BARRIERS TO HELP-SEEKING FACED BY WOMEN SURVIVORS OF GENDER-BASED VIOLENCE IN KESSES SUB-COUNTY, UASIN GISHU COUNTY, NORTH-RIFT KENYA

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REG.NO. N69/77226/2015

A PROJECT PAPER SUBMITTED TO THE INSTITUTE OF ANTHROPOLOGY, GENDER AND AFRICAN STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN GENDER AND DEVELOPMENT STUDIES OF THE UNIVERSITY OF NAIROBI

DECLARATION

This project paper is my own original work and has not been presented for a degree in any other university.

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This project paper has been submitted for examination with my approval as the university supervisor.

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DEDICATION

To my father James Onditi, my mother Alice Ofwona, my sister Eva Maria Ofwona and Suzan Barac.

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ACKNOWLEDGEMENTS

Foremost, I thank the Almighty for his unwavering graces that saw me attend to this work in good health. I wish to express my heartfelt gratitude to my university supervisor, Professor Simiyu Wandibba, for his patient and tireless support during the entire research process and for his excellent academic input that saw my idea evolve through the proposal stage to the final stage.

I would like to express my gratitude to the teaching staff of the Institute of Anthropology, Gender and African Studies, especially Dr Owuor Olungah and Dr Dalmas Omia. I also wish to acknowledge the members of the Faculty Post-graduate Studies Committee (FPSC) for their valuable inputs during the proposal defense. Special thanks go to the administrative staff especially Madam Sirengo and James Ng'iela who provided an invaluable sense of direction that guided me during the entire duration of the Masters course.

I am deeply grateful to my research assistants as well as my study subjects for their immeasurable contribution to my field research process as they gave valuable insights into their culture and shared their deep personal experiences. I also wish to thank my family; I am especially grateful to my aunt Edith Ofwona, Clyde Olali and Lourdel Adera as well as the family of Kafka Adera, for their unconditional love and support during the period of my study. May God bless you abundantly.

ABSTRACT

This study sought to investigate the barriers to help seeking faced by women survivors of gender-based violence GBV) in Kesses Sub-County of Uasin Gishu County. The study sought to: determine whether women survivors of GBV in this Sub-County seek help; describe the patterns of help-seeking; and establish the challenges and barriers faced by women survivors of GBV in seeking help. This was a cross-sectional exploratory study, utilizing mainly qualitative methods of data collection to address the research questions. The study was guided by the psychological process theory, and utilized a sample size of fifty women survivors of GBV who were above eighteen years of age selected through the snowball sampling technique. Data were collected through semi-structured interviews, case narratives, key informant interviews and focus group discussions. The collected data were transcribed, coded and analysed thematically in line with the specific study objectives. Study findings are presented in the form of narratives and verbatim quotations to amplify the informants' voices.

The study found low reporting of GBV cases among the women survivors to the police but high preference for family members, local village elders and women groups in the local set up. Several barriers influence help seeking of women survivors of GBV, ranging from cultural believes, poor legal system and justice dispensations for the abused victims, economic deprivation of the abused, high stigma among abused women, and the frequent resort to local dispute resolution mechanisms. It is, therefore, recommended that the county government should facilitate and provide adequate holistic assistance and support to all women survivors of GVB, work towards addressing cultural norms and practices that encourage GBV against women, and enhance gender-sensitive structures for the reintegration of survivors as non-stigmatized members of society. The study also recommends sensitization of the judicial system, state agents and prosecuting agencies on appropriate handling of GBV cases against women survivors.

LIST OF ABBREVIATIONS AND ACRONYMS

CBS:	Central Bureau of Statistics
DV:	Domestic Violence
FGM:	Female Genital Mutilation
GBV:	Gender-Based Violence
GoK:	Government of Kenya
GVRC:	Gender Violence Recovery Centre
IASC:	Inter-Agency Standing Committee
ICRH:	International Centre for Reproductive Health
ICRW:	International Center for Research on Women
IRC:	International Rescue Committee
KDHS:	Kenya Demographic and Health Survey
KII:	Key Informant Interview
KNBS:	Kenya National Bureau of Statistics
MBHS:	Model of Barriers to Help-Seeking
NCRC:	National Crime Research Centre
SDGs:	Sustainable Development Goals
UN:	United Nations
UNFPA:	United Nations Population Fund
UNHCR:	United Nations High Commissioner for Refugees
UN-INSTRAW:	United Nations International Research and Training Institute for the Advancement of Women
VAW:	Violence Against Women
WHO:	World Health Organization

CHAPTER ONE: BACKGROUND TO THE STUDY

1.1 Introduction

Gender-based violence (GBV) is a particularly disturbing phenomenon which exists in all regions of the world and has gained international recognition as a grave social and human rights concern (UNHCR, 2011). The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) defines gender-based violence as "violence that is directed against a woman because she is a woman or that affects women disproportionately and includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty" (UN General Assembly, 1979). On the other hand, the Inter-Agency Standing Committee defines this term as any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females (IASC, 2005:5).

The UN Declaration on the Elimination of Violence against Women (DEVAW) defines GBV as: "Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. Gender-based violence is often linked to unequal gender relations within communities and abuses of power. It can take the form of sexual violence or persecution by the authorities, or can be the result of discrimination embedded in legislation or prevailing societal norms and practices (UNHCR, 2003).

GBV also takes the form of sexual exploitation, forced early marriage, domestic violence, marital rape, trafficking and female genital mutilation (UNHCR, 2003). Globally, 35.6% of women have ever experienced either non-partner sexual violence or physical or sexual violence by an intimate partner, or both (WHO, 2005). Countries that had higher levels of non-partner sexual violence (Namibia and the United Republic of Tanzania), compared to others that had lower levels (Ethiopia), tended also to have higher rates of other forms of violence, such as sexual abuse during childhood (a form of non-partner sexual violence). While men and boys are often victims/survivors of sexual violence, statistics confirm that the majority of victims/survivors are women and girls (UNHCR, 2003).Violence against women and girls is one of the most prevalent human rights violations in the world. It knows no social, economic or national boundaries. Worldwide, an estimated one in three women will experience physical or sexual abuse in her lifetime (WHO, 2013).

GBV is the most prevalent form of gender inequality (Willman & Corman, 2013). Consequently, it impedes the achievement of development goals, for instance, in the current Sustainable Development Goals (SDGs), goal Number 5 on gender equality and the empowerment of women and girls. Underneath this is the target to eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation (Hall, 2015).

Gender-based violence against women is on the rise in Kenya, according to the annual report released by the Gender Violence Recovery Centre (GVRC) for the year 2013. Sexual abuse, the GVRC report says, is the most commonly reported form of abuse suffered by victims. For

example, of all the cases reported between 2011 and 2012, 2,532 were sexual and 422 physical violence, and of these 90 per cent of all reported cases of gender violence are reported by women and girls, 10 per cent by men or boys. According to statistics from GVRC, 45% of women aged 15 to 49 years in Kenya have experienced either physical or sexual violence with women and girls accounting for 90% of the GBV cases reported (GVRC, 2014:9). The magnitude of the problem has been camouflaged by the socio-cultural stigmatization associated with any attempt by the survivors to speak about their experiences and to seek help (IRC, 2014:9).

Due to the stigma attached to gender-based violence in many Kenyan communities, women blame themselves and fear they will be ostracized from society or be re-victimized by the perpetrator if they disclose their abuse and thus fail to seek help (ICRH, 2010). There is silence surrounding gender-based violence and this silence results in survivors failing not only to report sexual violence but also to access support. This is partly due to a lack of knowledge that such services exist or about how to obtain them. A majority of women lack awareness of their fundamental right to live free of violence and to seek justice in cases of violence (McCleary-Sills et al., 2013). Women in various communities have normalized violence. This has led to the fear of being blamed for the violence, especially in the case of rape. Women also fear that they will be stigmatized by members of their community or, worse, suffer negative economic consequences if they report violence to the police, especially violence from their husbands or male partners. Such women fear that the violence will increase or that the reporting will break up their homes leading to divorce and lack of financial support (ICRW, 2014).

Uasin Gishu has been cited among counties with the highest cases of GBV in North Rift region.

According to a report by the Rural Women Peace Link Group, Uasin Gishu tops with the highest reported cases of GBV. Over 200 GBV cases have been reported in Uasin Gishu, Nandi and Trans Nzoia counties, respectively, in the past one year alone (Kalu, 2015:1). The actual number of cases may be higher, as most cases go unreported. Sexual violence and defilement are among the top acts of violence perpetrated against women and girls in Uasin Gishu County (RWPL, 2015). In addition to this type of violence, other forms of GBV present are wife battering and child labour as well as other forms of violence against women that are rife in the three counties. The main factor to blame are the lenient laws which allow the perpetrators of the crimes to walk free and further discourage the survivors from reporting the violence (Kalu, 2015:1).

1.2 Problem Statement

According to the United Nations Population Fund (UNFPA, 2016), gender-based violence negatively affects the lives and well-being of its victims. However, this study indicates that GBV affects women disproportionately and that they are the majority of victims. “Gender-based violence undermines the health, dignity, security and autonomy of its victims, yet it remains shrouded in a culture of silence” (UNFPA, 2016: 2). According to Dimovitz (2015: 3) GBV “can take many forms, physical, sexual, psychological and economic. Those who survive their attacks suffer psychological and physical scars, but often do not bring it to the attention of family, friends, health workers or authorities either because of stigma, shame, the belief that nothing can be done for them, and perceived/real lack of ability to access services”. A study of abused women in Nairobi by Ombwori (2009:4) found that 20-66% of women never told anyone about what happened to them, while 55-80% never sought services from anyone at any time. This is because many face challenges with stigma and reporting since they never receive help and are, thus, forced to live with their scars” (Dimovitz, 2015:3).

Victims of GBV face barriers to seeking help as evidenced by the above paragraph. There is a gap in knowledge on help-seeking behaviour and patterns as well as barriers to help-seeking by survivors of GBV specifically in the study site of Kesses Sub-County (Kalu, 2015). Previous studies on GBV and help-seeking behaviour by McCleary-Sills et al. (2013) and ICRW (2014) focused more on capturing the perceptions, patterns and barriers to help-seeking from the perspectives of male and female community members; much less of the discussion across these studies concentrated on the actual lived experiences of women survivors of sexual and gender-based violence. Other studies conducted by NCRC (2014) and Ndong’ (2013) have in-depth

coverage of GBV prevalence, causes and consequences while a study by IRC (2014) documented the various responses to GBV.

GBV has social, economic and cultural ramifications and has a negative impact on the individual, families and communities. It is widespread due to the socio-cultural as well as economic barriers that hinder survivors from seeking help (Kalu, 2015). This was the concern of this study; to investigate the barriers that hinder survivors from seeking help in Kesses Sub-County. Towards this end, the following research questions guided this study:

1) Do women survivors of GBV in Kesses Sub-County seek help?
2) What sort of help do they seek?
3) What challenges do women survivors of GBV face in seeking help?

1.3 Objectives of the Study

1.3.1 General Objective

To examine the barriers to help-seeking by women survivors of gender-based violence in Kesses Sub-County, North Rift Kenya.

1.3.2 Specific Objectives

1) To investigate whether women survivors of GBV in Kesses Sub-County seek help.
2) To describe the patterns of help-seeking by these survivors.
3) To establish the challenges and barriers faced by these survivors in seeking help.

1.4 Assumptions of the Study

1) Some women survivors of GBV in Kesses Sub-County seek help but others fail to do so.
2) These women survivors seek different types of help.
3) The women survivors face various challenges and barriers to help-seeking.

1.5 Justification of the Study

In the quest to understand the issue of help–seeking by survivors of GBV, the study will look at the various barriers that prevent such survivors from seeking help and accessing the services that can assist them. This study has added to the existing knowledge on GBV help-seeking and provided data for scholars interested in the help-seeking behaviour of women GBV survivors, specifically the cultural, structural and economic barriers and how these result in low help-seeking among these survivors. The results of the study have shed light on the cultural issues such as norms and traditional beliefs held and cherished by community members that perpetuate GBV as well as hinder help-seeking by survivors, thus acting as an impediment to the implementation of legislation and policies.

Finally, the findings across the study's specific objectives should contribute towards the strengthening of GBV intervention by providing evidence that can aid in modelling improved services to GBV survivors. Strategies to improve such services include, but are not limited to, reducing the societal acceptance of GBV, addressing structural barriers to help-seeking as well as providing evidence base on the matter of GBV for continuous research. This study should also be useful to scholars, the civil society and NGOs that work in the area of GBV to understand the complex issues surrounding help-seeking by women survivors of GBV.

1.6 Scope and Limitations of the Study

This study was carried out in Kesses Sub-County in Uasin Gishu County in the North Rift. It investigated the patterns of help-seeking as well as the barriers to help-seeking faced by women survivors of GBV in the research site. The study was cross-sectional and was guided by the psychological process theory of help-seeking advanced by Liang et al.(2005) Therefore, the study did not concern itself with the formal support services in terms of health care or legal care, but rather aimed at capturing the lived experiences of the survivors. A limitation arose in which some of the survivors were unwilling to disclose personal information due to the sensitivity of the matter. To address this, participants were assured of their privacy and confidentiality.

Given the small sample size, the findings may not be generalized to the total population of women survivors of GBV in the Sub-County or any other area. This is compounded by the fact that the research site is a geographically small area within Uasin Gishu County. However, findings of the study can be mapped onto other areas where survivors of GBV face barriers to help-seeking. Finally, the methods of data collection used in this study were mainly qualitative in nature, that is, semi-structured interviews, case narratives, focus group discussions and key informant interviews. However, triangulation of methods was used to ensure that the shortcomings or limitations of one method were compensated for by the use of another.

1.7 Definition of Key Terms

Barrier: A factor that hinders help-seeking. This includes economic, social, cultural or psychologically perceived obstacles that could hinder help–seeking.

Survivor: Any woman who has encountered GBV and may or may not have actively sought help. The term survivor was preferred over 'victim' because the former recognizes the agency of a woman and that she has lived through the violence and continues to function.

Help-seeking: An active attempt by the victim and survivor of GBV to reach out for help and seek social care, legal redress as well as health care. The term 'social care' was used to mean social support from the family and community at large given to the survivors of GBV.

Gender-based violence: Acts of violence perpetrated against women. The UN Declaration on the Elimination of Violence against Women in 1993 gave the first official definition of gender based violence: "Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life" (UN,1993:10).

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature on GBV and the barriers to help-seeking by survivors of GBV as guided by the objectives of the study. The literature is reviewed along the following sub-areas: conceptualizing GBV, magnitude and nature of GBV in Kenya, patterns of help-seeking and barriers to help-seeking. Finally, the chapter describes the theoretical framework that guided the study.

2.2 Conceptualizing Gender-Based Violence

Gender-based violence describes the specific type of violence that is linked to the gendered identity of being a woman, man or a person with transgender identity (NCRC, 2014) and includes sexual violence. The Rome Statute of the International Criminal Court (ICC,1988) defines sexual violence as any contact, gesture or act of exploitation of a sexual nature that is unwanted, or carried out without the consent of a person, which is imposed by physical force, threats, trickery, intimidation or duress. Sexual and gender-based violence is, therefore, much more than sexual assault and rape. Although it may occur in public contexts, it is largely rooted in individual attitudes that condone violence within the family, the community and the state (UNHCR, 2003).

The United Nations' Institute for Research and Training for the Advancement of Women (2001) observes that sexual and gender-based violence is rooted in prescribed behaviour, norms and attitudes on the basis of gender and sexuality. The prescribed norms and definitions of what it means to be a woman or a man, and how men and women are positioned vis-à-vis one another and other groups of men and women define this violence. These norms and definitions allow and even encourage violent behaviour within environments that assign privilege and hierarchical

power to certain groups of men. Gender-based violence, therefore, is the enforcement of power hierarchies and structural inequalities created and sustained by belief systems, cultural norms and socialization processes (UN-INSTRAW, 2001:6).

Such hierarchies lead to inequities between men and women in social, economic and political statuses and relationships. Thus, the weaker gender is rendered vulnerable to domination and exploitation by the more powerful one (NCRC, 2014). Such domination and exploitation may be symptomized in limited access to social goods like health, education, security, nutrition as well as victimization from violent and non-violent sexual and non-sexual offences against the person. Acknowledging that the common victim of GBV is the female gender, the World Health Organization (WHO, 2005) observes that for women in many parts of the world, violence is a leading cause of injury and disability, as well as a risk factor for other physical, mental, sexual and reproductive health problems.

Gender-based violence remains an endemic problem that cuts across all socio-economic groups in Kenya. Social systems in Kenya are established on a patriarchal basis whereby women and children are treated as lesser human beings. Women are prevented from having adequate opportunities to participate in decision-making processes and therefore their input in social and economic development is minimal. This forces them to become dependent on males, and to stay in relationships even after abuse from their partners and husbands (GVRC, 2014).

Gender-based violence is rampant even where legal systems and institutions are working (Ojienda & Ogwang', 2010). Communities uphold, practise and normalize various forms of abuse against women that include female genital mutilation, early or forced marriage as well as virginity testing. The value attached to female chastity is so high that even where a woman is a

survivor of sexual abuse, the typical community response is to isolate and stigmatize her. The shame and stigma attached to sexual violence, and the lenient penalties meted out to offenders in formal and traditional judicial systems, silence survivors, preventing them from seeking help (Ojienda & Ogwang', 2010).

Another significant characteristic of GBV is that the survivor has no choice to refuse or pursue other options without severe social, physical, or psychological consequences owing to the fact that it is rooted in a society's social structure, that is, the society's nerve centre or its system of norms, values and beliefs. It is also an important characteristic that GBV can be perpetrated by an intimate partner as well as a stranger, and within and outside the family and home environment (UNHCR, 2000).

2.3 Magnitude and Nature of GBV in Kenya

The 2014 Kenya Demographic and Health Survey (KDHS) report shows that almost half (45%) of women aged 15-49 have experienced violence. The report specifically reveals that 47% of women aged 15-49 have experienced either physical or sexual violence, 33 % have experienced physical violence only, 14% sexual violence at least once in their lifetime and 12% have experienced both physical and sexual violence. The percentage of women who have experienced physical or sexual violence increases steadily with age, from 35% among those aged 15-19 to 54% among those aged 40-49 (KNBS and ICF Macro, 2014:13).

According to USAID (2016), GBV in Kenya is perpetuated by the adherence to cultural and traditional practices that encourage violence against women. This adherence to such practices has rendered it nearly impossible to do away with the mentalities that facilitate such violence to

continue. Wangeci (2013:1) argues that retrogressive cultures and traditional practices are to blame for the continuance of violence against women. She also argues that women's economic dependency on men in Kenya is a major factor that encourages violence against women; men are the heads of the family and the leaders of the household and this control dynamic enables them to abuse women. This is made worse by the intake of drugs and substances which act as a catalyst for abuse (Wangeci, 2013:1).

2.4 Patterns of Help-Seeking

2.4.1 Rates of Help-Seeking

Despite a high level of GBV in many countries, the rate of disclosure and help-seeking is very low. The main reason for not seeking help is that violence against women is treated as normal (Naved et al., 2006) and so GBV is infrequently reported to anyone, including medical personnel or the police. The low prevalence of help-seeking among survivors of GBV powerfully highlights the normative influences and structural barriers that prevent most women from seeking any help after experiencing violence and from receiving appropriate care if they do seek help (Oxfam, 2007). Attitudes about gender roles and violence hinder disclosure of violence to anyone (Antai & Antai, 2009).

The Kenya Demographic and Health Survey for 2014 revealed that women who had experienced both physical and sexual violence (59%), women aged 30-49 (49%), women who reported having no religion (66%), women in rural areas (46%), and women in the Eastern Region (54%) are more likely than other women to seek help to stop violence. A much higher proportion of divorced, separated, or widowed women (61%) than never-married women (34%) and those who were married (43%) had ever sought help. Help-seeking was found to increase with the number

of living children, from 34% among women with no living children to 52% among those with five or more children. Unemployed women (34%), those with no education (34%), and those in the highest wealth quintile (38%) are less likely than other women to seek help from any source to stop the violence (KNBS and ICF Macro, 2015:322).

2.4.2 Help-Seeking Based on Type of Violence

Due to socio-cultural barriers of shame and stigma related to GBV, women, if they seek help at all, are more likely to seek help from family members (kin) than non-kin members (Naved et al., 2006). Whether a woman's own family members live nearby may also be a critical factor in the identification of abuse and help to prevent or escape it. For example, Yoshioka and Dang (2000) found that South Asian women could not turn to their family once they were married because they were considered the property of their husband and parents found it inappropriate to intervene in their daughter's married life. Family matters were considered private and for the personal domain. Sometimes survivors of violence turned to a friend for support in the absence of their extended family but such 'private news' concerning violence especially of a sexual nature was strictly kept in the family (Rao et al., 1990:5).

In their study of South Asian women in the United States, Raj and Silverman (2007) found that in the case of marital violence, women still experiencing violence disclosed that fear of stigmatization and being ostracized by their community, fear of intensification of abuse, and limited availability of services were some reasons for not seeking help from those outside their personal network. However, those who experienced violence from strangers found it easier to report and seek help from formal support sources because it meant less shame and stigma than reporting marital issues.

2.4.3 Formal versus Informal Help-Seeking

Meyer (2010), in a study on help-seeking by women survivors of violence in Australia, found that if any help was sought, it was informal help that was approached as the first resort after violence and happened independent of any other form of help-seeking. She argues that formal help-seeking may be approached concurrently with informal help-seeking or after informal help has been sought. Formal means of help are usually sought when the survivor has rationalized that the violence is serious and intends to have the violence stop permanently (Meyer, 2010).

Patterns of help-seeking for women survivors among South Asian women are seen to begin with the family as most abused women who received help reached out to their immediate and extended family members, their partner's family members, and their friends (Mahapatra & DiNitto, 2013). However, the family frequently becomes a socio-cultural barrier in itself. For example, norms related to shame and the privacy of family matters serve as an obstacle to disclosing incidents of GBV outside of the family and immediate social network (McCleary-Sills et al., 2013:32).

Raj and Silverman's (2007) study in the USA found that women who do seek help rely mostly on personal networks or immediate family, or other relatives and friends in the community or at work, church, or temple. According to them, such patterns may hinder, rather than help, the women from getting the actual help they require which may range from simple counselling, to medical treatment for injuries sustained during abuse to legal aid (Raj & Silverman, 2007).

Sometimes women's own families and in-laws generally discourage seeking outside help (Dasgupta, 2000). When a survivor does seek help, her pathway frequently begins and ends with the family. For example, a married woman who experiences partner violence is expected to first

speak with her husband's family members. While some mechanisms exist for family meetings to address such marital issues, the ultimate goal of any action taken is to reconcile the marriage, and not necessarily to address the woman's needs or concerns. It is only when a problem cannot be solved within the survivor's family or immediate social network that a survivor might consider seeking help from external or more formal sources of support (McCleary-sills et al., 2013:38).

Kin often ask abused women not to leave their abusive husbands for the sake of family honour and women who have undergone sexual violence such as marital rape are often severely chastised for disclosing such abuse (Gill, 2004). McCleary-sills et al. (2013) found that older women were more reliant on traditional and informal sources (e.g., elders and religious leaders) whose support was frequently characterized by an emphasis on maintaining silence and "enduring." Secrecy augmented their reluctance to seek help (Beaulaurier et al., 2008).

Mahapatra and DiNitto (2013) found that among South Asian women, discussion of private family matters with "outsiders" required overcoming strong generational prohibitions. In contrast, younger women reported experiencing more support and encouragement from their friends to seek help from formal sources. For unmarried girls, the available options were more restricted given that their relationships are not formally recognized. However, even in the case of rape, because of shame and stigma, the help-seeking pathway may still end at the level of family or social networks as women are more likely to seek support from family members (kin) than non-kin members (Mahapatra & DiNitto, 2013).

Although services may exist to assist survivors of GBV, women's awareness of and access to such care and support services are low especially in the rural areas. In such areas, formal referral networks that integrate services across sectors are also virtually nonexistent, making it extremely

difficult for those survivors who do seek care to navigate the system (ICRW, 2014). Referrals are required at every step of formal help networks, thus creating bottlenecks and lengthy delays in getting care and exposing survivors to potential re-traumatization as they are required to narrate their experience on repeated occasions (Mahapatra & DiNitto, 2013).

The result is in an exceedingly slow, cumbersome process that neither prioritizes a survivor's needs nor responds to sexual violence as an emergency situation (ICRW, 2014). Members of survivor's personal networks may direct them to seek help from formal sources, although literature indicates that most rural women seek outside or formal help only in extreme situations, for example, when they have exhausted their informal resources and have failed to receive the help they needed (Raj & Silverman, 2007).

2.4.4 Children and Help-Seeking Behaviour

The presence of children may also act as an important predictor of help-seeking (Meyer, 2010). Children's observation of violent incidents may significantly increase a survivor's likelihood of seeking support. This is an important observation because it indicates the salience of survivors' protective attitudes towards their children. While women may not always seek the (formal) support they need for their own physical and emotional wellbeing, their likelihood to do so increases when their children's wellbeing is at risk (Sabina & Tindale, 2008). This observation is consistent with findings from a study conducted by Akers and Kaukinen (2009) in Canada which suggest that the presence of children encourages survivors to reach out for help and assistance from their situation. However, it is inconsistent with findings from other studies, for instance a study by Logan and Walker (2004), which revealed that survivors may remain silent when children are involved due to their fear of losing the children to their ex-partner or child-safety

interventions as a result of having ‘exposed’ them to a violent home environment (Fugate et al., 2005; Logan & Walker 2004).

Mahapatra and DiNitto (2013), in their study of South Asian women in the United States, found that women living with their children were less likely to seek any help. Women are socialized to uphold the family honour and disclosing abuse could be considered an act of family and community betrayal and can have serious repercussions for their children, especially their daughters (Gill, 2004). In cases of arranged marriages in Asian communities, for instance, families are often reluctant to choose a bride whose mother has failed to maintain a marriage and/or a father figure for the children irrespective of the father’s conduct (Dasgupta, 2000). The fact that women have the responsibility of keeping the family unit together and put themselves second may explain why abused women with children are less likely to seek help. Real or perceived threats of being shamed if they try to seek assistance from the law may also stop women from seeking help in abusive situations (Dasgupta, 2000; Gill, 2004), especially if they fear being separated from their children. These inconsistencies between past and current research findings suggest that the role of children in survivors’ decision-making processes to seek help is complex (Meyer, 2010).

2.5 Barriers to Help-seeking

2.5.1 Cultural Barriers

Cultural barriers are those that are imposed upon a survivor by the values, attitudes, and norms that are prevalent within the survivor’s community. These barriers may be due to survivors’ perceptions of the gender roles and expectations that govern their identity as women, or may be

due to a fear of the social consequences of reporting GBV through official channels or divulging it within their familial and social networks (McCleary-Sills et al., 2013).

A host of cultural as well as social barriers prevent survivors of GBV from seeking help and from obtaining appropriate services if they decide to enter help-seeking channels. Patriarchy is one such barrier (Ayyub, 2000). Sexual and gender-based violence against women is a common but covert occurrence in most patriarchal societies (Ely, 2004). Patriarchy refers to a set of ideas and beliefs that justify male domination over women in society (Ahmad et al., 2004). It is a part of most African and Asian cultures in which the family head invariably is male and most generally the father, followed by brothers and then other male family members rule the household (Ely, 2004). Women are at the bottom of the family chain (Lee & Hadeed, 2009), thus creating huge power differences. The concept of patriarchy therefore explains violence against women and the survivor's disinclination or inability to seek help (Ahmad et al., 2004).

Ahmad et al. (2004) studied patriarchal beliefs among South Asian immigrant women and found that women who adhered to South Asian patriarchal social norms were less likely to view sexual violence or spousal abuse as abuse, let alone seek help from such abuse. Women who view such behaviour as abuse may be more likely to seek help and those who espouse, or report to espouse, patriarchy may be less likely to do so.

Patriarchal beliefs may interact with isolation and lack of acculturation to perpetuate abuse. A community that does not have much contacts with another community that challenges its beliefs will hold fast to such beliefs and perpetuate them. For example, Yoshioka and Dang (2000) studied Korean American couples and found that couples who had contact with other Americans

with less patriarchal attitudes enjoyed a more pleasant family life with more respect for women, less abuse and had more pathways to help-seeking for women that encountered violence.

Other socio-cultural barriers include women's lack of awareness of their fundamental right to live free of violence and to seek justice in cases of violence, the community's acceptance of violence as "normal," and women's fear of being blamed for reporting rape. In addition, community ideals of womanhood or manhood and the shame attached to rape may prevent survivors from seeking help. If a woman is raped, the blame is placed upon her. Women expect that their claim of rape will not be believed, and that their own behaviour will be called into question (McCleary-Sills et al., 2013).

Cultural traditions are usually invoked to justify violence against women and hinder help-seeking (Ely, 2004). Customary practices and some aspects of traditions are often the cause of GBV and influence its continuation. Traditional gender roles require that a man is the head of the family and breadwinner and as such men assume this power that they sometimes misuse by perpetrating GBV. Some aspects of domestic violence such as wife beating are culturally sanctioned and condoned and widely accepted as a means of 'disciplining'. In some communities such as the Maasai, husbands are mandated to inflict corrective punishment on their wives as heads of families. Women, on the other hand, are socialized to be passive and submissive and to accept violence and do not seek help as it is part of life to them (Kameri-Mbote, 2001).

In Kenya, there is the strongly held cultural belief that it is better for a woman to live with a violent husband than to stay without one (Ondicho, 2013). Community members often refer to violence as a necessary form of discipline and therefore physical, verbal and emotional violence emerged as an acceptable way to teach lessons to women (Oxfam, 2007). Help-seeking is

uncommon in such communities and may at times be labelled weakness. Women have internalized these traditions and do not seek help from such violence (Ely, 2004).

2.5.2 Economic Barriers

An additional barrier for seeking help from the survivor's perspective is not having enough funds to break away from the relationship in the case of an intimate partner or spouse (Ely, 2004). The abuser is oftentimes the main financial resource in the relationship. This barrier may cause the abused woman to make a decision against their well-being to stay in the abusive relationship. The abuser may threaten the woman with the caveat that she will no longer have access to accounts or money for future purposes (Hien & Ruglass, 2009).

Gender inequality is perhaps the most pervasive structural barrier that women experience across multiple domains of their lives (Oxfam, 2007). The cost of services and support act as a barrier to help-seeking for women. There is a multitude of ways in which costs curtail help-seeking and also negatively influence a woman's ability to obtain services. These include both direct costs (e.g., costs of registering at the hospital and receiving treatment) and indirect costs (e.g., transport fees, costs of medical supplies, etc.). These costs act as a structural barrier that cuts across provider types including the local government, police, and healthcare system. There are also the hidden costs that further reduce the affordability of obtaining care, especially for poor and/or economically dependent women. These are in addition to indirect costs such as transport, which can be prohibitively high, especially in rural areas (McCleary-Sills et al., 2013).

An abuser's control of economic and social resources and opportunities acts as a powerful contributor to a sense of powerlessness for abused women, particularly when abuse dated back to the earliest days of the relationship (Beaulaurier et al., 2008). Women thus fear the economic and

social consequences that may result from reporting their husbands or male partners to local authorities, including the escalation of violence or being left without financial support in the case of divorce (McCleary-Sills et al., 2013).

Traditionally, in many Kenyan communities, the man is the breadwinner for the family and has a responsibility to cater for the social and economic needs of his wife/wives and children (Ondicho, 2013). In many cases, women are entirely dependent economically on the men all their lives. Since women are perceived to be subservient to men and are usually wholly or partially economically dependent on them, they will hesitate to report abuse because of the fear that they will lose their livelihood and that of their children. In addition, women will also be expected to fulfill the role of a good wife and thus will tolerate any abuse. African women do not believe in seeking help after abuse from a husband; they do not feel entitled to because they have been supported financially by the husband and he has paid the bride wealth (McCleary-Sills et al., 2013).

A study by Ondicho (2013) in Kenya revealed that men in most households controlled all the finances and spending at the household level. Men's control over finances and other family resources at the household level is an important indicator of gender power disparities at the household level. These unequal gender power relations not only render women powerless and vulnerable to male violence but also make it difficult for women to leave their abusers. The same study also revealed that with no job, no house and no independent income, abused women found it exceedingly difficult to leave their abusers and start a new life on their own. In a nutshell, financial dependency traps battered women in abusive relationships (Ondicho, 2013). This economic dependency women have on men hinders them from seeking help.

2.5.3 Structural Barriers

Barriers to help-seeking are derived in part from powerful social norms and injunctions against discussing what is viewed as a private matter with people outside of the relationship and from an infrastructure and network of care that does not prioritize women's holistic needs or their rights (Bott et al., 2004). Women GBV survivors are reluctant to pursue justice through the court system as it signifies a sharp deviation from the culturally embedded emphasis on reconciliation (McCleary-Sills et al., 2013). It is often viewed as the most aggressive pathway to help-seeking. This reluctance to prosecute, especially among married women who experience intimate partner violence, can be largely explained by the socio-cultural barriers described above.

Legal policies and the court system are deterrents to help-seeking especially when it comes to sexual violence experienced by women. Hien and Ruglass (2009) report that women tend to look the other way when it comes to pressing charges because of their lack of faith in and discrimination within the legal system. The survivors fear retaliation on their life and lack of protection because proper legal policies are not in place for their unique situation. In addition, proper protection is not provided in serious situations which may be life-threatening (Hien & Ruglass, 2009).

Even for GBV survivors who overcome the myriad challenges and attempt to seek help, corruption and associated costs may prevent them from obtaining the services they require. Corruption is a common problem across African countries (NCRC, 2014). On the one hand, corruption acts as a barrier to help-seeking because of the additional payments (beyond the required costs of service) that are often required. On the other hand, even after a woman reports an incidence of GBV, corruption may prevent her from accessing justice if the perpetrator has the means to "pay off" the police or local government official. Illegal payments are often

necessary to pursue legal action against a perpetrator or to be treated at the hospital. There exists a more subtle form of corruption affecting women survivors of GBV and hindering help-seeking: male bias. The status that men enjoy in the community prevents women from pursuing legal action against a perpetrator (McCleary-Sills et al., 2013:46).

As a result of structural barriers, most women survivors do not seek formal channels of assistance and, consequently, have never experienced the police system or court and neither do they understand the legal process (Bott et al., 2004). Some survivors may avoid the legal system because they fear they would be at risk of facing prosecution themselves and this is due to the lack of understanding. Corruption is also a barrier in seeking help from the legal system. In addition, the legal codes of most developing countries themselves impose a structural barrier, in that marital rape is not a criminal offense (Bott et al., 2004). Finally, there are lengthy referral procedures in most legal offices and this structural barrier deters women survivors from seeking this channel of assistance (Dasgupta, 2000).

The effect of these structural barriers to help-seeking is that survivors of GBV lack quality healthcare and access to justice. For instance, a major obstacle affecting survivors of GBV particularly women in rural areas is the dearth of services and the distance that is often required to obtain adequate health care (Bott et al., 2004). Compounding the problem of distance to reach where health providers are located, the required services may be largely non-existent. For instance, there is limited psychosocial care for survivors. Costs curtail help-seeking and also negatively influence a woman's ability to obtain services.

These costs act as a structural barrier in the healthcare system and even in cases where survivors should be provided with services free of charge due to their economic status, corruption and

institutional norms may obstruct the provision of free services. These in turn discourage women from seeking this form of assistance and they opt for informal routes to help-seeking or do not seek help at all (Raj & Silverman, 2007).

2.5.4 Individual Barriers

Hien and Ruglass (2009) report about various individual internal barriers that hinder abused women from seeking help. One of these barriers consists of the current psychological trauma that the survivor has suffered. Women survivors of sexual and gender-based violence could suffer from psychological disorders hindering them from seeking help for their abuse. Post-traumatic stress disorder, depression and anxiety are among the psychological conditions that may hinder abused women from seeking help (Hien & Ruglass, 2009).

The survivor may not have the resources to seek the help or is depressed which, impairs the motivation process to seek help for them. A struggling survivor may potentially be at a crossroad when determining to seek help for their abuse. The survivor's values are challenged and how the survivor believes she will be treated when she seeks help from shelters becomes a deciding factor in seeking the help (St.Pierre & Senn, 2010).

Even before deciding to seek help from informal or formal sources, individual survivors confront a number of barriers. Primary among these are a survivor's personal definition of violence (i.e., whether she conceives of the act in question as a violation of her rights, or as something "normal" that should be endured), the type and severity of the violence experienced, and her own understanding of how reporting or help-seeking will be received by others (McCleary-Sills et al., 2013:39).

Fear of retaliation by the perpetrator of violence severely hinders help-seeking among survivors of sexual and gender based violence (St. Pierre & Senn, 2010). Reporting the violence or help-seeking can be further complicated by a survivor's age, that is, whether or not she believes she is too old to be believed if she reports being raped, her location and her marital status. There is stigma for those who report violence in unsanctioned relationships such as unmarried women while women also feel that they should put up with violence as part of marriage. Lack of knowledge about services and support systems available in the community is another barrier to formal help-seeking (Perilla, 2000).

A study by Oxfam (2007) in Kenya, Uganda and Tanzania revealed that some women who had experienced violence did not confide in family or friends as they feared being labelled bad wives or mothers. Women, therefore, accepted responsibility for men's violence, blaming their own behaviour instead of their partner's inability to manage their emotions appropriately. Consequently, shame and stigma kept GBV underground and prevented community members from supporting the women that were experiencing violence and confronting violent men (Oxfam, 2007).

Beaulaurier et al. (2008) studied older women in the USA who had experienced violence especially in the hands of spouses. The study showed that such women believed that they are responsible in some ways for their partners' abusive behaviour. Especially in the context of a long marriage, self-blame and shame seemed to take on increased power. Abusers exploit a woman's sense of self-blame and shame to maintain control.

It was common for people who had not experienced domestic violence to blame victims. This notion is rooted in generational understandings about the role of women and their duty to be

obedient, and in their ultimate culpability when the peace and order of the household was broken. Generational notions also contributed to feelings of powerlessness, i.e., acceptance of the perpetrator's total control over the woman's life. Married women of the older generation especially have been socialized to be passive and to believe that divorce is not an option and this hinders help-seeking as women persevere in such unions (Beaulaurier et al., 2008:239).

2.6 Theoretical Framework

2.6.1 Psychological Process Theory

This research was guided by the psychological process theory of help-seeking developed by Liang at al. (2005). The proponents of this theory see help-seeking as a process of decision-making that is reciprocal and that is made up of three stages: 1) The woman recognizes the violence as serious enough to warrant action to stop it; 2) the woman makes a decision to seek help from the violence; and 3) the woman actively seeks help; this can either be formal or informal help.

Liang et al. (2005) acknowledge that certain factors affect the decision to seek help and may hinder help-seeking. These include individual factors such as the internal feelings of self-blame and perception of severity of violence experienced, interpersonal factors such as the relationship with the perpetrator of the violence and external factors such as socio-cultural factors and economic barriers; the availability or lack of resources to seek help. These act as significant barriers to help-seeking. An example of a study that has employed this theory is that of Meyer (2010) who used this framework in studying the response to intimate partner violence victimization and effective options for help-seeking in Australia.

2.6.2 Relevance of the Theory to the Study

The first three stages of this theory, that is, 1)recognizing the violence as problematic, 2)deciding to seek help, and 3) determining the appropriate provider of help address the first two research objectives, that is, to determine whether women survivors of GBV in Kesses Sub-County seek help and to find out the patterns of help-seeking. The proponents of the psychological process theory recognize that there are individual, interpersonal as well as socio-cultural factors that can act as barriers, preventing the abused woman from seeking help. This section of the theory addresses the third research objective, that is, to establish the challenges and barriers faced by women survivors of GBV in seeking help. This relationship of variables is shown in Figure 2.1.

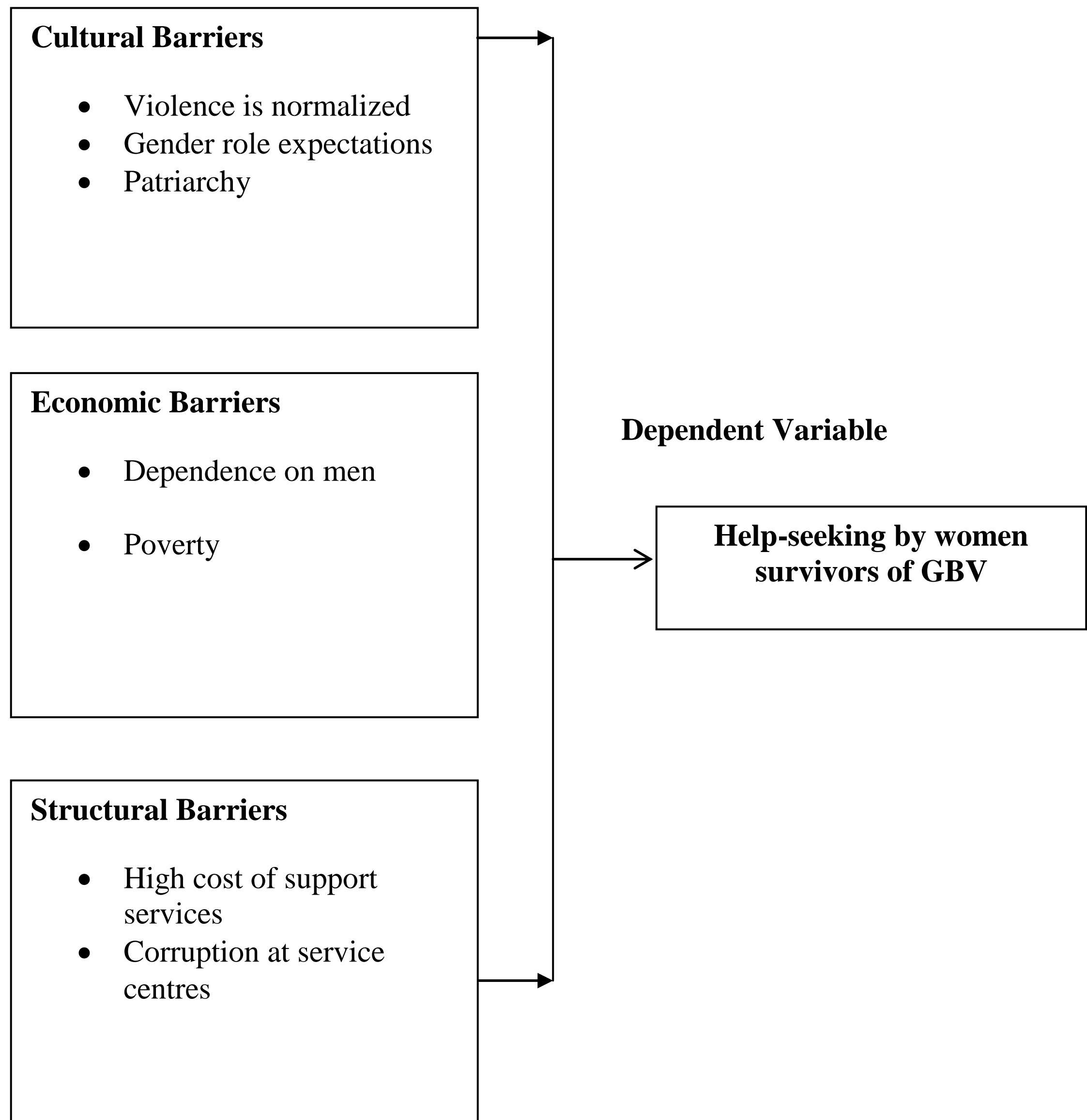


Figure 2.1: Conceptual Framework

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter describes the methodology of the study. It describes the research site, the study design, study population, sample size and sampling procedure, data collection methods and data processing and analysis. The chapter concludes with a discussion of the ethical issues that guided the study.

3.2 Research Site

This study was conducted in Kesses Sub-County. Kesses Sub-County (Figure 3.1) is one of the sub-counties in Uasin Gishu County. Uasin Gishu County lies between longitudes 34° 50′ and 35° 03′ and 0° 55′ north. The County shares common borders with Trans Nzoia County, Nandi County, Elgeyo Marakwet County and Baringo County to the west, north, south and east, respectively (Infotrack, 2015; CBS, 2009).

3.2.1 Inhabitants of Kesses Sub-County

The main inhabitants of Kesses Sub-County are the Kalenjin community, though with urbanization, many other communities such as Abagusii, Abaluyia and Luo have moved to the area (Kamunyan et al., 2013). Apart from Kalenjin sub-communities, other communities with notable presence in the county, especially in urban settlements include Abaluyia, Agikuyu, Luo, Akamba and Abagusii. Kesses location is a semi-rural area with rapid urbanization being

witnessed. However, the people still practice the traditional Kalenjin way of life and there is intensive social capital where importance is placed on social networks.

3.2.2 Economic Activities

Agriculture is the main economic activity in Kesses; food crops grown are maize, beans and Irish potatoes while cash crops are wheat, cut-flowers and pyrethrum. Most Kalenjin communities were historically pastoralists but have adopted agriculture and horticulture as well as dairy farming. Livestock keeping by the Kalenjin community involves both dairy and beef cattle, which are reared on a large scale, while sheep, goats, poultry and pigs are reared on a small scale (Kamunyan et al., 2013).

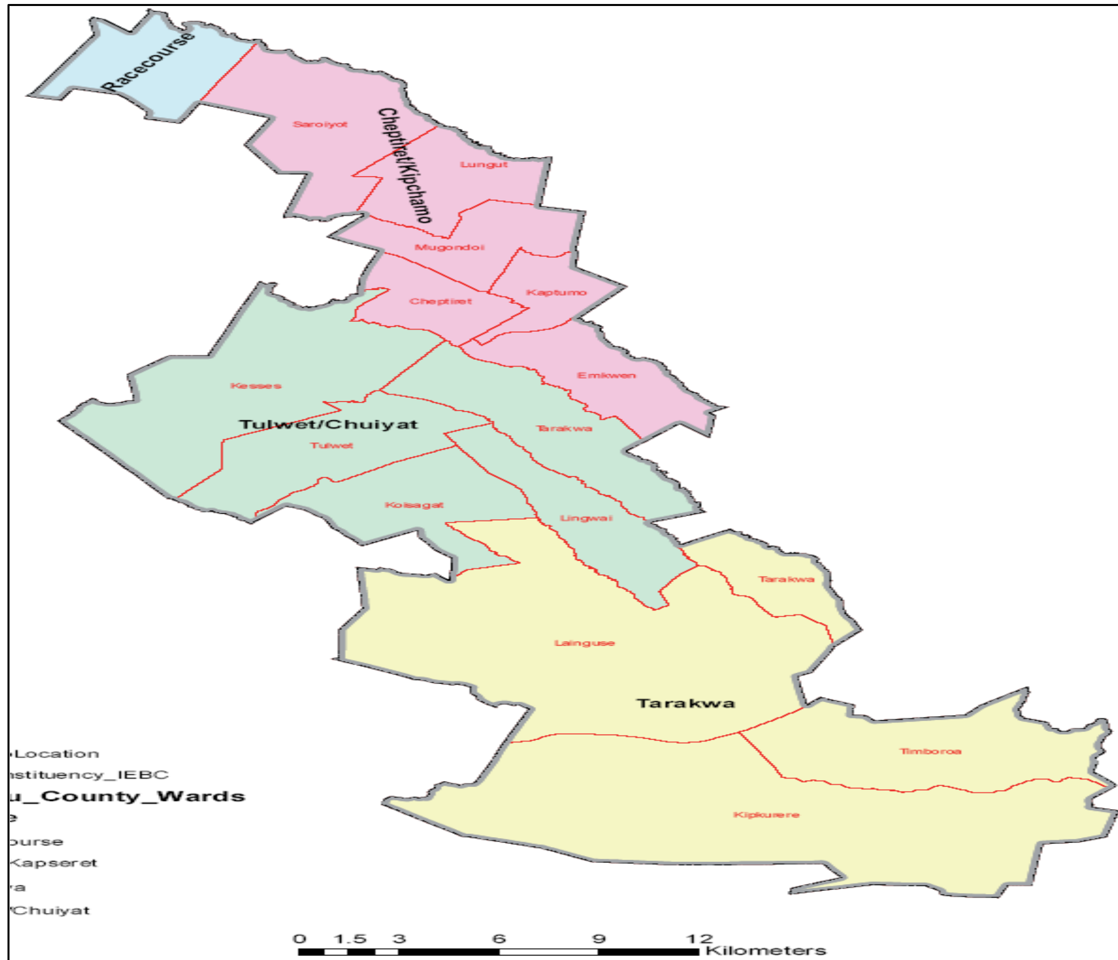


Figure 3.1: Map of Kesses Sub-County

(Source: GoK, 2012)

3.3 Research Design

This was a cross-sectional exploratory study, utilizing qualitative methods of data collection to address the research questions. Data were collected through semi-structured interviews, case narratives, focus group discussions and key informant interviews. The collected data were transcribed, coded and analysed thematically in line with specific study objectives. Findings are presented in the form of narratives and verbatim quotations to amplify the informants' voices.

3.4 Study Population and Unit of Analysis

The study population consisted of women survivors of GBV in Kesses Location of Kesses Sub-County. The unit of analysis was the individual GBV woman survivor.

3.5 Sample and Sampling Procedure

The study utilized a sample of fifty women survivors of GBV selected through snowball sampling technique. The inclusion criterion was adult women, that is, those above 18 years. The researcher worked with the health care officer in charge at Kesses Health Centre who introduced her to the women survivors of GBV who had sought help from the health centre. These women led the researcher to other survivors who were known to them and those who were available and willing to participate in the study were recruited.

3.6 Data Collection Methods

3.6.1 Semi-Structured Interviews

Semi-structured interviews were the main data collection method in this study. These interviews helped in achieving an understanding of the socio-cultural, economic as well the individual barriers to help-seeking faced by the women survivors and how these barriers had impacted on

their help-seeking behaviour. The semi-structured interviews were conducted with the help of a semi-structured questionnaire (Appendix 2).

3.6.2 Case Narratives

The informants for the case narratives were five women GBV survivors. They were purposively drawn from the initial sample of 50 women based on their lived experiences of GBV and their willingness to give a detailed account of the same. The narratives provided information on their perception of GBV and barriers to seeking help from the survivors themselves. In addition, these narratives gave information on their pathways to help seeking. A case narrative guide (Appendix 3) was used to guide the inquiry.

3.6.3 Key Informant Interviews

These interviews were conducted with the health officer in charge at Kesses Healthcare Centre, one elder in Kesses and a representative from an NGO that works with women GBV survivors. Key informants were selected conveniently based on their direct contact with women survivors of GBV in Kesses and they provided expert information on the patterns and barriers to help-seeking faced by these women. A Key informant interview guide (Appendix 4) was used to collect data.

3.6.4 Focus Group Discussions

The researcher conducted 3 focus group discussions (FGDs) with the community members of Kesses. The groups consisted of 6-12 participants who were selected based on their encounter with and knowledge of GBV. The purpose of the FGDs was to obtain consensus on the barriers to help-seeking faced by women survivors. A focus group discussion guide (Appendix 5) guided the discussions.

3.7 Data Processing and Analysis

Data obtained from semi-structured interviews, case narratives, FGDs and key informant interviews were transcribed, coded and analysed thematically in line with the study objectives. Transcripts were analysed using Atlas-ti computer software that categorizes them according to thematic categories. Quantitative data gotten from the first section of semi-structured interviews were analysed using descriptive statistics such as frequencies, percentages and computation of mean scores.

3.8 Ethical Considerations

Ethical clearance was obtained from the Kenyatta National Hospital–University of Nairobi (KNH-UoN) Ethical Review Committee. At the field level, the local administration was issued with the certified copies of the research permit from the National Council for Science and Technology Innovation (NACOSTI). Before conducting the interviews, informed consent was obtained from the informants using the consent form (Appendix 1). The respondents were

informed of voluntary participation and their right to withdraw at any time. They were also assured that their confidentiality was to be respected by using pseudo names and by coding their personal information. The researcher sought consent from the participants for the need to have the photos taken during the FGDs, case narratives and KIIs included in the presentation of findings.

3.9 Problems Encountered in the Field and their Solutions

During data collection phase, the respondents who expressed reservations in narrating their ordeals for fear of family retribution had their interviews accrued away from the houses of residence and anonymity and confidentiality provisions of this study invoked for them. This solution was also handy for women survivors who had reservations about being taped for further transcription in post interview analysis phase.

Subjects who had initially agreed to be interviewed but were emotionally overwhelmed in the interview process were conveniently replaced by other survivors who happened to have surpassed the 50 respondents' mark. Certain sections of the tools of assessment which were not comprehensible to the subjects were translated into Kiswahili and the local language (Kalenjin) to help build clarity and create precision on capturing the core objectives of the study in subsequent responses.

CHAPTER FOUR: BARRIERS TO HELP-SEEKING BY GENDER-BASED VIOLENCE SURVIVORS

4.1 Introduction

This chapter presents the findings of the study and subsequent observations on barriers to help-seeking faced by survivors of gender-based violence. The chapter presents findings on the perception and meaning of violence among women survivors of GBV, the frequency with which these survivors seek help, the patterns of help seeking, and the challenges and barriers these women survivors face in help seeking. The chapter begins by presenting the demographic characteristics of the respondents. This is because the demographic characteristics were pertinent in deducing findings from the study and in making the necessary observations. All the 50 questionnaires administered to the women survivors of GBV in the study locale were well filled and utilized in the data analysis phase yielding a response rate of 100%.

4.2 Demographic Characteristics

The majority (29, 58%) of the respondents were aged between 21 and 30 years. This cohort of respondents was followed by those who were aged between 31 and 40 (10, 20%). Those who were aged between 42 and 49 were the least. It was also established that the majority (31, 62%) of the respondents were married, with the widowed accounting for the least proportion (4, 8%). On disaggregation of respondents by level of education, 76% (38) had attained primary level education, 8% (4) had not completed secondary education while 12% (6) had completed secondary education. Only 2 (4%) of the respondents had attained college or university

education. Further, it was found that the majority (35, 70%) of the respondents were unemployed with 24% either running private businesses or employed in the private sector.

Only 6% were employed in the Government sector. Slightly over two-fourths (22, 44%) of the respondents had between 2 and 5 children or dependants. The dependants were mainly siblings and elderly parents. A summary of the demographic characteristics of the respondents is presented in Table 4.1.

Table 4.1: Respondents' demographic characteristics (N=50)

Characteristic	Frequency	Percentage
Age in years		
18-20	7	14
21-30	29	58
31-40	10	20
41-49	4	8
Marital status		
Single	9	18
Married	31	62
Divorced	3	6
Widowed	4	8
Separated	3	6
Level of education		
Primary	38	76
Secondary incomplete	4	8
Secondary complete	6	12
College/university	2	4
Occupation		
Government employed	3	6
Employed in the private sector	6	12
Private business owner	6	12
Unemployed	35	70
No. of children/dependants		
Less than 2	6	12
2-5	22	44
6-10	13	26
More than 10	9	18

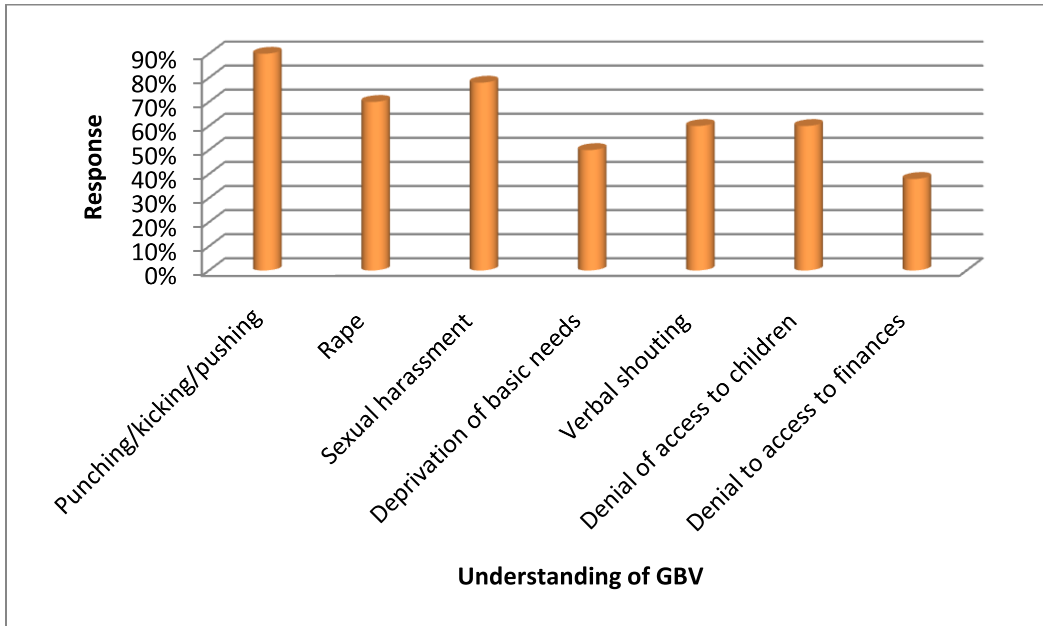
4.3 Help-Seeking

The first objective of this study entailed determining whether women survivors of GBV seek help. To achieve this objective, the women survivors of GBV were first asked to indicate how they perceived GBV and their subsequent understanding of this concept. This was necessary in generating an understanding on the topic of study as well as gauging the subjects' knowledge on the forms of gender-based violence. Most of the respondents defined violence as an act of raping, beating, pushing, and coerced sexual intercourse by someone they are quite intimate with or even a stranger given their experiences in their environment. One of the narrators (Plate 4.1) put it this way:

> …I think when my husband or a close relative beats me up for whatever reasons just because I am a woman…this amounts to gender based violence…I have been beaten several times by my drunk husband especially when he comes home at night and insists on sex and I refuse or I am not interested…. (**A 30-year-old mother of two**).

Plate 4.1: A research assistant with a GBV survivor telling her story

Findings of the understanding of gender-based violence as solicited through the semi-structured interviews are summarized in Figure 4.1.



%s do not add up to 100 because of multiple responses

Figure 4.1: Respondents' understanding of GBV

Consensus from a focus group discussion with women survivors of GBV (Plate 4.2) alluded to the fact that they understood GBV as any form of infringement on their wellbeing either through physical harm, sexual harassment or psychological torture.

> …our understanding of gender-based violence is any form of harm inflicted on a woman either physically or psychologically. When a husband does not provide basic needs at home…this is also gender violence (**FGD with women survivors of GBV at Kesses health centre)**

Plate 4.2: Researcher with women survivors of GBV during an FGD at Kesses market

After gathering the perception of the women survivors of GBV and their subsequent understanding of GBV, the respondents were then asked to indicate whether they seek help in the event of an occurrence of gender-based violence. At least seven in every ten of the respondents did indicate that they do not seek help after violence has been meted on them, mainly because of fear of victimization by the community and for fear of worsening their relationships with their spouses. Figure 4.2 illustrates this finding.

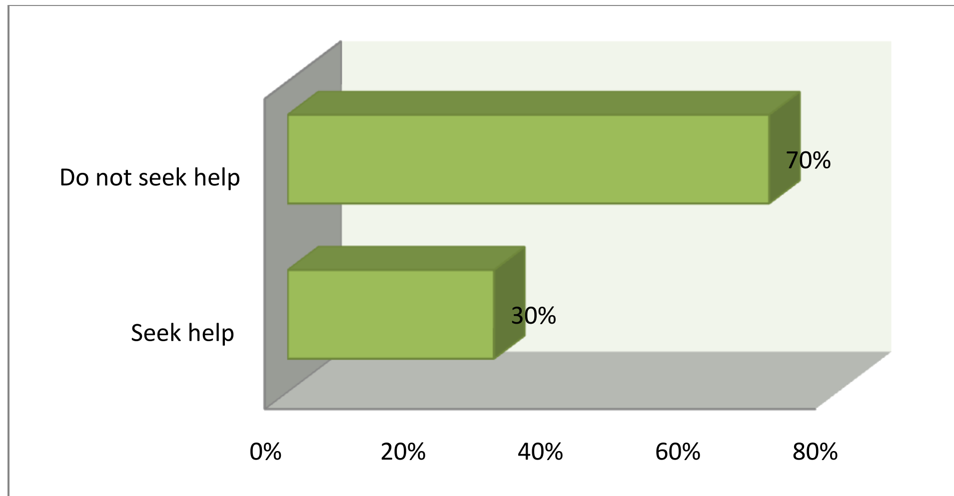


Figure 4.2: Respondents' help seeking behaviour

4.4 Patterns of Help-Seeking

The second objective of this study was to describe the patterns of help-seeking by women survivors of GBV in the study locale. The study findings on where or from whom help is sought by women survivors of GBV show a consistent trend that avoids making perpetrators legally accountable for their actions within the provisions of the law. According to one respondent:

> …I resorted to informing my mother about the persistent violence meted on me by my husband…all she kept on saying is that I should persevere and take care of my marriage since (according to my mother), my husband had already paid 'sufficient' bride wealth and there is little they could do to help (culturally)…. **(A 29-year-old respondent).**

Resonating with the opinion of the above respondent, the health officer in charge of Kesses health centre during a key informant interview opined as follows:

> Most of the women in this community are strongly bound by culture…that men occupy a specific authoritarian position…what they say and do is not subject to

> discussion by their women…when women are abused, they usually do not report outside the confines of their families except when the violence is severe and is easily noticeable by the public…. (**Health Officer in charge of Kesses Health Centre)**

The findings of this study indicate that majority (80%) of the respondents preferred seeking help from family members in the event of gender based violence meted on them. Those who preferred to seek help from in laws and community leaders/administrators accounted for 10% and 12% of the respondents respectively. These findings are summarized in Table 4.2.

Table 4.2: Respondents' help seeking behaviour

Where help was sought	Frequency	Percentage
Family	30	60
In laws	5	10
Friends	2	4
Community leaders/medical personnel	6	12
Doctors/medical personnel	3	6
Lawyers	1	2
Social service organizations (NGOs included)	3	6
Total	**50**	**100.0**

Further, the researcher sought to establish the nature of help that was accorded the women survivors of GBV in the respective places where help was sought. This information is summarized in Table 4.3.

Table 4.3: Nature of help accorded to women survivors of GBV

Where help was sought	Frequency	Nature of help
Family	30	Social/reconciliatory
In-laws	5	As above but in some cases limited non mandatory sanctions.
Friends	2	Social/reconciliatory with no sanctions.
Community leaders/medical personnel	6	As above but in some cases limited non mandatory and mandatory sanctions, in particular from administrators such as chiefs that may include fines and in very few cases referral to police.
Doctors/medical personnel	3	Mainly curative clinical support, limited psychological support and minimal collection of evidence for prosecution referral.
Lawyers	1	High likelihood of referral to justice system or legal sanctions.
Social service organizations (NGOs included)	3	High likelihood of referral to justice system or legal sanctions but generally offered psychosocial support.

It emerged that in places where help is sought by the women survivors, social support as opposed to legal support is mainly provided as indicated by one of the respondents below:

> …when he (my husband) hit me with a club and severely damaged my right hand, I went straight to the police…they then referred me to the health centre for treatment first before I could fill in the P3 Form. At the hospital I was treated and allowed to proceed with the police…but on getting back to the police, they insisted I get money to fuel their car so they could arrest my husband…I went back to my mother until I healed**…(A 40-year-old divorced woman survivor of GBV during an interview).**

This was also supported by discussants in one focus group discussion depicted in Plate 4.3 below.

Plate 4.3: Researcher with research assistants conducting a FGD

The study also established that the pattern of help seeking varied with the severity of the violence, age, marital status, number of children, occupation and education level of the survivors. A key informant intimated that married women usually prefer informal reporting where family members, local village councils and friends are involved as opposed to the separated/divorced or never married women who prefer formal reporting. Discussants at Ndalat had this to say:

> …you know us married women fear the reactions of our husbands and the embarrassment that comes with reporting to law enforcing agencies…we prefer reporting incidences of gender based violence to our family members and friends; only in extreme cases do we involve the village elders and local

> administration…the single women have nothing to fear and therefore can report to the police…. **(A focus group discussion at Ndalat)**

Women survivors who experience both physical and sexual violence prefer to seek formal help as opposed to those who experience either physical or sexual violence only. Besides, women survivors with college or university education preferred formal help seeking than those with primary or secondary education. Further, it was established that women with at least five children sought formal help as compared to those with less or none. A respondent in this study opined as follows:

> …women with children have a burden already…to take care of them…if violence is meted upon you and you report to the village elders or your mother, will justice be found? Who will take care of my children if I am damaged completely…I must report to the law enforcement agencies so that appropriate action is taken and my children remain safe**….(A 42-year-old mother of six).**

Table 4.4 summarizes the findings on the help-seeking patterns by the respondents.

Table 4.4: Help-seeking patterns

Variable	Pattern of help-seeking	
	Formal	**Informal**
Marital status		
Never married	08; 88.9%	01; 11.1%
Married	07; 22.6%	24; 77.4%
Separated/divorced	05; 71.4%	02; 28.6%
Age in years		
18-20	02; 28.6%	05; 71.4%
21-30	11; 37.9%	18; 62.1%
31-40	08; 80%	02; 20%
Over 40	04; 100%	00; 0%
Number of children		
Less than 2	01; 16.7%	05; 83.3%
2-5	08; 36.4%	14; 63.6%
6-10	11; 84.6%	02; 15.4%
More than 10	08; 88.9%	01; 11.1%
Occupation		
Employed	13; 86.7%	02; 13.3%
Unemployed	06; 17.1%	29; 82.9%
Education level		
Primary	03; 7.9%	35; 92.1%
Secondary incomplete	01; 25%	03; 75%
Secondary complete	04; 66.7%	02; 33.3%
College/university	2; 100	0;0.0%

4.5 Challenges and Barriers to Help-Seeking

The third and last objective of this study was to establish the challenges and barriers that women survivors of GBV face while seeking help. These challenges and barriers are discussed in the succeeding sections:

4.5.1 Power Imbalance between Men and Women

Power imbalance between men and women was found to be the greatest cause of gender based violence and a barrier to seeking help among women survivors of GBV in Kesses Sub-County. Women's perceived socio-economic subordination in different settings often makes it difficult

for them to get help whether from the police force or the court system itself.

Most men in the communities where this study was carried out want to be in control of the environment around their families and perceive any opposition from their women as a threat to their control and culturally bestowed authority as expressed by the subjects in this study. The women interviewed in this study indicated that most men in the community believe that the best way to regain control over their wives is to force them back including use of physical force. In the event of conflict situations, the respondents stated that the family as a comfort zone even turns tragic where women frequently face double tragedy. One of them(Plate 4.4) had this to say:

> …we depend mostly on our men to survive in this community so if you go ahead and report him for violence then who will feed you? Women are supposed to be subject to men and at certain points we go to the extent of tolerating abuses as a normal part of life because we cannot fight our husbands whether physically or economically. Most men here use violence to silence their women;...you cannot overrule their order and so the abuses continue unabated (**A 27-year-old respondent).**

Plate 4.4: A research assistant with a survivor of GBV in an interview at Chuiyat centre

These cases point to the mental orientation that women are subservient to men and, in this case, men in the study locale take advantage of the relatively impoverished status of the women to perpetuate violence. It was reported by the respondents that men naturally take advantage of the patriarchal leaning of the community to dominate and abuse the females. Women's senses of powerlessness across the socio-economic and political spheres interact to deter them from accessing the legal justice which they believe is represented and dominated by men. As a rule of the thumb, most women who have had violence meted on them in this study area would resort to dealing with the problems at home.

4.5.2 Lack of Economic Empowerment

Most (80%) of the women survivors in this study indicated that they depend on their men for sustenance and were, therefore, vulnerable to male aggression. Men in the study locale use their considerably higher economic status to make unnecessary demands on the women and enforce

these demands through violence on women. Paradoxically, some 40% of the women respondents had taken it as their fate to remain dependent on men as observed in the findings of the study. This was corroborated by one key informant who observed that:

> …there is just overdependence on men especially among the young and newly married women in this area...men take advantage of that and perpetuate all manner of abuses because the women are giving them the power of being some demi-gods in the area. Secondly, men can easily get fast construction jobs with some sort of incomes relative to women, so at the end of the day, the man wields high economic say in this kind of set up that makes them to control the first level of authorities where reports are made like the village elders' places and chiefs' camps **(Key informant interview with a representative of Women for Change NGO).**

Poverty among families in the study area both perpetuates gender-based violence and obscures legal aid. In this study, it was established that poverty makes women in economic dependency to enter and remain in risky relationships in order to ensure continual access to food and shelter. Even in cases of gender based violence, survivors had to choose between withdrawing the charges to secure a means of livelihood or having the perpetrators incarcerated to and bring upon poverty into the family. A key informant observed that:

> …poverty situation in the environment where a lot of these women live interact with the long process of law and at certain points, the amount of money needed to open a case file is far above them. This is why some of the survivors of sexual violence resolve to receive meager compensation from abusers rather than go through a process they deem long and expensive. Poverty is naturally a structural barrier that needs to be broken because it obscures the minds of these women to settle for what they are not worth and perennial abusers take advantage of the same **(Key informant interview with a village elder).**

The study also established that officers at the administration police officers demand for money before taking action on the offenders, which makes a lot of women take a backseat given their economically deplorable situation. The continued demand for fuel cash, among others, has discouraged the survivors from reporting to the police and most survivors opt for local settlements. As one respondent put it:

> They [the police] tend to ask for a lot of money in order to help someone. If you went to report a case and you don't have money you might end up being the one in trouble…at times we are told to get a letter from the chief first but when we get to the police we are told to bribe them or supply money for fuel, which most women here don't have **(A 26-year-old respondent).**

4.5.3 Culture as a Barrier to Help-Seeking

Gender-based violence cannot be understood without reference to social structures and gender norms that define women's vulnerability to violence. In most cultures, traditional norms, social practices and customs legitimize violence against women. The Kalenjin culture is no exception. The subordination of women to men results from the generational gender stereotypes that are entrenched in the Kalenjin community.

Within Kesses location, the study findings suggest that communities still hold onto their rural customary practices to the extent that gender-based violence is regarded as being ordinary and permissible. Both respondents and key informants concurred that traditional stereotypes are reflected in most cases of gender-based violence within the area. With respect to gender-based violence, perpetrators of the offence find refuge in customary practices to chastise their actions. With customs as a reference point, most women survivors of gender-based violence do not

bother to pursue the legal justice system for any redress; instead, families and community councils gradually take shape as violence intervention points for such cases. According to one key informant, certain things within the community such as gender-based violence are tabooed to be spoken in public, and so they are left for family or indoor settlement.

> You do not want to go against the values and modalities of your community that predominantly surrounds you... so you just opt to tolerate and refer abuse cases to the family members and close kinsmen. The problem is that these settlements are based on mutual agreements not some fundamental legal provisions to give a help to the victims **(Key informant interview with a local chief).**

4.5.4 Male Chauvinist Mentality

The study established that within the study population, the conventional view that men are naturally breadwinners in the family makes men turn into aggression, that includes violence, in order to suppress and make their women subservient when they feel that the economic empowerment of the women is a threat to the prevalent status quo. An informant observed that some men within the study area express and determine their masculinity by involving themselves in domineering activities such as raping women or uninvited touching and fondling of women provided it satisfies their egos. This certainly is a form of gender based violence. According to one respondent (Plate 4.5):

> …some of these young people just want to ascertain their masculinity, otherwise why would a young man in his early twenties go ahead and willingly waylay and victimize a woman as old as his would be grandmother? It is even surprising that some of the abusers are known to the survivors but they say it is men with real

power who dare such acts.... **(Interview with a woman survivor of sexual assault).**

Plate 4.5: Interview with a GBV survivor at Mabatini village in Moi University

4.5.5 Inadequate Legal Framework for Protection of Women Survivors of GBV

The Sexual Offences Act of 2006 stipulates penalties for acts of violence including marital rape. However, marital rape is particularly problematic to prove due to lack of witnesses or medical evidence of occurrence. From the study, although some respondents knew about the Sexual Offences Act, they were not aware of the legal penalties and some provisions due to ignorance.

Respondents had reservations on the extent to which the provisions of the act are being enforced, claiming that the police force is a key impediment to its enforcement due to corruption. The absence of community paralegals also emerged as a reason for poor understanding of the legal steps to take in the event of gender violence among the respondents in this study. The legal

terms coupled with low level of education and consistent lack of exposure to legal seminars, combine to make it difficult for a large section of the women to comprehend the provisions of the law as observed by a key informant:

> …you may want to breakdown the legal terminologies in the law for a lay person to understand and at the same time they need consistent trainings to be able to actualize the components of the same but given the surrounding situation of the violence occurrences, a lot of these activities have not been effected and so a majority of the women survivors suffer out of constitutional ignorance **(Key informant interview with a representative of Women for Change NGO).**

4.5.6 Laxity in Police Response

Most of the respondents felt that the investigations by the police into most gender violence cases were shoddy, dubious and devoid of professionalism. One key informant had the same feeling. According to her:

> Laxity by the police to dig deep into reported cases and subsequent analysis of evidence and the rough handling of the survivors have all come to hamper any positive development in ensuring justice for the women survivors of violence **(Key informant interview with a representative of Women for Change NGO).**

This scenario has resulted in only a few cases of violence against women being prosecuted successfully as observed by focus group discussants. Thus, so many women survivors of gender-based violence go for family, the local council and village elders to address their issues rather than the police whom they think are not interested in solving domestic violence cases. Further, the respondents indicated that the police cannot prosecute their fellows especially where the perpetrators of gender violence are police officers. Even in cases where there was clear evidence

from the women survivors of violence, their appeals were dismissed as lacking any evidence.

It was also reported by the respondents that some police officers in Kesses Sub-County are indifferent to the plight of the survivors perhaps due to their traditional upbringing. Specifically, it was reported that male police officers are insensitive to women's needs at the station and do not handle the women survivors in a manner that they can open up and present their cases without the fear of being intimidated or sent back to go and resolve the cases with their husbands at home.

The study also established that lack of a gender desk at Kesses Sub-County police post makes it difficult for women survivors of gender violence who have experienced consistent abuses to report as they cannot register every case in the formal Occurrence Book as observed by a key informant:

> Not so many women would want to share a personal life experience with everyone at the occurrence desk…there is need for a gender-sensitive desk for such cases of domestic nature…these people need to be handled with care and assisted at the end of the day, but it is sad that this is never the case at Kesses Sub-County police post **(Key informant interview with a village elder at Moi Chuiyat sub-location).**

Overall, a majority (90%) of the respondents indicated that lack of economic empowerment amongst them was a major barrier and challenge to their help seeking behaviour. This was followed by cultural barriers (70%), and laxity in police response (68%). Figure 4.3 summarizes these findings.

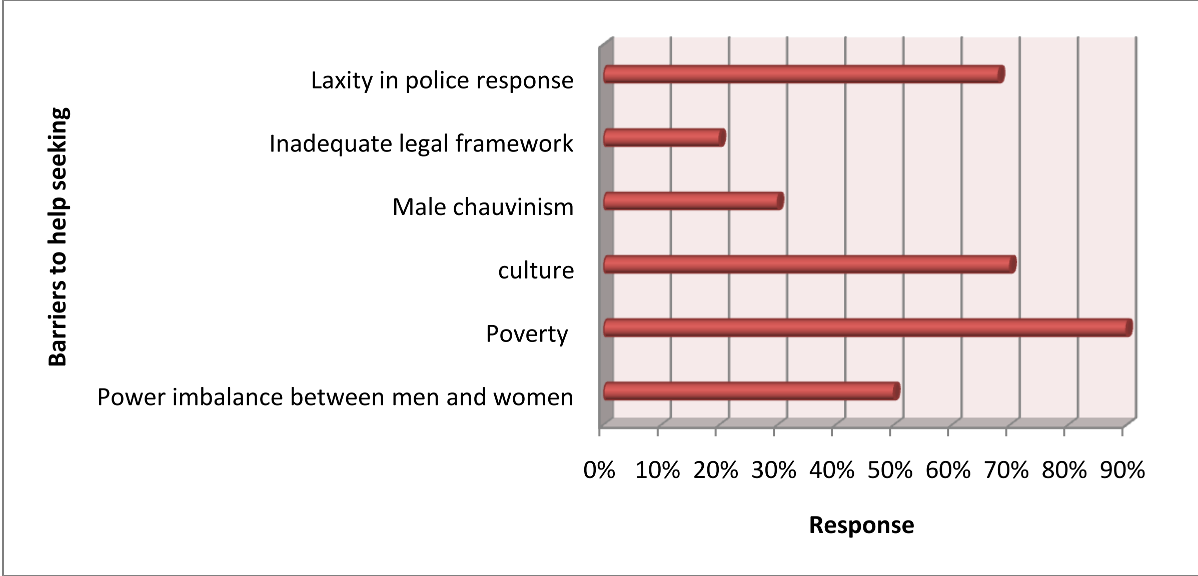


Figure 4.3: Barriers to help seeking by women survivors of GBV

CHAPTER FIVE: DISCUSSION, SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the study findings and then summarizes them. On the basis of the summary, conclusions are drawn and then some recommendations made in line with the study objectives.

5.2 Discussion

Evidence from this study indicates that up to more than half of the women survivors of GBV do not seek help. Reasons for the silence include, but are not limited to, fear of the perpetrator(s), survivors' shame and self-blame for the violence by victims. Women survivors in Kesses location feel helpless since they feel no one may help, they have 'normalized' violence as an acceptable act, they lack basic resources to seek justice, the inadequacy of appropriate services, and/or insensitivity of service providers particularly the police.

Fear of social stigma particularly in cases of sexual assault discourages reporting among women survivors in Kesses and so does high tolerance for violence. There is, however, some evidence from this study that the more severe the violence the more the likelihood of survivors reporting. For instance, women who experience both sexual and physical violence were more likely to seek help as compared to those who only experience physical or only sexual violence. The findings of this study indicate that the reason for severe violence cases' help-seeking behaviour by women survivors of GBV has to do with the likelihood of such attacks being noticed easily by others or such attacks resulting in such severe injuries that make survivors fear for the worst if they do not take any action. Help-seeking for such violence was also ascribed to the fact that

suffering both sexual and physical violence widens options available for support which tends to motivate survivors to choose at least one option. Such a trend in consistent increment of GBV victims is a pointer to the corresponding failure of law enforcement and other measures in place to combat GBV.

According to the findings of this study, age and marital status affect help seeking habits among women survivors studied in Kesses location. Older women, separated/divorced women and widowed women were more likely to seek help than younger and currently married women. Better help seeking among older women may have to do with the realization of the more severe health consequences of ignoring injuries (including of a psychological nature) resulting from GBV. Older age may also signify more self-confidence and better knowledge of psycho-social and other support ties in particular among fellow women that could motivate or make it worthwhile to seek help.

Evidence of un-attached women seeking help on a higher scale than those in marriage has to do with the autonomy of the former in their single status as they do not have to seek permission or consult their usually more powerful partners in order to seek help. In the more likely event that the perpetrator is a current spouse, there are higher chances that he will try to stop the survivor from seeking help either as a punishment or because of fear that such help may result in his being asked to account for the violence including law enforcement agents. These trends in differential help-seeking behaviour by different categories of women in the research site calls for strategies to reach out to, in particular, abused women in marital relationships that appear handicapped as far as autonomy to make decisions and act upon GBV directed at them is

concerned.

The findings of this study on where or from whom help is sought by survivors show a consistent trend that avoids making perpetrators legally accountable for their actions within the provisions of the law. These findings resonate with the findings of ICRH (2010) report which indicates that due to the stigma attached to gender-based violence in many Kenyan communities, women blame themselves and fear they will be ostracized from society or be re-victimized by the perpetrator if they disclose their abuse and thus fail to seek help.

With respect to perceived barriers to help seeking among women survivors of GBV, the study subjects faulted the government agencies, especially the police force, for shoddy and corrupt practices through collusion with economically able offenders to dismiss cases as well as ignorance of the provisions and opportunities for legal redress in the Sexual Offences Act of 2006. This study indicates a lackluster approach by the government to devolve resources for sensitizing the community on the contents of the Sexual Offences Act.

The study findings indicate that the socio-economic and cultural subordinate status of women makes them more vulnerable to violence and contributes to an environment that wrongly accepts, excuses, and even expects violence against the women who undergo it. However, social stigma and family shame result in the knowledge of the abused being kept within the family. This culture of secrecy serves to aid the impunity of the perpetrators. GBV during or around the time of pregnancy can lead to unique consequences on maternal and child health. Moreover, the psychological impact of GBV can have devastating results on the well-being of the mother, not

only in the period surrounding pregnancy but even years later.

Hiens and Ruglass (2009) aver that a perpetuator of GBV is oftentimes the main financial resource in the relationship. This barrier may cause the abused woman to make a decision against her well-being to stay in the abusive relationship. The abuser may threaten the woman with the caveat that she will no longer have access to accounts or money for future purposes. A report by Oxfam (2007) indicates that gender inequality is perhaps the most pervasive structural barrier that women experience across multiple domains of their lives and that the costs of services and support act as a barrier to help-seeking for women. There is a multitude of ways in which costs (economic barrier) curtail help-seeking and also negatively influence the ability of a woman survivor of GBV to seek help.

From the findings of this study, it is clear that women survivors are unlikely to report spousal abuse because they fear the reaction of their spouses. There is a sense that what happens within marriage, even if this includes violence, is something private that should not be shared with others outside of the relationship. Women survivors of GBV are made to feel ashamed for talking about their experiences with others. Women survivors also have a very real fear that reporting violence to local authorities will lead to an escalation in the violence by their husbands. A socio-cultural barrier is the fear of the social consequences that result from reporting spousal abuse to the authorities. In particular, women survivors fear that reporting abuse will lead to divorce, which will leave the woman without any financial support. When women experience GBV they are afraid to report their husbands to the police because doing that will break the marriage. Inherent in this fear is the additional concern that being a divorced woman will render her an undesirable partner for other prospective husbands.

Similarly, women survivors are concerned that their reporting of an incident will escalate the problem and even leave their husbands jailed. Other women survivors of GBV think that going to the police is useless because nothing will be done anyway; a common perception is that the system is not built to respond to the needs of women who experience GBV. While this acceptance of violence as a part of relationships prevents women survivors from feeling safe enough to report incidences of violence, even those who may want or try to report their abuse will be faced with obstacles. Women in abusive marriages in Kesses location therefore have to learn to "get used to" being beaten and "keep quiet" because even if they make a report to the local authorities, nothing is done; hence they opt to remain silent.

From the foregoing, the findings of this study point to the fact that the family unit frequently becomes a socio-cultural barrier in itself. Norms related to shame and the privacy of family matters serve as an obstacle to disclosing incidents of GBV among women outside of the family and immediate social network. Therapy cases are usually not reported because of the tendency of affected individuals to keep this as a secret because it is associated with shame and discrimination. The women survivors' families often decide to keep this a secret for fear of ruining the family reputation and to protect the image of the perpetrator.

Ironically, the women survivors of GBV who choose to come forward and make public their traumatizing ordeal more often than not end up isolated, ashamed and stigmatized by the community. The shame and stigma attached to sexual violence, and the lenient penalties meted out to guilty offenders either by the state legal machinery or community judicial systems force most women survivors of GBV to keep silent about their ordeals.

This is similar with Ely's (2004) assertion that cultural traditions are usually invoked to justify violence against women and hinder help-seeking. In her study, Kameri-Mbote (2001) found that customary practices and some aspects of traditions were often the cause of GBV and also influenced its continuation. The author argues that traditional gender roles require that a man is the head of the family and breadwinner and as such men assume this power that they sometimes misuse by perpetrating GBV.

Kamere-Mbote further argues that some aspects of domestic violence such as wife beating are culturally sanctioned and condoned and widely accepted as a means of 'disciplining' and that in some communities such as the Maasai, husbands are mandated to inflict corrective punishment on their wives as heads of families. Women, on the other hand, are socialized to be passive and submissive and to accept violence and do not seek help as it is part of life to them. This scenario appears to be inherent among some families in the Kalenjin community in the study area.

Police as a hindrance to the justice system for the women survivors of GBV is also manifest where the law enforcement institution often faces a severe lack of resources for personnel, equipment, training, and transportation. The study subjects reported incidences where the police demanded that the survivors provide money to fuel their patrol vehicles to go and make arrests, lack of gender sensitivity in handling domestic cases within the police posts. The net effect of this has been lengthy times taken to bring offenders to justice or at certain point's lack of arrests at all making many women survivors of violence interviewed in this study either resort to local settlement headed by the chiefs or remain silent about their ordeals.

In a similar study by Hien and Ruglass (2009), the findings indicate that legal policies and the court system are deterrents to help-seeking especially when it comes to sexual violence experienced by women. The study further reports that women tend to look the other way when it comes to pressing charges because of their lack of faith in and discrimination within the legal system. The survivors fear retaliation on their life and lack of protection because proper legal policies are not in place for their unique situation. In addition, proper protection is not provided in serious situations which may be life-threatening.

Inadequacy in the legal framework as a perceived barrier has also played a significant role in preventing the women survivors of GBV from pursuing justice. The study subjects consider the courts to be bureaucratic, long and costly without a surety of compensating the survivor especially if the proof does not hold enough for the perpetrator to be convicted. Furthermore, there is a general belief among the study subjects that judicial officers are manipulated with money to serve the interest of the offenders. In which case, the plight of the survivor is not fully attended to hence no justice is seen to be forthright from the judiciary corridors. The subjects in this study expressed the need to constitute a host of judicial reforms with a gender lens to take into account the cases of GBV prevalent within the study area especially for the women survivors.

5.3 Summary

This study assessed the barriers faced by women survivors of GBV in seeking help in Kesses Sub-County. In particular, the study looked at the perceived and actual barriers to seeking help as experienced by the women survivors of GBV in Kesses location. Understanding barriers to help seeking by women survivors of GBV has been key in this study because it reflects the voices of the people, creates a platform for responsiveness from the government agencies and private actors in access to legal services especially for the poor groups and women in particular. Having a gender perspective in access to justice to GBV is important because it helps in highlighting how culture through gender norms interacts with the living environment to deter women survivors of GBV from accessing legal justice even when they are abused by people they know in the community. In accordance with the barriers to help-seeking model used in this study, culture subsumes the actual barriers because it acts as the main deterrent and form of reference for both the abused and the perpetrators. Economic vulnerability and dependency of women survivors of GBV on men also heighten their inability to sustain the long process of legal justice thus affecting the frequency with which women survivors of GBV can file and sustain the cases against the offenders in the judicial system.

On the other hand, the judicial system and the police as state agents enforcing the law form a strong backbone to perceived barriers to seeking help by women survivors of GBV in Kesses Sub-County. Ensuring proper justice for women survivors of GBV requires high sensitization of the women on the provisions of the Sexual Offences Act of 2006, high mobilization of the community to abandon cultural practices that perpetuate abuse, bringing men on board as agents of advocacy against violence as well as strengthening the judicial system on gender-based

violence response for the women through special court sessions. Moreover, the police must be trained in various aspects of addressing gender-based violence and domestic violence, including sexual abuse, to avoid the cases of underreporting that have been witnessed either due to police harassment or insensitivity to the needs of the women survivors of GBV.

5.4 Conclusion

Conceptualization of gender-based violence by the study population is relatively high and describes the specific type of violence that is linked to the gendered identity of being a woman or a man. However, this study narrowed down to violence meted on women. The study subjects comprehended GBV as either acts of punching/kicking/pushing, rape, sexual harassment, deprivation of basic needs, verbal shouting, denial of access to children and denial to access to finances.

The study found low reporting of GBV cases among the women survivors to the police but high preference for family members, local village elders and women groups in the local set up. Several barriers influence help seeking of women survivors of GBV and they range from cultural perspectives, poor legal system and justice dispensations for the abused victims, economic deprivation of the abused, high stigma among abused women and the frequent resort to local dispute resolution mechanisms.

5.5 Recommendations

The recommendations advanced herein based on the findings of this study are as follows:

- The county government needs to facilitate and provide adequate holistic assistance and support to all women survivors of GVB, promote equity in access to resources irrespective of gender and work towards addressing cultural norms and practices that encourage GBV against women, provide access to medical and psychosocial assistance to women survivors of GBV and enhance gender-sensitive structures for the reintegration of survivors as non-stigmatized members of society.
- The Ministry of Health needs to facilitate and conduct public education and awareness campaigns which are necessary to empower vulnerable members of the society especially woken on matters GBV. Acts of GBV need to be exposed by creating awareness of the vice and searching for strategies on how best survivors can be supported and the perpetrators brought to justice.
- There is need for the appropriate state agencies to strengthen the available gender-desks in police stations and posts and ensure the establishment of such desks where there are none.
- NGOs and humanitarian organizations have an obligation to lobby for more aggressive legislative, administrative and policy decisions to eliminate GBV as part of restorative justice. This can be achieved by conducting public awareness campaigns to sensitize the public on harmful traditional practices that reinforce gender inequality.

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APPENDICES

Appendix 1: Consent Form

Dear respondent, my name is Lisa Lena Ofwona; a postgraduate student from the University of Nairobi. I am undertaking research on barriers to help-seeking faced by survivors of sexual and gender-based violence in this location. The purpose of the study is to understand the community's perceptions of and attitudes to gender based violence (GBV) and to investigate the patterns of help-seeking by survivors of GBV as well as to identify barriers to help-seeking. Findings of this study will be used by the researcher for academic purposes and will create awareness on the above issues.

My study targets adult women (18years and above). You have been selected to participate in this study based on your experience of GBV. Participation in this study is voluntary and you are free to withdraw at any time should you wish to do so. The information you supply will be treated with utmost confidence without disclosing it to anyone and any recordings made will be destroyed immediately after the transcriptions have been made. Your participation in this study will be beneficial in shedding light on the matter of GBV and with greater awareness a lot can be done to better the services available to survivors of GBV. Thank you.

Feel free to ask any questions in case you need clarification.

Respondent's Consent:

I have understood the above information and I give my consent to participate in the study.

Sign ……………………………. Date …………………………………..

Thank you for your cooperation.

Appendix 2: Semi-structured Questionnaire

Greetings; my name is Lisa Lena Ofwona, a Postgraduate student in the University of Nairobi. I would like you to share your experiences of GBV and I am interested in finding out your views and your opinions on the same. The interview will take about 30 minutes. During the interview, I will use a tape recorder to assist me capture all the important points; however I will destroy the records as soon as I have finished transcribing them. Please remember that I will maintain confidentiality and shall not disclose your personal information to anyone. Due to the sensitive nature of the study topic, I will ask questions of a personal nature. You are free to express whatever opinions you may have as there is no right or wrong answer. Should you at any point feel uncomfortable, you are free decline to answer or to stop the interview altogether. However, your participation is very important.

Do you have any questions?

SECTION ONE: Demographic profile of the informants

Respondent's name (Optional) ________________________________

1. Age

   [ ] 18-20   [ ] 21-30   [ ] 31-40   [ ] 41-49

2. Marital Status

   [ ] Single   [ ] Married   [ ] Divorced   [ ] Widowed   [ ] Separated

   [ ] Others (Specify)

3. Level of education

   [ ] Primary [ ] Secondary incomplete [ ] Secondary complete

   [ ] College/University

4. Occupation

   [ ] Government employed [ ] Employed in the private sector [ ] Private business owner [ ] Unemployed [ ] others (Please specify)

5. Number of children/dependants

   [ ] Less than 2 [ ] 2-5 [ ] 6-10 [ ] more than 10

SECTION TWO: Experience of violence, patterns of and barriers to help-seeking

6. Describe your experience of violence.
7. Did you seek help? If yes, what sort of help did you seek after violence?
8. What challenges and barriers did you encounter when seeking help?
9. What are your community's traditional beliefs about violence against women?
10. How has your life changed after the violence you faced?

Appendix 3: Case Narrative Guide

Please tell me about your experience of sexual and gender-based violence.

To be probed along:

1) Perception of meaning of violence
2) Traditional beliefs of violence
3) Financial state and occupation
4) Help-seeking behaviour and barriers
5) Life after violence and coping

Appendix 4: Key Informant Interview Guide

1) What types of violence do you most encounter here? (The approximate numbers of survivors per week, ages, marital status and occupation of survivors etc.)
2) What is the range of services offered by you or this centre? Are these services free? If not, what is the cost?
3) Is this the first place the survivors come for help? If not, in your opinion, where do they go first?
4) How does help-seeking differ based on type of violence experienced by the survivor?
5) How do you work in awareness raising on GBV and helping to prevent it?
6) Are there sources of social or legal support for survivors of GBV around here? Where and what do they do?
7) What are the barriers you know of, that prevent survivors from seeking help? (Probe for economic, structural, individual and social barriers)
8) Does the community have mechanisms to address violence against women?

Appendix 5: Themes for Focus Group Discussions

1. Understanding of gender based violence.
2. Type of violence women in this region experience most.
3. Description of experience of violence.
4. Whether women seek help when they experience GBV or not.
5. Place where GBV survivors seek help.
6. Challenges women encounter when they seek help pertaining to GBV.
7. How well women think GBV can be addressed in this region.

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Ref: No.

NACOSTI/P/16/34775/13703

Date:

19th October, 2016

Lisa Lena Ofwona
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Barriers to help-seeking faced by women survivors of Gender-Based Violence in Kesses Sub-County, Uasin Gishu County, North-Rift Kenya,"*** I am pleased to inform you that you have been authorized to undertake research in **Uasin Gishu County** for the period ending **18th October, 2017.**

You are advised to report to **the County Commissioner and the County Director of Education, Uasin Gishu County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

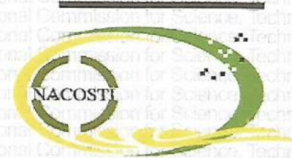
The County Commissioner
Uasin Gishu County.

The County Director of Education
Uasin Gishu County.

CONDITIONS

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.
2. Government Officer will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2) hard copies and one (1) soft copy of your final report.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice

REPUBLIC OF KENYA



National Commission for Science, Technology and Innovation

RESEACH CLEARANCE PERMIT

Serial No.A 11296

CONDITIONS: see back page

THIS IS TO CERTIFY THAT:
MISS. LISA LENA OFWONA
of UNIVERSITY OF NAIROBI, 0-30100 ELDORET,has been permitted to conduct research in *Uasin-Gishu County*

on the topic: *BARRIERS TO HELP-SEEKING FACED BY WOMEN SURVIVORS OF GENDER-BASED VIOLENCE IN KESSES SUB-COUNTY, UASIN GISHU COUNTY, NORTH-RIFT KENYA*

for the period ending:
18th October,2017

Permit No : NACOSTI/P/16/34775/13703
Date Of Issue : 19th October,2016
Fee Recieved :Ksh 1000

....
Applicant's Signature

....
Director General
National Commission for Science, Technology & Innovation