all of which are essential support systems for survivors of gender-based violence. The center gives GBV survivors a route to empowerment and rehabilitation while fostering a secure and welcoming environment. This lessens the possibility that GBV survivors may become new victims. Kenya's commitment to assisting GBV survivors and creating a society devoid of injustice and violence is shown by the Policare Center.

However, there are several obstacles that make it difficult to combat the threat of GBV, which creates discrepancies between the goals of setting up Policare Centers and the actual results. A few

of the difficulties include weak information management systems, a lack of funding, a lack of knowledge and outreach, social and cultural hurdles, and inadequate coordination and cooperation amongst the many service providers at the Policare Center. Improving the management of GBV in the Policare Center requires tackling the challenges.

5.4 Recommendations

To improve on GBV management at the Policare Center the following areas will need to be improved: allocation of adequate resources, the information management system, awareness and outreach, training and capacity development, coordination and cooperation and cultural sensitivity. The Policare Center will be able to provide survivors the resources, care, and support they need to heal and start over by taking care of the challenges.

The research indicates that more resources are required for the Policare Center to handle GBV patients in an efficient manner. These resources consist of financial, human, infrastructural, and equipment. For GBV survivors to get full services such as sufficient medical supplies, counselling, legal help, and emergency lodging, a Policare Center with sufficient funding is necessary. This can be done by securing adequate funding from both the county and national government, NGOs, or international organizations. Proper funding will ensure that the Centre employs a sufficient number of skilled personnel and regularly conducts training and capacity-building programs for their staff, particularly, medical professionals, counsellors, legal experts, and support staff. Additionally, proper funding will enable the Centre to secure the required medical equipment, counselling facilities, and safe lodging spaces.

For integrated and enhanced data management, the Policare Centre needs to align its information management system with interventions that are predicated on impeccable data collection systems and analysis methods. These interventions include the National Monitoring and Evaluation

Framework towards the prevention and response SGBV in Kenya. The framework developed by the NGEC (2014) ensures consistency when collating and presenting data on SGBV for analysis. The framework integrates data coming from cross-sectoral referral mechanisms and feeds it into a centralized database that guarantees adherence to standardized quality and management protocols. The framework is instrumental in enhancing the technical capacity of the Policare Centre by providing critical information for targeted intervention and informed decision-making, fostering collaboration, and enabling the optimization of resources. The Policare Centre should also latch on to the NGEC's capacity-building initiatives in the establishment and coordination of its educational programs, especially in the provision of training materials to enhance the skills of its members in handling GBV cases.

Further, the Policare Centre can also work with GBVIMS established by UN bodies to enhance capacity of different actors in the collection, storage and sharing of data on GBV cases. GBVIMS tried-and -tested approach to gathering, managing and disseminating GBV data can also be replicated within the Policare Centre to address integrated data management interventions. In 2020, GBVIMS established an Inter-Agency GBV Case Management Capacity Building ***Rollout Strategy And Toolkit***. The document serves as a bundle of recommendations or a guide for entities wishing to develop their GBV Case Management Guidelines. Consequently, the GBVIMS can provide tools and systems for data management. The Policare Centre should take advantage of the capacity-building opportunities by the GBVIMS to improve the Center's efficiency in handling data.

To increase awareness and outreach initiatives, the Policare Centre can adopt community outreach, educational, and public awareness campaigns. The Policare Center also needs to launch more aggressive and focused advertisements to increase knowledge about GBV, the services provided

at the Center, and the methods by which people may get help. This entails interacting with underprivileged groups and implementing community education initiatives. Raising awareness of GBV will create a zero-tolerance attitude for violence and motivate survivors to seek for assistance and support.

In addition, there is a need to improve cultural sensitivity in the Policare Center's GBV management. Prioritizing an awareness and respect of the cultural origins, beliefs, and traditions of GBV survivors is crucial in the treatment of GBV. Maintaining cultural awareness contributes to the development of a secure and welcoming atmosphere for survivors, fostering their confidence in the Policare Center and its offerings. It is recommended that service providers employed in Policare Centers get on-the-job training in cultural competence.

In addition, the several parties involved in the administration of GBV must make sure that there are frequent meetings, cooperative trainings, and information exchanges. Ensuring seamless coordination and cooperation is just as beneficial as the interdisciplinary approach related to the Policare Centres. Community groups, social workers, lawyers, law enforcement, and medical professionals are a few of the important parties involved in managing GBV. In order to guarantee a thorough response to GBV cases, these stakeholders must establish efficient procedures for coordination and cooperation.

Finally, it is essential that the Policare Center continuously work on capacity development and training to handle GBV effectively. This will provide the several Policare Center service providers the abilities and information they need to handle GBV cases with effectiveness. Key topics in GBV management will be covered in these trainings, including recognizing the symptoms of GBV, completing risk assessments, dealing with legal matters, offering trauma-informed treatment, and putting appropriate solutions into practice.

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APPENDICES

APPENDIX 1: Consent form

Appendix 1: Informed Consent

Introduction

My name is Faith Muiruri, a Masters student in Gender and Development from the University of Nairobi. I am conducting a study on: "ASSESSMENT OF GENDER-BASED VIOLENCE RESPONSE THROUGH POLICARE CENTRE; THE CASE OF CENTRAL POLICE HEADQUARTERS IN NANYUKI." The study seeks to establish effectiveness of Policare Centres in reducing re-traumatization of survivors seeking care and strategies used to facilitate expeditious justice and closure of GBV cases.

Voluntary participation

Participation in this study is voluntary and if you choose not to take part, there will be no fear of victimization. You also have the right to refuse or withdraw at any point during the study. If you feel a question is too personal and cannot answer, feel free to skip it. However, your participation will be of great contribution to this study. The study findings are to be shared once this is concluded. I can be reached on 0722635384.

The answers you will give will be recorded through an audio record. This is a device that will capture both your voice and mine during discussion. This will only be used for analysis within the research team and therefore be assured of the safety of your information. This discussion will take approximately one (1) hour, but we can take breaks from time to time.

Risks and benefits

There are no foreseeable risks if you decide to take part in this study besides the time taken during the interview which will not be compensated. The data gathered during this process will be given to policy makers and development agencies for implementation. However, there will be no direct benefits for you as a participant.

Confidentiality

The information you give will not be revealed to any other person apart from the research team. All the research materials will be kept under a lock and key and all the data will be encrypted in a computer software. During publications and report writing, there will be no use of names or any possible identifier that may lead back to you or your household.

Participant's Agreement

I have understood the information that I have read/ explained to me to me concerning the study, all my questions have been answered satisfactorily and I may ask more questions at any given time. I therefore agree to take part in this study.

Signature:…….. **Date**……

APPENDIX 2: In-depth Interviews

Contributions of Policare Centre in GBV management

SECTION ONE: Demographic Background of the participants

1. Name of the Informant (Optional)_____
   Age of the Survivor □‹ 18years □ 18-35yrs □ 36-53yrs □ 50 years and above
2. Gender of the Informant
   □ Male □ Female
3. Education Background

	Complete	Incomplete
Primary:	□	□
Secondary:	□	□
College/University	□	□

4. Which is your County of resident
5. What is your marital status

SECTION TWO: Roles

Experience with policare centre

Introduction: I am going to ask you about e**xperiences while accessing services at the Policare centre**

i. Please talk about the Policare centre. (Probe: services received, access clinical and psychosocial support)
ii. How have these services impacted on you as a survivor (Probe:pick out some of the areas that have had the greatest impact on you
iii. Have you been able access justice (Probe: What was the outcome of the case
iv. How would you rate these services (Probe: Areas that represent effective
v. Suggest areas that need improvement

SECTION THREE: Strategies

Introduction: I am going to ask you about the startegies and techniques you use in

I would like to know what has been to increase awareness and uptake

How do you make people

SECTION FOUR: Challenges

Introduction: I am now going to ask about challenges encountered in regard to services offered at the policare centre

2. Could you please highlight some of the challenges you encountered?

3. In your opinion, what was the greatest challenge?

4. Please explain how the challenge affected your access to services offered at the policare centre?

APPENDIX 3: Key Informant Interview Guide

Role of different actors in the Policare centre

i. In your assessment, what are some of the significant changes that can be attributed to the Policare centre.
ii. What were the critical approaches/strategies used to eliminate re-traumatization of survivors?
iii. Does the Policare centre provide offsite referrals.
iv. Do you have any links to the legal and justice system.

v. Please highlight the potential impact of the Policare centre in facilitating legal outcomes and closure of GBV cases

vi. Please highlight some of the challenges encountered when offering services at the facility.

vii. Please highlight approaches used to ensure the challenges did not affect delivery of services.

viii. Suggest areas that need improvement.