

This study was commissioned to determine the economic burden of gender-based violence to survivors in Kenya. Gender-based violence is one of the most widespread and socially tolerated forms of human rights violations, cutting across nationality, race, class, ethnicity, and religion. It is a major source of inequality in Kenya today. It has a profound social and economic impact on families, communities, and the entire nation, as well as serious ramifications for national security.

About 39 percent of women and girls in Kenya aged 15 and above have experienced physical violence, with approximately one in four experiencing such violence each year. Kenya has made significant strides regarding gender-based violence and other health-related human rights within its policy and legislative framework, especially under the 2010 constitution. However, this report is the first comprehensive study showing the cost of gender-based violence from the survivors' and perpetrators' perspectives.

GENDER-BASED VIOLENCE *in* KENYA:

A MEDIA POLICY BRIEF

**Too Costly to Ignore:
The Gender Based Violence
Crisis in Kenya**

With Technical Support from



With Financial Support from



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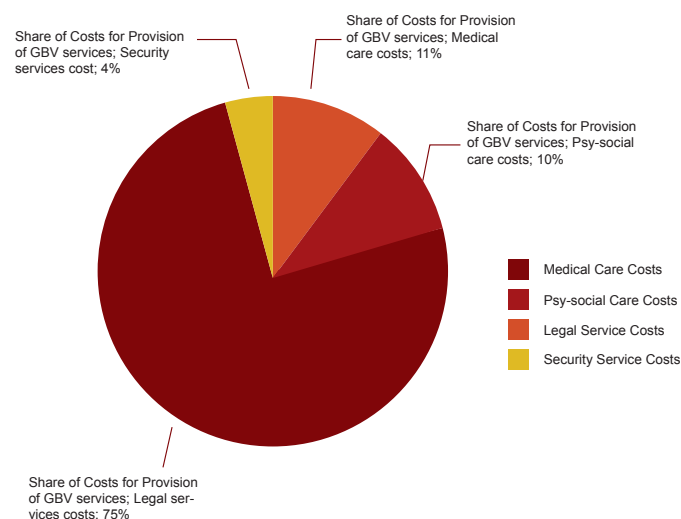
Introduction:

The costs of GBV to the Kenyan GDP places immense responsibility on different stakeholders. Kenyan media in particular has the onerous task and challenge to research on and inform policy makers and the Kenyan public on the costs and consequences of GBV. With such a high burden of GBV in Kenya, it is imperative that the country prioritizes investments towards prevention and response to GBV.

The National Gender and Equality Commission in collaboration with the UN commissioned two studies within the 2014-2016 period, *which sought to estimate the cost of providing services in response to gender based violence in Kenya; as well as to determine the economic burden of gender based violence to survivors in Kenya*. While the studies provide for analysis of total costs of providing comprehensive services to survivors of gender based violence (GBV), it is noteworthy that the projections are based on selected service delivery points.

Figure 1: Cost Estimation of Various Services Provided to GBV Survivors

Cost estimation for provision of services



This media brief provides for key messages based on findings from the two studies that concentrate on costs from the perspectives of survivors and perpetrators, as well as the state's provision of comprehensive services to survivors. Results depict the need for concerted efforts in the response and for resource allocation at national and county government levels for the fight against GBV.

Key Messages:

The true extent of gender based violence (GBV) in terms of prevalence and incidence in Kenya remains unknown

Current national data is not adequately disaggregated by type of GBV, geography or service provider. According to the 2014 Kenya Demographic Health Survey Report (KDHS 2014), 38% of ever married women (15-49 years) reported experiences of sexual violence. Other data in 2010 from the Violence against Children Study (VAC 2010) revealed that 32% of females and 18% of males had experienced violence during their childhood (before they were 18 years old).

There are significant links between GBV and negative health and social outcomes

GBV is a public health problem; one of the worst forms of human rights violations; and one of the most expensive problems in Kenya. The links between GBV and risks to HIV/STI infections and unplanned pregnancies are significant for public health response. Other effects of GBV such as untreated psychological trauma, and induced abortions results in extreme mental illness, alcohol and substance abuse, risky sexual behaviour, increased vulnerability to future victimization and possibility to becoming repeat or future perpetrators.

Investments towards GBV prevention would significantly contribute to Kenya's economic growth

Investments towards GBV prevention and response would contribute to increased income for national and county governments resulting in an estimated 1% GDP growth. Kenya is losing close to 29 billion shillings annually as a result of costs accruing due to GBV; as a result of direct costs incurred by survivors, their families and perpetrators as well as institutional responses. Survivors and their families face significant economic losses due to lost output, decreased productivity and lower earnings, as well as social depreciation due to stigma post violence. These are resources completely lost to the economy which would have otherwise enhanced productivity and livelihoods.

There is little incentive for GBV survivors to report

Various reasons inhibit survivors and their families to report and seek help from the community system, health system or criminal justice system following a GBV occurrence. Lack of information on what to do; fear or stigma and intimidation; prohibitive costs and quality concerns across the various service delivery points and delays when seeking justice are just but a few of these reasons. Further than this, delays in reporting results in missed opportunities for obtaining prophylaxis for HIV infection risk reduction (less than 72 hours' window) pregnancy risk reduction (less than 120 hours' window) as well as treatment of STIs and forensic evidence collection.

While Kenya has a robust policy and legal framework towards GBV; prevention and response efforts remain underfunded at National and County levels.

A significant share of investments towards GBV is heavily dependent on external funding necessitating an urgent need for sustainable government financing across sectors at all levels. Limited human resources and budgetary constraints have also posed as barriers in accessing quality care, while at the same time, survivors have had to incur out of pocket expenditures. Limited technical and financial resources towards GBV prevention efforts have contributed to the economic burden of dealing with GBV.

What a minimum GBV response service package should contain

Health Sector

- Treatment of injuries
- Collection of forensic samples as evidentiary requirement

- Essential screening (haemoglobin, syphilis, HIV, blood grouping, urinalysis) and prevention of tetanus and hepatitis B
- Prevention and/or treatment of HIV/STI transmission
- Prevention of pregnancy and/or management of pregnancy-related conditions and complications
- At least 5 sessions of counselling
- In-patient care/ admissions for complicated cases

Police/ Security Sector

- Investigating, preparing and presenting cases in court
- Arresting suspects and perpetrators
- Providing P3 form to the survivor
- Collecting and preserving exhibits from the survivor
- Ensuring security for the survivor and family
- Ensuring security for the suspect and family
- Visiting the scene of crime
- Submitting to and collecting the exhibits to and from the Government Chemist
- Preserving/ availing exhibits and witnesses for the prosecution when required
- Giving evidence in court as required

Legal Aid Sector

- Legal representation of survivors in civil cases
- Filing of cases with the courts
- Attending court mentions and hearings
- Communication with survivors and their families as well as suspects



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Note: Other support and protection services are context specific and may be required to ensure safety of survivors and their families as well as reduce future vulnerability to violence.