VIOLENCE AGAINST WOMEN AND GIRLS AMIDST COVID 19 PANDEMIC–LVCT HEALTH EXPERIENCE

Violence against women and girls/children (VAWG/C) is a major public health problem and a violation of women’s human rights and an impediment to sustainable development. Globally, WHO estimates that about one in three (35%) women of reproductive age have experienced physical and/or sexual intimate partner violence (IPV) or non-partner sexual violence in their lifetime. Violence against children is equally widespread globally with half of children age two and 17 years—equivalent of one billion children—experiencing emotional, physical or sexual violence. Causes of violence are multiple and intricate with risk factors at individual to societal level, including gender inequality. All these forms of violence cause devastating short and long-term physical, mental, sexual and reproductive health to the survivors. They also lead to high economic and social costs in their management, impacting the communities and society too.

In humanitarian, emergency conditions or public health pandemics, previous gender data collected indicates that VAWG/C typically intensifies; their vulnerabilities are exacerbated in the crisis. With the onset of the COVID-19 outbreak, experts warned of increased violence against women and children. Kenya has followed the trend with a third of all crimes reported since COVID-19 arrived related to sexual violence.

During the COVID-19 period LVCT Health has been providing post violence services to all its clients.

About LVCT Health

LVCT health is a Kenyan organisation that delivers comprehensive HIV, sexual reproductive health and GBV programs among vulnerable and marginalized populations in Kenya. LVCT has successfully integrated GBV programs in HIV prevention and treatment programs reaching adolescent girls and young women (AGYW), key populations and general populations in Nairobi, Kiambu (Nairobi/Central region) Migori, Homa Bay and Kisumu (Western region).

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Increase in Gender Based Violence

Emerging data from LVCT Health AGYW program shows that since the outbreak of COVID-19 in Kenya on the 13th of March 2020, there has been an increase of occurrences of gender based violence (GBV), as documented by the post violence registers across sites that serve AGYW. Below is a summary giving magnitude and context of violence incidence amongst AGYW in the COVID-19 period. A total of 793 AGYW beneficiaries reported cases of violence in the span of a 1.5 months post COVID onset in Kenya (period of March 16th to May 6th 2020).

Prior to COVID, the cases of SV among the beneficiaries were 2.5% and 33% reported physical violence. The data shows an increase in the proportion of physical and sexual violence faced by the AGYW. Additionally, there has been an observed shift in the type of perpetrators from those within the community such as bodaboda men, peers, strangers to family members, partners and neighbours.

Factors contributing to the VAWG/C during COVID-19 pandemic

As observed, there are underlying pathways in which the measures to reduce the spread of COVID, and its consequences have worsened existing inequalities leading to increased risk for perpetration of VAWG/C:

- Economic insecurity due to closure of businesses, loss of livelihoods and household members living in heightened tension and stress
- Government directives to curb spread of COVID 19 such as quarantine, curfews, lockdowns have restricted movements and access to essential health services
- Social and self-isolation of women and girls at home in coercive or violent relationships and with constricted access to services they may need including GBV, HIV and sexual and reproductive health services
- Disruption of social protective networks, increasing vulnerabilities of women at risk of violence
- School closures has led to thousands of adolescent girls are at home placing them at heightened risk of violence at home. In some regions, they experience heightened threat of harmful practices including female genital mutilation, early child marriages
- Women and girls face an unequal burden of unpaid care and domestic work in the community
- Insecurity and instability during COVID-19 may lead to increased exposure of women and children to unsafe and risky settings, including exposure to sexual violence and harassment during procurement of basic goods, including food, firewood, and water.
- As the pandemic increases, all health resources are directed towards responding to the COVID-19 situation, leaving other essential services such as GBV understaffed, under resourced.
Examples of cases of violence

Case 1: Rape by a partner

Justine*** (not her real name) is a 31 year old single mother and mentor in the LVCT DREAMS program in an informal settlement in Nairobi. She has 3 daughters aged between 5-14 years from a partner with whom she has had an on and off relationship over the last 14 years. She doesn’t live with the father of her children due to recurrent violence in their relationship. On this occasion, Justine had been separated from her partner for 6 months. He came to the house at 10 am one morning and found her washing utensils. He started with verbal abuse, chased the children outside then physical abused her and finally raped her.

**Justice denied:** Justine reported the case to the LVCT site where she was offered services and referred to the MoH facility for further treatment. She was supported to report the case to the police. The perpetrator was arrested but unfortunately he was ‘disciplined (by the police) then warned against committing any act of violence and released’. The perpetrator lives in the same neighbourhood as the survivor and they share a landlord. The landlord took the perpetrator’s side and gave the survivor notice to vacate the premises.

Case 2: Rape by strangers

Mary (not her real name) is a 21 year old second year student at a local university. She is the last born in a family of 5 children. Her mother is a single parent who works in a children’s home in Nairobi. Her mother comes home on weekends only but due to the current corona virus situation, she has not been allowed to go home and only communicates to her children via phone.

Mary was raped in April 2020 at around 8.30pm shortly after visiting their wash room that is less than 100 meters away from their house. The perpetrators grabbed her from behind and gagged her mouth as she was locking the door from outside. She was then lifted and moved to different location just nearby where she got raped by 2 out of the 3 men until she passed out. She crawled to her doorstep after regaining consciousness and passed out again. A neighbour noticed her lying on the ground with her stocking strangling her neck. Her elder sister and two neighbours took her to Kenyatta National Hospital that night where she received emergency treatment.

Mary received psychosocial support and trauma counselling from LVCT counsellors. She reported the case to the police station but unfortunately she did not see the perpetrators so no one has been arrested.
LVCT Health’s Response to VAWG/C during COVID-19

Implementers need to be cognisant of the interlinkage between COVID-19 prevention measures and increased risk of VAWG/C. Even as the government responds to COVID-19, the protection and promotion of human rights of children, women and girls needs to be prioritised.

To adequately address this surge of VAWG/C cases during COVID-19, LVCT Health implemented a structural and biomedical interventions at individual, community and service provision levels.

In all other sectors implementing COVID-19 response measures, GBV prevention and appropriate response needs to be integrated. The interventions need be gender equitable, ensuring protection and safeguarding of the vulnerable populations.

For more information on VAWG/C programming at LVCT Health, contact:
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If you require support
Please call or text LVCT Health 1190 from a Safaricom Line free of charge to receive telecounselling and referral for essential services.