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Sexual and Other Forms of Violence During the COVID-19 Pandemic Emergency in Kenya

Patterns of Violence and Impacts on Women and Girls

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July 2020

UNIVERSITY OF
BIRMINGHAM



UK Research
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Executive Summary

This research report explores the impacts of the COVID-19 pandemic on patterns of sexual and gender-based violence (SGBV) in Kenya. The research entailed conducting interviews across the 47 counties of Kenya, including in informal settlements, to document sexual violence and other violations of adults and children during the COVID-19 pandemic. There have been 6,366 confirmed COVID-19 cases and 148 deaths in Kenya as of June 30, 2020. The Kenyan government implemented emergency measures in the wake of COVID-19 that included a nightly dusk-to-dawn curfew, school closures, and restrictions to road, rail, and air movements, as examples. The research was prompted by concerns raised by SGBV and human rights organisations that the COVID-19 crisis is exacerbating women and girls' vulnerability to SGBV and preventing their access to life-saving services.


More recently, on July 6th President Kenyatta called for Kenya's National Research Centre to investigate the rising numbers of sexual and gender-based violations, particularly its effects on girls, and for security agencies to take remedial action. He also called for the immediate prosecution of suspected perpetrators. This report responds to President Kenyatta's call, and is one of the first to provide critical evidence about patterns of SGBV during the COVID-19 pandemic in Kenya using first-hand accounts from survivors.

The interview data analysed for this report were gathered by Human Rights Defenders (HRD), volunteers from the Survivors of Sexual Violence in Kenya Network, and the Social Justice Centres working groups. They interviewed 80 survivors—which included 29 children under the age of 18—across Kenya from March 24th to June 15th to understand the violations perpetrated against them during the COVID-19 emergency. The interviewers encountered numerous risks and obstacles in the course of their work, including police interference when assisting survivors.

The research findings suggest three main impacts of the COVID-19 emergency on SGBV:

1. Emergency measures are exacerbating the vulnerability of children and women:
 - o Children, particularly girls, have heightened vulnerability to sexual violence committed by non-stranger perpetrators (e.g., neighbours) at private residences during the daytime, owing to school closures and a lack of alternative safe venues.



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- Women have heightened vulnerability to sexual and physical violence at all times of day, with attacks by stranger and non-stranger perpetrators (e.g., intimate partners), occurring in both private residences and in public, owing to social isolation and staying indoors with abusers.

2. The socio-economic impact of the crisis has increased tensions within households, with reports of physical violence and increased homelessness for women.

3. Vulnerability to violence has been amplified across the population as a whole according to reports by human rights actors, with there being numerous incidents of death and injuries caused by the police while enforcing the COVID-19 emergency measures put into place.

We offer the following policy recommendations based on our findings:

1. Ensure that inclusive, integrated, and multisectoral SGBV prevention and protection are central to the Kenyan government's COVID-19 emergency and recovery plans at the national and subnational levels. Planning needs to include consideration of gender norms and dynamics.
2. Ensure that the protection of all children from sexual and other forms of violence is given utmost consideration in COVID-19 policy and preparedness planning. Children must be able to access alternative safe venues when schools are shut, and have access to SGBV services.
3. Implement real-time data collection and analysis to document SGBV to enable the identification of possible geographic clusters and crimes being perpetrated by the same offenders, and to measure SGBV service accessibility to ensure appropriate support.



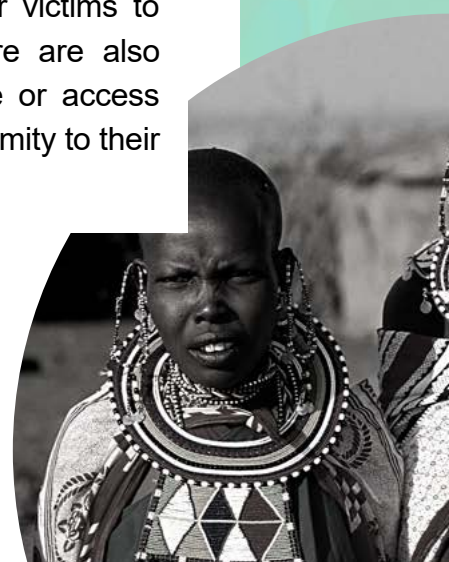
Introduction

While COVID-19 is having far-reaching impacts on people around the world, the effects have been particularly pronounced for certain segments of the population, such as for women and girls. In times of humanitarian crisis (e.g., conflict and war, famine, disease outbreaks), women and girls are especially vulnerable because of gender inequality. Gender inequality is a pervasive issue for societies around the world, and it is exacerbated in times of crisis. Gender inequality is widespread in Kenya, which ranks 142 out of 189 countries on the Gender Equality Index. Achieving gender equality and empowering women and girls is a UN Sustainable Development Goal (SDG5). While there has been progress in tackling gender inequality, the effects of COVID-19 could reverse advancements that have been made (1).

One of the key indicators of gender inequality is sexual and gender-based violence (SGBV). SGBV is defined by the UN as an act perpetrated against a person's will that is based on gender norms and unequal power relationships (2). This can include sexual, physical, psychological, mental, or emotional abuse (3). Over 11 million women in Kenya have experienced sexual violence during their lifetime according to the National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya.

Emergency measures, such as lockdowns and curfews, can be instrumental in controlling the spread of COVID-19 in some contexts, such as in densely populated and urban areas. However, these measures have socioeconomic repercussions, and also appear to increase SGBV. Emergency measures, staff shortages, and economic shocks are causing safe shelters, medical, police and legal services to scale down operations that could support SGBV survivors in the face of COVID-19 (4).

Statistical trends regarding the incidence of SGBV during COVID-19 are limited in their availability. While SGBV professionals believe SGBV cases are rising worldwide, increased incidence is difficult to capture because data are not routinely captured in some countries, such as Kenya. Some organisations have reported experiencing alarming increases in calls to their domestic violence hotlines, especially via text messaging, which is a safer method for victims to report incidents and access help than telephoning. However, there are also reports that some victims have been unable to report to the police or access helplines because curfews and lockdowns have left them in close proximity to their attackers, and therefore, without any opportunity to call for help (5, 6).





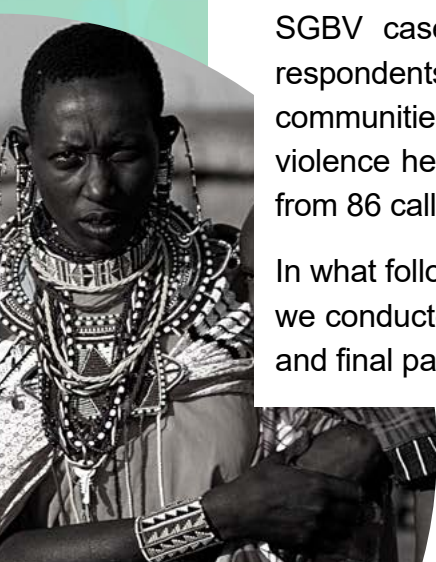
This report is the first in-depth analysis of survivors' accounts of SGBV violations in Kenya during the COVID-19 emergency. The accounts were analysed to ascertain the impact of the pandemic on patterns of SGBV. Human Rights Defenders obtained the accounts by conducting interviews with 80 survivors from across Kenya who suffered SGBV violations during the COVID-19 pandemic. In the course of the research, we also spoke with organisations that serve survivors in Kenya and in other countries around the world to ascertain trends in SGBV incidence and policy in the wake of COVID-19. The research findings underscore how some social distancing measures in the Kenyan context heighten women and children's vulnerability to SGBV.

Three key findings emerged:

- Emergency measures are exacerbating the vulnerability of children and women:
 - Children, particularly girls, have heightened vulnerability to sexual violence committed by non-stranger perpetrators (e.g., neighbours) at private residences during the daytime, owing to school closures and a lack of alternative safe venues.
 - Women have heightened vulnerability to sexual and physical violence at all times of day, with attacks by stranger and non-stranger perpetrators (e.g., intimate partners) occurring in both private residences and in public due to social isolation and staying indoors with abusers.
- Economic losses have increased tensions within households, with reports of physical violence and increased homelessness for women;
- Vulnerability to violence has been amplified across the population as a whole according to reports from human rights actors, with there being numerous incidents of death and injuries caused by the police while enforcing the COVID-19 emergency measures put into place.

These findings are consistent with other reports emerging from Kenya about the impact of the COVID-19 emergency on women and girls. There are 51 reports so far of sexual violations perpetrated by the police since the pandemic began (7). Further, the State Department of Gender Affairs has reported a 42% increase in SGBV cases, while a survey of members of the public found that 62% of respondents believe that COVID-19 is worsening gender inequality in their communities and 53% report that it is increasing SGBV(7). A national domestic violence help hotline in Kenya reported the number of calls received rose 1000%, from 86 calls in February to 1108 in June (8).

In what follows, the first part of this report presents the background for the research we conducted, and the second part describes the research methodology. The third and final part offers recommendations.



Background

Sexual and Gender based Violence (SGBV) is defined by the United Nations Human Rights Commission as an act perpetrated against a person's will that is based on gender norms and unequal power relationships. SGBV can include acts of sexual and physical violence, as well as psychological, mental, and emotional abuse, according to the UN Office for the Coordination of Humanitarian Affairs (9).

In Kenya, the Sexual Offences Act prohibits rape, attempted rape, compelled or induced indecent acts, and defilement, among other sexual offences. Defilement is defined as 'an act which causes penetration with a child' (10). Rates of SGBV are high in Kenya, with the national Violence Against Children Survey finding that nearly 1 in 3 girls and 1 in 5 boys experience at least one act of sexual violence by the age of 18 (11). The Violence Against Children Survey further indicates that 73% of boys and 66% of girls experience physical violence by the time they are 18 years of age (11). Similarly high rates are found on the most recent national Demographic and Health Survey, with 47% of women aged 15-49 reporting experiencing either physical or sexual violence (12). These findings paint a picture of violence as the daily reality for people in Kenya.

During the COVID-19 emergency, there have been reports that women and girls are suffering increased violence as well as diminished access to protection services, which are activities aimed at respecting the rights of the individual in accordance with relevant bodies of law, as well as other essential services (13). International bodies have spoken candidly about actions that need to be taken to protect women and girls from SGBV during COVID-19. UN Women, for example, referred to SGBV during COVID-19 as a 'shadow pandemic' and has encouraged governments to earmark part of their economic support and stimulus packages to specifically address the needs of women during this time (14).

Research in economics suggests that COVID-19 and the emergency measures that have been implemented will have disproportionate consequences for women and girls. It is well-established that women's empowerment is closely linked with a country's economic development (15-17). Not only are women more empowered in wealthier countries, but empowerment tends to grow within a country as it gets richer. Key dimensions of empowerment are bodily autonomy, access to education, and a lack of job discrimination. Unfortunately, while gains tend to be slow and hard won, research shows that women's empowerment often suffers considerably when the economy suffers (16).

There have been calls for all governments to make the prevention of violence against women and girls and protection a key part of national emergency response plans, and to include shelters and helplines in the list of essential services so they remain open and funded (5). The World Health Organisation has made similar recommendations regarding the inclusion of essential services to address SGBV in government response plans, and also notes that health facilities, health providers, humanitarian response organisations, and community members must work to help mitigate SGBV impacts arising from the pandemic (4).

However, despite calls to mobilise medico-legal support, the widespread closing of schools and support organisations, in addition to decreased government operations, has made protecting and responding to the needs of survivors difficult, and at times impossible, to achieve. For example, domestic violence organisations and safe shelters that have remained open have been overwhelmed by a surge in SGBV cases in some instances, while in others the number of calls for help have declined significantly because perpetrators are preventing victims from accessing protection and other essential services (18). Further, many organisations have had to close facilities and programmes because they are experiencing decreased funding owing to the economic fallout of the COVID-19 pandemic (18).

On July 6th President Kenyatta called for Kenya's National Research Centre to investigate the rising numbers of sexual and gender-based violations, particularly its effects on girls, and for security agencies to take remedial action. It also called for the immediate prosecution of suspected perpetrators (8).

This report responds to President Kenyatta's call, and is one of the first to provide critical evidence about patterns of SGBV during the COVID-19 pandemic in Kenya using first-hand accounts from survivors. Evidence regarding the characteristics of violence, including where it is occurring and how it is being perpetrated, is critical for informing public policy and preventing violence during future outbreaks. The findings also provide a knowledge base for governments regarding how to increase the availability and delivery of protection and other vital life-saving services.

This research was led by the Wangu Kanja Foundation in Kenya (www.wangukanjafoundation.org) and the CARE and Rights for Time (www.rights4time.com) projects at the University of Birmingham in the United Kingdom. The project was initiated in response to reports that patterns of violence had shifted in the wake of COVID-19, with survivors and SGBV organisations facing numerous new challenges in accessing and delivering post-assault services owing to social control measures that have been instituted to halt the spread of COVID-19.



Methods

The research builds upon the UK Research and Innovation's CARE and Rights for Time research projects, which are currently being undertaken in Kenya to study the physical and mental health impacts of sexual violence, and SGBV survivors' experiences in trying to obtain medical care, protection, and other services in the aftermath of their ordeal. A WhatsApp group was established on March 24th to identify SGBV violations occurring during the COVID-19 pandemic. The research team, which included Gender Defenders, volunteers from the Survivors of Sexual Violence in Kenya Network and the Social Justice Centres working groups across Kenya (hereafter, Human Rights Defenders) joined the WhatsApp group. Once a case was identified, the team in the region (See Table 1) where the violation occurred contacted the survivor either in person or via a phone call. Incidents are still occurring, and data collection is ongoing. In this report we analyse the first tranche of cases.

The survivor, or their legal guardian if they were under the age of 18, was interviewed using a standard form (see Appendix A), which recorded the survivor's basic demographic information, the characteristics of the perpetrator, a description of the incident, and information about any services the survivor had accessed in relation to the assault. The interview protocol was informed by guidelines from the WHO ethical principles for research on SGBV, as well as by safety protocols developed by the research team for conducting their work with survivors (19). Survivors were also supported by the research team in obtaining medical, police and legal services.



Results

The research team interviewed survivors across Kenya (see Table 1). Emergency measures instituted to control the spread of COVID-19 in Kenya included physical distancing, such as working from home, as well as school closures, self-isolation, and a dusk-to-dawn nightly curfew. Owing to these measures, the research team encountered numerous risks and obstacles in the course of carrying out their work. They faced challenges in documenting and reporting cases, as well as police threats and harassment in the course of lockdown enforcement. They also had difficulties reaching survivors due to the nightly curfews and scaled down medio-legal service operations, such as safe shelters.

Table 1. Regions where Human Rights Defenders Recorded the Violations.

Regions

Ahero Town	Marimanti
Awasi	Meru
Chuka	Migori
Dandora	Migorilsori
Diamond Kwa Rueben	Mile Saba
Eastleigh	Muhoroni sub county
Giakanja	Mukuru Kwa Njenga
Gitare Marigu	Nairutia
Homabay	Nambale
Kahawa West	Narok
Kantongo Homobay	Nkareta
Kayole	Nambale township
Kiambu	Numbale
Kilonzo	Nyakach subcounty
Kiriaini	Nzambari
Kisumu Beach	Pipeline
Kitui County	Pumwani
Kondele	Ruben Nairobi
Kopulio	Shauri Moyo
Lanet	Subukia
Majengo	Viluga
Makadara	Viwga
Makuyu	Wanyororo

The following section will present the statistical results. We also include excerpts from the Human Rights Defenders' notes about individual cases to further characterise the incidents.

The vast majority of interviewees (n=80) were women (n=50 women, n=1 man) and girls (n=29, n=0 boys). Across the entire sample, survivors reported that the perpetrator(s) were by and large men (91%) who were between 30-39 years of age.

The average age of the adult survivors was 29.19 (SD=8.38, age 18-54) years. For adults, 68% of the incidents were sexual violence violations, with 93% of these perpetrated by men

Results cont.

Table 2 provides a descriptive overview of the violations reported. Almost all (96%) of the incidents against children were sexual violence violations, with all of the incidents perpetrated by men. According to national statistics in Kenya, child survivors experience sexual violence on average at 16 years of age. This contrasts with the COVID-19 incidents we recorded. The average age of child survivors in the COVID-19 sample was younger, with survivors aged 12.33 (SD=3.75, age 5-17 years) years on average.

Table 2. Characteristics of the Violations by Survivor Age Group (Adults versus Children) Interviewed by the Human Rights Defenders.

	Adults (n = 50)	Children (n = 29)
% of sexual violence violations	32%	97%
Average age of the survivor	29 years	12 years
% of cases with female survivor	94%	100%
% cases perpetrated by someone known to survivor	65%	85%
Average age of the perpetrator	30-39 years old	30-39 years old
% of male perpetrators	94%	100%

Characteristics of the Sexual Violence Incidents

Adults. About half of the sexual violence incidents involving adults occurred at a private residence (53%), with 72% of these violations happening at the survivor's home, followed by 16% at other residences and 12% at the perpetrator's home. The sexual violence attacks occurring outside of a private residence happened when the victim was at work (21%), on the way to work (36%), or at some other public location (43%). More than half of the sexual violence attacks on adults occurred at night (59%). Half of the incidents were perpetrated by a stranger (50%). Multiple perpetrators (range: 2 to 6 perpetrators) attacked the adult victim in 39% of the sexual violence incidents.

Box 1. Human Rights Defender's Description of a Sexual Violence Case, Adult Survivor

Unknown assailants broke down the survivor's door to her house in the night, robbed her and raped her. The survivor felt she was socially isolated and vulnerable to attack due to the curfew.



Table 3. Characteristics of Adult Survivor Sexual Violence Violations

Survivor - Perpetrator Relationship		Location	
Stranger	50%	Private residence	53%
Husband / boyfriend	25%	Public location	47%
Family member	9%	Time of day	
Neighbour	3%	Day	41%
Other	13%	Night	59%

Box 2. Human Rights Defender’s Description of a Sexual Violence Case, Adult Survivor

The survivor was brutally sexually tortured by her husband, who accused her of having an affair after he returned home after being locked down overnight at a separate location.

Box 3. Human Rights Defender’s Description of a Sexual Violence Case, Adult Survivor

The survivor was raped outside her home at night by an unknown assailant when she attempted to urinate. The streets were empty due to lockdown and there was nobody to help her.

Children. The vast majority of violations (71%) against children happened at a private residence, with 65% of private violations happening at the perpetrator’s home, followed by 29% at the survivor’s home, and 6% at other residences. This contrasts markedly with the most recent national SGBV survey of children, wherein child survivors reported that their most recent attack happened at their own residence in 49% of incidents, followed by 20% at the perpetrator’s residence, and 4% at some other residence (11).

Box 4. Human Rights Defender’s Description of a Sexual Violence Case, Child Survivor

The 12-year-old girl was assaulted badly by three men who claimed that she was going with men (i.e., engaging in sex work) because school being closed due to COVID-19.

Table 4. Characteristics of Child Survivor Sexual Violence Violations

Survivor - Perpetrator Relationship		Location	
Stranger	15%	Private residence	72%
Family member	23%	Public location	28%
Neighbour	42%	Time of day	
Other	20%	Day	76%
		Night	24%

The majority (76%) of the child survivors were attacked during the day. Most of the attacks were by a perpetrator who was a person known to the victim (84%). Half (52%) of all of the violations against children were committed by neighbours, and 33% by a family member. Notably, these findings contrast with the most recent national survey of children, which reported that only 20% of all incidents were perpetrated by a neighbour (11). Looking across all of the incidents in our sample involving children, multiple perpetrators attacked the child in 4% of the incidents.


Box 5. Human Rights Defender’s Description of a Sexual Violence Case, Child Survivor

The girl was defiled by a neighbour at his house when she was returning his phone after he loaned it to her for E-learning

The Human Rights Defenders also asked survivors about the services they had attempted to access following their ordeal. Table 5 reports the proportion of children and the proportion of survivors who accessed a given service. As can be seen, a minority of survivors were able to access protection services during the COVID-19 emergency period. Children were more likely to access services than adults.

Table 5. Percentage of adults and percentage of children able to access essential support services with the assistance of Human Rights Defenders in the aftermath of SGBV during the COVID-19 pandemic.

	Adults	Children
Medical	63%	85%
Counselling	42%	52%
Police	50%	78%
Legal	21%	30%
Protection	27%	30%



There are high rates of the survivor reporting to the authorities in this sample relative to other samples in Kenya, perhaps owing to the fact that the cases were recorded by Human Rights Defenders. For instance, the rate of reporting to the police is higher than what is typical. Only a fraction of cases are typically reported to and pursued by the justice system (20) (see Shako and Kalsi's Forensic observations and recommendations on sexual and gender-based violence in Kenya for further discussion). The protection mechanisms that are in place include relocating victims to safe spaces and shelters and issuing protection orders. Safe spaces are venues where an individual will be hosted for a period of time while pursuing justice in court if they are facing threats or intimidation, as well as alternative accommodation for survivors and their families.

Intimate Partner and Other Violence Against Adults

The remaining interviews uncovered reports of intimate partner and other violence against adults. These cases included domestic violence incidents that were committed by in-laws and other family members, as well as violations involving violations committed by the police. There was only one case of non-sexual violence against a child reported to Human Rights Defenders. This case will not be described in the interest of protecting the identity of the child.

Nearly all of the incidents (94%) were committed by a someone known to the survivor. The survivor's husband was the perpetrator in 56% of all of the cases. The survivor was attacked by multiple perpetrators in 31% of the incidents. The survivor reported serious injuries in 31% of the cases. Survivors reported they received medical attention in 31% of the cases.

Box 6. Human Rights Defender's Description of an Intimate Partner Violence Case, Adult Survivor

The husband has no income as a result of COVID-19 and the survivor feels his violence reflects the extreme stress he is under.

Table 6 presents characteristics of intimate partner and other physical violations against adults. For adults, 83% of the violations occurred at a private residence, with 90% of the incidents occurring at the survivor's residence. The violations occurring outside a private residence all happened when the survivor was on the way to work.



Table 6. Characteristics of Adult Survivor Intimate Partner and Other Physical Violence Violations.

Survivor - Perpetrator Relationship		Location	
Husband / boyfriend	62%	Private residence	83%
Family member	12%	Public location	17%
Other	18%	Time of day	
Stranger	6%	Day	77%
		Night	23%





Summary of Findings and Conclusions


In the following section, we summarise and discuss our findings in relation to the wider literature on the incidence of sexual and other forms of violence during humanitarian emergencies. We focus especially on key aspects of the pandemic that are increasing vulnerability for women and girls.

Sexual Violence Violations of Children. Our results suggest that children are becoming victims of sexual violence at a younger age during the pandemic compared to population statistics from previous years. Further, there was a considerable number of incidents in which neighbours gained access to the child by promising to help with schoolwork, such as by allowing the child to access the internet or borrow a mobile phone. A key way in which crises affect girls is school closures and subsequent barriers to re-enrolling post-pandemic. In difficult times, such as pandemics, when incomes are limited, providing basics, such as food, becomes difficult and many households are often forced to make choices they normally would not make, such as stopping their children's schooling (21, 22). Missing out on education is particularly serious as girls in Kenya already spend limited time in school. School closure, or an inability to attend, also means that girls are more at risk of early pregnancy and sexual abuse. These in turn limit women's future educational opportunities and chance of financial independence (17).

As is common in humanitarian crises, unstable housing and the lack of available safe spaces render certain populations, especially girls, more vulnerable to exploitation and abuse (23). Compounding this issue is the fact that, during any humanitarian crisis, parents and other caregivers often become less able to supervise their children (23). This is especially true in the current situation, where children's caregivers may be sick themselves, caring for sick family members, or increasing their efforts outside the home to provide for their families, and are thereby less able to care for their children.

Outbreaks mean that children, especially girls, face a greater risk of SGBV, such as rape, domestic abuse, and sexual exploitation (23). This has been seen in countless crises around the world, and is especially common in refugee or internally displaced person (IDP) camps, where there is a lack of a formal education structure and young girls are tasked with foraging for food or firewood away from their family or community (24). Displacement also leaves women and girls more at risk to violence due to the breakdown of typical protection and support structures (25). During the Ebola crisis in Sierra Leone, for example, there was a 65% increase in teenage pregnancy due to girls being out of school (26). In Kenya, similar surges in teenage pregnancy rates have been reported, with one area reporting 4000 pregnancies (8).

Pandemics impact older girls and women differently to younger girls. Older girls suffer more from a lack of economic opportunity and access to health facilities (27). Crises are often associated with a reduction in women's ability to earn money, and an increase in the price of staple goods.



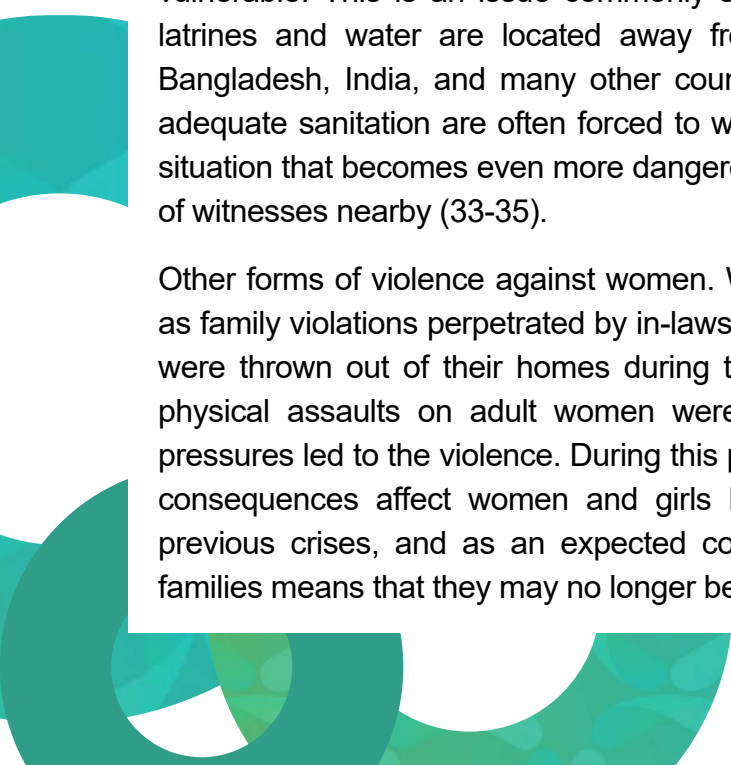
A study of post-election violence following the 2007 Kenyan Presidential election documents this, and shows that limited access to financial services meant that loss of earnings due to the violence led to women engaging in riskier behaviours, such as unprotected sex, to make up for lost income, both during and particularly afterwards a crisis (28).

An important implication based on our findings is that girls need alternative safe venues when schools are closed. A study of the effect of the Ebola epidemic in the DRC found that the closure of schools is associated with 7% increase in the rate of young pregnancy, and a 16% reduction in school enrolment after the crisis (29). This suggests that closing schools not only impacts girls' educations, but also that the lack of safe spaces has negative consequences. Tested in a randomised control trial study, a policy that provided girls with a protective space and information about health and reproduction eliminated these effects (29).

Sexual Violence Violations of Women. In the current study, there were reports of sexual violations against women perpetrated by husbands and partners who were home more often as a result of movement restrictions, and demanding sex from their partner. In a patriarchal society such as Kenya men may feel they are entitled to sex due to ideas about them being in charge of women (30). This feeling is not reserved for a spouse/partner, but extends to strangers and casual acquaintances as well, and often manifests as rape being used as a punishment from men to women who are not 'suitably subservient to their needs' (30). These issues often appear in different contexts, yet in similar forms. In Ghana, for example, men feel entitled to sex from their wives because they have paid bride-price or simply because they feel a girlfriend owes them sex whenever they desire (31). Forms of this are also found in western countries, where some men may feel entitled to sex because they paid for a meal or a drink for their date (32).

There were also cases where the victim reported that they were attacked in public or just outside their home, and owing to the curfew, they were socially isolated, alone, and vulnerable. This is an issue commonly seen in refugee or IDP camps or locations where latrines and water are located away from the central community. Research in Kenya, Bangladesh, India, and many other countries have shown that women without access to adequate sanitation are often forced to walk long distances to access bathroom facilities, a situation that becomes even more dangerous at night and when curfew reduces the number of witnesses nearby (33-35).

Other forms of violence against women. We found that many cases could be characterised as family violations perpetrated by in-laws and co-wives, including instances where survivors were thrown out of their homes during the pandemic without any financial recourse. The physical assaults on adult women were typified by the survivor reporting that financial pressures led to the violence. During this pandemic and other humanitarian crises, economic consequences affect women and girls both directly and indirectly. For instance, during previous crises, and as an expected consequence of COVID-19, economic hardship for families means that they may no longer be able to afford school, especially for girls (26).





Economic difficulties for families and individuals may also force girls to turn to transactional sex for money and food, an issue that was seen during the Ebola crisis in Sierra Leone and other countries in West Africa between 2013-2016 (26, 36). This pandemic and other crises also disproportionately affect agricultural trade and the informal economy, industries which are heavily populated by women who have therefore suffered economic losses due to the shutdown (25). Because women disproportionately work in lower-paid, insecure, and part-time jobs, they are afforded little to no economic security and social protection, such as health insurance, and therefore are more prone to experiencing economic shocks more deeply in times of crisis than their male counterparts (5).

Curfews, lockdowns, and other measures create opportunities for people in authority to economically exploit and sexually violate people. In Kenya, for example, post-election violence in 2007-2008 included many instances of rape or excessive force by police or protestors or individuals out past curfew (37). This pattern was repeated during the 2017 post-election period as well, where 24 people were killed in the days following the election, with at least six being killed in clashes with police (38). During the first ten days of Kenya's dusk-to-dawn curfew imposed at the end of March to prevent the spread of COVID-19, six people died from police violence and there have been more reports of police extorting money from residents or taking bribes after arresting or kidnapping individuals (39).

Future Research Needed. The Kenyan government does not systematically record crimes reported to the police or track them as they proceed through the health, police, or court systems. Hence, trends in reporting and prosecuting sexual and other forms of violence are impossible to assess, particularly in relation to emergency situations, such as COVID-19. The availability of high-quality data is limited, and little is known about the attrition of sexual violence and other cases in the legal system, or survivors' experiences with post-rape care service provision. The existing knowledge base in Kenya largely stems from the experiences of Human Rights Defenders and practitioners who report that perpetrators operate with impunity. Survivors suffer threats and other cumulative harms in attempting to access services and justice.

Grassroots efforts are underway by the Rape Survivors' Network in Kenya, which is documenting sexual violence incidents and its health and psychological impacts on survivors across all 47 counties using a mobile application. Their work includes tracking survivors' experiences in accessing post-rape care services and justice, with the aim of creating policies that protect survivors, restore dignity, and create a society that is free of violence. The Sexual Violence Survivors' Network in Kenya is using the data to provide a strong basis for policy recommendations for protecting the health and human rights for survivors, a topic we turn to next in the context of the COVID-19 pandemic.



Recommendations

The totality of circumstances surrounding the COVID-19 emergency is increasing inequality and exacerbating vulnerability, particularly for women and girls. Going forward, a human rights-based approach is needed for public policy for humanitarian protection and recovery. We offer three recommendations based on our findings:

1. Ensure that inclusive, integrated, and multisectoral SGBV prevention and protection are central to the Kenyan government's COVID-19 emergency and recovery plans at the national and subnational levels. Planning needs to include consideration of gender norms and dynamics.

- Plans should include alternative emergency access routes to services, including free wi-fi access, and platforms for online and telephone reporting.
- Exempting movement to access vital services, including sexual violence services, from lockdown requirements. Additionally, bystanders must not be arrested or prosecuted for lockdown violations if they are aiding a survivor.
- Crisis management plans should give priority to the most vulnerable, for instance by courts expediting restraining orders and SGBV prosecutions.
- Strengthening the medico-legal response strengthening is essential, such as by establishing a national police sex crimes unit to provide one-stop specialist medical, forensic, and other services.
- Budgeting must be transparent and appropriate, and resources should not be diverted away from sexual violence and other services during emergencies.
- Plans should routinely seek to identify safety risks and trends, assess the availability, accessibility, acceptability, and quality of interventions, and establish if interventions increase gender inequality and exclusion.
- Survivors and women should hold key leadership roles and participate in planning to ensure COVID-19 policy reflects women's needs, priorities, and capacities.
- Ensure that plans include mechanisms that hold police to account in protecting and supporting survivors.



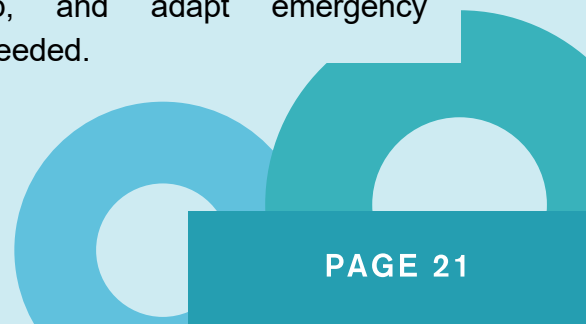


2. Ensure the protection of all children is given utmost attention in COVID-19 policy.

- Guarantee that children have access to alternative safe venues when schools are closed, especially vulnerable children, such as those in settlements, living and working on the streets, and children with existing conditions, such as any form of disability.
- Use age-appropriate awareness-raising messages on SGBV risks and referral pathways if subjected to SGBV.
- Launch expert-informed age-appropriate messages about sexual violence that reach and inform children, their caregivers, and support workers about risks, available support services, and referral pathways.
- Provide training to first responders about child protection risks arising from COVID-19, and how to identify and safely report sexual and other forms of violence.

3. Develop and implement routine data collection processes in the healthcare, police, and judicial systems, to inform prevention and protection policy, structures, and mechanisms.

- Invest in the real-time collection and analysis of sexual violence and other violations to identify possible geographic clusters and crimes being perpetrated by the same offenders, and to measure service accessibility to ensure appropriate support.
- Report and monitor suitably disaggregated data to ensure vulnerable groups, such as women, children, people living in settlements, migrants, people with HIV, and others are not overlooked in service provision.
- Use innovation and technology to support survivors through the referral pathway, such as by tracking cases via mobile applications, dash boards, digital occurrence book numbers, and so on.
- Regularly draw on data about SGBV for rapid learning and agile policy development as the pandemic continues to develop, and adapt emergency preparedness plans as needed.



Acknowledgements

We are grateful for the survivors who shared accounts of their ordeals, the organisations who spoke with us, and the Human Rights Defenders who conducted the interviews. The research was made possible by grants from UK Research and Innovation and the University of Birmingham Institute for Global Innovation.



Appendix


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SURVIVOR DATA SUMMARY FORM

- a. Date of incident: _____ Time of incident: _____
- b. Age of survivor: _____ Sex: _____
- c. Location(s) of incident
- Survivor's house: **Yes/No**
 - Other's house: **Yes/No**
 - Place of Work: **Yes/No/I don't know**
 - Perpetrator's house: **Yes/No/I don't know**
 - On my way to work/On the road: **Yes/No/I don't know**
 - Other location (please describe) _____ : **Yes/No/I don't know**
- d. Name of the city/town/village where incident initially took place:- _____
- e. Brief description of incident:
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- f. Perpetrator's Information:-
- Number of perpetrator(s):- _____ Do you know the perpetrator(s):- _____
 - If Yes, How _____
 - What is the gender:- _____ Age of the perpetrator: - _____
- g. Post Incident Information:-
- What action did the survivor take after the incident?
 - a. Seek medical attention: **Yes/No**
 - b. Seek counselling: **Yes/No**
 - c. Report to the police: **Yes/No**
 - d. Seek legal redress: **Yes/No**
 - e. Protection/Safe space/Shelter: **Yes/No**
- h. If the survivor sought medical attention for the incident:
- a. Did you become HIV positive due to the incident? **Yes/No/I don't know**
 - b. Did you get pregnant due to the incident? **Yes/No/I don't know**
 - c. Did you contract any STI's due to the incident? **Yes/No/I don't know**
 - d. Were you physically injured due to the incident **Yes/No/I don't know**
- i. Was the survivor referred to the WKF? Yes/No → If **YES**: Client's Ref. No: _____

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