

*Full Length Research Paper*

# Pattern of gender based violence in Nairobi, Kenya

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**Gender based violence is a profound health problem worldwide. It displays regional, cultural and ethnic differences and is a significant cause of morbidity and mortality. Data from Kenya are however, scarce. This was a retrospective study at the gender recovery centre of the Nairobi Women's hospital, Nairobi, Kenya. Patient records between January 2005 and June 2010 were examined for age, gender, perpetrator features and nature of violence. The data collected were analysed using a statistical program SPSS version 18 for Windows 7 and presented in pie and bar charts. Ten thousand seven hundred and forty eight (944 males and 9604 females) cases were reviewed. The mean age of the survivors was 19 (range 3-90) years. Male: female ratio was 1:9. In 66% of the cases, the perpetrator was known to the victim. The types of violence were; sexual (85%), physical (13%) and both physical and sexual (2%). Gender violence in Kenya is predominantly sexual, against females, but with a substantial number of male victims. It occurs mainly in under 30s, and most perpetrators are known. Control measures should be targeted to young individuals of both genders.**

**Key words:** Gender violence, Nairobi, male, female.

## INTRODUCTION

Gender violence is defined as a harmful act directed at an individual based on his or her sex, usually intended to reinforce related hierarchies and perpetuate inequalities (Benjamin and Murchison, 2004). It is a public health problem associated with long-term social, physical and mental consequences (Mash and Terdal, 1997; Campbell *et al.*, 2002; Black *et al.*, 2009). Further, it predisposes victims to HIV/AIDS, injury, mortality, post-traumatic stress disorders and other long term psychological consequences (McCann and Kerns, 1999; Johnson, 2004; Fonck *et al.*, 2005; Senn *et al.*, 2007; Girardet *et al.*, 2009). Its pattern displays geographical, cultural and ethnic variations depending on socioeconomic and cultural practices and consequent levels to which it is condoned (Heise *et al.*, 1994; Korbin, 2002; Ferrari, 2002; Fonk *et al.*, 2005). In African countries, like Kenya, with population explosion, mushrooming of low income urban settlements, increasing industrialisation, war and political instability (Swiss and Giller, 1993; Mackenzie, 2009), a rise in gender related violence is imminent (Amir, 1971; Swiss and Giller, 1993; James, 2010).

Data on the pattern of this vice are important in its mitigation, but are scarce from African countries including Kenya (Senn *et al.*, 2007). This study therefore aimed at describing the characteristics of sexual based violence in a Nairobi, Kenya.

## PATIENTS AND METHODS

This was a retrospective study done at the gender violence recovery centre (GVRC) of Nairobi Women's Hospital (NWH) in Nairobi, Kenya. This is private hospital which receives patients from Nairobi city and its environs. GVRC is a non-profit, non-partisan; charitable trust of the NWH. The main beneficiaries of GVRC include women, children and men survivors of sexual and domestic violence from Nairobi and its outskirts.

Victims of gender violence seen at the facility range from children to adults of both genders. Records of all survivors seen between January 2005 and June 2010 with confirmed injury due to gender violence were retrieved. Patients who had suffered accidental injuries were excluded from the present study. Cases were divided into male and female and subsequently divided into 10 year age groups starting from zero. They were

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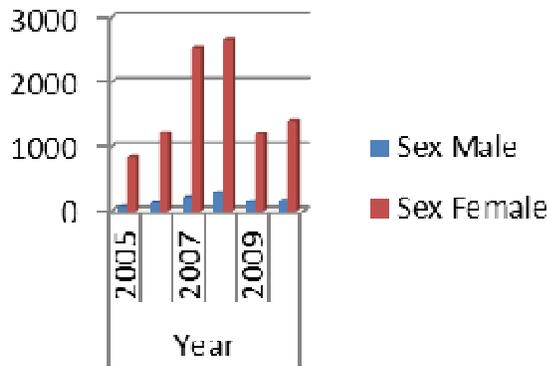


Figure 1. Gender violence survivors as seen in the six years.

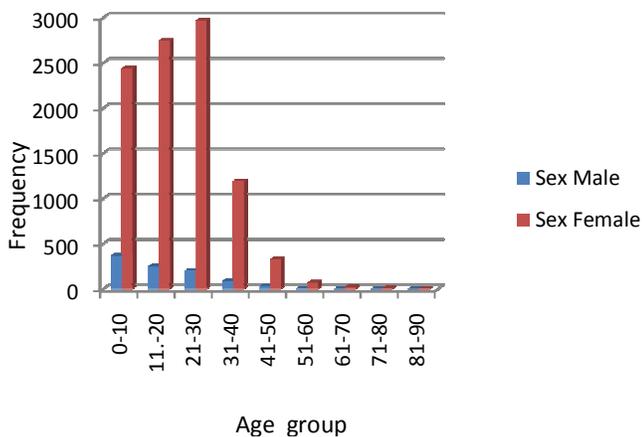


Figure 2. Age distribution of gender violence survivors.

subsequently examined for the nature of the violence and perpetrator. The data were analysed using a statistical program SPSS® version 18 for Windows 7® for means and variances.

**RESULTS**

Ten thousand seven hundred and forty eight cases were retrieved. Two hundred patients were excluded because they suffered accidental injuries. Gender violence increased across the years, peaking in the year 2008. It sharply declined in 2009 and increased again in the first half of 2010 (Figure 1).

**Age and gender distribution:** The mean age of the patients seen was 19years (range 3 months to 90 years). There were 944 (8.8%) males while the rest (91.2%) were females, with a male: female ratio of 1:9. The mean age of the males affected was 16 years, while that of females was 19 years. The most affected age groups were 0-10 years for males and 21- 30 years for females.

(Figure 2). The peak age groups for sexual and physical assault were 11-20yrs and 21-30yrs respectively (Figure 3).

**Perpetrator features:** Most (98.7%) of the perpetrators were males. Two thirds (66%) of the perpetrators were known to the victims. One to 15 perpetrators attacked a single victim.

**Nature of violence:** Eighty five point four percent and 12.7% of the victims were sexually and physically assaulted respectively. The rest (1.6%) were both sexually and physically assaulted (Figure 4). Sexual assault included defilement, rape and sodomy. Pattern of genital injuries ranged from bruises, lacerations, rectovaginal fistula and pelvic organ prolapse. Physical assault entailed blunt trauma, cut wounds, burns, and fractures and always occurred at home.

**DISCUSSION**

Gender violence in Kenya has been systematically increasing over the years consistent with the earlier reports (Saidi *et al.*, 2008). These crimes peaked in the year 2008, consistent with the post-election violence in Kenya. The sharp rise in the first half of 2010 may be associated with the political events preceding the Kenyan referendum. Political instability and other societal issues seem to contribute to violence against women. This violence is however not recognized as a public health problem in Kenya. All efforts should be made to recognize this violence as of public health concern in Kenya and control it accordingly.

In the present study, women were violated nine times more than males. This is consistent with prevailing literature by Dobash (1992) and Heise *et al.* (1994). Violence against women is grounded in power imbalances between men and women and is caused and perpetuated by factors different from violence against men. As such, it must be analysed and addressed differently. Almost 10% of the victims were males. This is comparable to 22% from South Carolina (Coker *et al.*, 2002). Shame and stigma associated with rape, and masculinity may have made males reluctant to seek help (Mezey and King, 1989; Jones *et al.*, 2009). These findings however imply that efforts to mitigate gender violence should also target males.

Among Kenyans, sexual assault is a common problem for teenagers while domestic physical violence is worst in the third decade. Kimuna and Djamba (2008) showed that young age increased the risk of physical and sexual abuse. Nonetheless, discrepancies in data collection and study designs limit the extent of comparison of the mean age of gender violence in different settings (Garcia-Moreno *et al.*, 2006). Results from the present study shows that that age of victims is lower among Kenyans

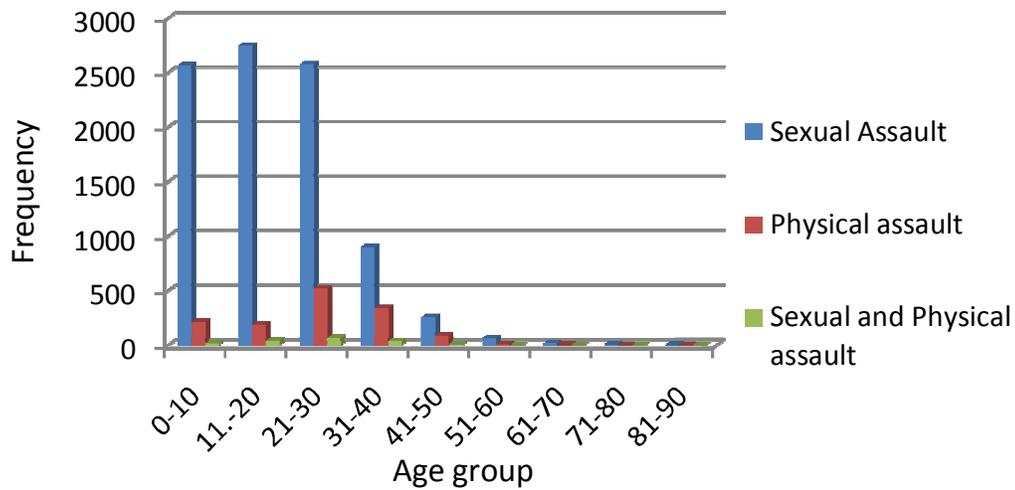


Figure 3. The pattern of sexual assault in different age groups.

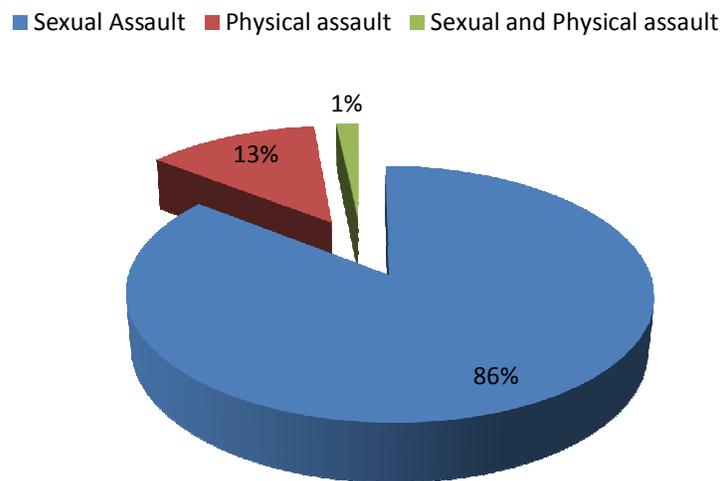


Figure 4. The pattern of sexual assault.

Table 1. Mean age for sexual violence in different populations.

Author	Population	Mean age of gender violence
Slaughter <i>et al.</i> 1997	American	24
Abrahams <i>et al.</i> 2004	South Africa	38
Brickman <i>et al.</i> 1984	Canada	31
Ongeti <i>et al.</i>	Kenyan	19

when compared to other populations (Table 1). This suggests that mean age varies between populations and that in the Kenyan population control measures should be directed towards late teenage.

Most of the perpetrators in this survey were males, known to the victims. Men tend to be attacked and killed by strangers or casual acquaintances, whereas women

are most at risk at home from men whom they trust (Kellerman and Mercy, 1992; Heise, 1994). Women are more likely to be assaulted and injured, raped by a current or ex-male partner than all other assailants' combined (Heise *et al.*, 1994; Dobash, 1992). While women are occasionally violent against intimates, it is women who suffer the bulk of injury, largely because due

to upper body strength of men (Dobash, 1992; Heise, 1994). This implies that even those people who are known should be treated with caution in environments that may predispose to gender violence.

Gender violence in Kenya is often sexual. Sexual assault occurs often in females across all age groups worst in the second decade of life. This is consistent with the widespread reported sexual violence against females (McCann and Kerns, 1999; Kimuna and Djamba, 2008). Therefore younger women are vulnerable and should be protected.

In conclusion, gender violence in Kenya is predominantly sexual, against females, but with a substantial number of male victims. It occurs mainly in under 30s, and most perpetrators are known. Control measures should be targeted to young individuals of both genders.

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