Facing Violence II
In My Own Words
December 2020

‘Facing Violence II’ In My Own Words

Interviewer & Authors: Deora Ndezwa
Editors: Dr. Griffins Manguro, Prof. Marleen Temmerman
ICRHK Project Coordinator: Abigael Sidi
Photographer: Bigz Image
Head of Production: Dr. Griffins Manguro
Sponsor: AmplifyChange
Graphic Designer: Gideon Gichu

Disclaimer: The names of the survivors and some of the locations in this booklet have been changed to protect their identities. At the time of the interviews, all the survivors featured in this booklet were offered a chance to take up counselling sessions with ICRHK later on.

Warning: Be advised that this booklet contains discussions of sexual abuse and violence, suicidal thoughts and depression. The content may not be suitable for readers under 13 years old.

ICRHK Mombasa
International Centre for Reproductive Health, Kenya
P.O. Box 91109
Mombasa

With the support of AmplifyChange:

[Logo for AmplifyChange]  
www.amplifychange.org
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOREWORD</td>
<td>4</td>
</tr>
<tr>
<td>AUTHOR’S NOTE</td>
<td>5</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>6</td>
</tr>
<tr>
<td>DEFINITIONS OF TERMS IN SGBV</td>
<td>7</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>9</td>
</tr>
<tr>
<td>• What the Kenya law says about SGBV</td>
<td>11</td>
</tr>
<tr>
<td>• The Gender Based Violence Recovery Centre (GBVRC)</td>
<td>14</td>
</tr>
<tr>
<td>• About the Booklet and Purpose of the booklet</td>
<td>15</td>
</tr>
<tr>
<td>• The Interview Process</td>
<td>16</td>
</tr>
<tr>
<td>• How to read the booklet</td>
<td>16</td>
</tr>
<tr>
<td>• Hope for the future</td>
<td>16</td>
</tr>
<tr>
<td>CHAPTER 1: STORIES FROM THE YOUNG AND VULNERABLE</td>
<td>18</td>
</tr>
<tr>
<td>• Justin</td>
<td>19</td>
</tr>
<tr>
<td>• Alisha</td>
<td>22</td>
</tr>
<tr>
<td>• Queen</td>
<td>25</td>
</tr>
<tr>
<td>• Umi</td>
<td>28</td>
</tr>
<tr>
<td>• Winnie</td>
<td>31</td>
</tr>
<tr>
<td>• Leakey</td>
<td>34</td>
</tr>
<tr>
<td>• Omari</td>
<td>39</td>
</tr>
</tbody>
</table>
## ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AP</td>
<td>Kenyan Administration Police</td>
</tr>
<tr>
<td>CGTRH</td>
<td>Coast General Teaching and Referral Hospital</td>
</tr>
<tr>
<td>FSW</td>
<td>Female Sex Worker</td>
</tr>
<tr>
<td>GBVRC</td>
<td>Gender Based Violence Recovery Centre</td>
</tr>
<tr>
<td>GSU</td>
<td>General Service Unit</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>ICRHK</td>
<td>International Centre for Reproductive Health, Kenya</td>
</tr>
<tr>
<td>KDHS</td>
<td>Kenya Demographic and Health Survey</td>
</tr>
<tr>
<td>KEMRI</td>
<td>Kenya Medical Research Institute</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have sex with other men</td>
</tr>
<tr>
<td>MSW</td>
<td>Male Sex Worker</td>
</tr>
<tr>
<td>NHIF</td>
<td>National Hospital Insurance Fund</td>
</tr>
<tr>
<td>OB</td>
<td>Occurrence Book</td>
</tr>
<tr>
<td>OCS</td>
<td>Officer Commanding Police Station</td>
</tr>
<tr>
<td>PEP</td>
<td>Post-exposure Prophylaxis</td>
</tr>
<tr>
<td>PrEP</td>
<td>Pre-exposure Prophylaxis</td>
</tr>
<tr>
<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
</tr>
<tr>
<td>SOA</td>
<td>Sexual Offence Act</td>
</tr>
<tr>
<td>Sr</td>
<td>Sister</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
</tr>
</tbody>
</table>
## GLOSSARY

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangi</td>
<td>Marijuana</td>
</tr>
<tr>
<td>Bodaboda</td>
<td>A motorcycle commonly used for public transport in Kenya and parts of East Africa</td>
</tr>
<tr>
<td>Leso/Kanga</td>
<td>A rectangular piece of material made of pure cotton that is commonly wrapped around as a skirt, dress or head wrap in the Swahili culture and parts of East Africa</td>
</tr>
<tr>
<td>Mama</td>
<td>Meaning 'mother' in Swahili, this is often used as a sign of respect or reference to older women/matriarchs/maternal figures in the community</td>
</tr>
<tr>
<td>Shoga</td>
<td>A Swahili derogatory term used to refer to a homosexual man</td>
</tr>
</tbody>
</table>
FOREWORD

I’m very excited to be bringing this book to you. This book tells the real-life experiences of men, women and children who have experienced sexual violence. All the people whose experiences are portrayed in this book have decided to share their stories with the intention that they will encourage you to take action against sexual violence. They decided to share their stories in the expectation that the stories will inspire their communities to recognize and respond to sexual abuse.

This book is published with the support of the AmplifyChange Strengthening grant awarded to the International Center for Reproductive Health (V38B-GSEG-7L)

I would like to acknowledge the contributions of the numerous people involved in collecting stories, writing and editing this book. First of all, my sincere gratitude goes to Abigael Sidi for her tireless work in selecting the stories to be included in this book and in supporting the writing. I would like to thank Dr. Iqbal Khandwalla and Jennifer Othigo of the Coast General Teaching and Referral Hospital for their invaluable support to the Sexual and Gender-Based Violence and Recovery Center over the years. I also thank Hon Hazel Koitaba, Member of the County Executive Committee, Mombasa County for her unwavering commitment to SGBV prevention and response in Mombasa. My gratitude goes also to Saida Wanjiku and Mary Kiambi, who continue to take care of survivors of sexual violence at the GBVRC. Special thanks to Prof. Marleen Temmerman, ‘Mama ICRH’ and a founder of the SGBV Center who edited this book and graciously agreed to write a forward. Finally, my gratitude goes to Deora Ndezwa, who conducted interviews, collected the stories for this book and wrote the first draft and Gideon Gichu who created the design and layout.

Griffins Manguro

Dr. Griffins Odhiambo Manguro
Country Director, ICRHK
PREFACE

As ‘Mama ICRH’, the Founding Director of the International Centre for Reproductive health, and one of the architects of the Gender Based Violence and Recovery Centre at the Coast Provincial General Hospital, Mombasa, I am honoured and proud to be given the opportunity to provide the foreword of this book, “Facing Violence, In My Own Words”

Sexual and gender-based violence (SGBV) is highly prevalent and is a major public health problem globally. In Kenya, an estimated 32% of females and 18% of males were reported to have experienced SV before the age of 18 years. SGBV is not only a serious public health concern, but also a human rights violation and is on the rise in covid-19 times. Although both sexes suffer SV, women are disproportionately affected, which may reflect underlying harmful gender norms within many societies.

Kenya has made a significant strides within its policy and legislative framework relating to SGBV and other health related human rights through, for instance the passing of the Sexual Offences Act and the HIV Prevention and Control Act amongst others. The recently promulgated constitution has also brought great gains in the realm of human rights protection. This notwithstanding, access to justice remains a challenge. Many survivors do not report cases of SGBV due to reasons like self-blame, embarrassment, fear (due to threats) and shame. In cases of incest, survivors may be worried about reporting their own family members to the police for fear that it may wreck the family. Another key barrier to accessing services is the negative attitude of Law Enforcement Agents when handling Survivors. The nature of offences like rape is that more often than not there are no witnesses thus making such cases difficult to prove.

Gender-based violence centers hold great potential to improve not only the health but also the legal follow-up and outcomes of SGBV survivors by strengthening referrals to the police and other legal channels and by collecting good-quality forensic specimens. In the event of SGBV perpetration the immediate need is access to medical management (treatment of injuries, provision of emergency contraceptives, Post Exposure Prophylaxis (PEP) and STI treatment), psychosocial and legal support. Since 2007, the GBVRC based in Mombasa provides comprehensive care to survivors of SGBV and serves as a learning center to the region and the
country. Over 10-year follow-up data of more than 7,000 survivors show that 88% of survivors is female, with a median age of 14 years, although male survivors are significantly younger. In 85% of cases, the perpetrators are known to the survivors, and over 75% of survivors are referred from the police stations. Others were referred from other facilities for psychosocial and legal support. Perpetrators in the study ranged from strangers to neighbours, relatives, family friends, sex workers clients and even law enforcement agents (police and General Service Unit officers).

More data is becoming available, however despite the #MeToo movement, the topic remains taboo in many countries and a culture of silence hampers the shift of paradigm needed for change. For that reason, ICRH decided to invite some of the survivors to share their stories, often heartbreaking and shocking, but a reflection of their resilience and strength to continue with their lives. It is our hope that they will find hope and strength through the story telling. Given the existing high rates of SGBV, it is our further hope that, through this project, action shall be created through public pressure and awareness raising to ensure that the health related human rights of all, especially vulnerable groups are not compromised.

Prof. Marleen Temmerman,
“Mama ICRHK”
I applaud ICRHK, and collaborating partners, on their continuous efforts in supporting SGBV survivors from all walks of life, in their long journey to recovery.
AUTHOR’S NOTE

It has been a great honour to put pen to paper, and document the experiences of the 15 survivors featured in Facing Violence II. Their moments that they shared of despair, pain, defeat, and shame were enough to bring me to my knees. Nevertheless, their exceptional strength in the face of constant adversity, and the openness in which they received my questions during the interview process, was more than enough, to bring me back up. I am in awe of, and respect those who fight this daily struggle of trauma, justice, acceptance and fear, in a world that has failed to protect them, and sometimes stripped them of their innocence and will to live. I commend those who fight for them, fight with them, cry with them, accept them, and support them, as that is equally a journey in itself. Therefore, I have the utmost reverence and gratitude to the amazing individuals, whose stories are forever memorialised in this booklet. Thank you for allowing me to be part of your journey.

My wish for those who pick a copy of this booklet and flip through its pages, is to practice empathy, love, respect, and understanding. With the words etched in here, I hope for a more enlightened Kenyan society, which continues to protect and support those at risk of SGBV, and those who have survived it as well. Sensitization, awareness and understanding is needed, to continue to have honest conversations about the scourge of SGBV in Kenya. Hence, when you read this booklet, listen to the voices of those represented here.

I applaud ICRHK, and collaborating partners, on their continuous efforts in supporting SGBV survivors from all walks of life, in their long journey to recovery.

It is my hope that the future will bring with it a more aware Kenya, and ultimately, a more aware world, that is steadfast in battling SGBV, and providing the best possible care for survivors.

Thank you.

Deora Ndezwa
ACKNOWLEDGEMENTS

Heartfelt gratitude and respect goes out to the survivors who took part in this booklet, and who trusted us to share their experiences. We dedicate this booklet to you and those affected by SGBV.

Deepest thanks goes to the project coordinator, ICRHK management, staff, and peer educators, who through their targeted vocation, continue to shine the light on SGBV issues and work to support survivors.

Warm appreciation is also extended to the Coast General Teaching and Referral Hospital and the GBVRC team, whose doors are always open, providing a safe haven for survivors.

Amplify Change provided generous financial support for this booklet which is gratefully acknowledged.

Thank you all!
DEFINITIONS OF TERMS IN SGBV

**Abortion**: This is the ending of a pregnancy by removal or expulsion of an embryo or foetus.

**Assault**: An intentional act by one person that creates an apprehension in another of an imminent harmful or offensive contact. An assault is carried out by a threat of bodily harm coupled with an apparent, present ability to cause the harm.

**Consent**: To give permission for something to happen. It is the agreement, approval, or permission as to some act or purpose especially given voluntarily by a competent person. Express consent is defined as consent that is clearly and unmistakably stated.

**Defilement**: is any sexual intercourse with a child under the age of 18 years old, whether or not the child consent.

**Forensic Examination**: A top-to-toe examination looking for injuries and taking samples that may be used as evidence in a police investigation and any subsequent prosecution.

**Gender Based Violence (GBV)**: Any act that results in physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life perpetrated against a person based on socially-ascribed (gender) differences between males and females. Violence is a common method used to dominate management of power relations.

**LGBTQI**: This is an umbrella term for lesbian, gay, bisexual, transgender, queer and intersex people. The **L**, **G**, and **B** refer to sexual orientation, who a person feels romantically and/or sexually attracted to.

The **T** refers to transgender identity and expression. This is an umbrella term for people whose gender identity is different from the sex assigned to them at birth.

**Q** refers to queer in relation to sexual orientation, gender identity and expression, or relationships and sexual practice, but it also represents a critical view of existing norms.
I refers to intersex, which is an umbrella term used for a variety of experiences in which a person is born with, or develops, a reproductive or sexual anatomy that does not fit the typical definitions of female or male. An intersex person may identify as female, male, or neither.

In Kenya, the LGBTQI community face legal challenges not experienced by non-LGBTQI. Sodomy is a felony per Section 162 of the Kenyan Penal Code, punishable by 14 years’ imprisonment, and any sexual practices between males (termed “gross indecency”) are a felony under section 165 of the same statute, punishable by 5 years’ imprisonment.

**Paralegal:** An individual who is employed or retained by a lawyer, law office, corporation, governmental agency, or other entity and who performs specifically delegated substantive legal work for which a lawyer is responsible. Paralegals perform tasks requiring knowledge of the law and legal procedures.

**Rape:** is defined as unlawful sexual activity and usually sexual intercourse carried out forcibly or under threat of injury against a person’s will or with a person who is beneath a certain age or incapable of valid consent because of mental illness, mental deficiency, intoxication, unconsciousness, or deception.

**SGBV:** Sexual and gender-based violence is an act that is directed against a person on the basis of his/her gender or sex. It includes acts that inflict physical, economical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.

**Categorization of SGBV:** In Kenya, as in other places around the world, SGBV occurs in diverse forms across all socio-economic and cultural backgrounds and women are socialised to accept, tolerate and even rationalise it. The nature and extent of specific types of SGBV vary across the different cultures in Kenya. Types of SGBV are not limited to sexual violence; sexual exploitation and abuse; forced prostitution; domestic violence; human trafficking; forced or early marriage; and harmful traditional practices such as female genital mutilation, honour killings, widow inheritance, among others.

**Survivor:** Any person who has undergone violence or abuse (in this case SGBV) and has lived through the experience. A survivor is also known as a ‘victim’ according to the Sexual Offence Act (SOA).

**Suspect:** Refers to an alleged assailant or perpetrator and is used interchangeably in the booklet.
Men are the main perpetrators of violence, as indicated in over 90% of reported cases (KDHS 08/09).

There are female perpetrators as well, contrary to common misconceptions.

1 in 3 Kenyan females, has experienced an episode of sexual violence before attaining age 18 (Kenya VAC 2010).

Between 39% and 47% of Kenyan women experience GBV in their lifetime which is among the highest rates in the world.

GBV towards pregnant women in Kenya is estimated to be 13.5%. (KDHS 07/08).

1 in 5 Kenyan males has experienced an episode of sexual violence before attaining age 18 (Kenya VAC 2010).

Domestic Violence: 38% of married women have ever experienced physical violence compared to 9% of married men.

14% of married women have ever experienced sexual violence compared to 4% of married men.

41% of married women and 11% of married men have ever experienced physical or sexual violence (KDHS 2014).
Introduction
Globally, sexual and gender-based violence (SGBV) is a particularly disconcerting occurrence that affects all populations, with Kenya not being an exception to this form of brutality. It refers to any harmful act that is perpetrated against one person’s will, and that is based on socially ascribed (gender) differences between males and females. 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. In Kenya, SGBV as a complex issue, has its roots in the structural inequalities between men and women, resulting in the persistence of power differentials between the sexes. Gender norms and attitudes that perpetuate women’s subordinate status to men in many Kenyan societies, coupled with a general acceptance of interpersonal violence as a means of resolving conflicts, renders women disproportionately vulnerable to violence from all levels of society.

The Kenya Demographic and Health Survey (KDHS) (2014) indicates that, 14% of women and 6% of men aged between 15-49 years of age, reported having experienced sexual violence at least once in their lifetime.

1 In 1993, the UN Declaration on the Elimination of Violence against Women offered the first official definition of Gender-based Violence

On April 2, 2020, the Kenya’s Chief Justice, David Maraga lifted the lid on the rise in sexual offences since March 13, when the first case of coronavirus was reported in Kenya, saying, it constituted 35.8 per cent of all the recorded cases. According to Kenya Female Advisory Organisation (KEFEADO) figures, a startling high number of victims of sexual violence, fail to get justice after reporting rape and defilement, past the required 72 hours. SGBV related cases in Kenya. normally take between 3 and 4 years to be completed, proving to be a long wait to attain justice. Special courts are being proposed, as the way to fast-track SGBV cases, just as the special courts have improved land, labour and corruption cases.

What the Kenya law says about SGBV

Kenya, like many African societies is a patriarchal society. Although there are many gender-related challenges facing the country, a few strides in form of policy developments and enactment of key legislation, have been undertaken in the recent past geared at gender equality and protection. These include among others, the Sexual Offences Act (SOA); the Children’s Act; in addition to key Gender Bills awaiting enactment by parliament, in particular

3 https://allafrica.com/stories/202006190436.html
4 https://kefeado.org/
than changes to the Constitution, which is Kenya’s supreme law, the government has also undertaken several amendments of laws that relate to women’s rights. The legal framework Kenya comprising the Constitution of Kenya 2010, the Penal Code, the SOA 2006, and the Children’s Act 2001 provide a secure legal framework to prosecute SGBV cases. Although the SOA is a huge positive step towards addressing sexual offences, various challenges still hinder reporting and prosecution of offenders.

The Bill of Rights in the Constitution of Kenya 2010 under Chapter 4 thus gives guarantees for a wide range of rights and fundamental freedoms. The Constitution further recognized a number of important general principles that are of importance to gender equality and that have a general bearing on gender-based violence in the Country. These principles were either not given recognition by the previous Constitution or were given inadequate treatment.

Article 10 (2) (b) sets out the national values and principles of governance to include, among others, human dignity, equity, social justice, inclusiveness, equality, human rights, non-discrimination and protection of the marginalized.

Article 19 (2) states the purpose of recognising and protecting human rights and fundamental freedoms as being to preserve the dignity of individuals and communities and to promote social justice and the realisation of the potential of all human beings. This general proposition is important and relevant to women’s struggle for gender equality and gender equity. Further, the Constitution imposes a positive duty on the State and all State organs to observe, respect, protect, promote and fulfil the rights and fundamental freedoms in the Bill of Rights.

Sexual Offences Act (SOA)

The Sexual Offences Act was enacted in response to curb the escalating sexual violence. Primary purpose was to ensure complainants of sexual offences get justice commensurate to the harm caused to them. It makes provisions for the sexual offences, their definition, prevention and protection of all persons from harm arising from unlawful sexual acts. It provides for minimum sentence as opposed to the Penal Code, which gave magistrates too much discretion on sentencing a signal of government’s commitment to eradicate sexual violence. It prohibits all manner of sexual offences from defilement to attempted defilement, rape to attempted rape, sexual harassment and sexual exploitation.

The Penal Code

The Penal Code prohibits all acts of violence in its provisions. It however does not sufficiently address SGBV which is prevalent within the Kenyan society. SGBV, for instance, is only inferred by virtue of interpreting the vice as an assault as provided for under section 250 and 251. There is no specific offence such as wife battery/husband battery. The inadequacies for addressing SGBV present challenges to the fight against the vices.

Children’s Act

The Children’s Act makes provisions for the safeguards of the rights and welfare for the children. The Act stipulates that all activities done on behalf of children should be in the best interest of the child. Violence meted against children therefore does not constitute best interest of the child. Section 13 guarantees children (both girls and boys) the right to protection from physical and psychological abuse, neglect and any other form of exploitation including sale, trafficking or abduction. Under section 14 children are protected from female circumcision, early marriage or other cultural rites, customs, or traditional practices which are harmful to the child’s development. The Act also explicitly prohibits sexual exploitation of children as well as actions that expose children to torture or cruel or inhuman treatment such as circumcision or child marriages.

Challenges to SGBV in the Kenyan Legal Framework

Though Kenya has a comprehensive bulk of laws both domestic and international including policies and administrative measures set in place to guide the administration of justice in SGBV. In a bid to support preventative action, the Sex Offenders Registry is currently a manual registry retained within court custody that consists of convicted sex offenders. In 2008 subsidiary legislation made to the Sexual Offences Act of 2006 made provisions for the Dangerous Offenders DNA Data Bank that is yet to be implemented. Currently, underway is the drafting of the Sexual Offences Policy initiated in October 2018 by the Office of the Attorney General (OAG) and the Department of Justice (DoJ) to guide the implementation of the Sexual Offences Act (SOA) of 2006. However, enactments specific to forensic best practice within police, medical and laboratory science agencies are yet to be established as part of the ongoing mechanism. It is yet to be

6 Kizzie Shako & Myrna Kalsi- Forensic observations and recommendations on sexual and gender based violence in Kenya. 2019

7 R. Aura- Situational Analysis and the Legal Framework on Sexual and Gender – Based Violence in Kenya: Challenges and Opportunities
seen as to whether the SOA of 2006 and/or the Election Offences Act 37 of 2016 [45] will be reviewed to include specific amendments on sexual violence (including other human rights violations) related to electoral offences during state and civilian population interaction.

The Gender Based Violence Recovery Centre (GBVRC)

The GBVRC is an integrated post-sexual violence service–delivery model within a government referral facility, the Coast General Teaching and Referral Hospital (herein referred to as Coast General), in Mombasa, Kenya. Coast General is the second-largest government hospital in Kenya, with a 700-bed capacity. It serves as the tertiary referral Centre for the entire coastal region, with an estimated catchment population of 3.5 million people.

This GBV model is integrated in the sense, first, that services are provided within a section of the hospital’s outpatient department and referrals are made to and from other departments as necessary. Second, in addition to emergency clinical care provided to SGBV survivors, mental health support, paralegal services and links with police, judiciary, local leaders, and the wider community are also availed to survivors, and all of these are coordinated at the Centre using established standard operating procedures. Third, clinical staff hired by the International Centre for Reproductive Health (ICRHI) Kenya are seconded to work at the GBVRC, which is run by Coast General.

From program inception in May 2007 to December 2019, the centre has registered and responded to 8,025 survivors, an average of 617 per year or 20 per week. Between January to December 2019, 574 survivors received services of which 80% of survivors were girls aged 18 years and below. Of the 12% male survivors, 80% were below the age of 12 years.
Every month, the GBVRC staff hold meetings with representatives from key hospital departments to review each case treated during the month, identify gaps in management and the referral process, and implement quality-improvement measures. Hospital departments represented during these meetings include outpatients, accident and emergency, laboratory, pharmacy, social services, administration, surgery, obstetrics and gynaecology, paediatrics, and mental health.

Most perpetrators are related to, or well known to the survivor. The GBVRC has engaged 10 paralegals to accompany survivors to the police station after leaving the GBVRC, to follow-up cases with the police and ensure the cases proceed to court, educate survivors and their families to discourage out-of-court settlements, and remind survivors of court dates. There is also a part-time child psychologist to provide home-based counselling given that majority of survivors are less than 16 years.

About the Booklet and Purpose of the booklet

Facing Violence booklet II is continuation of Facing Violence booklet I, published by ICRHK in 2011, whose purpose is to amplify and articulate the voices of Survivors of Sexual and Gender-Based Violence in Kenya. Booklet II captures and relays SGBV stories of 15 diverse survivors drawn from Kenya, ranging from minors and intellectually disabled, the LGBTQI community, sex workers, domestic abuse, abuse of young adults, and male rape.

Feedback and reflections from two service providers and an activist are also presented, showing partner agencies synergies in supporting and assisting the survivors in the legal, medical/psychosocial, and economical processes to go through, and overcome SGBV trauma. Nonetheless, this booklet highlights the complexities in creating awareness, as well solicits for change in attitude of the general Kenyan populace.

Furthermore, it hopes to further sensitize and educate service providers, such as the police, judiciary and other legislative policy makers.

8 https://www.icrhk.org/the-gbv-center-at-coast-pgh/
The Interview Process

The interviewing process was undertaken by the author via video conferencing and phone calls, due to the Covid-19 pandemic. Survivors signed a consent form agreeing to the interview process and noting that the information obtained will be used only in Facing Violence II, and not used for any other purposes. The survivors were interviewed individually, at a confidential Gender Based Violence Recovery Centre meeting room, with an ICRHK staff physically present at all times.

The author interviewed the survivors in a gender-sensitive manner respecting the psychological trauma most survivors had gone through. Each survivor was encouraged to come with a confidant, who could offer them support throughout the interview. Child survivors and intellectually disabled survivors were accompanied by a trusted guardian, to support where necessary. The survivor’s real names have been concealed and assigned pseudo names to preserve and protect their identities. With all these precautions put in place, the interviewing process went on smoothly, and the author was able to interview all 15 survivors, 2 service providers and one activist, whose stories have adequately been captured and presented in Facing Violence II.
How to read the booklet

Facing Violence II is intended to inform, sensitize, and create awareness of SGBV occurrences, and its trauma and effects on survivors. This booklet is for the general Kenyan population and stakeholders, such as SGBV service centres, police stations, media houses, community as well as other implementing partners for support and actions. Those who read this booklet are encouraged to remind open-minded and empathically read through the survivors stories.

Hope for the future

With this booklet providing survivors the means to amplify their experiences, thoughts, and needs, it is hoped that it will provoke and raise adequate awareness about SGBV. Open and meaningful discussions about SGBV’s harmful and damaging effects, will hopefully broaden the minds of the readers and spark positive change in attitudes regarding SGBV. In addition, this booklet hopes to influence positive transformation in laws and policies surrounding SGBV. The booklet has also revealed that education and training on SGBV is required to effectively reach as many stakeholders as possible, to respond positively to SGBV issues, when they occur in the community. Coordinated and prioritised focus on building the capacity of the government to respond to SGBV through strengthening and resourcing of the judicial systems is imperative to hold perpetrators accountable and to end impunity. In general, there needs to be a wider and firmer consensus on the vulnerabilities of men and boys, their traumatic experiences of violence, toxic masculinity, and affirm the positive roles men and boys can play in ending SGBV. The author hopes that the donor community will continue to support and fund ICRHK to undertake various project actions in support of SGBV survivors in the following areas:

• Medical examinations and treatment of survivors using the last the latest techniques in forensic science.
• Early psycho-social counselling to avoid or reduce traumatic feelings among SGBV survivors
• Support police investigations and protection interventions for physical safety and social re-integration, while establishing a comprehensive and up-to-date sex offenders’ database.
• SGBV survivors to access justice
• Regular awareness and training of police and judicial staff
• Establishment of safety/shelter spaces for SGBV survivors
• Undertake livelihood and economic empowerment support for SGBV survivors
Chapter 1:
Stories From the Young & Vulnerable
With earnest enthusiasm, Justin narrates for us a *shairi* (poem) that he had been reciting earlier that day with other children. He strategically enunciates every verse in English, his voice coated with a slight Kenyan coastal accent. The 11 year old boy, beams appreciatively at those in the interviewing room, as we applaud him on his performance. Seated beside Justin, is his grandmother Rehema, who looks over at him with utmost pride.

Justin now seeming at ease around us, he agrees to recount what happened to him when he was 5 years old, back in the year 2014. It was early evening hours around 6pm. Justin and his four friends were still playing outside their homes, when a familiar man from the neighbourhood spoke directly to Justin. Justin remembers how the man stated to him, “You boy, come here!” With the notion of ‘you must respect your elders’ ingrained in Justin’s young psyche, he motioned towards the man, and did as he was told. From here, Justin was ushered back to the man’s dwelling, not that far from Justin’s home, where he lives with his grandmother. This is when Justin was sexually violated by a seemingly friendly neighbour, a middle-aged man, who had taken advantage of Justin’s young age. “Then, he told me to lie down and he started to rape me,” Justin recounts. “*Alisema kama nitaambia mtu, atania.* (He said that if I told anyone about this, he would kill me.) That’s all I remember!”
Rehema, Justin’s grandmother, vividly remembers this day all too well like it was just yesterday. Known as a pillar in the community and activist against SGBV, Rehema never thought the day would come when it would be her own grandchild that she would be rushing to hospital after being sexually defiled. On countless occasions, she has served as the focal point for stranded parents and guardians, who needed help after their children were sexually abused. But during this whole ordeal, Rehema remembers feeling lost, yet angry at what was happening to her young grandson. “Nikawa ni kama niko na wazimu! (It was as if I had gone crazy!)” She exclaims.

That evening, Justin went straight home from the perpetrator’s house, arriving later than usual. That night, he had his dinner and went straight to bed, without telling anyone what had just happened to him. The next morning, he woke up quite unwell, with constant diarrhoea and involuntary urination. This was when his grandmother questioned him, asking what was wrong. Justin finally confided in her about the previous day. Furious, Rehema was adamant to take things into her own hands and track down the perpetrator. With Justin in tow, Rehema marched over to the perpetrator’s house, who upon seeing them advance in his direction, ran off elsewhere.

When they arrived at the house, the grandmother and grandson were met by the perpetrator’s grandmother, who claimed not to know the perpetrator’s whereabouts. As soon as they decided to leave, they encountered the perpetrator returning to his house. He tried to conceal his identity, but Justin identified him immediately. Not knowing what to do next, they left and Rehema sought counsel from a close friend in the neighbourhood. She was advised to take Justin to Coast General Teaching and Referral Hospital in Mombasa the next morning, where he was attended to at the GBVRC.

Feeling distraught and frustrated upon hearing the confirmation of Justin’s rape from the medical staff at the hospital, Rehema was ready to risk it all and attack the perpetrator. “No mama, itakua sasa hata mjukuu wako maisha yahe yameharibika kwa sababu utakua umefungwa. Wacha tufuate sheria. If you get arrested, it will ruin you grandson’s life. Let’s follow the law!” Rehema recounts how, the medical staff calmed her down and persuaded her to report the matter to the police.

It was not easy, Rehema explains, a long and odious process followed thereafter, with the arrest of the sexual offender. Rehema and Justin were not completely done with the matter, as they had to
appear in court on several occasions after the arrest. Unfortunately, the perpetrator was released on bond, paid for by his mother. Out on the streets again, the perpetrator would linger around Justin’s home at night, or on his walking route from school, to verbally abuse and threaten Justin for reporting him. This constant verbal abuse and stalking was reported by Rehema, and the offender was promptly taken back into custody, where he remained throughout the court proceedings. He was eventually sentenced and is currently behind bars.

Justin continues to receive counselling from ICRHK and the GBVRC, and his grandmother as well sought advice from the medical and ICRHK staff. She says she is grateful for the perpetrator being apprehended, but also laments on the obstacles she had to face, such as instances of bribery from the perpetrator’s grandmother, slow court proceedings, and the offender being let out on bond. She however, continues to learn and teach others, about how vulnerable children are to sexual predators. She advises guardians, to know that the perpetrator is most of the time someone known and close to the family. “Ninawaambia vile wanaweza kukaa na mtoto, uhungu mtoto akija na hayuko mchangamfu, yuko down unafaa kujua ni sababu gani. Ninaawaambia wazazi waawe haribu sana na watoto. na waawe marafiki na watoto.” (I tell them to monitor their child’s moods, and if they seem down, they must find out why. I tell parents to get close and be friends with their children.) She asserts that, if it were not for the fact that she spoke openly with her grandson, she would have never known what pain and abuse he had gone through, and the perpetrator would still be out defiling more children.

Rehema is still at the frontier of fighting against child sexual abuse in her community, and to this day, continues mentoring parents and families, on how to protect their children, the dangers of unreported SGBV crimes, and seeking help when in need. She is more than aware, how those in similar impoverished socio-economic situations like herself, are equally at risk of SGBV. She continues to work with a women’s activist group, and visiting local schools and households in the community, creating awareness on SGBV issues, prevention and recovery.

As for young Justin, he continues to look into the future optimistically, and hopes to one day become a policeman, and help those around him the way the police helped him.
Sat with her head held up high, one look at Alisha, and you can tell that she is a strong-willed young girl. Alisha is accompanied by her grandmother, who has helped raise her most of her life. Now 13 years old, Alisha tells us that when she gets older, she would like to become a nurse and help people. Determined to share with us what happened to her, Alisha begins to narrate her experience as a child survivor of sexual assault.

Back in 2016, Alisha was but 8 years old at the time. That fateful day, she remembers that it had started out as a normal school day. She had attended her morning classes, and now it was the mid-morning break, when the students could enjoy some snacks. In the course of this recess, one of Alisha’s friends, Vivian, approached her saying that Alisha had a visitor, her grandfather had come to see her. Perplexed by the visit, as Alisha was not expecting anyone to come see her at school, she followed her friend to go confirm, who this person claiming to be her grandfather was. When they met the man, Alisha corrected Vivian, telling her, that the gentleman before them, was not any relative of hers. Vivian was apologetic, and said, that she must have been mistaken, and that the man was actually her own grandfather. Satisfied with this response, Alisha now wanted to get back and enjoy the little time she had left for break. However, Vivian insisted she remain with her and her “grandfather”.


Nikamwambia jina lengine. (The older man asked, “Are you Alisha?” “How did you know my name?” I asked. He then said he knew me through my friend here. I replied. “It is fine is you know me from her, but my name is not Alisha”. Then I gave him a different name.)

Already slightly vigilant, the inquisitive Alisha decided not give her real name to the man. He then instructed them, to meet him after school was out that day. Still thinking that he may really be Vivian’s grandfather, the girls agreed to this.

Later on that day, after the final bell was rung, signalling the end of the school day, Alisha together with Vivian, met up with the “grandfather”. Alisha remembers, that she had hurt her leg playing that day, and was limping a little. The “grandfather” noticed this, and said that he would get her some special medicine to help her heal immediately. Again, Alisha found this odd and retorted, “Mmh, kwani wewe ni daktari wa aina gani?” Nikamwambia, “Sitaki dawa, nitapelekwa hospitali.” (‘Mmh What kind of doctor are you?’ I told him, ‘I don’t want your medicine. I will be taken to hospital later on.’) This kind of strange interaction, between her and the
“grandfather” continued, Alisha explains to us. On the other hand, one thing that puzzled her, was how her friend Vivian seemed relaxed and familiar around the man.

Now having lured the young girls back to his residence, the “grandfather” sent them to the shops to buy some milk, bread and biscuits. Upon getting back to his house, he instructed them to make tea, which they drank, apart from Alisha, who refused to have any. At this point, the man instructed Vivian, to remove her dress, as it was dirty and to wrap herself in a kanga (or kanga is a rectangular piece of material made of pure cotton and is part of Swahili culture). Vivian complied. Alisha was instructed to do the same, but sensing that something was amiss, Alisha refused, clearly showing them that her dress was not dirty.

A few moments later, Alisha went to the loo, only to come back and find Vivian laying down on the floor, with the man on top of her. Alisha wanted to leave, but in walked another man, who Alisha tells us, she believes was someone who practices ujanga (witchcraft), because of how he was dressed. The two men spoke and after the visitor left, the perpetrator continued to defile Vivian, as Alisha was forced to sit and watch. “Nikasema, ‘We Rose si uamke? Kwani kuna nini hapa? We, si umesema ni babu yako huyu?’ Akaniambia, ‘We nawe, hebu niache!’ “(I asked Rose, “Get up! What is all this? You said he is your grandfather, so why is sleeping with you?” But Vivian told me to leave her alone). Alisha says, she continued to plead with her friend to get up, so that they could leave, but this didn’t happen. At this juncture, Alisha tried her hardest to leave, but the perpetrator pushed her down and also tried to defile her. “...akanilaza chini akakua anakula kunifanya hivyo visanga, nikawekwa ngo yo yangu hapo, hakufanya chochote. Atafu nikahua sitaki kufanywa hivyo visanga.” (He laid me down and wanted to perform those acts on me, but I placed by clothes in between my legs, and he was unable to do anything to me. I did not want him to rape me.)

The ordeal continued for a short while, after which the girls were sent to the shops again, to buy them all some soda to drink. Alisha again, refused to have any. Finally able to leave, after Vivian put her dress back on, they left that place. Upon reaching home, Alisha explained to her grandmother what had happened to them, and showed her the stains on her dress, where the perpetrator had rubbed himself on her, while attempting to rape her. Alisha’s grandmother says, it pained to find out what had happened to the girls. She did not waste any time and took the girls to hospital, where the girls were
treated and provided with counselling. The rape and defilement was forwarded to the police, which eventually lead to the sentencing of the sexual predator for 10 years. However, Alisha’s grandmother tells us, that the whole case took 2 years, to finally lead to the sex offender’s sentencing.

Although Alisha battled overwhelming feelings of sadness and anger, she now feels she is in a safe space, with the perpetrator behind bars, and in a different school. Alisha says that at first she resented Vivian, after finding out that she had been lured to the man’s house 3 times prior to this incident. Nonetheless, she is now trying to move forward, and continues to be an outspoken and fearless young girl.
12 year old Queen, loves to play soccer in her spare time, and hopes to one day follow in her mother’s footsteps and become a hairdresser. She looks undoubtedly anxious as we begin, like most of the survivors we met with. But after some reassurance that she only had to share with us what she felt comfortable sharing, she appeared a bit calmer. You could tell that this is a narrative she has to retell quite a few times, as she almost goes into somewhat of an autopilot mode, while recounting the events of that day. The trauma of the incident, is something she carries with her every moment of her life.

It was an early July morning, back in 2017. On that particular rainy weekend, Queen and her friends were out and about, playing and enjoying themselves, as children usually do on their school-free days. Queen tells us that on that day, as it began to rain heavily, Nancy, her friend, asked her to accompany her to her uncle who lived close by. Thinking nothing of it, the children went to the man’s house to convey their greetings. Once at the house, the “uncle” instructed the children to go buy some cookies from a nearby shop. He however told Queen, to remain behind with him. Queen’s mother chimes in at this point in the interview, telling us that there are aspects of that day, which Queen does not recall clearly or has forgotten. That the “uncle”, had persuaded the other children to leave Queen behind, claiming that he intended to send her elsewhere to run an errand for him. Convinced that Queen would be okay, the other children left. This was when the situation took a turn for the worst.

“Akabana mlango, akaniamibia mimi nivue nguo. Nikakataa akanivua na lazima. Vile akataa zake, akaniamibia nipande kwa hitanda yake. Nikakata. Akanichukwa na nguvu, ndio ahaanza kunifanya tabia mbaya.” (He locked the door, and he forcefully removed my clothes after I had refused to do. He removed his clothes as well, forced me onto the bed, and violated me.) Queen tells us, “Niitaanza kupiga kelele, akanifunika mdomo,” cupping her palm over her own mouth, to show us how he muffled her cries for help. As the rain noisily came down on the iron sheet roofing of the house, no one could have possibly heard or known what was happening to Queen in that house. After the whole ordeal was over, he threatened Queen, telling her, he would kill her if she ever spoke of what had happened there.

Nancy came back from the shops moments later, and that was when Queen was able to leave. Queen reluctantly opened up that evening, after a bit of coaxing from her mother, who had noticed Queen’s solemn demeanour and bloodshot eyes. After Queen told her what had happened, her mother took her to
Looking quite distressed, as she rocks her younger child in her arms, Queen’s mother tells us how the entire situation has pained her beyond anything else in her life. She explains to us, that she had first taken Queen to a private hospital in the area, but was instructed to go to the Coast General Teaching and Referral Hospital and the police. She places a clear plastic bag containing an array of medication, strips of tablets and syrup bottles, followed by a number of medical forms onto the table. She points at them, emphasising the extent of what Queen had to go through, in terms of her recovery. “Allan madawa zengine pia ziko hapa kwa kipochi, zile chupa. Hizi hapa na zengine. Alimilia, sasa hii niliweka kama ukweli wangu sasa wote.” (Here in this bag, is the other medication she was given. She completed her treatment, but I keep these bottles and empty medicine boxes, as proof of my truth.)

Queen’s mother tells us, the investigations into the rape took a disastrous turn, when the perpetrator was arrested. At the time of police questioning, Nancy, who had said the man was her uncle, denied that the rape ever happened, stating that Queen had made the whole story up. Queen’s mother later tells us, that Nancy was instructed by her mother to lie to the authorities. What followed still haunts Queen’s mother to this day. The perpetrator was released on bond, and roams freely in the neighbourhood.

“Lakini kama vile tulisema, kesi hakuna, hata hawaishughulikii. Tunaambiwa tu kujeni Tarehe Fulani, tukiend, hakuna chenywawa. Tunaambiwa tu rudini Tarehe Fulani, na huyo mtu anabadilisha tu ma-advocate.” (Like we said, there is no case currently, no one is helping us. We are to appear in court on different days, but they don’t inform us on anything else. Each time the perpetrator changes his lawyer.) Queen’s mother, feels like they are being given the run-around, in regards to the court proceedings. She says, she is haunted by the whole ordeal, and tells us that she hopes the perpetrator will be locked up, as he is a known child sex offender in the area. Three years on, Queen and her mother, are still awaiting their justice.
Umi barely speaks to us throughout our time with her. After the initial greeting, and giving us a recap of what had happened to her, Umi completely shut down. Who could blame her? It was only in the previous year, September 2019, when she experienced one of the most harrowing violations in her young life. Now entering young adulthood at 18, Umi sits solemnly next to her mother, her voice barely a whisper, and recounts the events of that scarring day to us.

A recent high school graduate, Umi retells what happened to her, one Sunday morning on her way to church to attend Mass. She wanted to attend the earliest service of the day, and therefore, went on her own without the rest of family. “Kuna njia nyigine hapo nilivyofika, kukatokezea kijana mmoja. Akanishika shingo, alafu akanipeleka kwa msitu mwengine hapo.” (As I was walking, a young man suddenly appeared by my side. He grabbed my neck, and took me to a nearby woody/forest area.) Umi noticed that two other men also joined them. The perpetrator brandished a knife and warned Umi, that if she made any attempt to escape or scream, he would kill her. Although very terrified, she kept herself calm. The perpetrator, then proceeded to forcibly undress and defiled her. Before letting Umi go, the man stole the money she was going to use as sadako (offering) at church. The man and his friends, who had been standing watch close by, ran off. Umi gathered herself, and ran screaming towards the church. She came across a man on a bodaboda, who took her home.

On returning to the house, Umi’s mother was surprised to see Umi was back so early. She tells us her side of the story. “Sasa mimi bado naendelea kufagia fagia, naona pikipiki yaja. Pikipiki kuja, alafu kwanipeleka kwa mshitu mwengine hapo.” (I was still sweeping outside when a motorcycle arrived. She got off the motorcycle crying. I asked what was wrong, she refused to speak and continued to cry uncontrollably.) Umi later on opened up to her mother, after her sibling soothed her. Full of overwhelming anguish over what had just happened to her daughter, Umi’s mother was quick to take action. Umi was taken to the GBVRC for medical attention, as well as psychosocial counselling. Here, they were forwarded to the police station and the case was reported.

At this point of the conversation, Umi has reached her limit in talking with us. She slowly starts shrinking into herself, and would only respond with one-word replies, while avoiding eye contact. It was clear we needed to let her be, and excuse her from the interview process. She pulls her chair towards the side, away from the rest of us in the room, and distantly gazes through the window. This remains her demeanour for the rest of the short interview.
Umi’s mother takes over the retelling of the narrative. She tells us that they spent most of their day at the police station, recording Umi’s statement. Later that evening, when they returned home, they found a number of their neighbours waiting for them. Despite the family having kept silent about the matter, news of the sexual assault had already spread around in the neighbourhood. Each person had a version of who they suspected to have committed this heinous crime against Umi. Apparently, there had been a few eye witnesses, who had seen the men fleeing from the forested area, where they had taken Umi. The next day strangely enough, Umi’s mother tells us, the perpetrator’s mother, as well as one of the other accomplice’s mother, came over to her house, wanting to speak about the matter. She made sure not to engage too much with them, as the investigations were still on-going.

The perpetrator, a known delinquent in Likoni Sub-County Mombasa, got wind of the fact that the police were looking for him. He fled to his hometown in a different county, and was not seen or heard from for about 5 months. He however did return, and resumed his criminality of petty theft and sexual abuse. The suspect was eventually arrested for a different crime, and this helped the police link him to the abuse against Umi. The court proceedings were underway for Umi’s case, however, with the onset of Covid-19, proceedings were halted. Nevertheless, at the time of the interview, the perpetrator was still imprisoned.

With Umi still seated silently in the corner, her mother explains to us that they do not speak of the abuse at home. As a family, they are all actively trying to forget about it. Umi does sometimes confide in her sibling and trusted friends, but she also does not want to think or remember any of it. As for Umi’s mother, her faith has kept her strong, turning to prayer, when these thoughts invade her mind. Her hope is that as soon as the Covid-19 restrictions are relaxed, they will be able to finish with the courts, and put this nightmare behind them.

Mindful of Umi’s current emotional and psychological state, we quickly wrap up the interview, thanking her for her endurance and willingness to speak us.
Nothing could prepare young Winnie for the future she now faces. Barely a teenager, at 14 years old, Winnie is still coming to terms with the unbearable fact, that she will be a teen mother in just a few months. Just four months earlier, Winnie was sexually violated by her most trusted teacher. Now she is pregnant with his child, unsure of what her life will be like when the child is born. Even at the mere mention of what she may want to do career-wise when she is older, is a question Winnie cannot fathom to answer.

Winnie tells us, this was her teacher from her previous school. From her fourth year in primary school, the teacher had always taken a special interest in her wellbeing, even taking the time to mentor her on the school subjects she found difficult. Her mother, who was in the room at the time of the interview, confirms that, indeed, before this, she was sure the teacher would never do them any wrong. She explains that they are not in the best socio-economic situation, and that she usually struggles to put food on the table every day. Nonetheless, this teacher made their lives a bit easier. “Mimi sikuwa na wasiwas, kwa sababu alikua anakaa mtu mzuri na wakuheshimika. Pia, alikua ananisaidia sana. Kama sina pesa, ananisaidia, kama Winnie hana fare ya kuenda shule, alikua ananumia nampatia anaenda shule.” (I never had any worries, because he seemed like a good, respected person. He also helped me when I didn’t have money and paid for Winnie’s bus fare to school.)

Wheelchair-bound, Winnie’s mother tells us, her physical disability has made it a challenge to sustain long-term employment, while Winnie’s father tries to support the family through kazi ya kibarua (casual/menial work). Thus, the family were appreciative of the teacher’s unwavering support at the time. No one had suspected, this would be the situation that they were now in, explains Winnie’s mother. Winnie’s mother remembers, while shaking her head with obvious resentment, “Alisema yeye akiwa hatakosa kunisaidia na Winnie atasoma amalize.” (He [the teacher] said that he would always help her out, until Winnie completes her education.)

Winnie tells us that her teacher sexually abused her twice. She says that after the first time, he gave her some pills (possibly emergency contraceptive) to swallow, telling her they would help her. But after the second time, she remembers, he didn’t give her any pills to take. As time went on, Winnie noticed that she had missed her period that following month. Her mother as well, noticed that Winnie had missed her menses for two consecutive months. After a few days, Winnie became quite ill, and worried for her daughter’s health, Winnie’s mother rushed the girl to hospital. “Kufika hospitali akafanyiwa vipimo, na
akapimwa mkojo ndio wakaniambia ni mja mzito, na damu yake imepungua. Nilishtuka sana. Nilishtuka sana! (When we got to the hospital, they did both urine and blood tests, and that is when they informed me, she was pregnant and also anaemic. I was extremely shocked!) Winnie’s mother, while pointing to her daughter, says she never thought that this could happen, especially with her still being a child as well. Her hopes of Winnie excelling in school, getting a good job, and being the family’s breadwinner, were shattered with this revelation.

Back home, Winnie finally confided in her mother on how her teacher had taken advantage of her. “Kwa kweli nilihuzunika sana na nilishia vibaya sana!” (Truthfully, I was depressed and felt horrible!). Winnie’s mother gives us the details of how she marched hand-in-hand, with a women’s group activist, to the police station. The crime was reported, but Winnie’s mother tells us, that the perpetrator was never found. It later came out that in the school the teacher previously worked in, he had also done the same thing to another young girl, who was now caring for his child.

At first Winnie’s mother did not want to share the information with her husband, fearing how he would react towards the perpetrator if he ever found him. But one day after the police came to make inquiries at the house about their investigation, Winnie’s mother had to break the news to him. She is thankful that her husband was exceptionally supportive, and that he is now helping the police track down the teacher. She however, urges the police to make a speedy arrest, because the teacher is still out on the streets, taking advantage of more young girls.

Also in the room was the activist who assisted Winnie’s mother in reporting the crime. She tells us, they are hopeful that they will find the perpetrator, especially with the travel restrictions in place during the Covid-19 pandemic. The activist stresses that there needs to be an increase in awareness on reporting procedures. She says that there exists a lot of ignorance within the community, on the steps to take when reporting an SGBV crime. Additionally, she advises those who report, to remain steadfast whenever asked for bribes by the police to move an investigation or case forward.

By the end of interview, Winnie appears worn-out. It seems the whole process of having to revisit the abuse, plus the pregnancy fatigue, seem to have taken a toll on her. She manages a wary smile as we bid them adieu.
Leakey
From the moment Leakey walks in, an exuberant atmosphere fills the room. Leakey has a way about him, that makes those around him feel at ease and jovial. He is not sure about his actual age, as no one ever told him when he was born, but he estimates that he must be in his early 20s. He is a young man with simple interests. He admits that he loves to talk, and get to know new people. When he is not attending university, he enjoys volunteer work and spending time with his friends.

This is not the first time Leakey has had to narrate his story, about the years he faced child abuse and sexual defilement. Leaky had in the past, shared his story with local news stations. He tells us that he is comfortable in talking about what he went through and insists we make his real identity known, because he wants to create awareness of the various issues child survivors’ face.

At a young age, Leakey was raised outside Nairobi by his devoted grandmother. He fondly remembers his time with her, as a period filled with joy and love. Leakey at that point was not properly acquainted with his father, but his grandmother would share with him old pictures of his father. However, this domestic comfort did not last long, with Leakey’s grandmother passing on soon after. This was when Leakey met his father for the first time, during his grandmother’s funeral. With Leakey’s father now having custody of him, he moved to Mombasa, where his father stayed with his wife.

Now in Mombasa, Leaky began his formal primary education at a private school. He however, only attended his first year of school for a few months, as his father could no longer pay his school fees. This was when Leakey was transferred to a government school, which offers free education.

Life continued at a normal pace, but Leakey remembers, that things took a turn one morning as he was preparing to go to school. His father instructed him, that on that day he would be taking him to school with his car. Leakey thought nothing of it, and left for school with his father. But when they didn’t enter his father’s car, and instead boarded a matatu outside their house, Leakey started to suspect something was amiss. Heading in the opposite direction of where is school was, Leakey’s father dismissed any questions Leakey asked about where they were going. When they arrived at their destination, Leakey realised that they were outside a well-known school in the area, Shimo La Tewa Primary School. His further went inside, made some inquiries, came out and declared that Leakey would now be attending this school.

The next peculiar thing that followed, Leakey tells us, was that his father said
Facing Violence II

they needed to stop at someone’s house, before heading back home. Leakey merely a child then, followed his father to the undisclosed location. Leakey describes the house they arrived at, as being desolate and surrounded by a big field. There, his father met with an older man, who, after they had some deliberations, called Leakey into the house. “Nikaingia hapo ndani ndio nikaona kumbe ni mahali watu hufanyiwa hizi rituals…mambo na uganga na vitu kama hivyo. Nikapata kuna wamama alikua hapo, huyo mganga na baba pia alikua hapo ndani. Sikuogopa, kwa sababu babangu alikua hapo karibu.” (When I was inside, that’s when I realised I was in a place where they perform witchcraft and such like rituals. There were some women, a witchdoctor and my father in the house. But I wasn’t afraid, because I was with my father.)

Leakey was told, to stand in a circle drawn in the middle of the room, and remove his shirt. He then goes on to describe, how he was the epicentre of a strange ritual. Women chanting, surrounding him, the beating of a drum, and the witchdoctor smearing wet herbs on his naked, were the events that followed. He remembers that his father stood aside and watched.

After the ritual, the mganga (witchdoctor) instructed Leakey’s father, to never let Leakey go back to school. When they returned home, Leakey’s father told him not to mention what had happened to anyone. From that day, anytime Leakey wanted to go school, his father would refuse. Thus Leakey would wear his uniform around the neighbourhood, to convince his neighbours that indeed he had been attending school.

Leakey explains, he was always home, and never got along with his stepmother. She was abusive and would always strike him. Stuck at home with an abusive parent, and unable to seek refuge in school, Leakey would often run away from home, missing for days at a time. However, if neighbours found him out on the streets, they would promptly bring him back home, his parents having labelled him as an unruly child.

One late night, Leakey’s father arrived home from having been out all day. Leakey distinctively recalls, that his father was sober that night. This was when his father began sodomizing young Leakey, while threatening him with a knife. He violently expressed to the young lad, that if he ever spoke of it to anyone, he would kill him. Leakey remained silent about the abuse, even as it continued day in, day out, for the years to come. The defilement amplified Leakey’s need for an escape, and so he continued to sporadically run away from home. But now it became evident to those around, that Leakey was not attending school. Questions were raised, and Leakey would now go to his step-grandmother’s
Due to the constant defilement, Leakey got a painful sore in his rear, which became infected over time. Having reached his third year of primary school, and now attending class regularly, Leakey was unable to hide the pain he was in. He tells us how he would squat in class, instead of sitting, and was unable to concentrate, because of the severe pain and discomfort. His teachers noticed this abrupt change in Leakey’s behaviour, and asked gave him a letter to give his father. Leakey never mentioned to them about the abuse he endured at home. Fearful that his father would think otherwise, Leakey never took the letter to him. But eventually, his father did find out that the school wanted to talk him. He provided them with the cover story, that the sore was due to a food allergy. Shortly after this, Leakey ran away from home for good. He was terrified that his father thought he had reported the abuse to the teachers.

Out on the streets, Leakey learnt to fend for himself, with the help of a few people he met. After a while, he eventually ended up in a juvenile centre. He says while he was there, he wasn’t aware that the place was a rehabilitation centre, commonly used to hold wayward and street children. He was just happy, to have a roof over head, hot meals, and no one defiling him. One day, a caseworker who was reviewing each of the children’s files, talked to Leakey. He noticed how uncomfortable the boy was, as the sore had not yet healed. Initially reluctant to open up, Leakey finally told the case worker about the abuse. This ignited investigations into Leakey’s father, and eventually led to his arrest. Unfortunately, he was later released on bond and never arrested again. At that time, Leakey was taken to a children’s home.

One thing Leakey remembers that got him furious back then, was the lie his father and stepmother had told the community in regards to his initial disappearance. “Mtaani kila mtu alikutia ananiuliza nilienda wapi. Kumbe babangu alidanganya watu kwamba alinipeleka ujerumani kwa sister yake.” (Everyone kept asking where I had been. Apparently my father had lied to them that I was in Germany, at his sister’s).

While at the children’s home, Leakey eventually got medical treatment, and later came to find out that his father had infected him with human immunodeficiency virus (HIV). This disease was ultimately what his stepmother and father died from, in 2013 and 2014 respectively. Leakey expresses to us that he was not happy when his father died, because he had never answered for the crime he committed against him as a child.
Now a final year university student, Leakey tells us that it definitely took him a long while before he was able to accept his HIV status, as well as move on psychologically from the trauma caused after years of sexual abuse. Nonetheless, while flashing a bright smile, he says he is grateful for where he is today. Leakey’s resilience is something to behold, and as he looks into the future, he hopes more survivors will come forward, and be able to be rescued from whatever abusive situations they are in.
Omari
Omari’s intellectual disability manifests itself in incoherent speech, slowed reasoning and concentration. But if you give him your patience, and listen keenly, one will immediately be drawn to Omari’s gentle and inquisitive nature. Despite being 25 years of age, Omari’s reasoning and maturity are closer to that of a 12 year old. To ensure he gets the most out of his life, Omari attends a special needs school in the Coastal area. Omari is happy to have come to the office, and tells us that he is there to tell us about what happened to him when he was sexually violated by a fellow student. Accompanying Omari, is his brother, Paul, who was at hand, to support him and help us better understand Omari’s speech.

With the help of his brother, Omari narrates to us what happened that day in school. On that Friday morning, it was around time for their usual recess, when the students have some porridge. He remembers, while he was leaving his class, he saw his classmate Felix, was sleeping on his desk. After drinking his porridge, Omari left to go to the men’s washroom. “He has a tendency to remove most of his clothes when he visits the washroom,” Paul explains to us. As Omari was in the washroom, the perpetrator, Felix, snuck in, and sexually defiled him. While Paul is explaining to us this part of the story, Omari is nodding in agreement, while pointing to his rear and in-between his legs, to show where the perpetrator defiled him.

It is evident that Paul is trying his best to control his temper throughout the interview, as he begrudgingly recounts how he learnt about the gruesome violation that had happened to his brother. He tells us, “Sikudanganyi mimi, for real ilinium, (I won’t lie to you, this thing has really hurt me) I was ready to take action that day nilienda pale, nikaskia hicho hitendo himefanyika.” (I was ready to take action that day, when I went there and I heard what had happened).

Paul continues to clarify, that the incident didn’t happen just once, the perpetrator defiled Omari again the following Monday. He tells us that during the assault on Friday, a cleaner walked in on sexual abuse, and reported it to a teacher. At the same time, Omari shared what had happened with a close family acquaintance, who was also in the same class. This acquaintance was the one who told Omari’s family the following week, but by that time, the abuse had happened again on Monday.

Paul tells us that he is angered by fact that the teacher knew about the abuse, but instructed Omari to remain silent and not report the matter to his parents. He says, that if this had not been the case, Omari would have opened up sooner, and the abuse the following Monday, would
have not transpired. Another worry Paul has, is that if more people know about the abuse, further stigma on-top of what Omari already endures, will set in. "Heri mtu aninyanyase mimi kuliko amdhulumu yeye!" (I’d rather someone abuses me, rather than my brother). He further believes, that society will label his brother, as a gay person, because he was raped by a man.

After the ordeal, Omari was able to receive medical attention, and the case was reported to the police. However, the perpetrator was never apprehended. Paul tells us, the reason for this, is that the perpetrator was declared physiologically unfit to stand trial. But Paul doubts this, as he says, he had previously seen another medical report on the perpetrator being of sound mind and not being intellectually disabled. Paul worries that other students in the school have been sexually violated by the offender, but because it is somewhat difficult for most of the students to explain themselves due to their disabilities, that the offences have gone unknown. The perpetrator was later taken out of the school by his family, and transferred to another county. Paul believes this was done in an attempt to evade the law.

Unfortunately while at the hospital, Omari never received any counselling. Paul tells us that because of his intellectual disability, they may have believed that Omari is unaware of any trauma from the abuse. We asked Paul, if he has observed any mood changes or behaviours in Omari after the incidence. He tells us, to him, Omari seems like his usual happy self, but admits that he is unable to know what Omari is truly feeling, or if he is experiencing any trauma.

“Wajua waswahili wanasema siku zote, ‘mghala muue, haki yake mpe.’ Chenye mimi nataka tu ni mambo na justice!” (The Swahili say, ‘give the devil his due’. All I want is justice!) Paul exclaims. With the constant back and forth with the courts, and the fleeing of the perpetrator, the case is at a standstill. Paul hopes that one day soon, the case will be looked at and the perpetrator put behind bars.

For most of the interview, Omari had been quiet, attentively listening and occasionally nodding and commenting when he wanted to add on. When we asked him what he would like to see happen, he says, almost completely coherent while crossing his wrists to mimic being shackled, "Afungwe!" (He should be locked up!).
Chapter 2:
Stories of the Already Marginalised/Unseen in Society
Claudette
Exuding a warm, friendly, yet confident aura, Claudette, a smartly dressed and vibrant 21 year-old, greets us as we thank her for taking the time to share her story. Although nervous, as she sets herself down in her chair, Claudette begins narrating her lifelong experience facing sexual discrimination and harassment. You see, Claudette was not the name she was given at birth, nor was female her assigned gender. Claudette is a proud transgender woman, an identity she says, she has embodied since the tender age of 5. The word “transgender” – or trans – is an umbrella term for people whose gender identity is different from the sex assigned to them at birth. Thus, Claudette being a transgender woman, means, she was assigned male having been born with typical male anatomy, but she does not identify with this.

Born in Mombasa, but raised in various places within Kenya, she has learnt to understand who she is and has struggled with others’ perceptions and condemnations of her and her identity. Orphaned at a young age, Claudette explained how she had to manoeuvre her upbringing, and the concerns of her relatives such as her grandmother, aunts and uncles, who believed that her feminine qualities were just a childhood phase that would be cancelled out by male circumcision.

One of her earliest memories of being harassed and being discriminated against, because of her transgender identity, was during her second year of secondary school. “Nahide but inafika point najisahau,” (I would hide my transgender identity from others, but at times I would forget and show my true self) she says as she recalls that life-defining moment. “Then itaafita point nikasema enough is enough! (Then I reached a point where I decided enough is enough) When I was approaching form 2, that was third term, nikasema (I decided) enough is enough! I can’t hide it anymore, let me show my true colours, let me show who I am.”

Although being an affirming juncture in her journey, this decision of her own acceptance, came with a price. Bullying, taunting, and avoidance from her fellow classmates, became a daily occurrence, with them conveying to their parents back home, “They are bringing gay people to our school.” Her relatives as well, got wind of the situation and her uncles who has been previously paying her school fees, stopped doing so, because they did not want to support someone, who they perceived as being gay. With her sister taking up the reins to fund her education, Claudette now found herself at yet another crossroads. Yes her sister was paying her fees, but she was to fend for herself when it came to bus fare to leave her boarding school during the holidays. This marked
her initiation into the world of underage sex work, with her then Chemistry teacher being her first client.

Sex work continued to be Claudette’s main means of income from then on, even after successfully completing her secondary education. Life continued to be an uphill struggle, with Claudette working hard to protect her transgender identity, while engaging in the perilous lifestyle that sometimes comes with sex work. Her former employer at a restaurant, fired her within moments of him finding out that she is transgender, and she has also been attacked by neighbours who wanted to burn down her house with her in it, when they found out the same. Claudette explains, that she was determined to get justice for this harassment, but upon reporting the incident to the police, they were equally dismissive, as they suspected she was indeed transgender. The only way she saw fit to pursue the reporting, was to claim to be an intersex individual (a person who is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male).

Claudette however says, she is grateful for the support she has received from her friends, and from the ICRHK, which she was introduced to by a friend who is also a transgender woman. Through ICRHK, Claudette has received counselling, and has been able to work as a peer educator, and advice other transgender women in the community. However, with her identity out in the open, it has proven to come with some risks, as she recounts a day when a gang of men grabbed her, wanting to strip her, and show her genitalia to everyone. This kind of abuse was not an isolated incident, as Claudette has a number of times had to fight off men who have wanted to “expose” her. However, her association and work with ICRHK, has provided her with a recognition and respect within the community, which has often come to her rescue when she is being harassed.

Life as a transgender woman is not easy, Claudette laments. She nonetheless, advises and hopes families can try and accept their transgender relatives, because no one chooses to be a transgender. She affirms that, those who receive support from their loved ones, are less likely to become suicidal or depressed, and also less likely to be attacked by society/community, because of the strong family ties. Claudette hopes that one day things can be different, that transgender people will be fully accepted in Kenya, and that no one should accept violence or condone violence/mistreatment, and abuse of transgender people.
Cliff
Now in his 30s, Cliff is no stranger to adversity, and as a man who has sex with other men (MSM) or a gay man, he has faced a lot of struggles in his life. Societal, cultural, and religious expectations have been challenging to navigate as a MSM in Kenya, Cliff explains. As a man, he is expected to marry a woman and have a family, but Cliff is unable to do so, as he is only sexually and emotionally attracted to men. Speaking with him, you would never guess what challenges Cliff has withstood. His good-nurtured, charismatic and kind persona, immediately have you feeling relaxed, as if you are chatting with an old friend.

Cliff was born and raised outside Nairobi, and after the death of his father when Cliff was 18, things got a bit difficult for him and his younger siblings. Without the support of his relatives, Cliff moved to Mombasa in search of greener pastures. On settling in the city, he found it hard to meet day-to-day expenses, and at the same time support his siblings back home. This eventually led him to engage in male sex work, an occupation he is still involved in today. As the family’s bread winner, Cliff wanted his siblings to concentrate on their studies, after their father’s death. Not wanting to burden them, by opening up about his sexuality, and the stigma that comes with it, Cliff has never told his siblings.

One particular day in early 2019, Cliff went to meet a client for lunch. He usually finds his clients online, via social media platforms. They had previously connected online, and after establishing the necessary rapport through virtual chatting, they agreed to meet face-to-face in a public space. These are the kind of precautions Cliff says he takes, to reduce any potential risk, or harm towards himself when meeting new clients. He recalls, that there was nothing particularly unusual about that initial meeting, that the lunch was pleasant enough, and that the man seemed amicable. When the client later on asked him to go over to his place, Cliff was not opposed to it, because at least the first meeting, and their continuous chatting had gone well. That evening, Cliff took a bodaboda, as directed by the potential client, and arrived at his high-end apartment in Likoni.

The night began seemingly okay, with Cliff and the man having dinner, and engaging in consensual sex. Afterwards, the “client” asked Cliff to sleep over for the night. Cliff agreed, unaware that the man had other plans for him. Around 10pm, a sleepy Cliff remained in the room, as the man went into the living room to watch some television. “I could hear the doorbell ring from the bedroom. I could hear voices and I thought it was his friends who had come in.” Cliff recollects, how the whole ordeal began, “So I slept and I think I must
I have dozed off a little, and when I woke up, the room was filled. There were like seven men with him and I was shocked like, ‘What is this? Seven of them?’ I almost shouted out, because I did not expect so many people to be in there.”

The “client” was silent, as one of the seven men spoke to Cliff ordering him to pay attention. “I remember very well what they told me. That since I was gay, they had come to give me what I was looking for,” Cliff says sorrowfully. The next few hours, were the worst Cliff has ever experienced in his life. He initially tried to escape, but did not have the key card to access the locked bedroom door. On seeing him attempt to escape, the men became quite violent. He was told to lie down on the bed, and one by one, he was raped by each of the seven men, as the “client”, who had orchestrated the whole assault, sat and watched. Outnumbered, perplexed, and scared for his life, Cliff endured the gang rape, unable to scream for help.

When it was all done, they instructed Cliff to take a shower, after which two of the men escorted him to the gate. “I got out of there, and I remember I was just walking. It was very late, there were no bodaboda nearby, and the place was just dark. I just looked for a place, and sat down after I had walked a certain distance. I sat down because of pain.” Cliff recalls how alone, scared, and confused he felt that night, as he tried to make sense of what had just happened to him. He walked along the beach, washed his clothes, and by 5 o’clock in the morning, got back home and slept.

Like many other SGBV survivors, especially MSM, Cliff did not immediately report the incident to the police. With the prejudice and harassment faced by MSW and MSM, Cliff was afraid to come out and report to the police. He says that, he was afraid of the stigma, and was also new in Mombasa at that time, and unaware of his rights.

He instead phoned a trusted friend, confided in him, and was advised to visit the Kenya Medical Research Institute (KEMRI) centre, in Mtwapa, for treatment. At KEMRI, Cliff received medical attention in the form of painkillers, STI screening, and counselling. As a MSW, Cliff is at very high risk of getting HIV, and is for that reason, registered at KEMRI as part of the key population. He is on Pre-exposure prophylaxis (PrEP), to prevent HIV infection by taking a pill every day. He admits that, the first counselling session was quite difficult for him, he didn’t talk much as he was still in shock. He is grateful though, that the counsellor was patient with him, and through the following five or so sessions, Cliff found it easier to open-up.

A few weeks later, appreciative of the guidance and therapy received at KEMRI, Cliff with the support of a paralegal, mustered up the much-needed courage
Facing Violence II

...to report the incident to the police. Regrettably, the perpetrator had already relocated from his apartment in Likoni, and the police were unable to track him and his friends down.

Having a close knit of friends, who have been through similar scenarios as MSW and MSM, has played a big role in helping Cliff take care of his mental health. The comradery established here, has helped Cliff, and others like himself realise that they are not alone. He is equally grateful for the close and loving relationship he has with his siblings, who despite not knowing about his sexual orientation and occupation, have been his rock more than they realise.

Cliff’s hope is that SGBV survivors, who find themselves in similar situations seek help. He encourages them, to open up to those they try trust, as that is the first step in unburdening themselves. He cautions that bottling things up, may lead to suicidal thoughts and depression. For those who go online and get clients like himself, Cliff reminds them to be very careful of the people they meet. To ensure to meet them in public places, and not throw caution to the wind, if, or, when invited somewhere. They should ask questions, and take necessary safety measures, to ensure they do not find themselves in a similar situation.

“I would like the police to know that we exist, and that we go through any other problems as the regular citizens. Before I am called gay, I am a human being first, with human rights, and as a human being, the police are supposed to protect me, just as they protect other people. I should be comfortable, going to a police station and reporting an incident of rape,” says Cliff. He emphasises the need for increased sensitization amongst police officers, from the gender desk, all the way to the top officials. “...they should just know that people are born different. We cannot all be the same. Being gay is not a crime. It is my life and my choice…” he adds.

Cliff commends the work of ICRHK peer educators on the ground, who visit hotspots and educate the community on safe sex, STIs/ HIV prevention, PrEP and the risks faced by MSW. As we conclude the interview, Cliff adds, “I realized that some people go through violence (apart from rape) every day. Being abused like, wewe ni (you are) shoga, (Shoga is a Swahili derogatory term used to refer to a homosexual man), but they assume. It is not okay to assume, and it is not okay for someone to abuse you in such a way, because that is what causes mental issues. Talk about these issues, report, and document them. That is when we can be able to deal with them better. It is (the) collective responsibility for everyone,
not just the peer educators and the sex workers. But for everyone."

To this date, Cliff’s perpetrators are still at large, and he has not been able to receive justice for the crimes committed against him.
Zuberi
It was an emotional start, as Zuberi’s eyes filled with tears, when he began to recall his upbringing. Zuberi identifies as a transgender man, he explains to us, “This is me! This is how I am since I was young. When I was young, people used to identify me as a man, until now.” Motioning to himself and how he is dressed, “You know me, I like to wear swag. I love myself!” He adds, “Because I need to express myself in this world.” This has not been an easy road for Zuberi. Having faced countless incidents of harassment and discrimination, even from his own family members, it is more than evident that, even now at 35 years of age, Zuberi still struggles with the pain of it all.

His childhood was tough after the loss of his mother. He was in a constant battle with his family, trying to gain their acceptance and respect. He expresses to us, how he felt hate and condemnation from his own flesh and blood, simply because of him dressing more masculine, and refusing to interact with young girls his age. “Since my mum passed away, you know, my life has been very complicated. Because the people that I was expecting to be there for me, they left me,” he says, full of despair.

From then on, Zuberi’s family problems continued. He was forced into child marriage by one of his older siblings, at the mere age of 14. They claimed that this would be the only way for him to gain their acceptance in the family. “So, I had to accept the marriage, but not deeply. It wasn’t spiritually, it was just to make them happy. But after a while, I got pregnant” he explains. With his innocence stripped away, a young and misunderstood Zuberi was now a parent.

Nonetheless, this was not the life Zuberi has managed for himself. Through the assistance of a Good Samaritan in the family, Zuberi was able to falsify his birth certificate to read as an adult female, instead of the young teen that he was at the time. These new documents and adult status, provided Zuberi with the access to much needed services in the country, that he would have otherwise been denied, if seen as underage. With his new found identity, Zuberi managed to flee the life that had made him so unhappy, and move abroad to start something new.

It was not smooth sailing from their either. Zuberi worked for 3 years outside the country, with no one suspecting his young age, as he regularly wore a buibui (a black veil worn as a shawl by Muslim women, especially on the East African coast) to conceal himself. On arriving back to Kenya after his time away, Zuberi was still met with animosity and distain from his family. Wanting to yet again escape his reality, Zuberi embarked on another journey, seeking asylum as a refugee in
a country where his transgender identity would be accepted. Things were tolerable for a while, but Zuberi was arrested, and served 18 months in an immigration jail. Unfortunately, this all lead to his deportation back to Kenya, in 2010.

As we continue with the interview, Zuberi shakes his head bitterly, and describes to us some of the unrelenting challenges he faces in Kenya. More often than not, Zuberi finds it quite problematic going out in public. His appearance, and his voice, usually lead to some members of the public, on the streets, in matatus (Public transport minibuses used in Kenya), at the market place, and even within his community, to make rude and abusive remarks about and/or to Zuberi. He tells us that he has even heard other passengers in matatus openly remarking, “Hawa ndio wale mashoga! (These are those gay people)” or “Hawa mashoga ndio walioleta Corona! (These are the gays who brought us Corona/Covid-19)”. “Na wewe ni mwanamke ama ni mwanamume? (And are you a woman or a man?)”, is what Zuberi was once asked by a bouncer at a nightclub. He tells us that this is something he has regretfully come to expect, the rude remarks, questions and glances, whenever he is out in public. That some people will even bet with money, amongst themselves, to guess his gender correctly.

The sexual discrimination and harassment Zuberi has faced, goes beyond daily life. He has on countless occasions, been discriminated against by the police. He tells us of one late night confrontation, with the police, back in 2019. They stopped him, and asked for his identification card (ID). Upon seeing that the name stated on the ID, and picture of someone in a buibui, did not match the person in front of them, the policemen became quite confrontational. Despite Zuberi explaining that he is a transgender man, and that is why the ID does not match his appearance, they continued to verbally abuse him and repeatedly called him shoga. At this point, they wanted to take Zuberi into custody and have him show them his genitals, as proof of his gender. Regardless of being visibly traumatised, and upset by the whole ordeal, Zuberi stood his ground. He remembers thinking to himself then, “Because I have been a little bit empowered regarding my rights. I have to stand with my rights, and I am not going anywhere with these men.” He recalls strongly declaring to one of the policemen, “You can call me any name as far as you want, but don’t tukana (insult) me… don’t label me another name without my consent.”

Zuberi says, that despite the police in Bamburi and the Mombasa area having been sensitized on LGBTQI issues, there is still a gap in how they interact with the
LGBTQI community. "If someone did something wrong to me outside there, or my neighbour", Zuberi vehemently asks, "does it mean that I should have fear to go to the police station and report it? Because I will be insulted inside the police station. Then, where am I supposed to go?"

Such prejudices and instances of police misconduct, are faced frequently by those in the LGBTQI community like Zuberi. "Yeah, I am so emotional", he says to us, "because to live in Kenya as a gay (transgender) person... God! It is very difficult! We are trying our best!"

Looking into the future, Zuberi hopes that the LGBTQI community will have a voice in Kenya, and be able to freely access and enjoy their rights, without fear of prejudice, discrimination, or harassment. He says, "The human rights were created for the humans. And we are still human!"

Sensitization is key, explains Zuberi. He emphasises not only should police be continuously sensitised on LGBTQI rights, but also the community should be sensitized as well. At the same time, he encourages those within the LGBTQI community, to interact freely with the community at large, "People need to see you, people need to get used to you. You see? Because freedom is not in the locker. Freedom is outside here."

Zuberi is currently unemployed and struggles to fend for himself on a day to day basis, he however continues, to be an active member of the LGBTQI community in Kenya, advocating for their rights. "And people should give each other the chance. That's why I said that I need to fight for these people's rights. I need to stand with these people for security. Because if we don't stand with one voice, they will never know if we exist." Zuberi is hopeful about the times ahead, despite all the pain he has had to endure. He says that his continuous religious beliefs, and support from close friends, has been what has pulled him through dark times. At the end of the interview, we let Zuberi know if he is ever need of counselling, that the doors of GBVRC are always open.
Leila has quite a commanding presence, she seems to have a tough, yet benevolent personality. But beyond this exterior, if you look into Leila’s eyes, you will see a layer of pain that she carries with her. Leila’s upbringing was not the easiest, growing up in a single-parent household, meant she has learnt how life can be a struggle. With her mother, her only parent, passing on at a young age, Leila was forced to stop her education, when she was in her 6th year of primary school. She has managed to makes end meet, and now sustains her daughter, and herself, through the income from sex work in the Mombasa area. Seated across us, with an elegantly wrapped leso (headwrap) adorned on her head, Leila a 39 year old SGBV survivor, retells her story of sexual abuse.

She remembers the event quite clearly, Leila tells us that the night it all happened, it was on a Wednesday, back in 2019. Like many other nights, Leila was out in a local club in Mtwapa, a hotspot she, and other female sex workers (FSWs), frequented to get potential clients. This club is popular for those who are familiar with FSWs, she explains to us. After spending some time there, Leila was approached by a potential client, a gentleman looking to have her join him for the night. With the necessary transactional stipulations agreed upon, they then left the club for a guest lodging, commonly utilised for sex work. However, as they drove around in the client’s car, Leila remembers feeling slightly uneasy, as she realised that they were not driving towards the agreed upon location. The client nonetheless, assured her as they arrived at the gate, that this was his own place, which was vacant as he was not married.

Upon arriving to the bedsitter (one room unit/studio house), Leila explains even though she was slightly unsure, she stayed. “Kwa kua nilikua nishafika pale, na huwezi leta kichwa kwa mwanaume usiku; nikakubali na nikaingia kwa nyumba. Kuingia kwa nyumba nikaingia bedroom, nikataa nguo na kuenda kuoga.” (Since I was already there, and you can’t start being confrontational with a man at night, I agreed and entered the house. When I entered, I went straight to the bathroom, undressed and took a shower.)

After Leila and the client engaged in sexual relations, it was time for Leila to leave, or so she thought. But when she exited the bathroom after taking a shower, she found two other men waiting for her in the bedsitter. “Mmoja alikua na kisu kilichokua na damu na mwengine alikua na pistol. Nilipotaka kutoka, wakanizuia na yule wa pistol akaniambia, nikubali kurudi ama wanimalize.” (One of them had a bloody knife, and the other brandished a pistol. When I wanted to leave, they restricted me, and the one with the gun, threatened me, saying that they would kill me, if I didn’t return to the room).
As she continues to the next part of her story, Leila is visibly upset, with her eyes teary and her voice noticeably shaky. Despite us urging her to take a break to gather herself, she remains adamant, wanting to carry on with the interview. As she wipes her tears off with a handkerchief scrunched up in her hand, she continues to tell us, that she complied with their threats, hoping there was nothing adverse they would do to her. Back in the bedsitter, the men told her to undress. The man with the knife, was the first to rape her, and after he was done violating her, she was instructed to shower, as the second man with the gun was waiting for her.

"...na huyo mwengine, huyo ndio alijaribu kunifanyia unyama ambao sitawai sahau, hata nase ma le. Huyo mwanamume alijaribu kunifanyia mpaka nyuma. Yaani vile nilihisi, hua nasema ni Mungu tu alinisaidia. Alinifanyia na alipmaliza kunifanyia nyuma, atnaingia mbele ndio ahaambia wenzake kwamba mimi ni bikira." (…and the other man, he was the one who did something so inhumane to me, which to this day, I can’t forget. I usually say, it was God who helped me, because the pain I was in… He finished raping me anally, raped me again vaginally and declared to his friend, that I was a virgin.) Leila says she later understood while she was at hospital, why the one perpetrator called her a virgin.

The doctor explained to her, that it was because she had never had anal sex prior to this incident, thus they dubbed her a virgin in that regard.

Shaking her head bitterly, as tears run down her face, Leila tells us, how even though she was in pain, they all proceeded to rape her again. She remembers them telling her to shower after they were done, and proceeded to drive her out to the side of a deserted road, and left her there. Unable to stand or sit down, because of the searing pain in her private parts, Leila just lay on the dusty ground by the roadside, not knowing what to do next. At around 4am, luckily enough a Good Samaritan who was driving by, stopped and assisted her. She recalls that he was the first person she ever told about what had just happened to her. He took her to Coast General Hospital Teaching and Referral Hospital, and later referred to the GBVRC for treatment and counselling.

Leila tells us that the whole ordeal continued to play on her emotions, leading her to constantly battle suicidal thoughts. But after sitting with her thoughts for a while, Leila decided to reach out to an ICRHK peer educator, who she was also friends with. She confided in her about the gang rape, and how she was feeling. Leila is grateful to this peer educator, who listened to her, without any judgement, and reassured her that her life was worth living.
Then came reporting the sexual abuse to the police in Mtwapa. Leila says that this was yet another process that added to her trauma. She remembers initially reporting the incident without the ‘The Kenya Police Medical Examination Report P3’ commonly referred to as P3, and was met with ridicule at the police station. She vividly recalls one of the male officers asking her, is she had enjoyed it, having 3 men sexually violate her. “Nikawaambia, ukiona nimetuja kupiga ripoti basi kuna vile walivyonimiza”. (I told him, if you see that I have come here to report this, then these men hurt me). The back and forth with the police continued for a few days, with them instructing Leila to finish her medical treatment first and come back with the filled out P3 form. With the filled out P3 form in hand, Leila returned to make a formal report. Though she did as she was told, and was ready to direct the police to the perpetrator’s residence, the investigation did not go as planned. “Baada ya kuwaambia hiyo wananiambia niweke gari mafuta...” (After telling them all these about knowing where the house was, they asked me to fuel their police car). Leila was astonished by this request and lost hope in the police. As she had very little money, with having to get medical treatment and feed her children, Leila was unable to pay for the police to fuel their car. Leila never revisited the matter with the police and her perpetrators are still out in the streets.

Leila says it has always been the case that FSWs have had to deal with police misconduct and mistreatment, when reporting any form of abuse against them. She advises fellow FSW to be cautious, when getting clients, and that if they experience any kind of sexual abuse, that they should seek help from places like ICRHK’s Mtwapa DICE centre. Leila hopes that the view on sexual abuse against FSWs will change, as well as society, and the government, offering more support to single mothers. She is grateful that she is now more aware of her rights, thanks to DICE, and the paralegals there. That if this were to happen to her again, she would first get the assistance of an ICRHK paralegal, to help her navigate the bureaucratic red-tape, that comes with reporting sexual abuse.

Having lived with HIV, Leila knows how crucial it is to practice safe sex with her clients. She advises other FSWs, and their potential clients as well, to know the importance of safe sex, and have that conversation before any sexual engagement. She pleads with the younger FSWs, who may be more ignorant about the way the world works, to seek advice as much as possible, and not stay silent when abused. She encourages the use of PrEP as well, which she says, that the FSWs can always refer to ICRHK for. On that final note, we conclude the interview and thank Leila for sharing her story.
Chapter 3:
Stories From Those in Domestic and Everyday Life
Maxwell
One night in 2017, Maxwell, then 25 years old, was out on the town in Mombasa, with his wife. Then as a young newlywed couple, Maxwell tells us that this was something he and his wife would do regularly, when finances would allow. After enjoying a night together at a local bar, Maxwell and his wife decide to call it a night, and take a bodaboda home. Maxwell describes how a big rock was thrown onto the road, causing himself, his wife, and the bodaboda driver, to fall off the motorcycle. He remembers seeing a gang of thugs appear from the surrounding darkness, and surround them. But this was as much as Maxwell remembers, as the thugs separated him from his wife, and 3 of them drugged him so that he was unconscious.

Dazed and in pain, Maxwell woke up the next morning to find himself on the roadside with bruises on his neck. He immediately knew he had been sexually violated, as he felt excruciating pain in his rear. Those who were walking past that morning, stopped and helped him, he only recounted the theft but not the rape to them, and instructed them to help him to his house. At this point, Maxwell had no recollection of most of that incident, and had no idea where his wife was, as she was not around when he came to. He assumed he would find her at home, but upon arriving to the house, he found no evidence of her having been there. Maxwell explains how he was instantly filled with this cold despair, as he began to imagine the worst had befallen his wife. He tells us that his worry at that time worsened, with the fact that his wife was a few months pregnant with their first child.

Eventually, Maxwell got word that his wife had asked to be sent to her parents’ home, where she could recover. This is when Maxwell found out that his wife had been raped that night as well. He was distraught by all that had happened, but decided to remain where he was, and let his wife stay at her parents. He admits that this ignited a change in the dynamics of their young marriage, becoming quite complicated. “Sikumuelezea kwa sababu niliona atashtuka. Nikamuacha mwanzo akauguzwa huko na mimi nikaulizia mtu huku.” (I didn’t explain to her what had happened to me, because she would have been shocked. I let her get her medical treatment there, while I asked someone around on what to do for myself).

As he wasn’t ready to properly confide in anyone close to him, Maxwell made his way to the local chemist, and explain what had happened, so that he could get some pain relief. He was prescribed antibiotics and painkillers, that he says, helped him deal with the pain. Even as he slowly recovered, Maxwell feared more pain, and avoided bathing and walking too much. Equally, Maxwell had the crippling fear, that his neighbours and those in the vicinity would find out what had happened to him, and his wife. Maxwell tells us that this was the turning point in their marriage, as with the added fear of being seen in public, they became distant, and even avoided each other, as they did not want to be seen together. Maxwell explains how he was instantly filled with this cold despair, as he began to imagine the worst had befallen his wife. He tells us that his worry at that time worsened, with the fact that his wife was a few months pregnant with their first child.

Eventually, Maxwell got word that his wife had asked to be sent to her parents’ home, where she could recover. This is when Maxwell found out that his wife had been raped that night as well. He was distraught by all that had happened, but decided to remain where he was, and let his wife stay at her parents. He admits that this ignited a change in the dynamics of their young marriage, becoming quite complicated. “Sikumuelezea kwa sababu niliona atashtuka. Nikamuacha mwanzo akauguzwa huko na mimi nikaulizia mtu huku.” (I didn’t explain to her what had happened to me, because she would have been shocked. I let her get her medical treatment there, while I asked someone around on what to do for myself).

As he wasn’t ready to properly confide in anyone close to him, Maxwell made his way to the local chemist, and explain what had happened, so that he could get some pain relief. He was prescribed antibiotics and painkillers, that he says, helped him deal with the pain. Even as he slowly recovered, Maxwell feared more pain, and avoided bathing and walking too much. Equally, Maxwell had the crippling fear, that his neighbours and those in the vicinity would find out what had happened to him, and his wife. Maxwell tells us that this was the turning point in their marriage, as with the added fear of being seen in public, they became distant, and even avoided each other, as they did not want to be seen together. Maxwell explains how he was instantly filled with this cold despair, as he began to imagine the worst had befallen his wife. He tells us that his worry at that time worsened, with the fact that his wife was a few months pregnant with their first child.
community, would find out about his rape, and tell his wife. With that, he decided to move and live elsewhere.

When we asked if he ever reported the incident to the local police, Maxwell shook his head, reasoning that he feared for his life. “Kile kilifanya nisireport ni kwa sababu kulikuwa na insecurity huku tulikuwa tunashidi. But ulikuwa utielezea ama ukisema umefanyiwa kitu, wakora wenye walikuwa wanajulikana hapo mtaani walikuwa wanakuja kukuua.” (The reason I didn't report this, was because of the amount of insecurity where we lived. If you reported a crime, the perpetrators would track you down and kill you.) He says that this was a common situation in the area.

To this day, Maxwell has never shared what happened with his wife. The fear of the stigma that comes with male rape, has held him back form saying anything. He tells us that unfortunately, his wife miscarried shortly after she was raped. She was pregnant at the time. She did however, receive counselling and medical treatment, while she was at her parents’. On the other hand, Maxwell took the initiative to visit his local clinic, and without explaining what had happened, got a routine HIV test. Having tested negative, this somewhat put Maxwell’s mind at ease.

Maxwell did once try and tell a friend about what had happened to him, but his friend’s reaction made him cautious of asking anyone for advice. “Juu nilimuata na nikaona heri pia niepuka kumuuliza maswali kama hayo.” (I asked him what to do. He told me that a man being raped is something shameful, and he laughed about it, while I was in that condition. I then decided to not ask him any more questions.)

Maxwell explained that the only reason he was confident to tell us about his story, was because he had been in touch with an ICRHK peer educator, who had reassured him of anonymity. This was the same peer educator who had previously helped him understand, and come to terms with what happened to him. The peer educator provided him some literature, in form pamphlets, on surviving sexual abuse as male survivor. Maxwell says that these helped a great deal, with him understanding his own psychology, and emotional state after the ordeal.

Reunited after some time, Maxwell and his wife are still happily married. He tells us of their children, and how well they are doing. He is also encouraged to see that his wife seems all right after what she went through. As we say our farewells, Maxwell again confirms that his identity will remain anonymous, fearing that his wife will get wind of the story. We reassured him that his identity was safe.
Dorcas
The office is filled with the sound of a baby boy’s precious gurgling, as Dorcas cradles him lovingly in her arms. Dorcas is a 27 year old survivor of continuous marital sexual harassment, forced intimacy, and domestic violence. As she quietly soothes her son, Dorcas begins to tell us her story.

Her upbringing was a not a simple one, with her and her family often sleeping hungry, as her parents couldn’t afford any food. Dorcas was fortunate enough to get some formal education, and finished her primary schooling, but financial burdens made it impossible for her to progress to secondary school. To make ends meet, Dorcas started engaging in vibrarua (casual work). This didn’t pay well, but at least it brought in some income to help the family.

Married at a young age, Dorcas fondly remembers the early years of her union with her husband. Dorcas recalls how their first year was marital bliss, now having been married for three years. But things became to change the following year, or rather, her husband began to change. “When I got married, my husband never used to drink alcohol, he was just a nice young man. He didn’t even smoke bangi (marijuana). But as we continued, he started taking alcohol and smoking bangi. He would insult me all the time he gets into the house, and beat me for no reason.”

Dorcas says, that even when she fell pregnant with their first child, her husband was not supportive. The domestic violence continued well into her pregnancy, until she gave birth to their son. At any point that Dorcas would ask him for some financial support in preparation for the child, he would declare that he did not have any money, and then proceed to beat her. Fortunately for Dorcas, and her newborn, the government-funded National Hospital Insurance Fund (NHIF) programme known as ‘Linda Mama’ (Protect Mothers), covered all her maternity costs. At the same time, her in-laws helped her out in any way they could. She is also thankful for her employer, who has helped her through this difficult time.

“"When he is not drunk, he is a good man, and he knows how to hustle. However, I don’t know what happened to him to date. I keep asking myself those questions. This year I have really gone through a lot! I can’t go out and hustle, so that I can get money to feed my child, in short, I am just living by God’s grace.”

Dorcas recalls one night, when she has slept over at a friend’s house. When she returned home the next morning, she took a bath and dressed. But then she started to feel a burning and itchy sensation in her genitals. She had to strip down so as to figure out what was wrong, only for her to see an empty pepper sachet next to where she keeps her clothes. She says that her husband had purposely doused her clean...
underwear with hot pepper powder. She nervously laughs at the scenario as she tells us, “I think he thought that I had slept at another man’s house because I didn’t sleep in the house that night.”

Dorcas narrates other incidents of abuse and domestic violence she has faced. When her husband has had too much to drink, he would force Dorcas to have sex with him. “I don’t think that’s good for women who are in marriage at times like those”. Dorcas laments that he would often do this, when she was on her monthly period, and not wanting to engage in any sexual activity.

Having reached her breaking point, and exhaustively spoken to her husband who continuously denied ever harming her, Dorcas decided to take matters into her own hands. She confided in her mother-in-law about her son’s behaviour. Dorcas’s mother-in-law confronted her son to change his behaviour, which he did, but only for a short while, before reverting back to his old ways. On seeing that this kind of invention had little to no effect on her husband, Dorcas then made her way to the police station.

Revisiting this story is truly testing for Dorcas, as she tries to fight back the tears, but to no avail. As if sensing his mother’s current distress, the baby boy in her arms begins to cry as well. She continues to tearfully narrate the story, while gently rocking her son in her arms. Dorcas remembers exactly the moment she decided to take this matter to the police. She tells us, “Just before I filled the P3, he had beaten me up severely and even tried to strangle me. The fact that he was drunk, I was able to use my little strength and push him aside. I ran out of the house to find help. They wanted to arrest him, but I asked them not to, but insisted that he should leave the house.” This was how Dorcas was able to obtain a restraining order against her husband.

At the time of the interview, Dorcas had been separated from her husband for a few days. The court order stipulated that he leave the residence, and not come within metres of her residence. If he were to violate this, then he would be arrested. Even though Dorcas has had to take this legal measure to ensure her and her child’s safety, she tells us, “I am not at peace, I lost a lot of weight because of a lot of thoughts. I also have a young child, and at the beginning of the marriage, things weren’t like this. I started experiencing the problems later. I long to be in a happy marriage. I am always worried.” She sometimes get advice from her family, friends, and community health volunteers, who work to sensitive the community around on such issues.

Dorcas knows that marriage can have its
trial and tribulations, but she also says she knows some marital issues, such as domestic violence, are unacceptable. She urges other women who are in abusive marriages, to speak up, and seek out help and justice for themselves and their children. That many should be aware that alcohol and drug abuse can be triggers for domestic violence. She says that apart from the government, there are a variety of organizations that can help those experiencing domestic abuse.

To men and husbands in society, Dorcas had this to say, “I would like to say that violence isn’t good, and violence can never build a homestead. In marriages, when the woman does something wrong, the husband always wants to beat up her up. But when the man does something wrong, the wife doesn’t beat the man up. That’s not fair, because when he wrongs me, I won’t beat him up, but when he feels I’ve wronged him, he will want to beat me up. Violence is not the way to solve problems and disputes in a marriage.”

Dorcas continues to display her resilience and tell us, that she hopes her husband can reform, and things can go back to how they were, when there was no violence. But if he were not to change, she assures us, that she would separate from him indefinitely. To this date, Dorcas is still raising her child on her own, hopeful for brighter times ahead.
With the Covid-19 travel restrictions, Janet spoke to us via telephone call. A 28 year old saleslady, Janet has a soft-spoken way about her, as we exchange pleasantries on phone. She explains to us, that she had a poor upbringing, but she is thankful that she had both her parents, and was able to complete her formal education. After which, she came into contact with a company that employs salespersons, to sell their promotional products along the city streets. It is while working here, that Janet and her colleague were sexually assaulted by a gang of thieves.

It was a late May morning back in 2017, when Janet and her fellow colleagues had just finished from their morning meeting. That day started out pretty uneventful, as they continued hawking their products along in Mombasa. This was when her friend, Fiona, came cross a well-dressed gentleman, who said that his boss, was quite interested in buying their products in bulk. He told them that he needed to communicate with his “boss” who was back at the office, but unfortunately he did not have his phone with him. Fiona offered her phone to be used to contact this so-called boss. After speaking with the man on the other side of the call, they agreed to meet up at a different venue. They arrived at the agreed upon location, but the “boss” was not there. Anxious to get on with the sale, as it was getting late, Janet and Fiona urged the man to just take the products and ferry them to his boss. But the man they were with, insisted that his boss had to meet them. So they continued to wait. It was now heading to 7pm, with them having met this well-dressed man at around 4:30pm. Little did they know that their attackers were just buying time, waiting for it to get dark, so that they could make their move.

Janet, her friend Fiona, and the man, were now standing next to a construction site, where there stood tall pile of sand used for road construction. Momentarily, the two ladies found themselves surrounded by three other men. They soon realised that the “boss” was one of the men threatening them with a knife. Now having realised that they were in grave danger, the two woman started to scream and shout at the nearby trailers and trucks that were passing by on the busy road. No one stopped, Janet says bitterly.

With night-time having set in, the gang of men escorted the young women to a dark forested area. Here the men robbed them of all their valuable, all the while Janet and Fiona being too terrified to scream or run away. On seeing how much money they had, the robbers became to complain that the money was not enough. “Ndio akasema sisi wanawake hua tunaficha pesa sehemu mbali mbali, tunaweza zificha kwa matiti au kwa sehemu za siri.” (That’s when one of them said, that we women
usually hide money is different places, that we could have been hiding them in between our breasts or in our private parts.)

They then instructed the ladies to strip and show them. With the knife poking into Janet’s ribs, the men ripped off her clothes, and that of Fiona’s as well. Now the men began to violate the women by searching their genitals for money. Not satisfied with this search, the men raped Janet and Fiona. For almost 3 hours, Janet vividly remembers being raped by three men, while Fiona was raped by four.

One thing Janet recalls that really angered her, was that the man who had lured them, saying his boss wanted products, was now pretending to be kind to them, and advocating for them to the other men. After giving them each 50 shillings for bus fare, the men disappeared into the night, leaving the ladies there. Fearing that the men might return and kill them, Janet and her friend get dressed and promptly leave that forsaken den. Crawling across the bushy area, all the way to the main road, in order to avoid being detected by the perpetrators, Janet and Fiona quietly made their way to safety.

Upon reaching the main road, they saw a well-lit shop branded *Mpesa* (a mobile money transfer system in Kenya). Here they found a female shopkeeper, who they narrated the incident to. The shopkeeper was sympathetic towards the young women, telling them that she was not surprised that this had occurred there. The area is a well-known den for rapists and thieves, with a number of sexual assaults, thefts, and even murders happening there. She instructed them to go to the police station.

At the station, the police recorded Janet’s and Fiona’s statement and were referred to Coast General Teaching and Referral Hospital for treatment. There, Janet says that they received proper medical treatment and counselling. They were both prescribed emergency contraceptive (e-pill) and Post-exposure prophylaxis (PEP) to prevent HIV infection.

Janet says her company never gave them any support, in fact her managers encouraged them to keep silent about the matter, so as not to bring shame to the company. She reported back to work immediately after the incident, not taking any time off, because this was her only means of income. Janet and Fiona were later on transferred to different locations.

In terms of support and counselling, Janet is grateful for the GBVRC where she was able to attend counselling sessions. "*Ilibidi nijikubali alafu hata saahii nikipatana na mwanamwe amefanyiwa hicho itend poenda na namguide, nampea counselling pia.*’ I had to accept myself and now if I meet another woman who has gone..."
through the same thing, I advise her to go for counselling as well). With her boyfriend being supportive, and having close friends to confide in, Janet now feels as if she can move forward with her life. She wishes that family, and the religious community would stop shaming rape victims, and offer them support when they speak out.

The investigation is still active and the suspects are still at large with Janet having directed the police to the place where the incident occurred. Janet commends the police staff for their work, and wishes that one day the men who violated her and her friend, will be apprehended.
Sadiki
Methodical in the way he speaks and queries, Sadiki is not your usual carefree university student. He is always keen to understand the situation at hand, as you can see the gears turning in his head. He jots down in his notepad, as he asks us about this booklet and its purpose. When I ask about his interests, religion and education, Sadiki says, play a very important part in his life. Furthermore, he also enjoys travelling and mentoring others during his spare time. Now 27 years of age, Sadiki tells us that he didn’t have a ‘normal’ childhood, as he puts it. He has suffered some pain and loss in his life, but he also feels blessed and happy to be where he is today.

A few years back when Sadiki had just started his university studies, he was sexually assaulted. He says, ‘Abuse to me is something that is inappropriate, something that’s not ethical, and something that is beyond norm. Or something that is just deviant. Something that’s not supposed to be done!’ Sadiki tells us, that the people who raped him were his close friends then, people he had come to trust, and would spend time with. Looking back, Sadiki says about one of the perpetrators, ‘I was very much naive, but he showed signs of being a sexual harasser… let me put it like that. And because of the naivety that I had. I couldn’t know that he was such.’ He continues to tell us, ‘I remember one time he suggested… he told me, ‘One day… siku moja. I am going to do something strange to you.’ You know? But because of the naivety I was like, ‘Okay, what is this strange thing that he is saying?’ I couldn’t get it.” Sadiki now recognizes these red flags.

On that fateful evening the incident occurred, Sadiki and his “friends” were having a party. Sadiki was never one for having liquor, so he stuck to soft drinks throughout the night. All was well, and it was promising to be an enjoyable night. Sadiki as the sober one, was designated to go and get more drinks for everyone else. With everyone’s drinks refreshed, the party continued. However, Sadiki recalls, he began to feel unusually drowsy after that. “Unfortunately or fortunately, they had drugged me. And so they began doing what they did. They began undressing me, by force of course. So, at first I was like, ‘What are you guys doing?’ and that time of course I am now dizzy, I am now not myself, I am struggling out to defend myself. But because of how weakened my immune was, I couldn’t. My efforts were futile. So they raped me and they did what they could do. They left me on the floor bleeding.”

Sadiki has a chronic illness, he tells us was now exacerbated with him bleeding out on the floor. For more than 5 hours, Sadiki drifting in and out of consciousness.
unable to move and losing more blood as time goes by. In the wee hours of the morning at around 4am, Sadiki regained consciousness again. He gathered all the strength he could and tried crawling towards the main door. Luckily a neighbour who passed the door, as he left for work, noticed that the door was ajar. He had gone all the way to be gate, but returned to check if everything was okay in the flat. That is when he discovered Sadiki on the floor, his trousers drenched in blood. “You know, he is rushing to work, and again he wouldn’t want to be implicated in problems, you know how it is here. ’Where did you get him?’ and all that stuff. And so he leaves me with 500 bob (shillings) to sort myself with.” But even after this neighbour left, he made sure to call a bodaboda, who came, helped Sadiki off the floor, and took him to a nearby hospital.

At the hospital, Sadiki remembers that the treatment was slow, that he received basic first aid, and was left unattended for long periods at a time. “Another problem rape victims’ face, it is like the doctors and nurses they don’t know how to handle it, and then immediately you come in there, is that stigmatization, especially when it is a public hospital. …sometimes they even ask, ’Wewe ulikuwa unafanya nini?’ (What were you doing?) and you can just hear those sounds and voices of condemnation all over.” Having suffered severe blood loss, Sadiki said it took them 8 hours to finally transfer him to a different hospital, where he could get a blood transfusion.

Now at a different hospital, Sadiki was able to get the blood he desperately needed, but his pulse was so weak, he says, that they pronounced him dead. That night Sadiki slept in the hospital’s mortuary. “I felt myself, it was around night I don’t know what time it was, it was in the middle of the night. I started feeling some cars moving and some noise outside, you know?” He continues to describe to us. “The environment was dark and there was some sort of stench and coldness in that particular place. And I realized, ‘Haiya! (Oh!) I am not in a hotel taking some tea.’ Yeah, so I had to keep calm of course, I was scared and now I am naked. I waited till morning until the attendant came…” His “revival from the dead” was of course a shock to the morgue and the hospital staff, but Sadiki was taken back to his hospital bed and resumed his medical treatment.

Another challenge Sadiki experienced, was his treatment by the police. As he was recovering in hospital, the police came to record his statement in an occurrence book (OB). “…you know even as a man, just saying that, ‘I got raped.’ Those words are really difficult to come out. How do you even explain such a thing happened? … so, the police men came in and I don’t remember his name but he was quite
rude. He was saying, ‘Kwani weve ulikua wapi? Nyinyi vijana wa campus mnajua muko na tabia mbaya sana.’ (Where were you? You know, you university boys have very bad behaviour.) And he wasn’t gentle in his words…” Usually prone to a short-temper, Sadiki was infuriated by this line of questioning, and decided to abandon the case. He never pursued the reporting beyond this.

Sadiki admits that his recovery was a rocky road from then on. He explains to us, how he battled depression, suicidal thoughts and behaviour, and abused drugs and alcohol, as a coping mechanism. It took him a long while to come to terms with what happened to him. He says that a victim or survivor of rape, can reach a point where they begin to question their own sexuality, because of the trauma. He never received any psychological counselling. Sadiki recalls that during his recovery, a nurse at the hospital attempted counselling him, but did not get very far. He explains that a survivor’s state of mind at that time can be closed due to shock. “… at that point actually you want to be alone. You don’t want anything, because yourself, you are also in denial. You know? You are like, ‘Is this thing real? Has this thing really happened to me?’ So, it is like that time you don’t even think about counselling. You think about condemning yourself. You think about the shame that you have to go through. You think about, ‘How will I recover? How do I tell people?’ On top of the trauma and shame a survivor may feel, Sadiki says, he also did not have a support system at the time, making things even more difficult. He emphasises that even though a survivor may be closed off, they still need someone by their side. Someone who will persist and encourage them through their recovery.

However, Sadiki does credit his faith in God as what helped him through his recovery. He says the “spiritual counselling” he received from his pastor, played a tremendous role in shaping him into the young man he is today.

Sadiki hope the perception of male rape will change in Kenya. “When it is a man, people are very judgmental. The fact that men are… maybe how do I put it? But maybe masculine in nature. People look up to men as people who can defend themselves, people who are strong. You know? Yeah, there is that perception of the culture. But again people need to understand…It should be classified as victims of rape. Not just women and girls.”

As we conclude the interview, Sadiki asserts, “It is time that the community starts talking about it, because they are so many men or boys going through it outside here, and they will continue going through it, and the sooner they get help.
the better. Because if they don’t get help, some of them may become perpetrators themselves.”

He adds that the media have a very crucial role to play, when it comes to issues of SGBV. He tells us, “My last remarks is that media is also playing a very big part in terms of condemnation. Because when you just air the story, and you don’t provide a remedy, then it means that there is nothing that you are doing…I think for me it is high time, that they need to focus on people, and on recovery. And recovery is the message, you know it happened and it you can’t change that. You are raped, you are sodomized, you are molested, and you can’t change it. You can change the recovery process.”

Sadiki says that recovery is not easy, but he hopes that things will change for the better, as people speak more openly about SGBV, and the challenges faced during the recovery process.
Stories From the Champions for Change (Service Providers & Activists)
Sr. Saida Mwinyi
Nurse in Charge - Gender Based Violence Recovery Centre
Having been part of the GBVRC for 8 years, and a qualified Kenya Registered Community Health Nurse, Sister (Sr) Saida Mwinyi, has worked in various capacities. Her vast professional career has taken her from working in an in-patient department in a surgical ward; the out-patient clinic; HIV programmes, and programmes with sex workers.

Now the nurse in charge at the GBVRC, Sr Saida tell us, that her work at the Centre, encompasses a number of facets. She is usually the first point of contact for survivors who have been referred to the GBVRC. She is also a qualified counsellor, and makes sure to offer the preliminary trauma counselling needed as the survivors recount their abuse. Apart from this, Sr Saida also performs the initial medical examinations.

She briefly breaks down the process of what happens the first time a survivor is brought to the Centre. “Survivors come to us as referrals. Either from the police, from community members who know that there is a functional GBV Centre at Coast General, or inter-departmental referrals”. She tells us that the first step is, that they ensure the survivor has a hospital number, so they can begin.

Second, the briefing and the trauma counselling follows, so here they listen to the survivors’ narration of the abuse. With this step in the procedure, Sr Saida emphasises that, “You will be focusing on their feelings, thoughts and behaviour during the time of the incident, before the time of the incident, during the time of the incident, after, and now. You know there are so many thoughts and feelings a person goes through when they’ve undergone rape. So your work as the trauma counsellor now, will be to validate the survivor’s feelings, that whatever they are feeling at time is okay.”

At this point of the trauma counselling, Sr Saida explains, “You have to educate the survivor on what might be happening to them. Their thoughts, feelings; they may be having outbursts, they may be having flashbacks, they may go into depression, they may lose their appetite. You do psycho-education, you prepare them for the eventuality, what might be happening to them, and offer some skills.” She continues to add, that making sure the survivors have and maintain a support system, in terms of trusted family and friends, who they can confide in, plays a fundamental step in their recovery.

Unfortunately, majority of the survivors who are referred to the GBVRC are children under 18 years of age, a worrying statistic, as pointed by Sr Saida. The common challenge that the GBVRC faces with child survivors, is that they rarely open up during that initial counselling session.
Sr Saida explains, that this is why they also speak to the parents or guardians who accompany the child. “You teach the person how to talk to the survivors… we tell the parent that disclosure is gradual for children. Sometimes even the children blame themselves, that’s why they don’t even disclose.” She continues to say that due to some poor parenting skills and attitudes, children may fear that their parents will beat or punish them, if they disclose to the GBVRC what happened to them. Furthermore, Sr Saida has noticed, some parents of child survivor are usually apprehensive, as they fear their child is now infected with HIV or has become pregnant.

Rape or defilement is one of the activities that fuel the spread of HIV, Sr Saida informs us. This is the reason they also focus on HIV testing and counseling. Post Exposure Prophylaxis (PEP) against HIV, is prescribed for the next 28 days. For young girls and young women who have been raped, the risk of getting pregnant from the rape is high. “When they come to us within 120 hours, that’s 5 days, then you will give her the emergency contraceptives. But if they’ve come within 72 hours, you will give them PEP, the emergency contraceptives, and you will also give them the sexually transmitted infections (STI) prophylaxis.”

Those who arrive at the Centre after 2 weeks to a month after the sexual abuse, will only qualify for STI prophylaxis, and if they have missed their period, a pregnancy test is issued. If found positive, the pregnancy crisis counselling follows. According to Kenyan law, abortion is prohibited, unless, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law. Sr Saida tells us, that while working within the stipulations of the law, they report to the doctors and that’s where the decision is made on whether the pregnancy should be carried to term.

A forensic examination of the survivor is also conducted, explains Sr Saida. This information is noted down in accordance with the Kenyan Sexual Offences Act, where they note the type of SGBV, that was inflicted on the survivor. Sr Saida continues to say, “You will make them understand that defilement is a crime. And because it is a crime, you are referring them to the police. So, we have a standard form that we use to refer them to the police. You are going to refer them to the police station in the area, where the incident happened. And in your letter, you are going to address it to the officer..."
in charge, the gender desk of that police station, through the Officer Commanding Police Station (OCS). Then you make sure that they understand their return date is after 2 weeks.”

Counselling for the health professionals and service providers, involved in SGBV, such as the nurses, doctors, and clinicians is equally important. Sr Saida asserts, that it is psychologically trying for the service providers to hear these stories of SGBV, and treat survivors, day in, day out. In order for them to provide the survivors the best possible care, they also need to take care of their own mental health.

Sr Saida reminds us that, the services offered at the GBVRC are free of charge, therefore, they are accessible for survivors from all socio-economic backgrounds. As a final thought, Sr Saida mentions, that it is worrying that the GBVRC has seen an increase in reports of forced anal rape amongst survivors, especially minors. She hopes that this is something that will change for the better in the future. Her final wish is that there is continued support for service providers as well, so they can continue to offer the best services and care to survivors.
Mary Kiambi
Paralegal - Gender Based Violence Recovery Centre
A paralegal with ICRHK since 2010, Mary Kiambi, shares with us her experience working with SGBV survivors. Her main duty while at the GBVRC, is to assist survivors navigate the sometimes confusing legal procedures, that come with reporting a SGBV crime. Usually located at the reception desk of the GBVRC, survivors cannot miss her. Mary says, she makes sure the survivor’s paperwork is compliant with the law prerequisites. She explains to the survivors the significance of reporting the crime to the police. She tells them, “Hii kesi ni muhimu uende polisi, na ikishaenda polisi, ni muhimu iende kortini.” (It is important this case is reported to the police and then to court.)

Mary tells us, that in her line of work, she has witnessed a number of survivors not report the crime to the police, because they do not fully understand the repercussions. “Kwa sababu wengine watokha hapa gender, wakisharudi hule kwa community, wanaweza kuenda wakasikizana na hiyo familia ya perpetrator na ikawa hawatachukua hatua. Hata hawatachukua polisi tena, sasa ndio baadaye watarudi gender kama wametokosa kusikilizana. Ndio sasa watosema hiyo kesi haituenda kortini.” (Because a lot of survivors will leave the GBVRC, go back to the community, and try to come to an agreement with the perpetrator’s family outside of legal parameters. They won’t even go to the police. They will then return to the GBVRC, when negotiations turn sour, and admit to us that they had never reported the case.)

This is why, Mary asserts, that it is crucial for her as a paralegal, to accompany the survivors, step by step, through the legal process, until the perpetrator is apprehended.

Regular liaising with the police and courts is equally part of the work of a paralegal. Mary explains that, she makes sure to follow up with them, to find out how many cases referred from the GBVRC have been reported, and how many of those have proceeded to the courts. By keeping track of this progress, paralegals are able to ensure that the police and courts seek out the proper justice for the survivors.

Mary continues to tell us, “Sasa upande wangu kama paralegal, upande wa kortini zimelemea sana. Watu wanalamika sana kuwa kesi zinakoa alafu mwishowe kesi zinatupwa manake zimekosa ushahidi.” (My view as a paralegal, is that the courts are overwhelmed. People complain that their cases are not been dealt with, and later on their cases are dropped due to lack of evidence.) She feels a change is strategy, especially on the front of releasing the perpetrators on bond, would help the situation. Perpetrators are usually released on bond, roughly between Kenya Shillings (Ksh) 5,000 to Ksh 20,000 (United States Dollar [USD] $50 to $100), a fee she says, perpetrators seems to find a
way to pay. Out on bond, perpetrators can flee and disappear, threaten the survivors who reported them, or may even continue committing more incidents of SGBV to others. Mary hopes that the way the court system releases sex offenders on bond will be reviewed, so as to have the best interest of the survivors.

In terms of any misconduct, abuse or discrimination experienced by survivors by police or court officials, when reporting SGBV crimes, Mary says, survivors should always report these incidents. They can make their way to GBVRC, who will assist them understand their legal options, as well as put them in touch with human rights groups and advocates.

Police sensitization and awareness on SGBV issues need to be an ongoing process, complete with refresher training, Mary asserts. This will assist the police understand and empathise with survivors, while reducing instances of victim-blaming and shaming. She insists, it should be mandatory for any new transfers into police stations to undergo such training and sensitization, so that the gender desk, and the station as a whole, are well-versed when it comes to assisting SGBV survivors when they report a crime. She hopes that this type of sensitization will extend to the Kenyan Administration Police (AP) and the General Service Unit (GSU). She however, does reiterate the hard work the police have done so far in regards to GBVRC. “Pia tunashukuru pia wale wako wale wa zamani wanafanya kazi manake kesi nyiingi zinaenda hortini” (We are grateful for the police who continue to do their work, because a large number of cases have been processed, and sent to the courts.)

Perpetrators do sometimes threaten paralegals, when they realise how much they are helping the survivors seek justice. Mary tells us that, as a paralegal you must be ready for this rare kind of hostility, and report it to the police as well.

Mary’s advice for those who would like to pursue being as paralegal is, “Kitu cha kwanza lazima upende hii kazi...” (First, you should love this work..) She continues to advice, “...na itakuwa ni kazi nzuri sana na hutaona ugumu. Ni kazi ya kujitolea na si kazi ya kuambiwa ufanye. Ni wewe ujitume.” (And then the work will not seem too hard, because you enjoy what you do. It is a vocation, not a job one tells you to do. You must desire it.)

To the survivors out there, Mary hopes that they know, that whatever sexual abuse or harassment they may have gone through, or are going through, that none of it is their fault. She wishes that they remain unwavering in their pursuit for justice and recovery, to come in to the GBVRC, and also report the crime. She affirms that she will always support SGBV survivors.
Mama Aziza Abdalla Isa
Sauti Ya Wanawake Activist
Commonly referred to as Mama Aziza in the local community, she is an activist with a local women’s movement, *Sauti ya Wanawake* (The Voice of Women)\(^{10}\) in Mtongwe, Mombasa. The main aim of this movement is to create a safe space for grassroots’ women, to discuss issues that affect them, and to become a forum that contributes to the fight for women’s and children’s rights. A well-known figure in the community, Mama Aziza is usually a confidant, many women and young girls seek comfort and advice from, after SGBV.

Mama Aziz accompanied a couple of the survivors to the interviews and was vocal on the issues SGBV survivors face as well as what needs to happen to ignite a change in Kenyan society. She tells us, that she hopes that the government as a donor, should increase funding for initiatives that support young mothers, especially those who have become pregnant through rape. Due to the unplanned pregnancies, she explains to us, the financial burden it places on the survivor and her family is immense. Funding should be in place, she tells us, so that the young mother and her family, are able to take care of the child, while having access to counselling.

She tells us that she has first-hand experience in how police discrimination and misconduct can affect survivors’ moral, and lead to depression and suicidal thoughts. Mama Aziza usually assists survivors and escorts them to the police stations to report the crime. “Tukienda unapata polisi ni mwanaume anakuharass, ‘we nawe ni Malaya!’ (When we get to the police station, you are sometimes met by a male police officer, who will harass them by saying, “You are a prostitute!”). She explains that this is unfortunately a common thing female survivors’ experience, together with the occasional request for a bribe.

Mama Aziza’s hope is that increased sensitization, together with a checks and balance system for police harassment and misconduct will be put in place. This way, survivors will feel that a police station, is a safe harbour for them to report the crimes against them. She also notes, that there is an unimaginable amount of ignorance and lack of awareness within the society, regarding their rights and legal procedures. The work that they continue to do at the grassroots, helps educate people on what steps they can follow, when an SGBV crime occurs. Mama Aziza is optimistic though, and hopes that families will continue to seek out her help, as well as from *Sauti ya Wanawake*. 

---

\(^{10}\) Sauti Ya Wanawake Pwani. See: [http://www.sautiyawanawakepwani.org/](http://www.sautiyawanawakepwani.org/)
Organizations & Contacts that Support SGBV Survivors and Those Affected by it
<table>
<thead>
<tr>
<th>Network</th>
<th>Type of Organisation</th>
<th>Core Mandate</th>
<th>Target Population</th>
<th>Geographical Coverage</th>
<th>Contacts</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girl Child Network</td>
<td>Network</td>
<td>Advocating and promoting the rights of the girl child</td>
<td>Girl child</td>
<td>Nairobi, Coast Central, Eastern Rift, Valley</td>
<td>Girl Child Network AMREF - Wilson Airport Off Lang’ata Road PO Box 2447 - 00200 Nairobi, Kenya Tel: +254 - 20 - 604510 / 607137 Fax: +254 - 20 - 6004510 <a href="http://www.girlchildnetwork.org">http://www.girlchildnetwork.org</a></td>
<td><a href="mailto:mmusomi@girlchildnetwork.org">mmusomi@girlchildnetwork.org</a> gcngirlchildnetwork.org</td>
</tr>
<tr>
<td>Centre for legal information and communication in Kenya (CLICK)</td>
<td>NGO</td>
<td>Research</td>
<td>Women</td>
<td>National-Kenya</td>
<td>Centre for Legal Information and Communication in Kenya (Click) Jahmuhuri crescent off Kibarnet Rd. PO Box 48984-00100 Nairobi, Kenya Tel: +254-020-38666073</td>
<td><a href="mailto:info@click-kenya.com">info@click-kenya.com</a></td>
</tr>
<tr>
<td>Coalition on Violence Against Women (COV AW)</td>
<td>NGO</td>
<td>Increasing capacity of community activists and Community leaders as change agents in eradicating VAW Policies and legislative on VAW Research and documentation on VAW</td>
<td>Women</td>
<td>Rift valley-Kajiado and Laikipia Coast -Taita Taveta Nairobi</td>
<td>Valley Field Court, House no. 2, Korosho Road, off Gitanga Road PO Box 10658-00100, GPO Nairobi Tel +254 -20-8040000/1 Mobile: +254-722 594794 +254 733 594794/+254 771 127852 +254 752 743351 Website: <a href="http://www.covaw.or.ke/">www.covaw.or.ke/</a></td>
<td><a href="mailto:info@covaw.or.ke">info@covaw.or.ke</a> <a href="mailto:saida.ali@covaw.or.ke">saida.ali@covaw.or.ke</a></td>
</tr>
<tr>
<td>Network</td>
<td>Type of Organisation</td>
<td>Core Mandate</td>
<td>Target Population</td>
<td>Geographical Coverage</td>
<td>Contacts</td>
<td>Email</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-----------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Child Aid Organization Kenya</td>
<td>NGO</td>
<td>Prevent child abuse Raise community awareness education activities Research &amp; develop awareness/prevention programs Empower communities to take Action against child sexual abuse</td>
<td>Children</td>
<td>National</td>
<td>National P.O. Box 483-00518 Nairobi Kenya <a href="http://www.childaidkenya.org">www.childaidkenya.org</a></td>
<td><a href="mailto:info@childaidkenya.org">info@childaidkenya.org</a></td>
</tr>
<tr>
<td>African Network for the Prevention and Protection against Child Abuse and Neglect- Kenya Chapter (ANPPCAN)</td>
<td>NGO</td>
<td>Research, documentation and monitoring Networking and establishment of chapters Capacity building Child protection</td>
<td>Children</td>
<td>Africa with headquarters in Kenya</td>
<td>Komo Lane, Off Wood Avenue P.O. Box 1768 Code 00200 City Square, Nairobi, Kenya Tel: +254 20 2140010/2140011 2140013 / 3873990 / 3861086 Fax: 254 20 3876502</td>
<td><a href="mailto:regional@anppcan.org">regional@anppcan.org</a></td>
</tr>
<tr>
<td>Network</td>
<td>Type of Organisation</td>
<td>Core Mandate</td>
<td>Target Population</td>
<td>Geographical Coverage</td>
<td>Contacts</td>
<td>Email</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-----------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Federation of Women Lawyers (FIDA) Kenya</td>
<td>NGO</td>
<td>Service delivery: counselling, legal advice, referrals</td>
<td>Women and Girls</td>
<td>Nairobi</td>
<td>Amboseli Road off Gitanga Road, Lavington, Nairobi PO BOX 46324-00100</td>
<td><a href="mailto:nfo@fidakenya.org">nfo@fidakenya.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prevention at the community level: community education, mobilization, awareness raising, etc.</td>
<td>Kisumu</td>
<td>Mombasa</td>
<td>Tel +254 20 3870444/3873511 Mobile: 0722 509760 or 0733 845003</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advocacy &amp; Research</td>
<td></td>
<td></td>
<td>Website: <a href="http://www.fidakenya.org">www.fidakenya.org</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MOMBASA - Kizingo East Road off Mama Ngina Drive PO BOX 80687-80100 Mombasa. Tel +254.041.222 4500/231 3611 Mobile: 0724 256 659 0724444449 KISUMU Milimani Estate, off Tom Mboya Drive PO BOX 19219-40100 Kisumu. Tel 254.057.2025560 Mobile: 0724 256 658 or 0734 444 448</td>
<td></td>
</tr>
<tr>
<td>Network</td>
<td>Type of Organisation</td>
<td>Core Mandate</td>
<td>Target Population</td>
<td>Geographical Coverage</td>
<td>Contacts</td>
<td>Email</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Kenya Human Rights Commission (KHRC)</td>
<td>NGO</td>
<td>Monitoring and research Advocacy Human rights education and outreach Gender mainstreaming, Protection and promotion of all human rights for all individuals and groups</td>
<td>General population</td>
<td>Nationwide</td>
<td>Kenya Human Rights Commission (KHRC) Gitanga Road Opp. Valley Arcade Shopping Center, P.O Box 41079-00100, Nairobi, Kenya Tel: +254-20 2044545 Tel: +254-20 2106709 Tel: +254-20 3874998 Fax: +254-20 3874997 Website: <a href="http://www.khrc.or.ke">http://www.khrc.or.ke</a></td>
<td><a href="mailto:admin@khrc.or.ke">admin@khrc.or.ke</a></td>
</tr>
<tr>
<td>The Coexist Initiative</td>
<td>NGO</td>
<td>To build competences, raise the levels of awareness, Influence attitude/behaviour change, objectively provide information. To improve the quality of life of vulnerable groups (minorities, women, girls, youth, slum dwellers and displaced populations)</td>
<td>Men and boys</td>
<td>Nairobi, Rift, Western</td>
<td>Coexist Initiative 3rd Floor, Suite #53 Mielele Center Off Namanga Rd, Mielele Center- Kitenge-la P.O. Box 281- 00515, Nairobi, Kenya Tel: 020 2099 201 Cell: +254 712 653 322 Website: <a href="http://www.coexistkenya.com">www.coexistkenya.com</a></td>
<td><a href="mailto:info@coexistkenya.com">info@coexistkenya.com</a></td>
</tr>
<tr>
<td>The Association of Media Women in Kenya (AMWIK)</td>
<td>NGO</td>
<td>Use the media to promote an informed and gender responsive society</td>
<td>Women</td>
<td>Nairobi, Nyanza, Eastern North Eastern Coast Central</td>
<td>Association of Media Women in Kenya (AMWIK) Wendy Court House No.6 P.O. Box 10327-00100, NAIROBI Tel: +254 020 4441226 / 0722 201958 Website: <a href="http://www.amwik.org">www.amwik.org</a></td>
<td><a href="mailto:info@amwik.org">info@amwik.org</a></td>
</tr>
<tr>
<td>Network</td>
<td>Type of Organisation</td>
<td>Core Mandate</td>
<td>Target Population</td>
<td>Geographical Coverage</td>
<td>Contacts</td>
<td>Email</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------</td>
<td>-----------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Coast Women in Development</td>
<td>NGO</td>
<td>Prevention at the community-level (community education, mobilization, awareness raising, etc.)</td>
<td>Women and Children</td>
<td>Mombasa</td>
<td>PO Box 12327 - 80117 Kenya Tel: +254 0733 423 270 <a href="http://www.coastwomen.org">www.coastwomen.org</a></td>
<td></td>
</tr>
<tr>
<td>Kituo cha Sheria</td>
<td></td>
<td>Legal aid for victims of sexual violence Education and advocacy forums</td>
<td>General population</td>
<td>Nairobi Mombasa</td>
<td>Ole Odume Rd Off Arg-wings Kodhek Rd. 00300-Nairobi Tel: +254-020-3876290 Mobile: 0734-874221 / 0727-773991Fax: 254-020-3876293 <a href="http://www.kituochasheria.or.ke">www.kituochasheria.or.ke</a> Regional office - Mombasa fidelity House Kaunda Avenue P.O. Box 89065 Mombasa Tel: 254-041-2230382 Fax: 254-041-2230283</td>
<td><a href="mailto:info@kituochasheria.or.ke">info@kituochasheria.or.ke</a> <a href="mailto:msa@kituochasheria.or.ke">msa@kituochasheria.or.ke</a></td>
</tr>
</tbody>
</table>