

**THE EFFECTIVENESS OF POLICE GENDER DESKS IN ADDRESSING GENDER  
BASED VIOLENCE: A CASE OF NYANDARUA COUNTY - KENYA**

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## DECLARATION

This is my original work and has not been presented for a degree in any other university

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**DEDICATION**

This thesis is dedicated to my family: Mary, my good friend and wife, for her support and encouragement throughout the study period; daughter, Carol and sons, Victor and Lee for their patience during my study period. My late father, who gave all to ensure I went to school and to my mother, Peninah, for her inspiring spirit that kept on renewing my strength whenever I felt feeble.

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## ABSTRACT

Police gender desks were established in the police stations of Kenya to address the gender based violence (GBV). This study assessed if the police gender desks were effective in addressing GBV. To achieve this, the study established if the gender desk environment was GBV survivor's friendly, it also examined the services offered at the police gender desk, explored the challenges encountered by the gender desk and identified the best strategies of addressing these challenges. The study used descriptive survey research design. It was conducted at Ndaragwa and Ol Joro orok sub-counties in Nyandarua County. The study was guided GBV ecological framework. The target populations were the survivors of GBV. The key informants in the study were the actors in the GBV justice system such as the government officers (the Police officers, probation officers, children's officers and the doctors) and the NGOs that advocated for gender equality. The GBV survivors/relatives were sampled using snowball sampling. This was because most survivors of GBV knew other GBV survivors and they helped the researcher to identify them. The survivors were also sampled using purposive sampling where the researcher would be able to get their contacts at the police station or/and the medical facilities. Simple random sampling was used to sample the Children's officers, probation officers and the NGOs. The gender desk officers (GDOs) were purposively sampled from the police stations in the two sub-counties. The data was collected using the interview schedule, questionnaires and the Focus Group Discussion (FGD) guide. The data analysis was done by classifying the data in the thematic areas of study. Quantitative data was analyzed using the SPSS. The study found that though gender desks were expected to prevent and respond to GBV, they were not effective. The gender desk environment was not conducive for the GBV survivors. The study highlighted the challenges facing the gender desk and best strategies for addressing these challenges were identified. The study recommended an increase in the budget allocation by the government and deployment of more police officers and the formation of gender desk police unit among others. The results of the study would be used to enhance policy interventions that would strengthen law enforcement on the part of the police and improve the functioning of the police gender desks.

## **ABBREVIATIONS AND ACRONYMS**

ASM	-	Artisanal and Small-Scale Mining Areas
ASPTU	-	Anti-Stock Police Unit
CAR-E	-	Centre for Assault Recovery of Eldoret
CBO	-	Community Based Organization
CEDAW	-	Convention on the Elimination of All Forms of Discrimination Against Women
CLG	-	Community Liaison Group
CREAW	-	Centre for Rights Education And Awareness
D.N.A	-	Deoxyribonucleic Acid
FBO	-	Faith Based Organization
GBV	-	Gender Based Violence
GDO	-	Gender Desk Officer
GSU	-	General Service Unit
GVRC	-	Gender Violence Recovery Centre
HAK	-	Health Assistance Kenya
ICRW	-	International Center for Research on Women
IEBC	-	Independent Electoral and Boundaries Commission
IT	-	Information Technology
MOD&P	-	Ministry of Devolution and Planning
MOE	-	Ministry of Education
MOH	-	Ministry of Health
MTRH	-	Moi Teaching and Referral Hospital
NACOST	-	National Council of Science and Technology
NGEC	-	National Gender and Equality Commission
NHRAP	-	National Human Rights Action Plan
OB	-	Occurrence Book
OCPD	-	Officer Commanding Police Division.
OCS	-	Officer Commanding a Station
P3	-	Police Medical Examination Form 3
PRSP	-	Poverty Reduction Strategy Paper

RNP	-	Rwanda National Police
SCCO	-	Sub-County Children's Officer
SCPO	-	Sub-County Probation Officer
SGBV	-	Sexual Gender Based Violence
SOA	-	Sexual Offences Act
SQ, KM	-	Square Kilometer
TAMWA	-	Tanzania Media Women's Association
TCC	-	Thuthuzela Care Centres.
TSC	-	Teachers Service Commission
UNDOC	-	United Nation Office On Drug and Crime
UNFPA	-	United Nations Population Fund
UNIFEM	-	The United Nations Development Fund For Women
VSU	-	Victims Support Unit
WCDs	-	Women and Children's Desks (WCDs)
WPS	-	Women Police Stations
ZVSU	-	Zambia Victim Support Unit

## DEFINITIONS OF TERMS

**Effective gender desk:** This is a gender desk that is able to adequately provide the protective and responding services effectively to the survivors of GBV.

**Gender Based Violence** –This is any act of violence in the form of physical, psychological or sexual against a person specifically because of his or her gender.

**Gender desk:** This is a desk or room(s) or a unit in the police station where the GBV cases are reported and investigated.

**Grey book** – This is a book that contains collection of the laws of Kenya lumped together. It is mostly used in Courts and police stations

**Justice agencies** – These are agencies that are key actors in ensuring justice to the perpetrators. They include the Kenya police, the Judiciary, Kenya Prisons, Children’s department and the Probation Department.

**Minimum infrastructure:** This refers to infrastructure that may enable police officers to provide quality services at a gender desk such as office space, chairs, tables, shelves, cabins, computers, workstations, stationary etc.

**One Stop Centre:** This is a strategy of addressing SGBV through the provision of integrated, multi-disciplinary services in a single physical location such as, reporting of abuse, medical examination, counseling, statement taking, etc.

**Safe houses-** These are places of safety or rescue centres where GBV survivors who risks further abuses are accommodated as they undergo medication and the psycho-social services.

## CHAPTER ONE

### 1.0 Introduction

#### 1.1 Background to the Study

Gender-based violence (GBV) is one of the most widespread human rights abuses and public health problems in the world today with devastating short and long term consequences for victims' physical and mental health (UNFPA, 2012). The United Nation (UN) General Assembly (1993) gave a list of what it felt constituted gender-based violence. These were physical abuse, sexual and psychological violence within the family, child sexual abuse, dowry-related violence, marital rape, female genital mutilation (FGM), rape and sexual abuse, sexual harassment in the workplace and educational institutions, trafficking in women and forced prostitution.

The existence and enforcement of Anti-GBV laws vary widely in the world with some countries establishing women police stations and others establishing the gender desks. According to the UN women website, the gender desks are specialized focal points, desks or units that deal with gender issues (or specifically on violence against women) in the police stations or in a country.

Their roles are the following:

1. To investigate cases of GBV and charge the perpetrators accordingly.
2. Improving the response to violence survivors. This may include referrals to medical facilities other organizations/institutions for professional services.
3. Promoting procedures and protocols on investigations, interviewing, enforcing protection orders, etc.
4. Increasing public awareness of gender-based violence and the role of the police and gender desk in assisting survivors.
5. Serving as a focal point for reporting sexual harassment

At the global level, there are international instruments that ensure human rights are observed indiscriminately. Article 27 of the Fourth Geneva Convention adopted in 1949 provided that women were supposed to be protected against any attack on their honour, in particular against rape, forced prostitution, or any form of indecent assault. The spirit of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979) was rooted in the goals of the United Nations to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women. Other tools included the Vienna Conference on Human Rights (1993), Beijing Platform for Action (1995) and the Special Rapporteur on Violence against Women, all aimed at reinforcing the international laws, conventions and resolutions against sexual violence. To ensure the implementation of these conventions the individual countries were expected to put their legal frameworks in place. Some countries established women police stations while others established the women desks to enforce the Anti-GBV laws.

Among the countries that established the Women Police Station (WPS) were India, Nicaragua, Argentina, Brazil, Afghanistan, Colombia, and the United Nations. According to a study by the UN women (2011) on Women police Stations (WPS), Brazil had 475 WPS, Ecuador had 34, Nicaragua had 59 and Peru had 27. The WPS were able to make violence against women visible and be viewed as a crime. The roles of the WPS in these countries included prevention, receiving and investigating complaints. They dealt with different forms of violence (physical, psychological or sexual violence) against specific victims (adult women, girls and boys under 18 years), the victim's relationship with the aggressor.

At the regional level, there were various tools that addressed GBV. African Charter on Human Rights and Peoples' Rights on the Rights of Women in Africa (1995) provided for strong

protection against gender-based violence and incorporated its elimination under the scope of women's rights to life, integrity and security of the person and the right to dignity. The African Charter on the Rights and Welfare of the Child included protection from sexual abuse under the scope of torture, inhuman or degrading treatment. Women Police Stations had been established in countries such as South Africa, Sierra Leone, Rwanda and Liberia. According to a report on consultative meeting on GBV in Sierra Leone by United Nations Population Fund (UNFPA, 2005) , the WPS were set up to make it easier for women and girls to report domestic violence and to have a specific unit within the police department where survivors could go for appropriate assistance. The report further said that Sierra Leone Police also established the women help line for the survivors to report cases of violence immediately.

A study on the Rwanda National Police (RNP) gender desk by the United Nations Development fund for women (UNIFEM, 2005), show that the Gender Desks were effective because it had an operational office and staff who were trained on gender issues. They also had vehicles and motor cycles to ensure rapid response to GBV cases.

At the national level, NGEK (2014) developed the National Monitoring and Evaluation Framework towards the Prevention of and Response to Sexual and Gender Based Violence in Kenya. It highlights the legal instruments used to fight GBV and inequality. These are the Kenya Constitution (2010), the Sexual Offences Act (SOA,2006), the Children's Act(2001), the Criminal Procedure Code (2012), the Prohibition of Female Genital Mutilation Act (2011) and the National Gender and Equality Commission Act (2011), Political Parties Act (2011), Election Act (2011), Sexual Offences (Medical treatment) Regulations (2012), Matrimonial Property Act (2013) and the Marriage Act ( 2014).

Gender desks were established in all the police stations. This was as a result of the Poverty Reduction Strategy Paper (PRSP) and development plan (2004) which undertook to set up gender desks in ministries and especially in police stations countrywide. This was reinforced by a workshop on Sexual offences Act held at the Great Rift Valley Lodge in 2011. The workshop recommended that the police department establish a gender desk in all police stations throughout Kenya with consistent and well-trained officers. This would enable the gender desks to be effective in curbing GBV. The Kenya police instituted reforms to make it more accessible to the community and more responsive to the community's needs by setting up police gender desks to respond to cases of GBV at the police stations. A study conducted by the Institute of Economic Affairs (2009) on the status of gender desks in Nairobi County showed that the desk had a long way to go before it became effective. Since then, reforms have been done in the police service. This created the need for a study to be done on the effects of the gender desks to the GBV.

At the local level, the police gender desks were established in all the local police stations to address GBV cases. The officers in charge of the gender desks in the police stations were expected to receive, investigate and charge the perpetrators accordingly. According to NGECC (2014) the gender desks were expected to receive complaints, investigate the cases, refer the complainants to other partners and collaborators such as the health facilities, NGOs for psycho-social support and counselling respectively and the Courts for trials. The gender desks were also meant to increase public awareness on the role of gender desks and the GBV abuses. The study sought to assess the effectiveness of these gender desk in delivering its mandate as laid down in the framework.

## **1.2 Statement of the problem**

GBV is one of the most widespread violations of basic human rights. To mitigate the increasing number of the GBV, the government of Kenya introduced the gender desks in the police stations. However, despite having the gender desks, the GBV cases continued to increase. Data from Gender Violence Recovery Centre (GVRC), Moi Teaching and Referral Hospital (MTRH) and Health Assistance Kenya (HAK) all showed GBV and SGBV were on the rise. Data from Nyahururu Law Courts showed an increase in the GBV and SGBV cases from 260 in 2013 and 369 cases in 2014.

This study therefore sought to find out whether the police gender desks were functioning well according to their mandate and if not, what could be the problem.

## **1.3 Purpose of the study**

The purpose of the study was to assess the effectiveness of police gender desks in addressing the GBV. This study sought to determine if the gender desks were effective or ineffective since the GBV cases were on the rise. The study also sought to identify the challenges and best strategies to address them and other related support needed to improve the performance of the gender desks.

## **1.4 Specific objectives**

- i. To establish if the police gender desks in Ol Joro orok and Ndaragwa sub-counties had survivor friendly environment.
- ii. To examine the services offered by the police gender desk to the GBV survivors in Ol Joro orok and Ndaragwa sub-counties.
- iii. To determine the challenges encountered by the police gender desk in Ol Joro orok and Ndaragwa sub-counties.

- iv. To identify the best strategies of addressing these challenges

### **1.5 Research questions**

- i. Is the police gender desk environment GBV survivor friendly?
- ii. Which services are offered by the gender desks to the GBV survivors?
- iii. Which are the challenges encountered by the gender desks?
- iv. Which are the best strategies of addressing the challenges?

### **1.6 Justification of the Study**

The report from GVRC, MTRC, HAK and the Nyahururu Court register showed that the number of GBV cases had gone up. In order to have sustainable development, we need healthy people. GBV disrupts cohesion in the family, physical and psychological development of children. Gender desk being one of the laid down strategies of addressing GBV, it was important to study its effectiveness.

### **1.7 Significance of the study**

The findings of the study would be used for policy intervention by the law enforcers. The study also contributed to the body of knowledge and literature on police efforts in combating GBV.

### **1.8 Scope of the study**

The study was carried out in Ndaragwa and Ol Joro orok sub-counties between 2015 and 2016. These two sub-counties had the highest cases of GBV that were reported in Nyandarua County. The study focused on the GBV survivors who had gone through the criminal justice system. The study assessed the effectiveness of police gender desk in addressing the GBV.

### **1.9 Limitation of the study**

This study involved GBV survivors' private life. Not many people were willing to share their experience of the abuse. This was because it involved their personal integrity. This was overcome by informing them that privacy and confidentiality would be upheld. They were informed that the purpose of the study was only academic and that they were at liberty to participate or not to participate in the study.

The study also involved getting data from the police officers in charge of the gender desk. This was a disciplined force and procedurally, it was only the head of the police division that had authority to speak on behalf of the station. To overcome the limitations, consent was gotten from the county police commander who was informed that the purpose of the study was only academic and that the data collected could not be used for any other purpose. The interviewees were assured of confidentiality and also that their names could not be featured anywhere.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter contains the literature reviewed in relation to the research topic, the GBV Ecological Framework and the conceptual framework.

#### **2.1 Police gender desk environment**

According to the UN women website, the Police gender desks are focal points where the GBV cases are reported, investigated and the perpetrators charged accordingly. According to a research by the Institute of Economic Affairs (2009), the Government of India had a survivor friendly environment. For example, Shiprapath gender police station was well equipped with computers, stationary, chairs and 3 rooms (interview, offices, and documentation rooms). The gender office had an interview room to enable women to speak in confidence to a trained officer.

According to United Nations Population Fund (UNFPA, 2008), an ideal gender desk was supposed to have a minimum of the following infrastructures and equipment: A separate room for survivors to report the crime and where interviews could be conducted and evidence collected and recorded in an atmosphere of privacy. It was supposed to have transportation means to respond to reported incidents of violence, including removal of the perpetrator from the home (where applicable); to escort the survivors to other key services, such as a medical centre or shelter; and to return to the crime scene to collect further evidence; a free telephone line for survivors of violence and others to report incidents of violence and follow up on cases; a camera and basic forensic equipment to collect evidence needed for prosecution and a secure record storage space. The investigating officer was supposed to be in civilian clothing to increase a survivor's comfort in approaching security personnel.

## **2.2. Services offered by the Gender Desk Office to GBV survivors**

Gender desks are expected to improve the police response to GBV survivors and to refer them to other organizations for professional services. They are expected to increase public awareness of GBV as a crime and the role of the police in assisting survivors.

According to the Policy Brief-Forum against Gender based Violence (2012), in 2012 Sri

Lanka had 43 Police Women and Children's Desks (WCDs). These acted as the coordinating offices that collected data on incidents of violence against women and children.

A dissertation research by Bwalya (2010) showed that the Zambia Victim Support Unit (ZVSU) was established to ensure effective prevention, investigation and excellent service delivery when dealing with cases of gender-based violence in particular femicide, property grabbing, spouse battering and sexual abuse of the girl child. It was to spearhead and deal with matters such as crimes against the girl child, the under-privileged, property grabbing, child abuse and sexual offences.

According to the UN Women website, the women police stations were established in Brazil, Nicaragua and Peru to handle complaints on violence by other people other than the spouses. They had a specialized unit that supported the victims on medical care, counselling and financial help.

According to UNFEM (2009) Rwanda National Police (RNP) created a Gender promotion desk which advocated for gender promotion and formed a directorate for gender mainstreaming in all initiatives and programmes within the RNP. UNIFEM (2009) gives the objectives of RNP as follows:

1. Increase police logistics for rapid response to reports of gender-based violence;

2. Increase police capacity in investigating gender-based violence cases;
3. Increase police capacity in counselling survivors;
4. Develop strategies and guidelines on the prevention of and response to GBV;
5. Increase public awareness on GBV and the role of the police gender desk;
6. Assist survivors in accessing appropriate health, legal and psycho-social support services;
7. Collect data and information on gender-based violence in Rwanda.

According to United Nations Office on Drugs and Crime (UNODC, 2010), after a GBV case was reported, the victim was expected to be separated from the perpetrator. This was because there was often unequal power and control between parties. It was the gender desk officer's (GDO) responsibility to ensure that the parties were out of sight and not hearing of each other, while keeping safety a priority. The officer was expected to identify and secure any weapons on hand to protect all persons who were present. The officer was also expected to isolate, search and secure the perpetrator (if present) and to remove him/her from the scene. The GDO was expected to make arrangements of medical examination after ensuring the safety of all the parties. The survivors were supposed to be informed of police procedures and confidentiality, and ascertain the initial facts of what had happened to identify the offence. Risk assessment was to be conducted to identify whether or not the victim was at risk of future violence to ensure adequate interventions were put in place to minimize the potential for future harm. All witnesses were interviewed separately and written statements collected. Arrangements for any required secondary investigation or services (e.g. forensics, medical examination) were made. The perpetrator was interviewed at the police station. The investigation was documented; evidence

and statements in a formal and detailed occurrence report were entered in the police Occurrence Book (OB) for future reference.

According to the UNFEM (2009), in 2006, the Rwandan Police referred 1,777 rape cases for prosecution, resulting in 803 convictions. The gender desks helped to investigate these cases and ensured evidence was available for court proceedings. In 1993, there were already 125 WPDs in the country, and they filed 123,131 complaints over that one-year period. In 1999, the country had 307 WPDs and a total of 411,213 offense notifications were registered that year. However, only 6% of these records were transformed into inquiries instituted and/or referred to the judicial authorities (Silva, 2004). Majority of the complaints were referred to conciliation or mediation services by the WPD itself. From the above, it was clear that there was increase in reporting of VAW offences to WPDs, but the numbers of cases investigated and prosecuted were very small. This left a gap for investigation on the effects of the WPS in handling the cases.

According to the ministry of gender and family promotion website Rwanda, in 2009 one stop centre, Isange, was established to ensure security and provision of prompt service to the GBV survivors. It was a centre where the GBV survivors were referred for medical care, psychosocial support, police and legal support, and collection of legal evidence. From July 2010 to December 2013, the Isange One Stop Center had received 6,246 GBV cases of which 4,499 cases (67.87%) were Sexual violence cases and 1,747 (26.35%).

According to UNFPA website, Thuthuzela Care Centre (TCC) was established in South Africa. Thuthuzela means 'comfort' in Xhosa. Thuthuzela was a haven for rape survivors, where they could expect the necessary support and treatment in a single locale. It aimed at reducing secondary trauma for the victim, improve perpetrator conviction rates and reduce the time in

finalizing cases. TCC took a client-centred approach in which reporting and management of rape cases was transferred from police stations to a victim-friendly centre within a hospital. This enabled the victim to access assistance from the medical staff, investigating officers, prosecutors, counselors and emergency support services on a 24-hour basis. The center offered comfort, counselling, care and treatment. The aim was to transform victims into survivors at the end of the process, by reducing secondary trauma (from the way in which they were treated), minimizing the amount of time it took to finalize a case, improving the conviction rate and providing holistic assistance. In Kenya, there is no one stop centre where GBV survivors are attended at one location despite the GBV cases being on the rise. Gender desks are only located in the police stations and the hospitals. This made the researcher to study the effectiveness of the gender desks at the police station.

According to the NGECC (2014) the police gender desks were expected to prevent and respond to GBV. For prevention, they were expected to educate the community through community policing initiatives, conduct patrol and other security measures that could deter and prevent sexual offences from occurring. They were also expected to collect and disseminate data on SGBV to inform policies, legislation and programming. In responding to GBV, they were expected to provide shelters and safe houses for survivors, to complement government's effort in provision of various services (especially health, psychosocial, security and legal) to survivors of SGBV, reintegration of survivors of sexual violence, advocate for justice of the survivors of SGBV, rehabilitation of sex offenders, giving evidence in court (expert opinion) and promotion of community action against SGBV. The gender desk was also expected to record the statements, prepare all the documents needed in the case, to collect all the forensic evidence and maintain the chain of evidences. With the implementation of the framework, GBV and SGBV were supposed

to be effectively addressed. However, to the contrary, the GBV cases were increasing. This left a research gap to assess if the gender desks were effective in addressing the GBV leading to increase in reporting or if they were ineffective leading to the increase in the cases.

### **2.3 The challenges facing the police gender desks**

According to Kimani (2007) achievements made throughout the continent to address violence against women continued to be hampered by the absence of effective reporting mechanisms. The author noted limited capacities of law enforcement agencies and social-cultural issues that obstructed reporting.

UNIFEM (2005) in the study on gender desk in Rwanda identified the challenges of lack of operational and logistical equipment such as the computers, printers and furniture. They also identified the need of further training of the GDOs and institutionalization of the information system to ease communication.

According to the Institute of Economic Affairs (2009), the Nairobi police gender desk officers faced various challenges. They did not have an office or a room that could be used to ensure privacy. This made them to handle the GBV cases just like other ordinary cases. The gender desks were poorly financed. Most survivors interviewed during the study stated that it was a normal practice for the police officers to demand money to arrest suspects. The failure to pay the amount demanded by the police resulted in the police not pursuing and apprehending the perpetrators. There was inadequate transport to and from police stations and courts. This made the investigations to last longer than the 24-hour limit stipulated by law within which to detain a suspect before being arraigned in court. The 24 hours period did not allow for the conclusion of the medical report findings given that an official medical examination report had to be completed by a certified doctor. Moribund police gender desks where police stations were themselves

understaffed. This situation affected the effectiveness of the police and fundamentally limited service delivery to the people.

Report from the Policy Brief forum against the GBV (2012) showed that a frequent problem which showed up was that of officers attached to the women and children's desks being given other police duties and were not available for the gender desk services. There were reports of women having to wait a long time to register their complaint, and unavailability of resources to investigate complaints and arrest the perpetrators.

The Sexual Offences Act implementation workshop (2011) noted that there was inadequate sensitization and training among police officers which resulted to weak evidence gathering, poor storage of exhibits, transmission of forensic evidence, to basic interviewing and statement taking.

#### **2.4 Summary of the Literature review**

From the literature review, gender desks are focal points where GBV and SGBV cases are reported and addressed. An ideal gender desk is expected to have three rooms being the interview room, office and the documentation room respectively. For its effectiveness, the gender desk should have transportation means to respond to reported incidences of abuse. It is also expected to have a toll free telephone line to report the cases.

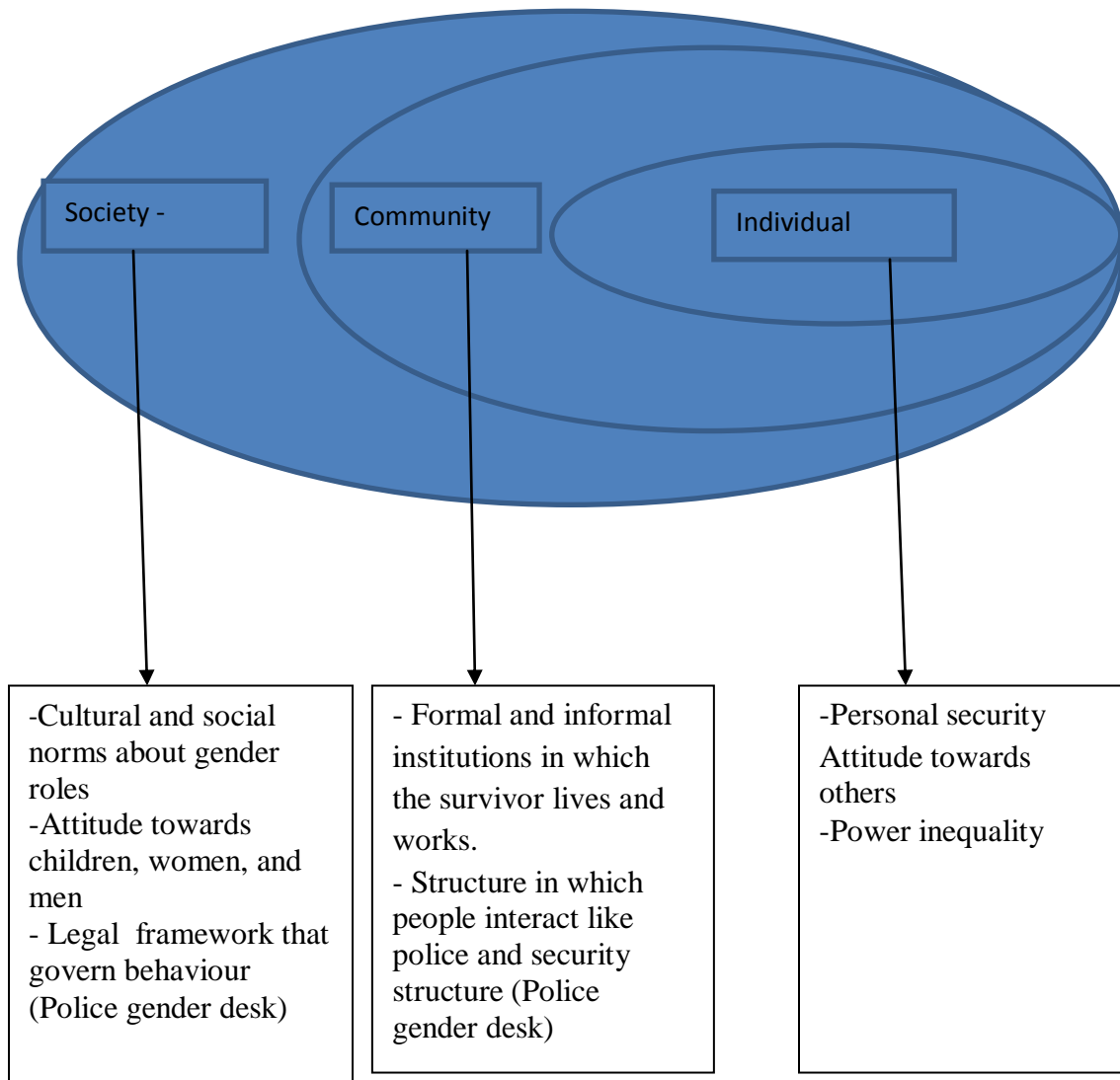
Effective gender desks are supposed to prevent and respond to the GBV cases. In prevention, the gender desks are expected to create awareness of GBV as a crime and the role of police in combating the vice. The desk should respond to the GBV by receiving the complaints of violence and conducting the investigations. They should also provide safety shelters for the survivors reintegrate them with their families and rehabilitate the offenders. They should refer the survivors to other stakeholders for specialized services. The GDOs should be the investigating officers in GBV cases and thus responsible of taking the statements from the witnesses,

preparing all the documents needed for prosecution of the case, avail the witnesses and also testifies in the case.

Various challenges facing the gender desks were identified. Among them were social cultural issues that obstructed reporting the GBV cases, lack of operational and logistical equipment such as computers and furniture, inadequate rooms to ensure privacy to the GBV survivors when reporting the cases, poor financing of their operations and inadequate staff.

### **2.5 Framework of the study**

The study was guided by the GBV Ecological Framework . The framework was first developed in 1988 based on the work of earlier researchers (Heise 1988). The GBV Ecological Framework recognizes and helps to visualize the complex relationships that exist between an individual and various factors in her/his environment. Gender desk has direct influence on all the three levels of ecological framework to prevent and respond to GBV.



**Figure 2.1: GBV Ecological framework**

### **Individual/Relationship**

The innermost circle represents the personal history and factors that affect the individual's behaviour and the immediate context in which abuse takes place. At the Individual level a number of factors can influence whether a person will become a survivor or a perpetrator of violence and how one is affected by it. Some of these factors include: personal security; access to

and control of resources, services and social benefits; personal history; and attitudes towards gender. This level also focuses on personal relationships and existing power inequalities among individuals that can reinforce existing subordinate or privileged positions.

### **Community**

The next circle in the GBV Ecological Framework includes the formal and informal institutions and social structures in which the survivor lives and works. The Community level encompasses the interactions between people within the structures that are influenced by social norms. Examples of structures include: schools; health care facilities; police and security structures; peer groups; and work relationships.

### **Society**

The outermost circle represents the general views and attitudes that exist in any culture. The Society level includes: cultural and social norms about gender roles; attitudes towards children, women and men; the legal and political frameworks that govern behaviour; and attitudes towards using violence as a means of resolving conflicts.

### **Interventions for GBV Prevention and Response.**

For each of the levels of the GBV Ecological Framework there are sets of interventions for GBV prevention and response.

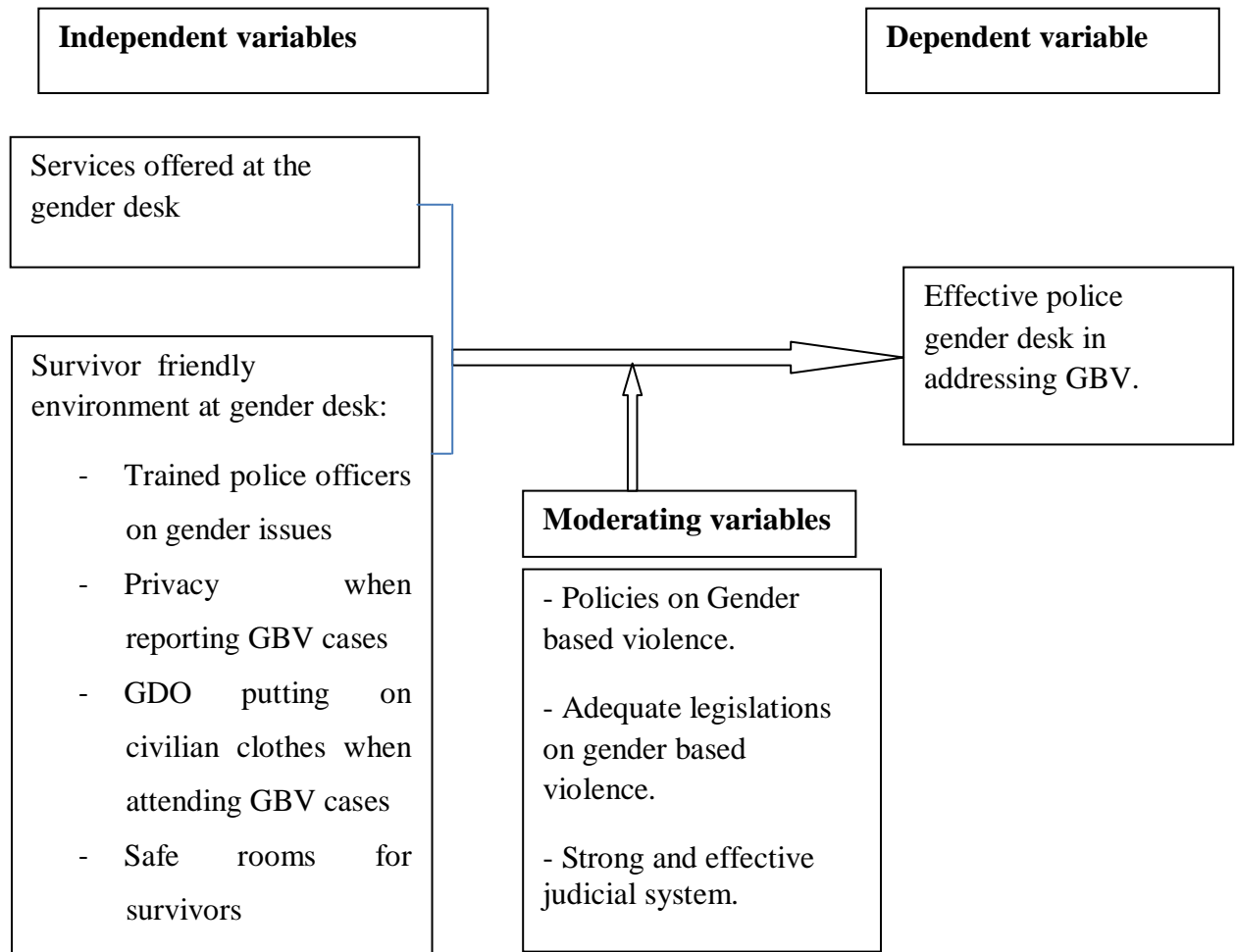
At individual Level there is a direct intervention to address the needs and rights of survivors and facilitate recovery for individuals and groups who have experienced violence. Actions at this level involves gender desk creating awareness and providing information on referral services to survivors and those at risk of abuse; establishing survivor-centred psychosocial support

mechanisms; implementing appropriate protection and safety mechanisms and ensuring survivors' access to legal aid and services and establishing women's centres or other women-friendly spaces.

At the community Level, the communities are mobilised to recognise, promote and protect the rights of women and children, and local systems are developed that support effective GBV prevention and response. The actions at this level involves the responsibility of gender desk to ensure compliance with the relevant laws and standards; training key stakeholders and actors with national influence on human rights, women's rights, GBV etc; monitoring rights violations and implementing national-level protective strategies, assessing and identifying areas for legal and policy reform, and providing technical support to enable reform at the national level, establishing systems for safe and ethical data management and to support use of aggregate, analysed data for national and global advocacy.

At the society level, systems and strategies are put into place to protect, respond and monitor when rights are breached. This is done through the enforcement of laws and instruments. Actions at this level involves establishing and coordinating integrated GBV response and referral systems; delivering community education and mobilising communities to promote and protect women's rights; identifying and addressing risks in crisis-affected communities; implementing and monitoring GBV prevention and mitigation of actions across sectors of emergency response; identifying and mobilising community leadership to advance women's rights and promote services for GBV survivors and developing the capacity of local women's rights organizations and structures and other civil society actors to support women's economic, political and social empowerment.

## 2.6 Conceptual framework



**Figure2.2: Conceptual Framework for effective police gender desk.**

Effectiveness of the police gender desks was assessed using the following variables.

### **The services offered at the gender desks:**

These are the preventive and responding services to GBV. If police took these roles perfectly, GBV would be effectively addressed. Preventive services included ensuring compliance with relevant laws and standards, training and awareness creation to community members on human rights, women's rights, GBV, among others. Others measures includes identifying and

addressing risks in the communities and implementing GBV prevention and mitigation actions across the society.

Responding actions involves providing information on referral services to survivors; investigating and charging the perpetrators; referring the survivors for psychosocial support; implementing appropriate protection and safety mechanisms for the survivors and establishing Survivor protection units that are survivor-friendly and availing exhibit and witnesses for prosecution and giving evidence in Court.

**Client friendly environment:**

Gender desks were expected to have at least more than two rooms to ensure privacy when reporting. The officers are expected to be trained on legal instruments that address GBV, how to offer psychosocial support and the basic counseling skills. The GDOs were expected to be in civilian clothing to make the GBV survivors comfortable when reporting the cases. The police stations were expected to have safe houses or a survivor protection unit where the survivors at risk of being reintegrated are placed.

## CHAPTER THREE

### METHODOLOGY

#### 3.0 Introduction

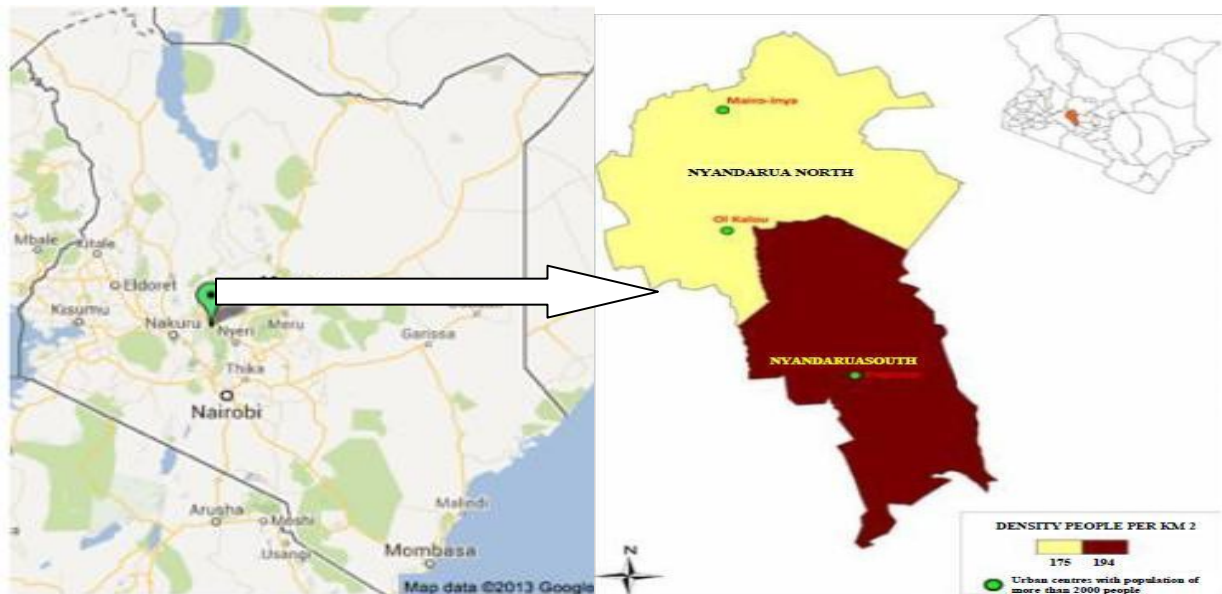
This chapter describes the research methodology used in this study. It describes the research design, site of the study, target population, sample size and sampling technique, data collection and analysis and data management and ethical consideration.

#### 3.1 Research design

The study employed a descriptive survey research design. The research was devoted to gathering of information about the prevailing conditions of the police gender desks for the purpose of determining their effectiveness.

#### 3.2 Site of the study

The study was conducted at Ndaragwa and Ol Joro Orok sub-counties.



**Figure 3.1: Map of Nyandarua County**

Source: Google map

These two constituencies are in Nyandarua County of Kenya. Nyandarua County has a total of seven sub-counties namely Nyandarua South, Kinangop, Kipipiri, Ol Kalou, Mirangine, Ndaragwa and Ol Joro orok. This County is in the central region of Kenya. According to 2009 census, it had a total population of 596,268; 143,879 Households and covered an area of 3,245.3 Square Kilometer (Sq. Km.) The Population density was 184 people Per Sq. Km. Ol Joro orok is the sub-county headquarter of Ol Joro orok sub-county and is 175 kilometers from Nairobi. It is along the Nairobi-Nyahururu road. Ndaragwa is the sub-county headquarters of Ndaragwa constituency. It is 231 kilometers from Nairobi. It is along the Nyeri –Nyahururu road.

Agriculture is the backbone of the two constituencies. They and the other sub-counties of Nyandarua are considered to be the bread basket of Kenya because of their high production of farm produce such as potatoes, cabbages, maize, beans carrots, kales, tomatoes and peas. In recent years, floriculturists have established large flower farms in Ol Joro orok Constituency. Some of the largest flower farms in the county are Suera, mahii and Prima Rosa flowers. The flower farm employs very many workers from diverse ethnic background. Due to this high population there are many GBV cases that emanate from the employees of these farms. The most prevalent forms of GBV in these flower farms are assault where men physically abuse their wives/girlfriends. SGBV cases are also on the rise. This is attributed to recklessness and loose morals among the farm workers who have income at the end of every month.

Livestock rearing is also a major economic activity in the region. Farmers engage in dairy farming, sheep rearing, beef production as well as poultry. Women are responsible of taking care of the livestock. After the sale of the milk or the livestock, men tend to pocket all the proceeds and use it on private expenditure such as drinking. This also contributes to high rate of domestic violence which lead to GBV.

The sub-counties have 4 police stations. These are:

1. Mairo-inya Police Station
2. Ndaragwa Police Station
3. Ol Joro orok Police Station
4. Ngano Police station.

### **3.3 Target Population**

The target population in this study were the survivors of GBV residing in Ol Joro orok and Ndaragwa sub-counties. These were the people who had suffered gender based violence and their cases had been reported to police. This was the population that had information that was used to evaluate the effectiveness of the police gender desk. The information from the target population was complemented by key informants who were drawn from the actors of the gender violence justice systems. These were the police officers, government officers such as children's officers, probation officers, doctors/clinicians who filled the P3 forms and the Non-Governmental Organization (NGOs).

### **3.4 Sample Size and sampling technique**

The sample size was 80 respondents. These were 60 survivors of GBV who formed the target population and 20 key informants. The survivors of GBV were purposively sampled. The researcher got their contacts from the police stations and the health facilities where the cases had been reported. The researcher also accessed the GBV survivors and their relatives through the chiefs and the gate keepers of the various locations. The key informants included four officers commanding the police stations (OCSs) under study; two police officers from each police station in charge of the gender desk who were also purposively sampled; two NGOs that were active in advocating for justice and two Children's officer who purposively sampled since they are the

only in sub-county. The three probation officers sampled using simple random sampling from the six officers serving the area.

The two constituencies were purposively sampled from the five constituencies in the county. Compared to the other constituencies in the county, the sampled constituencies had 462 cases reported in the police stations between August 2014 and July 2015 out of which 431 ended up in Court. This was in accordance to the Nyahururu Court register that handled cases from Ol Joro orok, Ndaragwa and Ol kalou constituencies and the Engineer Law Court Register that handled cases from the Kipipiri and Kinangop and Nyandarua south sub-counties. The two sub-counties were also the first to have the gender desks as a pilot.

The participants of the Focus Group Discussion were purposively sampled. It was composed of the members of the Sub-County GBV Committee. They were purposively sampled because they had information that was required in the study.

**Table 3.1: Sampling grid**

<b>Department</b>	<b>Population</b>	<b>Sampling technique</b>	<b>Population Sample</b>	<b>%</b>
Survivors of GBV	Many	Purposive	60	
Gender desk Officers	8	Purposive	8	100
Children's officer	2	Purposive	2	100
Doctor/Clinician	5	Simple random	1	20
Probation	6	Simple random	3	50
NGOs	2	Simple random	2	66.7
Total			80	

### **3.5 Data collection Instruments and procedures**

The data was collected using the interview schedule, questionnaires and the Focus Group discussion guide.

#### **3.5.1 Interview schedule**

Interview schedule was administered to the 60 survivors of GBV (Appendix V). This was convenient because not all respondents new how to read and write. It was also appropriate because the researcher was able to observe non-verbal forms of communication such as body language and tone variation resulting from the emotions of the respondents.

#### **3.5.2 Questionnaires**

The questionnaires were administered to the key informants (Appendix III). Both open and closed ended questionnaires were used. This allowed the individuals to respond in their own words and expressed their opinion freely. The questionnaires were reliable since the respondents were encouraged to give honest answers due to their confidentiality.

#### **3.5.3 Focus Group Discussion Guide**

A focus group discussion guide (Appendix IV) was used by the researcher to moderate the FGD discussion. A focus group discussion was composed of (10) ten people who were members of the Ndaragwa sub-county GBV committee. The group discussed for one hour thirty minutes. The moderator introduced the topic of discussion and helped the group to participate in a lively and natural discussion amongst them. The strength of FGD relied on allowing the participants to agree or disagree with each other so that it provided an insight into how a group thought about an issue presented. Krueger (1988) said that this was ideal in collecting the data because it allowed the participants to reveal a wealth of detailed information and deep insight. It created an

accepting environment that puts participants at ease allowing them to thoughtfully answer questions in their own words and add meaning to their answers.

### **3.6 Validity of Research Instruments**

According to Borg and Gall (1989), validity shows whether the tools measure what they are designed to measure. Validity was enhanced by making sure that the questions in the research instruments were aligned to the objectives of the study. The researcher also got the assistance of the supervisors who were knowledgeable and experienced in the area. They helped to improve the content validity of the instruments.

### **3.7 Reliability of Research Instruments**

Reliability is the percentage to which the research instruments produce stable and consistent results. In this study, a high level of reliability was achieved by retesting the research instruments during the pilot study. The researcher ensured that questions were designed and put across in the simplest way to ensure consistency in the responses.

### **3.8 Pilot of the study**

The instruments were pilot-tested on the survivors of GBV from the neighbouring Nyahururu sub-county, police officers from Nyahururu and Rumuruti Police Station and one children's Officer from Nyahururu sub-county. These respondents had similar characteristics as the study population. The purpose of pre-testing the instruments was to ensure that items in the data collection tools were stated clearly and gave the same meaning to all respondents. The pilot also enabled the researcher to familiarize himself with the administration of the instruments. It also revealed that the analytical techniques were appropriate.

### **3.9 Data collection**

The researcher obtained a letter of introduction from Kenyatta University. This assisted him to get the authority to conduct research from the National Council of Science and Technology (NACOSTI). After getting these documents, the researcher contacted the Nyandarua County commissioner and the Nyandarua County police Commander to allow him proceed with the research at the police stations and the sub-counties.

He made the initial visits for introduction and familiarization with the respondents and booking for a date to administer questionnaires, conduct interviews and carry out group discussions. A research assistant was engaged to aid in data collection of this research. The research assistant was trained on how to collect data to ensure valid and reliable data was collected.

Interviews were conducted with the survivors of GBV. The interview was conducted at the survivor's place of residence. The researcher asked the respondents questions that were on the interview schedule. Each response was noted down systematically according to the objectives of the study.

In order to avoid loss of questionnaires by the respondents, the questionnaires were filled with the aid of the researcher in a sitting. Translations were conducted where necessary for the convenience of the illiterate participants.

The focused group discussion with the GBV committee members was conducted in a central place. The group consisted of 10 members being 6 women and 4 men. The researcher moderated the discussion using the FGD guide and took notes of the proceedings during the discussion.

### **3.10 Data analysis**

The study had qualitative data that was analyzed by scoring the responses from the interview schedule, questionnaires and FGD guide and classifying them in the thematic area of study. The following steps were followed as explained by leedy and Ormrod (2001).

1. Organizing and transcribing the data – the data from the interview schedule, questionnaires and FGD was organized in logical order.
2. Categorization of data – The transcribed data was read line by line and categorized into themes.
3. Synthesis and generalization – This is the overall portrait of the study.

The Data collected from close ended questions were subjected to quantitative statistics. It was edited, coded and then processed. This was then presented in the form of tables, graphs, pie-charts and percentages with the use of excel to facilitate quick reference for analysis.

### **3.11 Data management and ethical consideration**

The researcher and the research assistants introduced themselves using the letters of introduction and the national identification cards. They got the informed consent from the respondents to allow them proceed with the research.

The researcher ensured that confidentiality was maintained all through the research period. The researcher made the necessary safeguards of the data available for analysis for confidentiality concerns. The data in soft copy was safeguarded by putting a password before one could access it. The hardcopy documents were to be kept under lock and key. Only authorized persons had an access.

## CHAPTER FOUR

### FINDINGS AND DISCUSSIONS

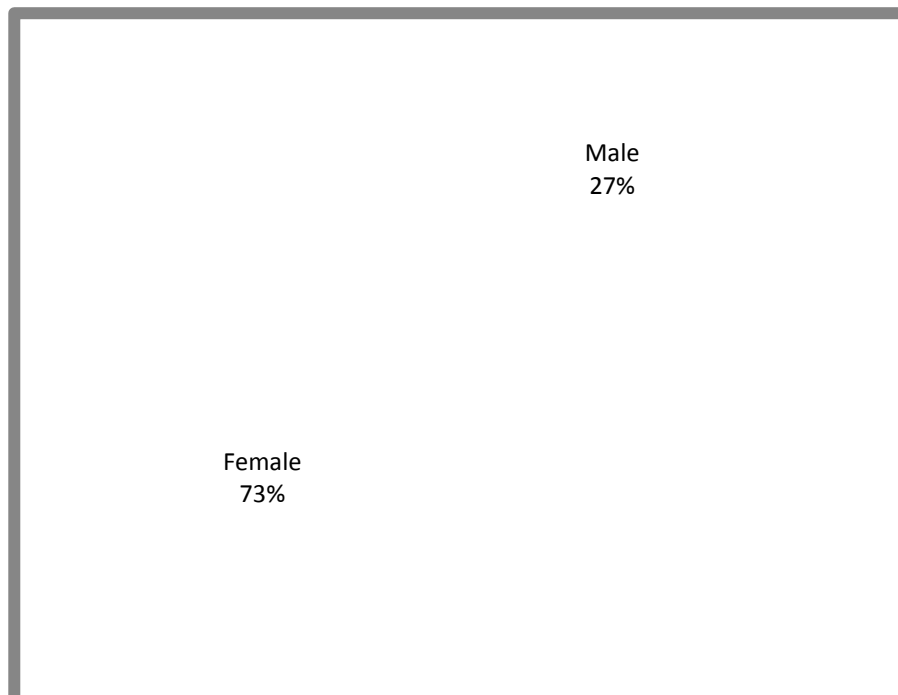
#### 4.0 Introduction

This chapter presents the findings of the study. The findings are presented in form of figures, charts and tables.

#### 4.1 Respondent's demographic characteristics

##### 4.1.1 Sex of the respondents

Out of all 60 respondents, female were the majority representing 73% of the respondents while the male represented 27 % as illustrated in Figure 4.1.



**Figure 4.1: Sex distribution among the respondents**

The above figure 4.1 shows that the female formed the highest percentage of the survivors of GBV. This was in agreement with the findings of KDHS (2014) that 45% of the women had experienced physical violence at one time in their life. It was also reflected in the UNFPA (2012) report that showed that 48% of girls surveyed in the Caribbean reported their first sexual intercourse experience was forced; in South Africa a woman was raped every 83 seconds. Studies indicated that between 20-50% of women in various populations around the world had experienced spouse abuse at some points in their lives (Heise et al. 1994 ; World Health Organization 2002) According to the National Crime Victimization Survey in the United States, women were 10 times likely to be victims of violence perpetrated by their male partners (Bachman 1994). Gelles and Strauss (1989) observed that women are more likely to be physically assaulted, beaten and killed in the society. It was estimated that 35 per cent of women worldwide had experienced either physical and/or sexual intimate partner violence or sexual violence by a non-partner at some point in their lives. However, according to WHO (2013) up to 70 per cent of women had experienced physical and/or sexual violence from an intimate partner in their lifetime.

#### **4.1.2 Age**

The findings indicated that most of the respondents 68% were between the ages of 25 and 40 years out of which 18 % were male and 50% were female. This was the age bracket when people are sexually active leading to infidelity and unfaithfulness. According to KDHS (2014) 45% of the violence took place to women aged 15 – 49 years. It is at this age bracket when there is high physical and emotional abuse. The age groups of 0 – 18 years and 18 – 24 years had 10% and 8.3% respectively. The numbers of the female was higher that of male being 11.7% and 6.6% respectively. This was a vulnerable age group that needed protection from abuse. The age groups

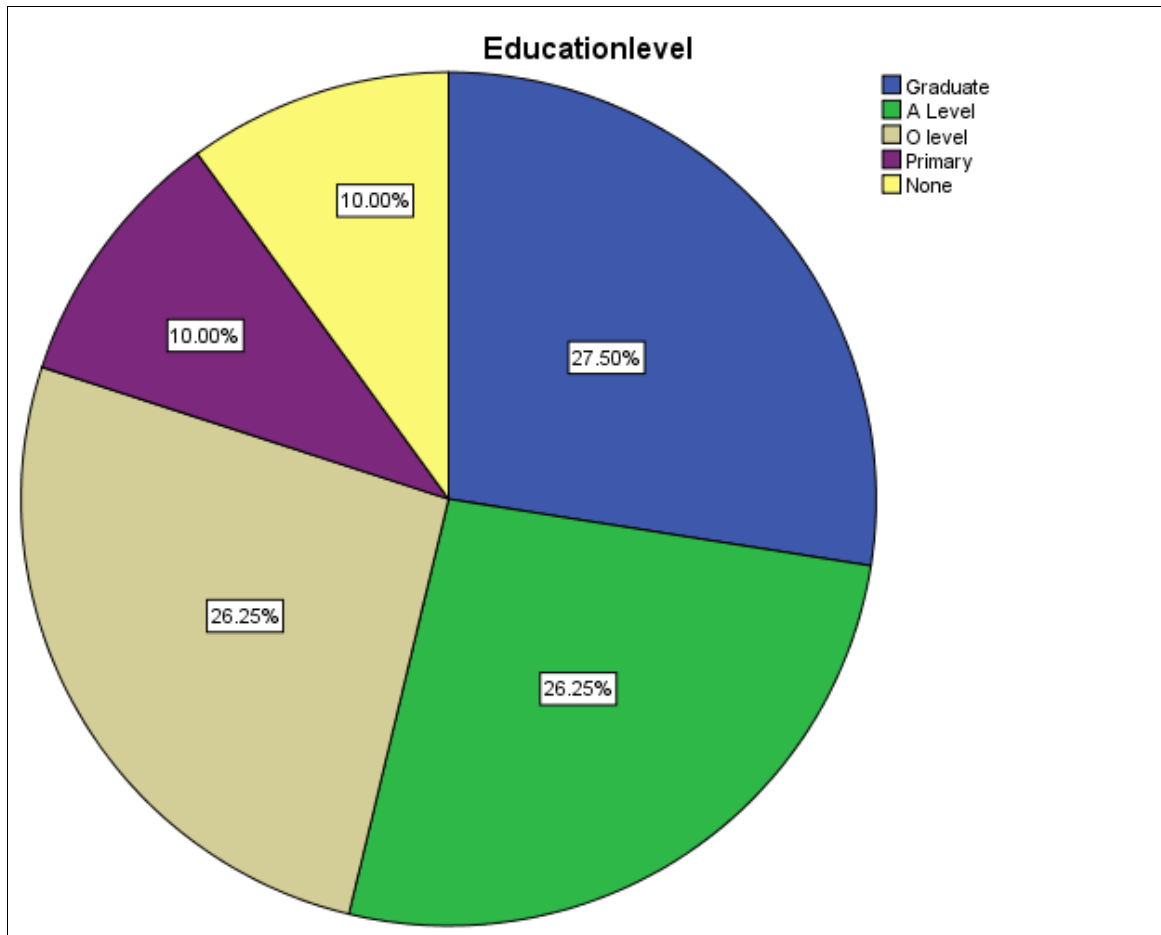
with the least representation were the 41-45 years and 46-50 years age group with 6.25% each. With these age groups, the male were only 1.7% while the female were 12.7%. These were people who were settled in marriage and thus little marital conflict or they never reported the abuse. The age and gender disaggregated data is presented in the table below.

**Table 4.1: Respondents age and sex disaggregated data**

<b>Age category (Years)</b>	<b>Male</b>	<b>Female</b>	<b>N</b>
	%	%	
0 – 18	3.3	6.7	60
18 – 24	3.3	5	60
25 – 30	3.3	13.3	60
31 – 35	8.3	28.3	60
36 – 40	6.7	8.3	60
41 – 45	1.7	5	60
46 – 50	0	6.7	60
<b>Total</b>	<b>26.6</b>	<b>73.3</b>	

#### **4.1.3 Educational Level of the respondents**

The researcher sought information on the respondents' educational levels. This was aimed at examining if there was a relationship between the education level and the reporting of GBV cases. The findings are illustrated in Figure 4.2.



**Figure 4.2: Respondents' Educational Level**

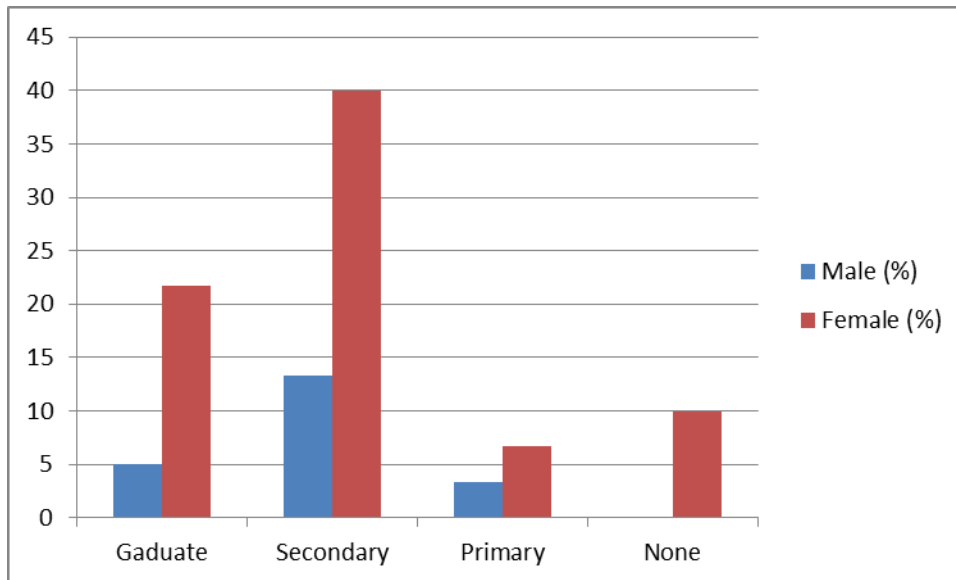
Results indicated that majority of the respondents had attained secondary school education (52.50%). These were followed by graduates of either university or tertiary colleges (27.50%). The least represented groups were those who had only attained primary school education and those that had not gone to school with each group having 10% representation.

The respondents education level showed that majority of the survivors had attained secondary school level and above. These were educated people who knew their rights and were ready to report the violence. To the contrary, the 10% who had never gone to school and the other 10% who had not gone beyond primary school had accepted outdated culture and customs of wife

battering. These women accepted to be abused since it was tolerated by their culture and customs as one survivor stated;

“Women have to be disciplined by their husband if they do wrong. If they are not beaten they will be undisciplined”

The education sex disaggregated data was as indicated in the figure 4.3 below.



**Figure 4.3: Education sex disaggregated data**

The sex disaggregated data showed that from the 27.5% graduate respondents, 5% were male while 22.5% were female. For the 52.5% who had attained secondary school education, 40% were female while male were only 12.5%. For the survivors who had primary school level of education, 6.7% were female while 3.3% were male survivors. The survivors who had not acquired any education were all female.

#### **4.1.4 Marital Status**

The researcher wanted to establish if there was a relationship between the marital status and the occurrence of GBV. He asked the respondents about their marital status and the results were illustrated in table 4.2.

**Table 4.2: Respondents' marital status**

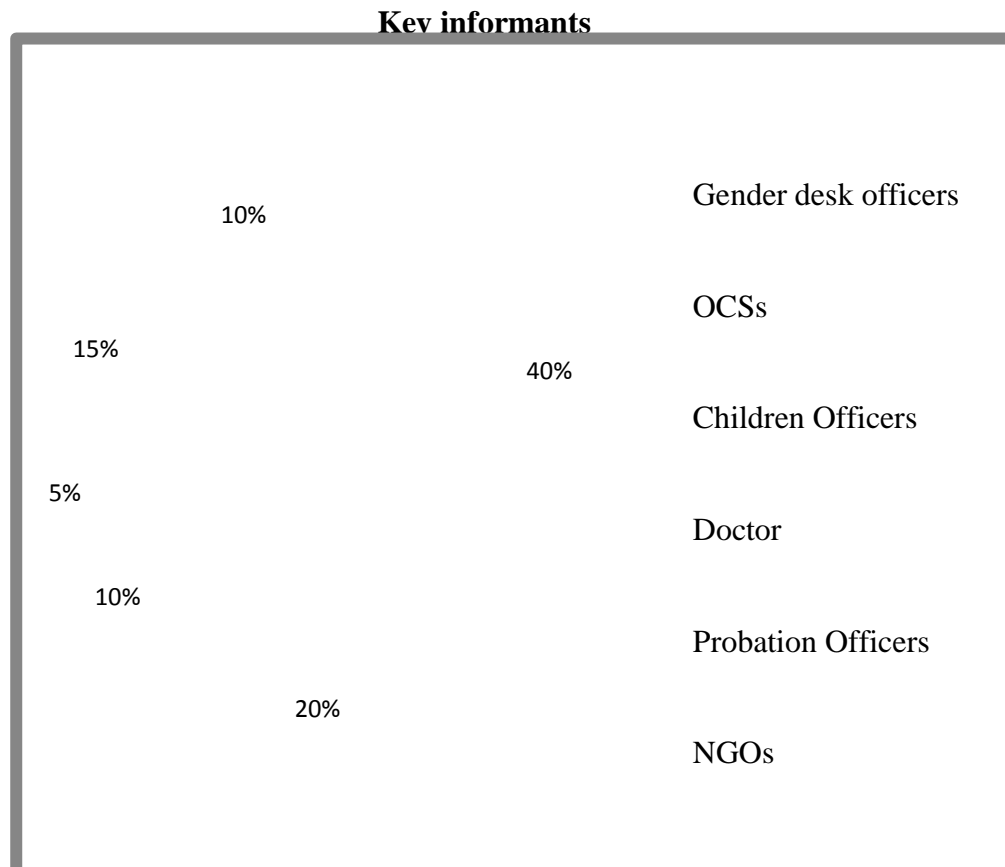
	Male (%)	Female (%)	No
<b>Single</b>	9	18	60
<b>Married</b>	9	18	60
<b>Divorced</b>	5	41	60
<b>Total</b>	23	77	

The table 4.2 indicated that majority of the survivors (46 %) were divorced, the survivors who were married and those who were single were 27% each. Out of the survivors who were divorced, the male survivors were 5% while the female survivors were 41%. The female survivors that were single and the married were double the male survivors being 9% male and 18% female respectively. This showed that most survivors had failed marriages as a result of spouse violence. According to Heise, Ellsberg and Gotten Moeller (1999), 10 –70 % of women report being physically assaulted by an intimate partner at some point in their lives. Around 120 million girls worldwide (slightly more than 1 in 10) had experienced forced intercourse or other forced sexual acts at some point in their lives. By far the most common perpetrators of sexual violence against girls were the current or former husbands, partners or boyfriends. (UNICEF, 2014). According to KDHS (2014), 39% of ever married women and 9% of men aged 15-49 years have experienced spousal violence.

#### **4.1.5 Categories of key informants**

The researcher sought information from 20 key informants who provided supplementary information on the effectiveness of gender desk as presented in Figure 4.4. Majority of the informants were the gender desk officers (40%) who gave information on how they conducted their work, this was followed by the OCSs (20%) who complemented the information given by the gender desk officers; the government officers who included the probation and the children

officers with 15% and 10% respectively. The NGOs represented 10% of the key informants while the least represented was the doctor at 5%. These key informants were the active players in the gender violence justice system. They all had information that was important for the study.



**Figure 4.4: Informants by Category**

#### **4.1.6 Sex of the key informants**

Most of the key informants were male as seen in the table 4.3 below:

**Table 4.3: Sex distribution among the key informants**

	<b>Male (%)</b>	<b>Female (%)</b>	<b>No</b>
<b>OCSs</b>	100	0	20
<b>Gender desk Officers</b>	75	25	20
<b>Children's officer</b>	50	50	20
<b>Doctor/Clinician</b>	100	0	20
<b>Probation</b>	66.7	33.3	20
<b>NGOs</b>	0	100	20
<b>Total</b>	65.3	34.6	

From the table 4.3 above, 100% of the OCSs were male. These were station commanders who gave directions on how the GBV cases could be handled. The gender desk had 75% male officers and 25% female officers. This ratio agreed with a report by UN Women (2013) that Kenya National Police Service had 11% female police officers while 89% were male. The sex distribution did not comply with the one-third gender rule (Kenya constitution, 2010). There was compliance of the one-third gender rule among the children and probation officers with 50% and 66.7% and 50% and 33.3% for the male and the female respectively. There was only one doctor who was a male and two NGOs that were represented by 2 females. This showed how the societal gender stereotype roles were distributed. This was because, traditionally, the doctors were expected to be male while the female were expected to take supplementary roles such as being nurses who assisted the doctors. The same was replicated in the NGOs. Since they advocated for gender equality, they were represented by women.

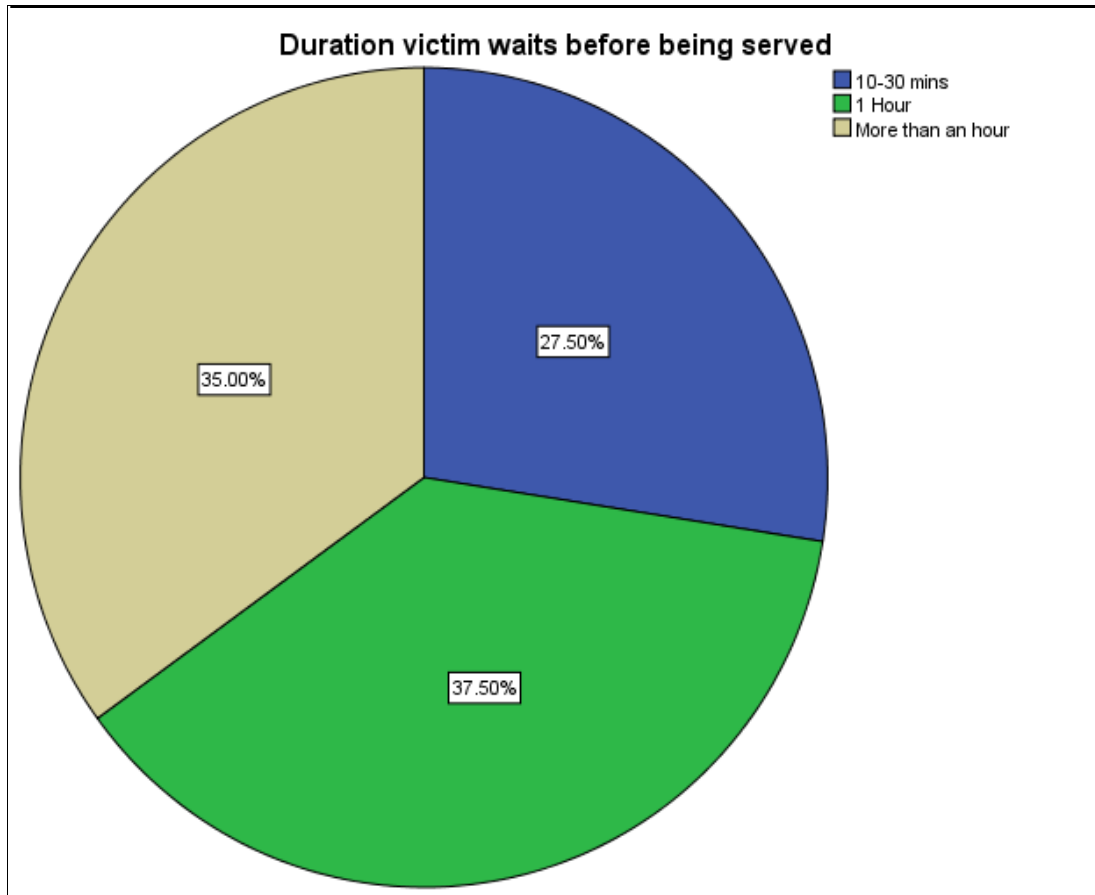
## **4.2 Gender Desk environment**

The researcher sought information on the environment of the gender desk. According to the UN Women website, the gender desk should serve as a focal point where GBV and SGBV cases are reported. It should respond to any distress call and therefore it should have a hotline, it should have adequate rooms for receiving the victims, promoting procedures and protocols on investigations, interviews and enforcing protective orders.

In establishing if the gender desk environment met the needs of the GBV survivors, the researcher ascertained the amount of time the survivors waited before they were served at the gender desk, if the gender desk officers were trained on legal tools used to address GBV and on emerging gender issues, if the gender desk had adequate rooms to ensure privacy when reporting the case, if the gender desk had a safe room where the survivors could stay as a place of safety and if the gender desk officers wore the uniform when handling the GBV cases.

### **4.2.1 Waiting time**

The researcher asked the respondents the duration the GBV survivors waited before they were served at the gender desk. Results showed that 27.5% responded that survivors were attended to within 10 to 30 minutes, 37.5% within one hour and 35% more than one hour. The results were illustrated in Figure 4.5.



**Figure 4.5: Duration survivors waits before being served at gender desk**

This was an indication that most GBV survivors (72.5%) waited for more than 1 hour before they were attended. This showed that the gender desk did not respond to the reported cases with urgency. The more time the respondents waited before they were served at the gender desks, the more they became dissatisfied with the operations of the gender desk as quoted by one of the survivors;

‘When I went to report the abuse, I was told to wait as the officers handled a group of suspects who were brought in having been arrested taking illicit brew. I waited from 9.00 a.m. up to noon. I was then told to come at 2.00 p.m. because the officer in charge of the gender desk had been summoned in court. My statements were taken at 3.30 p.m. and had to come and follow up the case on the following day. I really suffered .....

Another survivor had the following to say:

“When I went to report the case, I was told that the OB book was being used by another officer. I was told to go and wait outside. I waited for over an hour before I was served....”

The long wait before a survivor of GBV and SGBV is served has negative effects to the survivor.

The likelihood of collecting evidentiary evidence decreases with the passage of time. For instance, the specimen should be collected within 24 hours after the assault. (Ministry of Medical Services- Kenya, 2009). The delay may also affects the safety needs of the survivor, the perpetrator may escape after learning that he/she is being sought among other negative effects.

According to the national police service delivery charter (2015), any reported case was supposed to be addressed immediately. However, due to the staff inadequacy, the GBV survivors are forced to wait before they are served.

From the above findings and the preceding discussions, it becomes apparent that gender desks environment was not conducive for the survivors of GBV.

#### **4.2.2 Does the desk have trained officers on gender issues?**

The researcher sought information on if the officers at the gender desk were trained on how to handle the GBV survivors, the ideal procedure of charging and prosecuting the perpetrators and if they were conversant with all the legal tools used in fighting the GBV. The results were presented in Figure 4.6.



**Figure 4.6: Respondents knowledge on GDOs level of training**

Figure 4.6 showed that only 5% of the respondents were aware that male officers were trained on how to handle GBV cases while only 7.5% were aware that female officers were trained while 87.5% did not know. This was an indication that the GBV survivors were not aware of the level of training that the police officer had undergone on gender issues.

However, from the key informants, it became clear that all officers were trained on gender and human rights during the initial police training. Among the topic covered during the initial training were: forms of violence against women, Laws and legal frameworks addressing GBV, factors that contribute to violence against women, preventive approaches, the role of police in responding to violence against women, collaboration with other stakeholders and support (UNODC, 2010). According to UNODC (2010) gender sensitive police can be attained by

training police on basic gender equality concepts, relevant national and international legislation and conventions, respect for the human rights of women and men, protocols on SGBV, and techniques for interviewing victims of SGBV.

The FGD discussants noted that the officers in charge of gender desks had participated in many GBV workshops organized by civil societies. However, most of the officers were not very conversant with the legal instruments used to fight GBV as noted by one discussant;

‘One challenge facing gender desk officers is the lack of training on the relevant laws that criminalizes GBV such as the Sexual Offences Act, children Act, penal code among others. Though they are aware of the offences, they lack expertise legal knowledge. They only know the sections they use to charge the offences’

Upon interrogation, the study found that there was the ‘grey book’ in all the police station. This book is a collection of all laws of Kenya bound together. However, for effective application of these laws one needed to be conversant to apply it where necessary. The study also noted that there was another book that assisted the officers in knowing how to phrase the charges. For an officer to be able to use this second book, knowledge of the grey book was necessary.

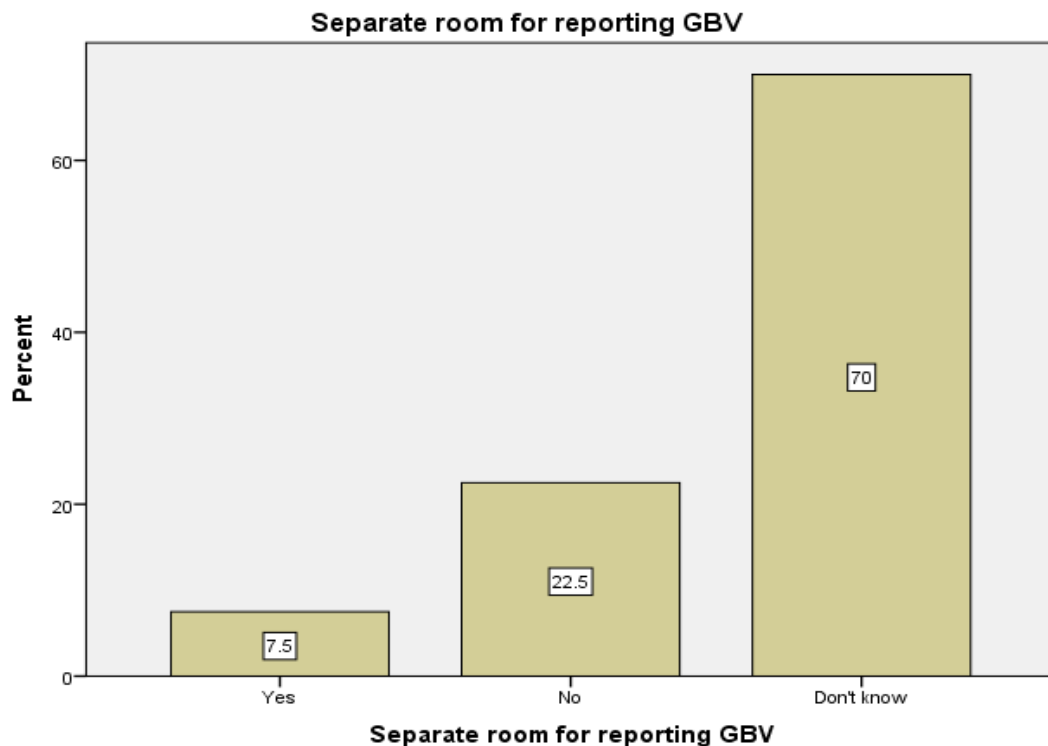
Failure to have expertise knowledge when charging the perpetrators of GBV had negatively affected the execution of justice. The GDOs did not know some sections to use to criminalize some uncommon offences. There were some new legislatives such as The Protection against Domestic Violence Act (2015) that they were not conversant with. This ended up drawing the charge sheet wrongly which finally led to the cases being discharged by the Courts.

From the above findings, we found out that though GDOs had received basic training on GBV, they never received on job trainings on the upcoming new forms of GBV and the new legislatives on GBV. This affected their performance in addressing the vice.

### 4.2.3 Privacy when reporting GBV cases.

The researcher sought information on whether police stations had separate rooms for reporting GBV cases to ensure privacy. GBV cases needed a secure and private setting. This was in recognition that stigma could be associated with any step of an investigation process. The GDO had to do everything they could to avoid exposing the survivor to further abuse. This included avoiding actions that could undermine their quality of life or standing in their family or community. Sensitive in handling the GBV cases meant ensuring that the GDO met the needs of the survivor. When handling female survivors, a female officer was expected to be at hand. It was important that the GDO maintains confidentiality.

The results were as illustrated in Figure 4.7.



**Figure 4.7 GBV reporting rooms at the Police Stations.**

Results from Figure 4.7 indicated that 7.5% of the respondents were positive that the police stations had separate room for reporting GBV, 22.5% disagreed while 70% did not know. The above results showed that the 92.5% either did not know if there were separate room for reporting GBV or were aware that there were no separate reporting rooms. This showed that most of the cases reported were handled in the ordinary crime office as one respondent stated;

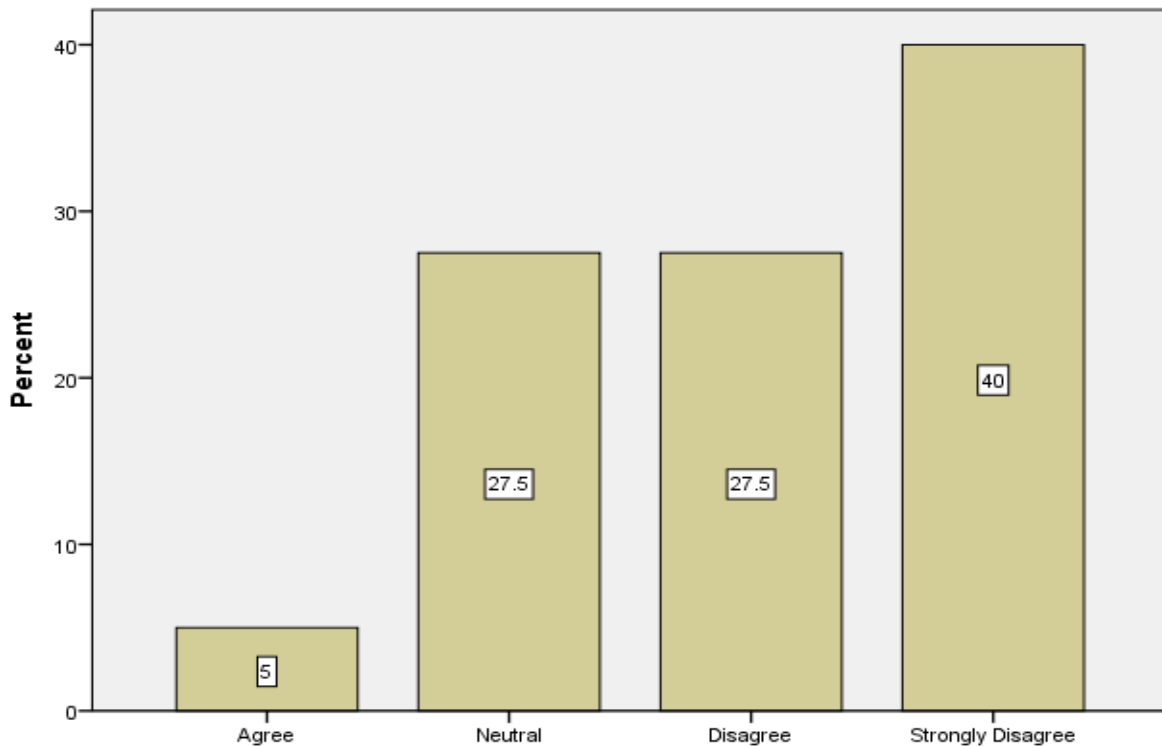
‘I did not know if there was any other room because when I went to report my daughters defilement case at the front report office of the police station, I was told to go to the office behind written OC Crime. When I went to that room, the officer who was there was taking the finger prints of an assault suspect. This was where I was given a referral letter to the hospital for my daughter’s medical examination. Then, it was the same room where I was given the P3 form, and I returned it there. It was still the same room where our statements were taken. It was therefore not possible to know if there was any other room.

In one of the police station, there was no room designated for gender desk. One respondent had this to say:

‘In one police station, my case was handled at the ordinary crime office. However, there was a table that is stationed outside the report office with a label written gender desk’.

According UNFPA (2008), an ideal gender desk was supposed to have separate room for survivors to report the crime and where interviews are conducted, evidence collected and recorded in an atmosphere of privacy. This was because the GBV touches on personal integrity and the survivor are uncomfortable in expressing private matters in an open room.

The researcher sought the respondent’s views on whether there was privacy at the police stations when survivors went to report GBV cases and illustrated the results in Figure 4.8.



**Figure 4.8: Privacy when reporting GBV**

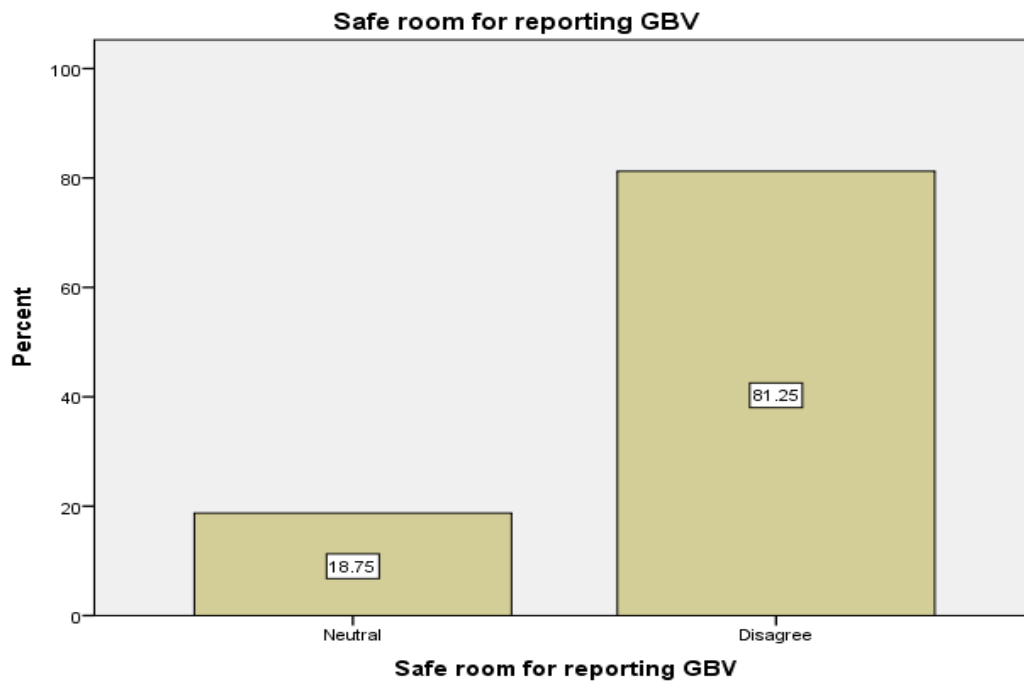
Results from Figure 4.8 showed that 67.5% disagreed or strongly disagreed that there was privacy when reporting GBV cases, while 27.5% were neutral and only 5% agreed. This indicated that there was no privacy when reporting GBV cases.

Privacy was an important component in the gender desk due to the nature and sensitivity of the cases. According to UNDOC (2010) very few women report the GBV due to fear for their safety or that of their children, low self-esteem and self-blame, fear of deportation for immigrant women, social isolation and lack of a support system. Few men survivors of GBV report their abuse due to lack of privacy. Due to male chauvinism and the cultural beliefs, men believe that they cannot be abused by the women and therefore shy off from reporting.

Institute of Economic Affairs (2009) shows that the police stations have inadequate infrastructure. They do not have adequate rooms for their normal office operations. They do not have a gender desk with adequate rooms for reporting, investigating or even to serve as an office for gender desk officer. For a survivor, privacy meant a place where she could feel safe and report the incidences of abuse with ease. To ensure privacy, though there were inadequate rooms, the GDO could improvise other rooms to be used during the survivor's interview. However, this never happened because they conducted interview in the normal crime office.

#### 4.2.4 Safe room for GBV survivors

The researcher sought information on whether there were safe houses or rescue centres where GBV survivors could be placed for safety after reporting their cases.



**Figure 4.9: Safe room for GBV survivors**

Results from Figure 4.9 above indicated that 81.25% disagreed that the police stations had safe rooms for GBV survivors while 18.75% were neutral. This showed that GBV survivors did not have a place of rescue in the police stations. The survivors of GBV who needed rescue were referred to other stakeholders who had safe houses for their safety. However, in some emergency situations where there were no stakeholders with safe houses, the survivors were temporarily placed in the police cells as an alternative better place was sought as one survivor reported.

‘My husband attacked me at around 3 a.m. He chased me and my child away threatening to kill us if we dared going back. We went to the police station that was one kilometer from our home. After reporting the matter, we were told that since there were no safe houses, we had to choose either getting into women cells which was empty and sleep or we spend the night at the report office. When he opened the women cell which was empty, it was stinking prompting us to stay at the report office up to the morning....’

During the FGD, it was noted that the lack of safe houses in the police station also subjected the victims to further sexual abuse by the police officers at the respective police station as one discussant reported a case of a girl who was a survivor of sexual abuse.

‘This girl rescued from early marriage was remanded in a police station as a place of safety because she had insisted that she could go back to the perpetrators house. There was need for her to undergo counselling to enable her to know the dangers of early marriage. After three days, she was to be transferred to a girls rescue centre. The girl said she was comfortable staying in the cells. Upon investigations, it was found out that she was being sexually abused by an officer at night shifts who used to buy her whatever she needed. The girl was forcefully removed and taken to children remand home where she underwent counselling and psychosocial support’

From the above verbatim, it is clear that there was the need of the police stations to have safe houses or rescue centres. These could be used by the survivors who reported the GBV and it was not safe for them to go back home for their own safety. The safe houses could also help in ensuring that the survivors did not suffer further while in the police custody. The purpose of having the safe house in the police stations was to ensure that the survivors who needed to be guarded were in safe custody of the police. In the situations where there were no safe houses, the

police referred the cases organizations that had safe houses such as the charitable children's institutions or to other statutory institutions such as the juvenile remand homes.

According to the UNFPA (2008), a safe room was aimed at transferring the survivor from the abusive environment to a survivor-friendly centre where services such as medical care, psychosocial and legal support services could be offered to the survivor.

#### **4.2.5 Wearing of police uniform by the GDOs**

The researcher inquired whether the attending officer at the gender desk wore uniform as they handled the GBV clients. The results were presented in Table 4.4.

**Table 4.4: Attending officer wears uniform**

	<b>No</b>	<b>Percent</b>
Yes	6	7.5
No	74	92.5
Total	80	100.0

Table 4.4 shows that 92.5% of the respondents agreed that the attending officers at the gender desk office never wore uniform while only 7.5% disagreed. This indicated that the attending officers at the gender desk never wore uniforms while attending to GBV survivors. The appearance of the police in uniform was initially known to cause fear to the members of public especially to the children due to police brutality. According to CSO network (2012) the police officer handling the GBV cases should be in civilian when handling the GBV survivors. This makes the survivors to be comfortable with the officers handling the case. From the study, we found out that this was gender friendly because most respondents said that the police wore civilian clothes. This is because the uniform could have scared those reporting the cases.

#### 4.2.6 State of the Gender desk

The researcher asked the respondents to rate the gender desk environment and the results were presented in Table 4.5 below.

**Table 4.5: State of the gender desk**

	<b>Good</b>	<b>Fair</b>	<b>Below Average</b>	<b>Poor</b>	<b>N</b>
Officer's professionalism	-	46.3	17.5	36.3	60
Reception	10	-	36.3	53.7	60
Referrals to help centres	20	53.7	26.3	-	60
Office furniture		16.3	66.3	17.5	60

Results from Table 4.5 indicate that GDO's professionalism was rated between fair and poor with majority 46.3% rating the officers' professionalism as fair while 17.5% thought it was below average and 36.3% rated them as poor. This showed that the officers were not very professional in dealing with the survivors of GBV as one respondent reported;

'The officer told me that if (we) women continued being big headed, the husbands would discipline them as had been done to me'

Another respondent also commented,

'Why don't you go and settle your daughters' incest case with the family because the perpetrator and the survivor are family members and it was family members. This is an issue to be handled at the family level.....'

According to UNDOC (2010), the officer handling GBV cases should be professional. They should not interview the survivor in the presence of unnecessary listeners. If the survivor has life threatening injuries he/she should be taken or referred to hospital. Should not promise what one cannot deliver. One should not use uncivil language, abuse or derogatory language. One should

not show open bias, prejudice or contempt. The GDO should not ask for favours or bribes nor embarrass the survivors especially children. One should not scare or intimidate the survivor and if possible officers interrogating children should not wear uniform.

The above rating in table 4.5 showed that the most gender desk officers did not apply their professionalism and this contributed to the gender desk not being effective.

Reception was rated as good by 10% while 36.3% and 53.7% rated it as below average and poor respectively. Most of the respondents said that the GDOs never greeted them nor were they warm in addressing them. According to the respondents, the welcoming remark was:

‘and you what do you want....’

They also said that there were no seats to sit on and where available, it was a wooden long seat that only six people sat on. This was not favourable to the GBV survivors.

On the referral to help centres 20% rated it as good, 53.7% said it was fair while 26.3% rated it as below average. This shows that 73.7% were satisfied with the referrals to other organizations. Most of the stakeholders the survivors were referred to the hospital for the treatment and filling of P3, Children’s department for placing the children to the places of safety and counselling, civil society for safe house and counselling. This showed that the gender desk was effective in referring the survivors to the appropriate organizations for other important services.

The office furniture was rated as fair by 16.3% while 66.3% rated them as below average while 17.5% rated them as poor. They said that tables were old and wooden table, some chairs were broken and one had to sit carefully lest they fell down, there were no shelves nor were there cabinets. Due to the state to the poor infrastructure, the environment was not conducive at all for the GBV survivors.

### 4.3 Services offered by gender desk

Gender desks are focal points where gender based violence cases are reported. According NGECC (2014), the police gender desks were expected to prevent and respond to GBV. In preventing the occurrence of the GBV, the gender desks were expected to: create awareness on GBV to members of public, to conduct patrol and apply other security arrangements such as the community policing to mitigate the occurrence of GBV. In responding to GBV, gender desks were expected to: conduct investigations and charge the perpetrators, provide shelters and safe houses for survivors, refer the survivors for services such as health, psychosocial, and legal representation. The GDO was also expected to reintegrate the survivors of sexual violence, rehabilitate the sex offenders and give evidence in court.

#### 4.3.1 How gender desk prevented occurrence of GBV

The researcher inquired about the preventive services offered by the gender desk and presented the findings in Table 4.6.

**Table 4.6: Preventive services offered by Gender Desk**

	<b>Strongly Agree (%)</b>	<b>Agree (%)</b>	<b>Neutral (%)</b>	<b>Disagree (%)</b>	<b>Strongly Disagree (%)</b>	<b>N</b>
Increase public awareness on GBV	-	17.5	16.3	27.5	38.7	60
Police patrols to deter occurrence of GBV.	-	25	17	18	40	60

From Table 4.6 above, all the respondents strongly agreed that gender desk never raised awareness on GBV. Only 17.5% agreed that gender desk created awareness while 16.3% were not sure, and the remaining 66.2% disagreed. This shows that the gender desks did not create awareness to the members of public that GBV was a crime. Awareness creation was important in mitigating the occurrence of GBV.

During the awareness creation, topics to be covered should include the forms of GBV, the roles of police in addressing GBV, evidence preservation by survivors of SGBV and GBV among others. This awareness creation could have been done through the public meetings, media advocacy and through the use of community policing popularly known as 'Nyumba Kumi'. According to UNFEM (2009), RNP gender desk engaged in a broad-based campaign to raise awareness of GBV through outreach in churches, local authorities, women's councils, primary and secondary schools, and using a variety of media (television, radio, brochures, calendars and posters). As a result, women were able to speak out and to understand and claim their rights. It enhanced awareness among communities, local governments (e.g. in Gasabo District and Kigali City), schools (400 teachers and students trained), women cooperatives (300 members trained in Musanze und Gicumbi districts), religious leaders and faith-based organizations between 2005 and 2009. Gender desk also developed and disseminated sensitization materials (posters, brochures, magazines, stickers, calendars) for communities. The creation of awareness could have been done through the formation of gender promotion and advocacy desk as was in the case of Rwanda (UNFEM 2009). This showed that the gender desk was not effective since it did not prevent the occurrence of GBV through awareness creation.

On police patrol to deter and prevent offences from occurring, 25% of the respondent agreed that police went for patrol, 17% of them were not sure, 18% disagreed and 40% strongly disagreed. This indicated that more than half (58%) disagreed that the police patrolled to deter occurrence of the abuse. Apart from deterring the crime, the patrols are meant to enhance sense of public safety through police presence.

Some of the respondents alleged that the purpose of the patrol was to prevent the occurrence of other crimes and not GBV:

'The purpose of the patrol is not to prevent GBV. This is because GBV happens in houses or private places while those patrolling does it along the road...'

Upon interrogation, we found out that the police patrols were not meant to prevent the occurrence of GBV but were meant to deter the occurrence of other crimes such as robbery. This is because the police patrols took place in areas that were prone to the occurrences of these crimes. According to UNIFEM (2009) the police gender officers were strategically located to enable them respond to GBV distress calls. There was a toll free line that was used by the survivors of GBV to alert the police of the abuse. The police on patrol would respond and rescue the victim of the abuse from the perpetrators.

The above data therefore showed that the police did prevent nor respond to GBV during the police patrol and therefore ineffective.

#### **4.3.2 How gender desk responded to GBV cases**

The researcher inquired into the gender desk response to GBV. According to CSO network (2012), a survivor who went to report a GBV case was referred to gender desk by the Customer Care Desk. In the event that the survivor was not able to report, anyone could report on their behalf such as the cases where the survivor was a child or mentally disabled or otherwise inhibited from reporting. The report was to be entered in the Occurrence Book (OB) and a number given to the report. Due to the sensitivity of the matter, the officer at the desk was expected to refer the survivor to the interview room/desk which would offer privacy. In the absence of a gender desk interview room, the survivor was to be escorted to a room where he/she could talk in private with the officer and could only be allowed to bring in the person who may have escorted him/her to the police station if she/he was free to talk in their presence. At this point a statement was to be recorded, if the survivor's health status was not at risk of deteriorating or if the survivor was ready to do so. The survivor was expected to sign the statement when satisfied with what the police had written. If the survivor was a child and was

brought in by a Good Samaritan, the police would take charge of the child. The Good Samaritan would record a statement and any other particulars as soon as possible. The police would then take the child to the hospital. If the child was abused by a family member, the child would be taken to a place of safety such as a safe house or a Child Protection Unit if present. The findings of the police response to GBV were presented in Table 4.7 below.

**Table 4.7: Gender desk response to GBV cases**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N</b>
Police gain entry into victim's home and save them from violence	-	-	17.5	63.8	18.8	60
Police refer survivors to relevant health and social agencies	13	64.3	12.2	10.8	-	60
Conduct risk assessment and ensure no future danger for victim	-	10	27.5	62.5	-	60
Follow ethical guidelines during interviews with victims	-	17.5	10	45	27.5	60
Conduct interviews with witnesses including children	-	85	7.5	7.5	-	60
Arrange to charge the perpetrators of GBV in court.	27.4	28.8	28.8	15	-	60

#### **Police entry into the survivor's house to save them from violence**

The study wanted to know if the police gained entry to the survivor's home to save them from violence. This was because most GBV occurred in the privacy or in houses where there were no people to rescue the survivors. Table 4.7 indicated that 18.8% of the respondents strongly disagreed that police gained entry into victims home to save them from violence, 63.8% disagreed and 17.5% were neutral. This showed that police did not enter victims' home to save

them from GBV. The respondents claimed that the police waited for the cases to be reported to the stations for them to deal with them. The failure by the police to enter into victims houses and rescue them was contributed by various factors. Among them are the lack of information by the police. This was due to the fact that there is no gender violence toll free line that could be used to report the abuse as in Rwanda where RNP had a toll free line used by the gender violence victims to report the abuse to the police (UNIFEM 2009). Another reason for the lack of response was the inadequate staff. The study found out that there were only two officers in charge of gender desks in every police station and these could not be able to respond to the many GBV distress calls, handle the operations of the gender desk and also perform other duties assigned to them by the station commanders. This was unlike the RNP where gender desk was staffed by three police officers and three junior police officers (UNIFEM, 2009)

### **Referral to other agencies**

The study wanted to know if the police referred the survivors to other agencies. The purpose of the referral was to ensure that the survivor got all necessary services including those never offered at the gender desk. The referral agencies included the health facilities where the survivors received medication, the NGOs and charitable children's institution for rescue centres, psycho-social support and counselling among others. 13% of the respondents strongly agreed that survivors were sent to other agencies, 64.3 % agreed, 12.2% were neutral while 10.2% disagreed. The results indicated that the gender desk was very effective in referring the survivors to the relevant stakeholders for specialized services. This was in line with NGEC (2014) which gave preventive and responsive responsibilities to all stakeholders. The 12.2% that were neutral and the 10% that denied might have been the survivors who did not need any referral. The referral system was very instrumental in ensuring justice for the survivors of GBV. This was possible because of the networking that existed among the agencies of the gender based violence

such as the civil societies, NGOs, government departments (Health, children, probation, judiciary and prosecution)

### **Conducting of the risk assessment**

The study wanted to know if the police conducted risk assessment to ensure that the survivors were free from danger. This was because the gender desk officers had obligations to make sure that GBV survivors were safe and could only be allowed to go back home after conducting a risk assessment that ensured their safety. From the table 4.7, only 10% of the respondents were positive that police conducted risk assessment for the GBV survivors, 62.5% disagreed while 27.5% were not sure. This showed that police did not conduct risk assessment to ensure that GBV survivors were safe from future danger. It was however noted during the FGD discussion that other stakeholders conducted the risk assessment. The probation officers conducted the victim impact and risk assessment while the children officers did the risk assessment of children survivors and produced a social enquiry report that detailed how the survivor could be protected from any future risk. According to UNODC (2010) Police should use specialized tools and training to conduct risk assessments to determine potential severity of future attacks on woman who are victims of domestic violence. From the above findings, gender desk was not effective because it never did the risk assessment for the survivors.

### **Police professionalism**

The findings presented in table 4.7 shows that more than two thirds of the respondents (72.5%) disagreed that the gender desk followed ethical guidelines during interviews with survivors, 10% were unsure and 17.5% agreed. According the CSO network (2012), the GDO should ask one question at a time, allowing for an answer to be given before asking another question. The survivors should sit down and be allowed to relax, because they may be anxious, scared or tensed

and hence emotionally inhibited thus not open. The GDO should be professional and ask relevant questions. If the survivors break down emotionally, they should be allowed time to recover before continuing with the interview. For children it was important they be assured that they were safe in the police station, avoid interrupting them as they talked as this could make them lose track of what they were saying. Elderly survivors were expected to be treated with utmost dignity, tolerance and patience. If possible the GDO was to put on civilian clothing when handling the survivors for the first time especially during the interview.

Most of the gender desk officers were used in interviewing the radical criminals using harsh and rude language. They extended the same to the survivors of GBV without taking into account the sensitivity of the cases and that the survivors were traumatized and needed psycho-social support. One SGBV respondent aged 16 years had been defiled by an adult who was her immediate neighbour. When she went to report, the GDO asked her:

‘Why did you come to report that you were defiled and it seems you took yourself to him?’

This shows that the GDOs did not follow ethical guidelines during interviews with survivors and this affected the effectiveness of the gender desk.

### **Conducting of interviews**

The study wanted to establish if the GDO conducted interview with the witnesses. The evidence collected was used in Court after the perpetrator was arrested. From the findings in table 4.7, majority of the respondents (85%) agreed that gender desk conducted interviews with witnesses (including children), 7.5% disagreed while 7.5% were not sure. This showed that the GDOs conducted interviews with witnesses and were able to collect all the necessary data required to form an opinion on whether the case had enough facts needed to be taken to court.

### **Charging of the perpetrators in Court**

The study also wanted to establish if the GBV cases ended up in Court. This was a sign that the gender desk officers had properly investigated the case and evidence collected. Table 4.7 also showed that 27.4% of the respondents strongly agreed that the gender desk took the cases to court, 28.8% agreed and 28.8% were not sure, while 15% disagreed. About 56.2% of respondents agreed that the police took cases to court. This was still a low percentage of all reported cases. According to UNODC (2010) Police should investigate cases effectively and charge the perpetrators to deter future occurrence of the vice. According to UNIFEM (2009) The GDO was responsible of receiving and interviewing survivors, investigating cases, arranging for the collection of medical evidence and preparing case files to be submitted for prosecution.

There was need to improve on the investigations to increase the number of cases that were taken to Court. The above outcome was an indication that the gender desk was not fully effective.

The above responses in table 4.7 indicated that the police gender desks responded to GBV but not adequately. The officers never gained entry into the houses to rescue the victims; they also never conducted the risk assessment to ensure that the survivors were safe from future dangers though this was done by other stakeholders. However, the gender desks were well rated in referring the survivors to other stakeholders, in taking the statements from the witnesses and fair in charging the perpetrators in court.

#### **4.3.3 Case disposals**

In studying how the cases were disposed, the researcher wanted to know how effective the gender desk was in concluding the cases reported. The table 4.8 below shows the categories of GBV cases reported and how they were disposed.

**Table 4.8: GBV cases reported and their disposal between August 2014 – July 2015**

Case category	No of cases recorded	Referred to other agencies	%	Taken to court	%
Rape/Defilement	277	60	21.7	217	78.3
Attempted Defilement or attempted rape	89	18	20	71	80
Sexual Assault	3	0	0	3	100
Indecent act	78	40	51	38	49
Physical violence	128	77	60	51	40
<b>Total</b>	<b>575</b>	<b>195</b>	<b>30.5</b>	<b>380</b>	<b>69.5</b>

From the above table 4.8, most of the cases (69.5%) reported are taken to Court while 30.5% were referred to other agencies. This shows that the gender desks were effective in their investigations.

### **Sexual abuses**

The study wanted to examine if the gender desk was effective in responding to the sexual abuses such as defilement/rape, attempted rape/defilement, sexual assault and indecent acts. This could be reflected on how they disposed these cases. The disposal could show if the cases were appropriately investigated to warrant them to be taken to court. The table 4.8 shows that 78.3% of the cases were taken to Court while 21.7% were referred to other agencies. During the FGD discussions, it was noted that most of these cases could not be taken to court because the exhibits could not be traced or had been tampered with by the survivors out of ignorance. For example, some survivors washed they clothes wore during the abuse before going to the doctor for medical examination. This often weakened the evidence and the cases could not be taken to Court. In

these circumstances, the survivors were referred for medication and psychosocial support. For the cases of attempted defilement/rape and sexual assault, 80% of the cases were taken to court while 20% were referred to other agencies for counselling and psychosocial support. For the cases of indecent act, 51% of the cases were referred to other agencies while only 49% were taken to Court. According to the key informants it was difficult to have witnesses who saw the perpetrators performing the indecent acts since most of these acts are done in privacy. The evidence of the survivor needed to be complemented by an independent witness for it to be prosecuted.

### **Physical violence**

The study wanted to assess the effectiveness of the police gender desk by studying how the cases of physical abuse and violence were disposed. From the findings, in table 4.8, only 40% of the cases were taken to court with 60% being referred to other agencies. This was because marital violence was seen as a domestic issue that could be solved by the family, elders or the chiefs. For example wife battering was accepted in most traditional societies and some people were not ready to accept change. According to Rotimi (2007), wife battering was accepted part of the culture. According to WHO (2009), there are some traditional cultures that asserted that men had rights to assert power over women and were socially superior. They had the right to “correct” or discipline women behaviour as in India and Nigeria. These retrogressive culture also say that a women’s freedom was supposed to be restricted (e.g. Pakistan) and that physical violence was an acceptable way to resolve conflicts within a relationship (e.g. South Africa).

The low percentage of cases reported might have been contributed by the traditional beliefs that cases of battering ought to be solved at the family level. The gender desks were dominated by male officers who might have had the cases referred to other agencies for mediation. This

showed that there was need for further sensitization of the police officers to disregard the outdated harmful cultural practices. In this regard, the gender desks proved to be very ineffective.

#### **4.3.4 Collaborators of the gender desk**

The study also wanted to know if the gender desk collaborated with other stakeholders for the provision of services they did not have. This was because an effective gender desk was supposed to have linkages with other actors in the GBV justice system. The key informants gave the following as the main stakeholders that collaborated with the police gender desk as presented in the table 4.9 below:

**Table 4.9: Stakeholders that collaborate with gender desk**

	Stakeholder	Frequency %
1.	The Hospital	95
2.	Children's department	75
3.	NGOs	60
4	Judiciary	85

This was further confirmed by the FGD discussant who listed the same stakeholders and discussed the role of each stakeholder.

The FGD gave the following as the stakeholders that collaborate with the gender desk.

**Table 4.10: Stakeholders that collaborate with the gender desk**

	Stakeholder	Frequency %
1	Hospital	100
2	Children's department	90
3	NGOs/CBOs	80
4	Judiciary	85
5	Others – Probation	50

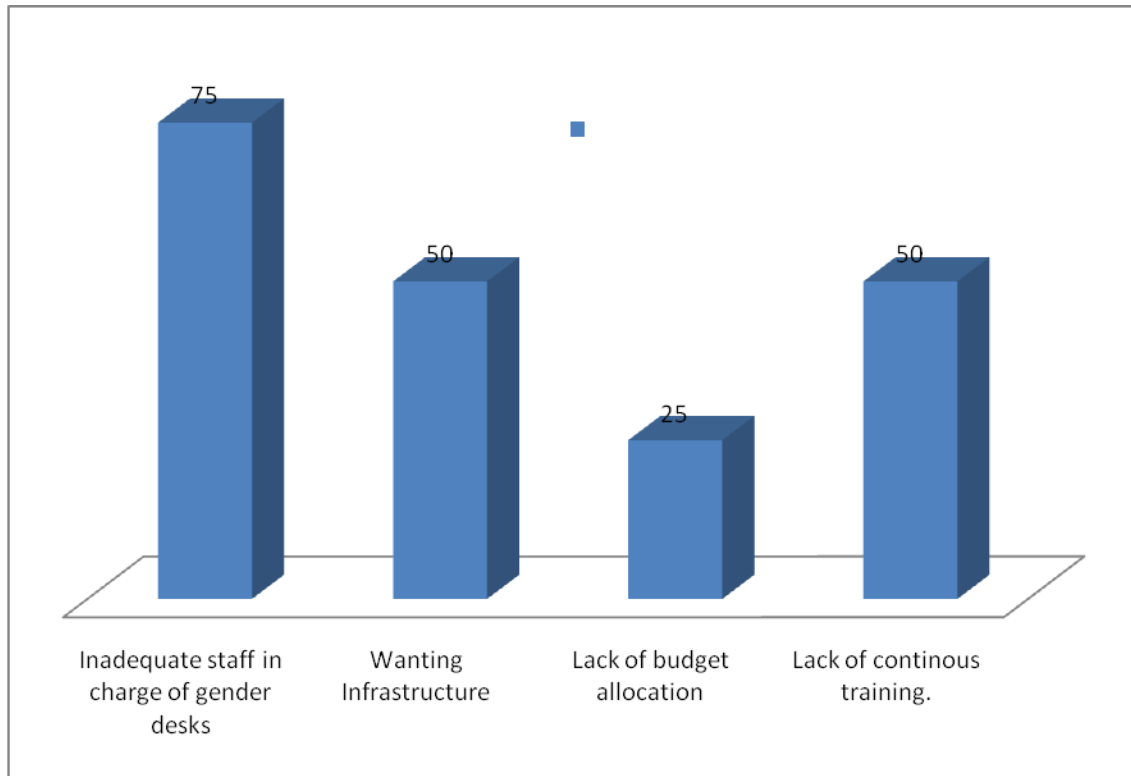
The findings in tables 4.9 and 4.10 showed that the gender desk was able to collaborate with other actors in the GBV survivors' justice system. They collaborated with the children's department for the placement of children survivor to places of safety. The hospital treated the survivors, filled the P3 and gave expert evidence in Court. The NGOs provided counselling services, psycho-social support and safe-houses for the survivors and the Judiciary adjudicated the GBV cases. This was also in line with NGECC (2014) that gender desk had to collaborate with other stakeholders.

This was an indication that the gender desk was effective in networking with all the necessary stakeholders who gave specialized services to the survivors of GBV.

#### **4.4 Challenges facing the gender desk office**

The study wanted to explore the challenges that hindered the effectiveness of the gender desk.

The following challenges were highlighted by the respondents, key informants and discussed by the FGD as presented in figure 4.10.



**Figure 4.10: Challenges facing the gender desk.**

#### **Inadequate staff in charge of gender desks**

All the 75% of respondents quoted inadequate staff as a major challenge facing the gender desk. The police stations under study were grossly understaffed. The study revealed that the police officers were few and thus over-worked. Due to this inadequacy, every police station had two police officers in-charge of the gender desks. These officers were allocated other police duties which limited their effectiveness in addressing the GBV cases. In the absence of the GDOs, the GBV survivors were served by other officers.

This affected the effectiveness of the gender desk because the survivors had to wait for long before they could be served. Due to this inadequacy they could not give each case enough time for investigation because of other pending cases that they had to attend to.

### **Wanting Infrastructure**

The study revealed that gender desk did not have adequate infrastructure to enable efficient service delivery. The infrastructure considered in this case included enough rooms (at least 3) and adequate furniture and stationery. 50% of the respondents stated that the infrastructures in all the gender desks were wanting. As noted in 4.3.3, one police station did not have a gender desk office but had a chair and a table outside the report office with a label 'gender desk'. According to CSO network (2012) gender desk was expected to have more than one room. One room was to be used as an office (report desk), second room was an interview room, and a third room to be used as a GBV survivors waiting room before they are served. The office was expected to have the basic infrastructure such as the chairs, table, shelves and the stationery. According to the study, all the respondents rated the infrastructure as poor.

### **Lack of budget allocation**

According to figure 4.11, Lack of budget was reported as a challenge by 25% of the respondents. They said that the gender desk did not have any budget allocation. The key informants and FGD said that for its day to day running, it relied on funding from the OCS's who were also funded by the Officer Commanding Police Division (OCPD) because the OCS's never had any allocation. The desk also relied on the stakeholder mostly the civil societies. This meant that the gender desk like other police sub-departments got only the basic requirements needed to run the office and this affected its effectiveness since the desk officers could not patrol effectively, move to the scene of crime on time, respond to distress call promptly. The budget could be used to purchase the stationery for day to day use, to travel to the Courts to testify. Lack of budget allocation always led to delay in investigating the cases.

**Lack of continuous training.**

Figure 4.11 show that 50% of the respondents reported that the GDOs did not receive continuous training on emerging gender issues. This was to keep them abreast with the changes in the legal and medical world. They were supposed to undergo on-job training on new emerging forms of GBV. During the FGD discussions, it became apparent that though the officers working in gender desk had not been thoroughly trained on the legal tools and frameworks such as the Sexual Offences Act (2006), the Children Act (2001), the FGM Act (2011), Matrimonial Property Act (2013), Marriage Act (2014) and Protection Against Domestic Violence Act (2015) among legal instruments.

As noted above, the OCS in one of the police station did not understand the contextual meaning of the gender desk. He thought that a gender desk was chair and a table meant to receive gender cases and direct the complainant to the relevant office. As a result, he placed a table and a chair outside the report office for the GBV cases to be reported there. This officer did this out of ignorance and there was need for training of the head of the stations and also officers working in the genders desk.

**Lack of safe houses in the police stations**

All the respondents, all key informants and the FGD discussants unanimously agreed that the stations did not have a safe-house to keep the survivors who risked facing further abuse. After the rescue of cases such as SGBV, the survivors were referred to the NGOs that had safe houses or were placed in special cells if the cases were reported late and the GDO could not take the survivor to a rescue centre or safe houses owned by NGOs and other stakeholders. This affected the effectiveness of the gender desk because as noted earlier, the survivors of the GBV placed in

the police cells continued suffering while the gender desk was supposed to place them in a comfortable place.

#### **4.5 Strategies of addressing the challenges.**

The study wanted to establish the strategies that could be applied to address the challenges encountered by the gender desk. The key informants gave the following strategies as in the table 4.10

**Table 4.10: Strategies of addressing GBV**

Strategy	Frequency of key informants
Training of the GDOs on the legal tools	75%
Minimal transfers to GDOs	80%
Not allocating the GDOs other police duties	78%
To improve the gender desk's infrastructure	80%
Balancing of the staff in terms of gender	80%

#### **Training of the officers in charge of the gender desks.**

The Most key informants (75%) agreed that it was important for the police officers in charge of the gender desk to be trained on human rights and gender issues. Though they had been trained on the same during their initial induction training, there was need of further on-job training. The FGD respondents noted that the gender desk officers needed to be trained on the existing legal framework that addresses GBV, on new legislations such as Protection against Domestic Violence Act (2015) and legislations that have been revised. There is also important for them to be trained on emerging forms of GBV and how to address them. They also noted the need of training the gender desk officers on the GBV guiding principles and approaches and the

minimum standards for prevention and response to GBV by UNFPA (2012). This would increase the effectiveness of gender desk in handling the GBV survivors.

### **Minimal transfer**

The FGD respondents noted that minimal transfer would make the gender desk more effective. The same was retaliated by 80% of the key informants who said that the ineffective gender desk was caused by frequent transfers of the gender desk officers from one station to the other and those who replaced them in most of the cases came from the general report office. Most of the officers are transferred annually although some were transferred before an year ended. The respondents proposed minimal transfer for the officers in charge of the gender desk. They also proposed that whenever transferred, they were supposed to be replaced by officers from other gender desks of other police stations.

The officer who had served in a gender desk and has undergone on job training becomes very effective in handling the GBV cases. When this officer was transferred and replaced with an officer from the general duties section, the effectiveness of the gender desk was affected. However, if the replacement was from a gender desk in another station, then the officer may be effective as the transferred.

### **Formation of the gender desk police unit**

The FGD discussant proposed the formation of the gender desk police unit that would have its own commandant. They had the following to say:

‘Gender desk should be a police unit as there are units such as; General Service Unit (GSU), Anti-Stock Police Unit (ASPTU) Traffic Police among others. Since this will be an independent unit with adequate staff and independent commandants, the response rate would be improved and the unit would be more effective that they are currently’.

Having gender desk police unit would be compared to the women police stations that deal with gender issues such as India, Nicaragua, Argentina, Brazil, Afghanistan, Colombia, and the

United Nations, south Africa, Sierra Leon, Rwanda and Liberia that have been very effective un curbing GBV (UN Women 2011)

Formation of a gender desk police unit would boost the performance of the police in addressing and fighting the GBV. This is because the unit would specialize in the fight against GBV. It would have its own budget, independent commander and adequate staff to implement its mission.

### **Non-allocation of other duties to the gender desk officers/ specialization of duties**

The FGD discussants and 78% of the key informants suggested that the officers in charge of the gender desk were not supposed to be allocated other police duties. Police have other duties such as conducting patrols, going to arrest the accused persons, providing security to various institutions, escorting the accused to court, testifying in court among others. The gender desk officers were supposed to deal with the GBV cases to ensure they had enough time to investigate the cases and also to ensure they were not overworked for them to be efficient. However, GDOs have always been allocated other police duties thus limiting the time for investigating the GBV cases. Non-allocation of other duties would motivate the officers who would realize that their responsibilities are recognized.

### **Infrastructure**

Most respondents (80%) proposed the need to have minimum infrastructure for efficient performance of the gender desk. This included adequate office space, enough and comfortable chairs, enough tables, shelves, cabins, computers, workstations, stationary etc. During the FGD discussion, it became apparent that a gender desk should have a minimum of two rooms. The first room would be used for the report taking while the 2<sup>nd</sup> room would be used for counselling and/or statement taking. The second room would be very confidential to ensure survivors

confidentiality (UNFPA, 2012). In the situation where there are no adequate rooms, the GDO can use any other room for interviewing the victim since the most important concern is the privacy.

### **Staff gender balancing**

Most of the GBV survivors (80%) were attended by officers of opposite sex. They said they were not comfortable but had to have their cases addressed. They claimed that they could have been more comfortable if their cases were handled by officers of the same sex as the survivor. From the key informants' demographic characteristic, it was noted that only 25% of the gender desk officers were female while all the others were male. The study also noted that the female survivors were 72.5% while the male survivors were 27.5%. According to UNIFEM (2009) female police officers are less likely to use excessive or deadly force and that they respond more effectively to incidents of violence against women, are better able to facilitate the trust and cooperation required for community policing approaches, and can better defuse and de-escalate potentially violent confrontations.

This showed that there was the need to have an equitable distribution of the gender desk officer to ensure it addressed the cases adequately and that the survivors were comfortable when reporting the abuse. Since most of the GBV survivors were female, the desk should have more female officers than their male counterparts.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.0 Introduction

This chapter presents the summary, conclusion and recommendations of the study. The chapter is organized as follows: summary of the findings, conclusion, and recommendation. Areas for further research are then proposed.

#### 5.1 Key findings.

Majority of the respondents were female. This was an indication that majority of the GBV survivors were female. This echoed the UN Secretary General (2006) that one-third of women were abused in their lifetime. Also based on international reviews, it was estimated that approximately one out of every three women globally is beaten, raped or otherwise abused during her lifetime (Heise, Ellsberg et al. 1999). The study also found that most female respondents were aged between 25 – 40 years. This was the age when human beings are sexually active and are physically strong. The study also found that most GBV survivors had acquired secondary school education and above. These were the educated population that knew their rights. According to WHO (2009), those who had not gone beyond the primary education had accepted the dehumanizing culture where women were expected to be submissive and sexually available to their husbands at all times, and it was considered both a right and an obligation for men to use violence in order to “correct” or chastise women for perceived transgressions. On the marital status, majority of the respondents were divorced, followed by the married and finally the unmarried. This showed that all people were prone to the GBV. The high number of divorced survivors showed that marriage perpetrated GBV. It also showed that people who were in marriage also underwent through the violence compared to those who were not married.

The first objective sought to establish if the gender desk environment was conducive for the GBV survivors. According to the GBV ecological framework, to address GBV, survivor's environment is supposed to be very friendly. Survivor centred approach in the psycho-social support ought to be used. There should be safe houses or survivor centres to house for GBV survivors who need a place of safety. The actors were expected to be trained on the technical areas that relates to their work.

The study showed that the gender desk environment was not conducive for GBV clients. The client's privacy was not upheld since the reporting was done in the general report office where there was no privacy before being referred to the general crime office or the gender desk. The gender desk had only one room and had poor infrastructure. Most of the clients had to wait for over 1 hour to be served. The officers in charge of gender desk had not been trained on gender related emerging issues and the anti – GBV legal instruments. Most female survivors were served by male officers since there were few female officers at the gender desk office. There were no safe rooms in the stations and at times, the survivors had to stay in the police cells as a safe place was sought. However, the survivors were comfortable being served by officers in their civilian clothes.

The second objective wanted to examine the services offered by the police gender desk to the GBV clients. According the GBV ecological framework, at the societal level, systems and strategies are put in place to protect and respond to any right violation. This is done through the enforcement of laws. The study established that in some stations, the gender desk acted as a focal point where the GBV cases were reported, investigated and taken to court or referred to other agencies. The services provided by the gender desks included prevention and response to GBV. In prevention, the study found out that the gender desks was not effective. According to the GBV

ecological framework, members of community were supposed to be sensitized to promote, protect and prevent the occurrence of GBV. The gender desks neither created awareness of GBV as a crime nor did it counsel the parties to avert occurrence of future abuse. However, the study noted that the police patrols averted the committal of the crime general crimes but not GBV.

In responding to the GBV, the gender desk officers never gained entry into the survivors' house to save them from violence but they waited for the cases to be reported at the police station. The gender desk officers however referred the survivors for medical examination and other social services such as counselling and psychosocial services. During the interview with the witnesses, the gender desk officers never followed ethical guidelines. They used abusive and harsh language that scared the survivors and the witnesses. They however conducted interview with witnesses and the perpetrators separately and took the cases to court when appropriate. Between August 2014 and July 2015, 69.5% of all the reported cases were taken to court while the others were referred to other agencies.

The third objective wanted to determine the challenges encountered by the gender desk. The GBV ecological framework at the community level showed the importance of identifying areas that needed legal and policy reform. The following challenges were identified; lack of enough police officer in the station leading to understaffing in the gender desk, wanting infrastructure in the gender desk such as old and broken down chairs, lack of budgetary allocation to the gender desk, lack of continuous training on emerging gender issues and Lack of safe-house/protection unit in the police station where the survivors of GBV could be placed as a place of safety.

Finally, the fourth objective study wanted to identify the strategies of addressing the challenges to make the gender desks more effective such as: training the gender desk officers on human rights, best practices of addressing GBV, legal instruments used to fight GBV and on emerging

gender issues. To minimize the GDO's transfers and if transferred, the replacing officer to come from another gender desk; creating a specialized unit to be in charge of the gender desks; not allocating the officers in charge of the gender desk other police duties; allocating budget to the gender desk facilitate its operations in the day to day running and the government to equip the gender desk with adequate infrastructure.

## **5.2 Conclusion**

From the findings of the study; it became evident that the gender desk was not effective as fell short of some expectations. Not all police stations had a gender desk though they all had officers who dealt with the gender issues. They used the ordinary crime office as their operational gender desk to investigate the GBV complaints and to charge the perpetrators where applicable. The gender desk environment was not conducive for the survivors as it had no privacy and did not have the basic infrastructure. The gender desk had myriad challenges as captioned in section 4.5. Where the gender desks existed, they were rated better in addressing the GBV cases than in the general report office. The members of public had increased their confidence in the police gender desk which had resulted in the increase of the GBV cases being reported.

From the above findings, gender desk might not be effective on its own. From GBV ecological framework, the approach should be holistic and involving all actors. The response should include referring the individual survivors for specialized services such as psycho-social support, medical attention, and legal representation among others. Members of community and local system should be sensitized for effective GBV prevention. At the society level, the police should enforce the legal instruments and charge the perpetrators. With the networking of all these actors, GBV would be effectively addressed.

### 5.3 Recommendations

The study came up with the following recommendations to make the gender desk more effective.

- i. The first objective sought to establish if the gender desks had survivor friendly environment. It found out that the gender desk environment was not GBV survivors' friendly. To improve on the gender desk environment, the study recommended that a physical gender desks building with at least two rooms to be built in all the police stations. The gender desks to have the basic office requirements such as computers, stationery and decent office furniture. The OCSs and the gender desk officers to be trained on quality improvement in addressing the GBV, minimum standard required in addressing the GBV cases and in depth training on legal tools used in fighting the GBV such as the SOA, Children Act, FGM Act, the penal code among others. To ensure a prompt action, a 24 hours toll free line should be developed to report the GBV cases. Every police station should have GBV survivors Protection Unit.
- ii. The second objective sought to examine the services offered by the gender desk to the GBV survivors. The study found out that though the gender desk was supposed to offer both preventive and responding services to GBV, it was not effective in preventing the occurrence. To improve these services, more police officers should be deployed. This is because police force is poorly understaffed, with a police to population ratio of 1:1,150 against the United Nations-recommended ratio of 1:450. The gender desk should have a minimum of three gender desk officer with a ratio of 2:1 for female and male officers. This is because majority of the survivors are female and therefore the ratio of female officers to the male officers should be high. This would ensure compliance to the 1/3 gender rule as well as ensuring that the welfare of all complainants is taken care off. For exemplary and effective performance, the study recommends the establishment of an

independent Gender Desk Officers Police Unit that would deal with GBV and SGBV cases only.

As a way of preventing the occurrence of GBV, the gender desk should intensify gender advocacy and publicity through the community policing initiative. This would mitigate the occurrence of GBV and would also lead to prompt reporting. The members of public would also be a part and parcel in fighting the vice.

- iii. The third objective sought to determine the challenges encountered by the gender desk. The study found out that the gender desks had myriads of challenges. To overcome these challenges, the study recommends that the minister in charge of security docket to form a taskforce to look at the challenges facing the gender desk and come up with policy guidelines. This would make the gender desks more effective in address GBV.

#### **5.4 Suggestions for Further Research**

The fight against GBV needs multi-sectoral approach. Police gender desk cannot address the vice alone. It is on this light that the study suggests further research to be conducted on ‘one stop centers as a coordinated response to SGBV and GBV in Kenya’.

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**APPENDIX II: INTRODUCTORY LETTER TO THE POLICE COUNTY  
COMMANDER**

Dear Sir

**RE: PERMISSION TO CARRY OUT A STUDY IN YOUR POLICE DIVISION**

I am a postgraduate student in the department of gender and development studies of Kenyatta University. I am undertaking a study on the effects of the gender desks in the police stations in addressing the Gender Based Violence.

Ndaragwa and Mairo Inya Police Stations have been sampled for the study. I therefore request you to allow me carry out this study here. The questionnaires will be used to collect the data. The data generated by the study will be treated as confidential and will be used for the purpose of this study only. The cooperation of the officers as well as you will be highly appreciated.

Thank you.

Yours faithfully,

**ALBERT N. WANJOHI**

**KENYATTA UNIVERSITY**

### APPENDIX III: QUESTIONNAIRE

Dear respondent, my name is Albert Wanjohi. I am a student at the Kenyatta University and I am currently carrying out a study on ‘the effectiveness of police gender desks in addressing gender based violence’. I have a set of questions that I would like you to answer with the aim of coming up with data that will be useful to this study. Any information you give will be for academic use only and it will be treated with utmost confidence. There is no need of including your name.

#### SECTION A: DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENT

Please indicate your response by ticking (√)

1. Gender

Male  Female

2. Age in years between

18-24..... 25-30.....  31-35..... 36-40.....

41-45..... 46-50.....  Above 50.....

3. Education level

What is your highest level of education?

Graduate  A' Level  O' Level  Primary  None

4. Occupation

OCS

Officer at gender desk

Civil society and leader

Government officer

Marital Status of Respondents Married  Single  Divorced

**SECTION B: GENDER DESK ENVIRONMENT**

6.How many police officers are responsible for gender desk in the police station

Female: One(1) [ ] Two(2) [ ] Three(3) [ ] More than three(3) [ ]

Male : One(1) [ ] Two(2) [ ] Three(3) [ ] More than three(3) [ ]

7.For how long does the survivor of GBV have to wait before being served?

Less than 10 minutes [ ] 10 – 30 minutes [ ] 1hour [ ] Over 1 hour [ ]

8.The following statements are concerned with gender desk environment at police stations. Please indicate the degree of agreement you attach to each of the following statements. Put a tick (✓) mark in the appropriate space, which you think best expresses your opinion.

**SA –strongly agree A- agree N- neutral D- disagree SD- strongly disagree**

	<b>SA</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>SD</b>
There is privacy when reporting GBV cases					
There is a safe room or a protection unit for GBV survivors.					
GBV desk has a free telephone service for victims and survivors to report and follow up on cases					
GBV has secure record filing and storage space					
Investigating officer is friendly and easy to talk to					
There are reassuring pictures on the walls of the rooms where GBV cases are handled					

9. Does the officer attending the GBV survivors put on the police uniform:

Yes [ ] No [ ]

10. How many rooms are there in the gender desk?

One [ ] Two [ ] Three [ ] More than three [ ]

11. Apart from the initial police training, have the gender desk officers had any specialized training on how to handle GBV cases? Yes [ ] No [ ]

### **SECTION C: SERVICES OFFERED BY THE GENDER DESK TO GBV SURVIVORS**

12. The following statements are concerned with how gender desk prevent occurrence of GBV cases. Please indicate the degree of agreement you attach to each of the following statements. Put a tick (√) mark in the appropriate space, which you think best expresses your opinion.

**SA –strongly agree A- agree N- neutral D- disagree SD- strongly disagree**

	<b>SA</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>SD</b>
Increase public awareness on GBV					
Police conduct patrols to prevent occurrence of abuses					
Counseling					

13. Gender desk response to GBV

The following statements are concerned with gender desk response to GBV cases. Please indicate the degree of agreement you attach to each of the following statements. Put a tick (√) mark in the appropriate space, which you think best expresses your opinion.

**SA –strongly agree A- agree N- neutral D- disagree SD- strongly disagree**

	<b>SA</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>SD</b>
Police gain entry into victims home and save them from violence					
Police separate the victim from the perpetrator					
Police refer the victims to relevant health and social agencies					
Police conduct risk assessment and identify whether the victim is in danger of future of harm					
Police conduct an interview with the survivor following ethical guidelines					
Police conduct interviews with perpetrator separately					

**SECTION D: CHALLENGES ENCOUNTERED BY THE GENDER DESK**

14. Which are the challenges encountered by the gender desks?

**SECTION E: STRATEGIES OF ADDRESSING THE CHALLENGES**

15. Which are the best strategies of addressing these challenges

## **APPENDIX IV: FOCUS GROUP DISCUSSION GUIDE**

### **Introduction**

Every member to introduce her/himself stating the name, organization she/he works for and the members view on gender based violence

### **Engagement questions**

1. What do you know about the police gender desks?
2. What are the probable causes of GBV

### **Exploratory questions**

3. How is the police gender desk environment in terms of:
  - a. The number of rooms
  - b. Privacy when reporting
  - c. Reception of the survivors
  - d. Survivor protection unit
  - e. The amount of waiting time

How does this affect the GBV survivors?

4. Which services are offered by the police gender desk to the GBV survivors
5. Does the gender desk collaborate with other stakeholders? If yes mention as many as you know.
6. Which are the probable challenges encountered by the GDO?
7. How can these challenges be addressed?

### **Exit question**

8. Is there any information or comments that you would like to make concerning the effectiveness of police gender desk on GBV?

## APPENDIX V- INTERVIEW SCHEDULE

Dear respondent, my name is Albert Wanjohi. I am a student at the Kenyatta University and I am currently carrying out a study on ‘the effectiveness of police gender desks in addressing gender based violence’. I have a set of questions that I would like you to answer with the aim of coming up with data that will be useful to this study. Any information you give will be for academic use only and it will be treated with utmost confidence. Indication of your name is not necessary. Kindly respond to all the questions as honestly as possible and to the best of your knowledge.

### DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENT

5. Gender

Male  Female

6. Age in years between

18-24..... 25-30.....  31-35..... 36-40.....   
41-45..... 46-50.....  Above 50.....

7. Education level

What is your highest level of education?

Graduate  A' Level  O' Level  Primary  None

4. Marital Status of Respondents Married  Single  Divorced

### Introduction question

5. What is your understanding of gender based violence.

6. Have you ever been a victim of gender based violence? If yes, did you report the matter to the police station?

### Environment of the gender desk

7. Which section of the police station did you report the abuse?

8. Were you served by a male or a female officer? Were you comfortable? Why?

9. Was there privacy when you reported?

10. How long did you wait before you were attended?

11. How was the reception or how were you received and attended?

12. Was the officer who attended you in uniform?
13. How were the facilities at the gender desk (tables, chairs, stationery, walls etc)
14. Were you taken for safety if going back home was not safe?

### **Services offered by the gender desk to the GBV survivors**

Explain step by step the services provided to you at the gender desk from the point of abuse upto the disposal of the case.

- Reporting
- Provision of P3
- Referral to hospital and other organisations
- Statement taking from the witnesses
- Arrest of perpetrator
- Ensuring security of the survivor
- Taking the case to Court
- Bonding the witnesses
- Testifying in the case

### **Challenges facing the gender desk**

From your opinion, which challenges does the gender desk face

### **Strategies of addressing the challenges**

How can the above challenges be addressed