
2016

The Africa Regional SGBV Network Learning Brief Series: Learning updates from Kenya (Brief #4)

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The Africa Regional SGBV Network Learning Brief Series

Fostering a Multisectoral Response to Violence Against Children
in East and Southern Africa

Learning Updates from Kenya (Brief #4)

According to Kenya's 2010 Violence Against Children (VAC) survey, 32% of females and 18% of males in Kenya suffer some form of sexual abuse before they turn 18. Although about a quarter would like to receive care for the abuse, most do not tell anyone about it, and very few (3%) end up receiving care afterward. The Africa Regional Sexual and Gender Based Violence (SGBV) Network, set up in 2006, is addressing VAC in four countries. This *Learning Brief* is one in a series of five that share critical, initial understandings of VAC that will help us respond more effectively to the problem.

The Gender-Based Recovery Centre, Kenyatta National Hospital

In an attempt to improve the reporting of child sexual abuse (CSA) and children's access to services, the Gender-Based Violence Recovery Center (GBVRC) of Kenyatta National Hospital (KNH) in Nairobi, Kenya, is exploring the feasibility of routine screening for CSA in health care and school settings. KNH is the oldest and



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largest public referral, teaching, and research hospital in the East and Central African region. The GBVRC at KNH is one of the best-known and most commonly utilized one-stop response centers for SGBV in Kenya. Initial findings show **significant support for screening for CSA** amongst people who work with children in Nairobi.

What We're Already Learning

Here's *what we're learning* about the context for screening children in urban, low-income primary schools and health facilities.

- CSA is viewed as a major predicament in urban poor areas on Nairobi.
- Sexually abused girls and boys in this setting often face ongoing, continuous abuse, rather than 'one-time' or rare exposure to sexual abuse.
- Removing children from sexually abusive situations is rarely feasible. Very few rescue centers or shelters for abused children exist and, where they do, they often only permit short-term stays. In many cases, the adult who is abusing the child - if they are the child's care giver - simply relocates with the abused child when they are found out.
- Poverty often leads parents to reach informal financial settlements with perpetrators, rather than involve the judicial system. A weak judicial system gives parents little incentive to take legal action.
- Support for CSA screening is unanimous and strong; parents of abused and non-abused children, representatives of the Department of Children's Services, National Council for Children's Services, Ministry of Health, Ministry of Education, and Parent-Teacher Association members are all supportive.
- There was general consensus that teachers should not conduct screening in schools; understaffing and confidentiality were raised as concerns.

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What We're Doing about It

In collaboration with the Population Council, the GBVRC is developing a response to CSA that takes into account these contextual realities. The intervention will involve **dialogues with parents and children** in primary schools. The aim is to get people talking about abuse in their community, the consequences of such abuse and what stops girls and boys or their parents from seeking care for abuse. They will also discuss school-based screening for CSA. Health care **providers will be trained** in Trauma-Focused Cognitive Behavioral Therapy - an evidence-based treatment that has been used successfully with youth and families in low-resource settings who experience *ongoing* or *continuous* traumas. Routine **screening of girls and boys for CSA** (by trained psychologists) in schools and in the Casualty Department of Kenyatta National Hospital will be tested, coupled with **child-friendly referrals** to the GBVRC for comprehensive care.

Since 2006, the Africa Regional SGBV Network has worked to build effective responses to SGBV in low-resource settings, focusing on those who have experienced violence, as well as on violence prevention. From 2014-2017, the network is addressing the needs of two vulnerable populations – children and refugees.

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