



**STUDY ON GENDER BASED VIOLENCE AGAINST WOMEN AND GIRLS WITH
DISABILITIES IN KENYA**

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LIST OF ABBREVIATIONS AND ACRONYMS

FGD	-	Focus Group Discussions
GwDs	-	Girls with Disabilities
KII	-	Key Informant Interviews
PwDs	-	Persons with Disabilities
WCC	-	Women Challenged to Challenge
WHO	-	World Health Organization
W/GwDs	-	Women and Girls with Disabilities
WwD	-	Women with Disabilities

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We hope the study recommendations will go a long way in addressing hurdles and challenges women and girls with disabilities face in the communities where they live.

EXECUTIVE SUMMARY

Disability is an important development issue with an increasing body of evidence showing that persons with disabilities experience worse socioeconomic outcomes and poverty than persons without disabilities. World Health Organization (WHO) estimates that more than a billion people are estimated to live with some form of disability, or about 15% of the world's population (based on 2010 global population estimates).

In Kenya, 4.6% people have some form of disability with no significant difference between rural and urban prevalence or between male and female. The most prevalent forms of disability are visual (30%); physical (30%); hearing (12%) and mental (11%). The survey also revealed that most disabilities in Kenya are caused by diseases (19%); congenital disorders (14%); and accidents (12%)

This study was commissioned by the Women Challenged to Challenge with the following objectives:

1. Document all or the major forms of gender based violence against W/GwDs in Kenya
2. Establish the magnitude of sexual violence among W/GwDs in general and among girls and women with intellectual disability specifically in the ten counties to assist in the design of mitigating mechanisms. This will include obtaining real life experiences of W/GwDs themselves and from their families.
3. Identify gaps and challenges experienced in accessing justice and opportunities for legal redress by W/GwDs and/or their guardians
4. Based on the findings of the study, suggest strategies for strengthening the capacity of law enforcement agencies and legal institutions in the country to handle cases of abused W/GwDs
5. During the study, help in identifying community champions for change to support the reduction/elimination of gender based violence against W/GwDs

Key Findings

Types of violence

- (1) That gender based violence and other forms of abuse are manifested in various forms, with key ones being sexual and physical violence
- (2) That stigma and discrimination still prevail in families and communities where W/GwDs live and in schools and work places
- (3) That there are other forms of abuse which are manifested through emotional and psychological and denial of rights to health care, education, employment and property inheritance

Magnitude of violence against W/GwDs

- (1) That W/GwDs are generally more vulnerable and therefore at greater risk of being abused and/or violated
- (2) That even though many forms of violence and abuse exist in the communities, sexual violence is the most common and is mostly experienced by mentally challenged W/GwDs followed by the blind, deaf and physically challenged. Those with severe forms of disabilities or with multiple disabilities are also at risk of being sexually abused

- (3) That perpetrators of sexual violence are mostly people known to and trusted by the W/GwDs

Gaps and challenges

That many gaps and challenges exist that negatively affect the capacity and ability to access justice for the violations experienced by the W/GwDs. These gaps and challenges exist at the family, community and institutional levels. Some of the main ones being: ignorance in the community about the rights of women and girls with disabilities and low family and societal capacity to seek justice for the women and girls whose rights have been violated; low capacity (skills, resources and avenues) to adequately and effectively respond at the institutional level. The report details many other gaps and challenges at family, community and institutional levels.

Opportunities for legal redress

Several opportunities arise from the identified gaps and challenges, some of which include:

- (1) The fact that majority of community members understand that W/GwDs have rights and should be supported to enjoy those rights
- (2) Evidence of the government's commitment to addressing and ensuring that the W/GwDs enjoy their rights which has been demonstrated by ensuring the inclusion of relevant stipulations in the country's Constitution and also the enactment of relevant legislations such as the Children Act 2001 and the Disability Act in 2003. The starting point therefore would be to educate communities about the laws and policies.
- (3) The existence of institutions charged with the role of ensuring the W/GwDs in the society are protected and their legal needs addressed.
- (4) The existence of a few anti-GBV champions and advocates in some counties or sub/counties will provide an appropriate entry point for WCC when they start roll-out the project on *Eliminating GBV against W/GwDs*.

Recommendations

Family and community level

- (1) WCC will need to work closely with programmes and relevant government departments on the ground to ensure that families and communities are sensitized on the legislations and policies that protect the rights of the W/GwDs in Kenya. This should take the format of policy dissemination forums and other right-s related education.
- (2) WCC will need to work with other existing programmes and institutions to put in place strategies for empowering W/GwDs and communities in the 10 counties where this project is going to be implemented. Communities will need to be educated to shun and report corrupt practices within the law enforcement agencies that hinder justice for the abused W/GwDs as well as encouraged to take their daughters with disabilities to school.
- (3) WCC will need to work closely with the existing champions and advocates to ensure that W/GwDs who have experienced violence seek and find justice.
- (4) WCC will need to identify more individuals at the community level to train as anti-GBV champions and advocates and community educators

- (5) WCC will need to work closely with the local administrations and other law enforcement agencies to ensure follow-up of cases of abuse and ensure that the cases that have been brought before them are concluded

Institutional level

- (1) WCC will need to advocate for more resources to address the capacity building needs of the relevant government institutions if they are to adequately address the justice needs of W/GwDs whose rights have been violated. This will include advocacy for the establishment of gender desks in all the police stations in the county.
- (2) WCC will also need to work with other programmes and departments of government (e.g. National Council of Persons with Disabilities and the Children Department) to educate the law enforcement agencies (local administration and police in particular, Women organization fighting against GBV (FIDA/ COVAW) on the importance of securing justice for W/GwDs whose rights have been violated.
- (3) WCC will also need to advocate for the involvement of W/GwDs (as volunteers or employees) in the running of certain sections of the institutions that deal with their rights issues – e.g. being part of the reception desks in Police stations’ gender corners, children officers and law courts.

Programmes level

- (1) WCC will need to put in place programmes that seek to educate and empower communities on their rights, justice processes for their daughters with disabilities when they are abused;
- (2) WCC will also need to put in place strategies that seek to capacity-build the law enforcement agencies including local administration, teachers, health workers and the police – especially in the areas of communication (sign language), evidence/specimen preservation. Some suggested strategies to achieve this will include resource mobilization and partnerships.
- (3) WCC will need to work with the National Council for Persons with Disabilities and other law enforcement agencies to ensure that the intervention strategies they put in place to address gender based violence and other forms of abuse against W/GwDs are regularly monitored and evaluated to ensure effective their implementation for the achievement of the desired results.

Policy level

- (1) WCC will need to be vigilant in monitoring the implementation of laws and policies that affect W/GwDs and work towards improving or reviewing the laws and policies based on lessons learnt and emerging issues that may not be adequately covered within the current legal and policy frameworks.
- (2) WCC will need to advocate for stiffer punishment/sentences for the perpetrators of violence against W/GwDs
- (3) WCC will need to put in place advocacy strategies for the establishment of more integrated schools in the country and especially in rural areas so they are also able to address the education needs of children with disabilities living in the communities.

- (4) WCC will need to advocate to and engage with the Ministry of Health to come up with more disability-friendly family planning and other reproductive health services for girls with intellectual disability. WCC should undertake such advocacy activities in collaboration with the girls' parents
- (5) Noting the poor status of record keeping in health facilities, children offices and police station gender-desks, this study recommends that WCC should lobby the National Council for Persons with disabilities to ensure the mainstreaming of disability-related violence and abuses in recordkeeping/data capture systems in all the institutions that deal with such abuses and violations. This will include demanding for data disaggregation to reflect abuses and violations by disability type for women and girls with disabilities who present with such problems at all levels where the cases are reported.
- (6) WCC should advocate for implementation of the relevant disability-related policies and legislations (especially those dealing with gender-based and other forms of violence against W/GwDs) and their close monitoring and evaluation of the same to ensure that the responsible authorities are held accountable to their commitments as articulated in those policies and legal instruments.

1.0 INTRODUCTION

1.1 Background

World Health Organization (WHO) estimates that more than a billion people are estimated to live with some form of disability, or about 15% of the world's population (based on 2010 global population estimates). This is higher than the previous WHO estimates, which date from the 1970s and suggested around 10%.¹ Many people with disabilities do not have equal access to health care, education, and employment opportunities, do not receive the disability-related services that they require, and experience exclusion from everyday life activities². Following the entry into force of the United Nations *Convention on the Rights of Persons with Disabilities* (CRPD), disability is increasingly understood as a human rights issue.

Kenya has made progress in putting in place the legal frameworks that recognize the need to protect the rights of PwDs. The Constitution of Kenya, 2010, which is the supreme law of the land provides for human dignity, equity, social justice, inclusiveness, equality, human rights and nondiscrimination of all citizens (*Article 10 (2)b on National Values*). Article 21 provides that, all State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities (PwDs), children, the youth, members of minority or marginalized communities.....³. The Disability Act, 2003 provides clear parameters in promoting the rights of PwDs.

Disability is also an important development issue with an increasing body of evidence showing that persons with disabilities experience worse socioeconomic outcomes and poverty than persons without disabilities. In Kenya, 4.6% people have some form of disability with no significant difference between rural and urban prevalence or between male and female. The most prevalent forms of disability are visual (30%); physical (30%); hearing (12%) and mental (11%). The survey also revealed that most disabilities in Kenya are caused by diseases (19%); congenital disorders (14%); and accidents (12%)⁴.

1.2 Women Challenged to Challenge (WCC)

Women Challenged to Challenge (WCC) is a national organization which unites women with disabilities (WwDs) in Kenya, giving them one voice on matters that affect their lives. Registered in 2001, WCC has been able to lobby and advocate for issues of self-development among WwDs with a unified voice. The disabilities which make up WCC are the deaf, the physically challenged, the blind, albinos and the mentally challenged. The Project: "*Eliminating Gender based Violence against women and girls with disabilities (W/GwDs)*" aims to destroy the barriers of the patriarchal society in Kenya that is even more disabling than the actual impairment. Secondly, the project will take advantage of existing supportive legislation and policies as provided for in the current Constitution to sensitize women with disabilities about

¹ WHO (2011): World Report on Disability

² Ibid

³ Republic of Kenya (2010): The Constitution of Kenya 2010

⁴ Republic of Kenya (2008): Kenya National Survey for Persons with Disabilities

their rights, privileges and opportunities as explained in various articles that aim at achieving gender equity and equality regardless of disability. The objectives of the project will be to:

1. Build capacity of W/GwDs to access justice when violated
2. Strengthen capacity of legal institutions to handle cases of abused W/GwDs and put in place legal desks in these institutions e.g. *Kituo Cha Sheria*.
3. Sensitize and educate communities, service providers and government agencies to understand disability issues And put in place strategies and interventions to address the issues
4. Educate RH service providers on RH needs of women and girls with disabilities and equip them with sign language skills.

1.3 Study Objectives and Justification

6. To Document all or the major forms of gender based violence against W/GwDs in Kenya
7. To establish the magnitude of sexual violence among W/GwDs in general and among girls and women with intellectual disability specifically in the ten counties to assist in the design of mitigating mechanisms. This will include obtaining real life experiences of W/GwDs themselves and from their families.
8. Identify gaps and challenges experienced in accessing justice and opportunities for legal redress by W/GwDs and/or their guardians
9. Based on the findings of the study, suggest strategies for strengthening the capacity of law enforcement agencies and legal institutions in the country to handle cases of abused W/GwDs
10. During the study, help in identifying community champions for change to support the reduction/elimination of gender based violence against W/GwDs

The project will use the study findings and recommendations thereof to educate the media fraternity to highlight injustices committed on W/GwDs and highlight success stories. Capacity of the Justice system and Law enforcement agencies will be strengthened to enable them effectively investigate and prosecute all abuse/violated cases. Women with disabilities will be given skills which will enhance their participation in policy dialogue, decision making and social mobilization in matters touching on Gender violence. The project will be coordinated through human rights and results based approaches and will be guided by a monitoring and evaluation results framework to ensure that the stated results are met.

2.0 METHODOLOGY

Both qualitative and quantitative data collection methodologies were employed to obtain the information. However, qualitative approach was the one mainly used and it entailed conducting focus group discussions (FGDs), key informant interviews (KIIs) and case studies; while an attempt was made to capture quantitative data from the records of Children offices, police station gender desks and health facilities, with very little success. FGD and KII Guides were developed to capture the qualitative data, while data capture template(s) were developed to help capture the relevant facility and office based data as stated. For case studies, a few W/GwDs who had been violated in any way or their parents (especially parents of the mentally challenged) were identified and guided to tell their experiences and efforts to seek legal redress and medical care. There were no individual (structured) household interviews due to limited financial resources. Table 1 below spells out the various methodologies, tools and respective target respondents for each methodologies/tool.

Table 1: Methodologies, tools and respondents for the Study

METHODOLOGY	TOOL	RESPONDENT	REMARKS
Qualitative	KII Guide	<ul style="list-style-type: none"> - Chiefs/Assistant chiefs - Police - (OCS) - Police - (i/c of Gender Desk) - Magistrates - Children Officers - Teachers – (i/c of Guidance/Counseling) - Health care workers 	Note: Not all police stations have gender desks; hence in some police stations only the OCS will be interviewed
	FGD Guide	<ul style="list-style-type: none"> - Parents/caregivers (fathers, mothers of GwDs) - 15-19 year old GwDs - 20 – 30 year old GwDs 	
	Case studies	<ul style="list-style-type: none"> - Survivors identified to have personally experienced GBV - Mothers of whose Mentally challenged daughters may have experienced any form of GBV 	
Quantitative	Data capture template or form	<ul style="list-style-type: none"> - Health facility service data - Children officers' entries/records on GBV 	Assumption is that the records capture whether the GBV patient/survivor has a disability

To ensure the success of the study, the process involved development of the tools and holding a one-day training for the research assistants on the tools; mobilization of communities to organize for the FGDs and writing/posting introduction letters to the government offices about the study and making appointments with the appropriate key informants in those offices.

2.1 Study Coverage and Respondents

This research was a community-based study aimed at making visible the nature and forms of violence against women and girls with disabilities (W/GwDs), their particular vulnerabilities to violence, the barriers they confront accessing justice and assistance and document identified cases of abuse reported and those not reported. Eight (8) Counties were included in the study, namely:

1. Kiambu in Central region,
2. Busia in Western,
3. BaringoNarok in Rift Valley,
4. Meru and Kitui in Eastern,
5. Migori in Nyanza region and
6. Nairobi

The table below shows details of the sub-counties covered in the study as per the counties listed above. In all the sub-counties, FGDs and Key Informant interviews were conducted. Case studies were also conducted in some sub-counties whenever GBV survivors were identified to provide true life experiences.

Table 2: Counties and sub-counties covered in the study

	<i>COUNTY</i>	<i>SUB-COUNTY</i>
1.	Nairobi	(i) Embakasi (ii) Langata
2.	Kiambu	(i) Githunguri (ii) Thika
3.	Meru	(i) Igembe Central (ii) Imenti North
4.	Kitui	(i) Kitui Central (ii) Kitui Rural
5.	Narok	(i) Narok Central (ii) Narok North
6.	Baringo	(i) Baringo central (ii) Baringo North
7.	Busia	(i) Matayos (ii) Teso North
8.	Migori	(i) Rongo (ii) Kuria
TOTAL	8	16

Women and girls with various forms of disability were interviewed and use of disability friendly methods was also embraced, e.g. through the use of sign language interpreters where the deaf were present for interviews. But it ought to be noted that the project will be implemented in 10 counties – i.e. in all the above named counties and an additional two which were not covered in this study, namely Mombasa and Garissa, for reasons explained elsewhere in this report.

Table 3 below summarizes the number of key informant interviews, focus group discussions and case studies conducted during the study.

Table3: Number of FGDs, KIIs and Case studies conducted

Respondent category	Respondent	NUMBERS/COUNTIES								Total
		<i>Nairobi</i>	<i>Kiambu</i>	<i>Meru</i>	<i>Kitui</i>	<i>Narok</i>	<i>Baringo</i>	<i>Busia</i>	<i>Migori</i>	
Focus Group Discussions	Parents (Mothers)	2	3	2	3	2	1	3	1	17
	Parents (Fathers)	2	1	2	2	2	2	2	1	14
	GwDs (15-19yrs)	2	0	1	2	2	1	1	1	10
	WwDs (20-30yrs)	1	3	2	1	2	2	2	1	14
	TOTAL	7	7	7	8	8	6	8	4	55
Key Informant Interviews	Community leaders (Chiefs/Asst. chiefs)	1	2	1	1	2	3	1	1	12
	Police (OCS)	1	-	1	-	-	1	-	1	4
	Police i/c Gender desks	2	2	1		1	1	1	1	9
	Children Officers	1	1	1	1		1	1	1	7
	Magistrates	2	1	1	1	1	1	1	1	9
	Health Workers		2	1	2	3	2	1	1	12
	Teachers	3	2	3	2	1	3	3	3	20
	TOTAL	10	10	9	7	8	12	8	9	73
Case Studies	Life experiences	2	-	-	-	2	1	2	-	7

The respondents for this study were members of the community, community/opinion leaders and government law enforcement agencies such as the local administrators (chiefs/assistant chiefs); police officers, members of the judiciary (e.g. magistrates); children officers and teachers in special and/or integrated schools. Health care providers where those violated obtain medical treatment and care were also interviewed. From the community the following categories of people were interviewed using both FGD and KII guides: women and girls with disabilities aged 15 – 30; parents (mothers, fathers and caregivers) of girls with disability; community leaders such as religious leaders and other identified community leaders and champions against violence against W/GwDs. By the end of field work 73 key Informant interviews, 55 focus group discussions and 7 case studies had been conducted as shown in Table 3 above...

2.3 Study limitations

This study had initially set out to cover 10 counties (potentially project sites) but eventually reached 8; leaving out Mombasa and Garissa due to limited resources and logistical challenges of transportation and insecurity. At the same time the study relied mainly on qualitative methodologies and very little on quantitative methodologies. The household interview approach could not be used due to the same reasons already cited.

Getting to interview certain cadres of the key informants (particularly magistrates and teachers) also posed challenges due to the busy court schedules (for magistrates) and the fact that schools were closed (for teachers).

Bureaucratic obstacles were also encountered in government offices, such that not all the targeted officers were interviewed. But the study reached more than 60% of the officers. Due to lack of or poor record keeping it was almost impossible to obtain quantitative data from most of the health facilities, police gender desks and children offices. Where there was any such data, it was very scanty.

3.0 FINDINGS

3.1 Preamble

This study set out to investigate and document the various forms of gender based violence and other forms of abuses, including sexual violence that women and girls with disabilities (W/GwDs) experience in the communities where they live, as well as identify challenges, constraints and information gaps that hinder access to legal redress and justice.

This section of the report highlights and discusses the findings of the study with regard to various issues identified and discussed during the study in order to help respond to the questions around violence and abuse of W/GwDs and the low access to justice for the survivors of the abuses and violations. The findings are presented under the following broad topics:

- Community perceptions about: disability in general; W/GwDs; violence and abuses experienced by W/GwDs and magnitude; rights of W/GwDs; perpetrators of violence against W/GwDs; capacity of law enforcement organs to deal with violations against W/GwDs;
- Types and/or manifestation of violations and abuses experienced by W/GwDs and profiles of perpetrators of such violations;
- The reporting mechanisms and processes for seeking legal redress and justice in case of abuse as well as experiences interacting with the justice system.
- Personal or community experiences with violence and abuse and efforts to seek justice
- Community capacity to deal with such violations and abuses of W/GwDs
- Challenges faced in seeking justice – at personal/individual, community and institutional levels
- The role of communities in protecting W/GwDs against violations and abuses – including gender based violence

3.2 Community Perceptions

Qualitative methods of any study are significant in eliciting perceptions and attitudes about an issue. During this study, both the FGD participants and key informants were asked to state their opinions regarding many issues including, community perceptions of disability in general and of W/GwDs specifically; perceptions about violence against W/GwDs and their rights. The findings are discussed in the following sections.

3.2.1 Perceptions about Disability in General

In all the FGDs, what comes out is the general belief that, not only people with disabilities, but also parents/families who get/give birth to them are cursed. This corroborates the finding in the 2008 National Survey⁵ that communities believe that disability is a curse and a disgrace to the

⁵Republic Of Kenya (2008): National Survey for Persons with Disabilities in Kenya

family that gets them. The FGDs brought out the fact that stigma and discrimination is still very common against women and families who have born children with disabilities. A father in Narok County aptly captured this perception. *“It is a bad omen to give birth to a child with disability. In this community, many families would kill their disabled child/children; no one wants to be associated with disability. There is so much discrimination against PwDs and their parents...”* *“I am a laughing stock in the community”* said a Mother of a mentally challenged girl in Busia. *“They view us as nobodies in the community.....It’s you and your child....Once you get a disabled child, it’s you and troubles; you are divorced or the father moves out and marries another wife”*. (Mothering Baringo). In fact, *“Giving birth to a child with disability is perceived to be the source of many marriage break-ups”*, added another mother from Teso/Busia.

Misconceptions about disability also exist with some communities believing that disability is contagious thus leading to isolation of persons with disabilities in the community. Some even believe that a disabled woman is more likely to give birth children with disabilities. Another common misconception is to do with the causes of disability where some communities associate having disabled children with prolonged use of contraceptives, as reflected by the following statement by a mother from Emabakai-Nairobi: *“They say that we must have ‘used’ family planning for a long time and that’s why we have these disabled children’*. The same views were expressed by mothers in Kitui rural. *“Others say that the mother wanted to abort so the medicine [abortifacient] did not work but affected the [unborn] baby”*, observed yet another mother in Kabartonjo, Baringo.

Box1: Words and expressions used to entrench the negative perceptions about disability	
- Ugly people	- Sick people
- Lesser human beings/Not whole	- Objects of shame
- Cursed people	- Social outcasts and misfits
- Bewitched people	- Isolated lot
- Liabilities/Burden	- Forgotten members of community
- Taboos to society	- Poor people

3.2.2 Perceptions and Attitude towards Women/Girls with Disabilities

On being asked about how the communities they live in perceive women and girls with disabilities, most of the W/GwDs interviewed or spoken to in this study admitted that they are often stigmatized and discriminated upon and viewed as outcasts who don’t belong. *“ In this community, people believe we are outcasts, cursed ones, results of sins and wrongs committed by our parents and ancestors...We are often excluded from the activities of the home...Our culture is the source of all the discrimination we face, because according to our culture children with disabilities are supposed to be killed immediately they are born....And since women are the primary workers in the home, PwDs – especially W/GwDs are seen to be of no use since they cannot perform all the duties of a ‘normal’ women”* , observed a woman with a disability in Baringo. *“W/GwDs are not considered whole and are seen as liabilities that will depend on their families as long as they live”*-(Woman with Disability in Githunguri - Kiambu). *“The community has a negative attitude towards us because of our physical looks and appearance”* (WwD in Githunguri/Kiambu). But one WwD in Teso North, Busia brought in a positive angle to the conversation: *“It depends. If we girls and women with disabilities show other members of society*

that we can do whatever others do, the community gives us our space and when we choose to be creative and work hard, they respect us”.

On whether WwDs get married and have children, respondents expressed mixed views; but majority agreed that WwDs can and usually get married and have children, although they go through many difficulties. The following quotes provide insights into the views and perceptions about disability and marriage.

“As a disabled woman, it is better you stay home with your parents than get married... Since I got married I’ve never enjoyed a good life – especially from the time my husband died” (A young blind widow in Matayos/Busia)).

“Some of them get married and have children.... But they can sometimes have children out of forced sex or rape”. (A mother in Teso/Busia)

“Those who get married are not accepted by parents-in-law....But if they give birth to baby boys, they will be slowly accepted,” (A mother in Teso/Busia)

“W/GwDs are not supposed to get married; they don’t deserve love and therefore should not give birth...” (A teacher in Thika/Kiambu County)

“W/GwDs usually get married and have normal children, but due to cultural beliefs, the marriages often end in separation or divorce”. (GwD in Yatta/Kitui). This was reiterated by a woman with disability in Maua who said: *“W/GwDs get married and have children but their marriages are never happy. They are abused by their husbands.... In fact many parents do not allow their disabled daughters to get married”.* This also corroborates the government survey finding of 2008 which also revealed that PwDs were more likely to be divorced/separated⁶.

“Very few WwDs get married. But the majority tend to have children at (their parents’) home after sleeping with men who lie to them by promising marriage and then disown and/or disappear when a pregnancy results”, (A mother in Baringo).

“Men don’t want to interact with WwDs. But most of these women get children from rape” (A mother in Meru County).

“Some WwDs get married, while some don’t. But most of us are sexually active and even have boyfriends who take care of us..... However, majority of community members don’t view W/GwDs as ‘wife-material’”. {GwD in Nairobi).

“No, we don’t get married. Men only want to use us, especially at night and when we get pregnant they leave us. The few who are in marriage go through emotional abuse as their husbands mistreat them while constantly reminding them of their disabilities...telling them that they did them a favour {by marrying them} ”,(WwD in Matayos/Busia).

“People sometimes just talk openly that disabled women should be discouraged from getting children because they themselves are a burden to society”, [WwD in Thika, Kiambu)

⁶ Republic of Kenya (2008): Kenya National Survey of Persons with Disabilities

Some people fear marrying a disabled woman because she may bear a child with a disability- One member of the WCC secretariat said she has heard one say referring to a blind woman: *“Ukioahyuatakujaziavipofukwanyumba”* (Literally translated: If you marry this (blind) one, all your children will be blind)

3.2.3 Perceptions on Violence and Abuse against W/GwDs

The respondents were asked about community perception on violence and abuse against W/GwDs. The Key informants had varied opinions on the issue. For example, a teacher in Narok stated that *“violence and abuse of W/GwDs is treated with less importance as she is already seen as vulnerable and communities don’t want to take their violation seriously. Apathy is very common.”* This is also demonstrated by the attitude of some fathers as cited by this mother in Kabartonjo, Baringo: *“.....to say the truth, the men despise us [mothers who have disabled children) a lot. You cannot go anywhere and leave your daughter because she will be attacked. If you ask the father to say at home and look after her while you go look for food, he says that it is not his business. If the father comes home, he wants food and if I tell him that I can’t go look for food because I don’t have anyone to take care of the child, he says he does not want to know.”*

The ‘rule’ of silence on violations and abuses against W/GwDs in the community, starting with parents also came out. For example, in an FGD for the 20-30 year old WwDs: *“We go through emotional abuse because of people’s attitude towards disability....and, we are violated sexually but because our parents do not want to talk about it openly, the abuses go unreported”*. And in Mau/Meru, a police officer said: *Culturally, people here do not like talking about gender based violence against W/GwDs and so many cases go unreported.... So it is not even easy to say which types of abuses are common here...”*

Many a times, the violence and abuses experienced by the W/GwDs in the hands of their caretakers (whether parents or guardians) are not seen as violations or abuses. Examples cited during the study include: when women and girls with disabilities are locked up in houses or left alone unprotected; or hidden in homes so nobody knows they exist; when they are turned away from school, public transport, work places and other public utilities; and, when they are deliberately refused participation in family or community activities.

“Having and brining up a daughter with a disability is not a joke; schools are usually very unfriendly towards them...(a mother in Thika). And a girl with a disability added: “we are discriminated on openly in schools, hospitals, employment and public transport”.

3.2.4 Perceived Magnitude of Violence against W/GwDs

Most of the key informants and participants in FGDs (fathers, mothers and W/GwDs) agreed that various forms of violence and abuses against W/GwDs are common in the communities where they live. In almost all the 55 focus group discussions conducted, more than one-third of the participants in those FGDs knew of at least a woman or girl with disability that had been abused or violated – whether sexually, physically or emotionally. But sexual abuse was considered the most common among all the abuses experienced by the W/GwDs. In Meru, Kiambu, Baringo, Busia, Narok, Kitui and Nairobi the participants cited cases of sexual abuse – experienced mostly by the mentally challenged girls and

women. In Maua, one participant made the following observation: *“People do not like to talk openly about rape and defilement; so it’s difficult to know”*. A police officer in the same place (Maua) echoed the same view by stating that sexual abuse of the W/GwDs is not common in the area and only *“isolated cases reported.”* But he qualified this by saying; *“Culturally people here do not like talking about GBV against W/GwDs and so many cases go unreported....and the few we come to know about lack proper evidence because people are not ready to be witnesses. For this reason it is also not easy to tell conclusively say which type of violence is more common here”*A head teacher from the same place also added her voice to this view: *“You know the problem in this community is that both parents and the community as a whole do not like talking about disability. We know that these things happen but they are not reported.”*

According to a magistrate in Kibera Law courts,violations against W/GwDs are very common – especially for children and girls. *“Children with Down’s Syndrome and other mental challenges, who appear to be friendly and unaware of their surroundings are more likely to suffer sexual abuse”*, said the Magistrate.

In Narok County, a teacher reported that sexual abuse of girls with disability was mostly common during puberty and/or teenage. Health worker in the same County reiterated this and added: *“For example, there is a mentally challenged female with four children but is not married....Nobody knows who the father(s) of the children is/are and no one is taking responsibility”*. The same sentiments were expressed in Nairobi with a head teacher in Langata sub-county reporting that sexual abuse is quite common in the school’s catchment area, which is Kibera; *“But the incidents are usually hidden especially by mothers”*. In Maua/Meru county, a Children Officer also admitted that sexual abuse among GwDs is common and a head teacher in the same county confirmed this and added that the cases are rarely reported. It was therefore little wonder that the Magistrate in one of the Law Courts in Meru reported that they don’t usually handle such cases in their courts. A health worker in Narok differed slightly in opinion and said that sexual abuse of W/GwDs is relatively more common in towns than in rural areas.

In Teso North sub-county a teacher at Malaba Special School shared a different view: *“Sexual abuse is not an everyday affair; but physical and emotional abuses are daily issues.”* However, a health care worker in the same sub-county said they saw many abused girls and women with disabilities (physical, mental and deaf) in their health facility’s outpatient department

3.2.5 Vulnerability and Risks to Violence and Abuse

All the key informants and participants in focus group discussions agreed that W/GwDs are more vulnerable and therefore at risk of being violated and abused, relative to the able-bodied women and girls. Reasons given for this vulnerability were several and included: the nature of disability itself which tend to predispose them to being defenseless; inability to see/recognize the violator; inability to communicate/report; lack of protection – e.g. by being left alone at home. While some respondents said that both young girls and older women with disabilities are equally at risk of being sexually violated, many of the respondents felt that younger women (from age of 9 – 20 years) are the ones at more risk than the older ones. Many also stated that sexual abuse against the GwDs is more common from the age of 10/11+ years and at the onset of puberty, when the girls are starting to mature physically and their femininity is starting to show.

But what came out clearly in all the discussions and interviews was that women and girls with mental disability are the most vulnerable and often faced the highest risk of being sexually abused. Reasons cited for this included: (i) low ability to recognize and/or report the molester; (ii) low ability to understand what is happening to them; (iii) their inclination to leave home and just roam around in the neighbourhood; (iv) they are usually friendly and therefore easy to be taken advantage of; (v) being left alone at home; and, (vi) highly dependent on others who end up taking advantage of them.

“Girls with mental disability who appear to be friendly (but are often) unaware of their surroundings are more likely to suffer sexual abuse”, observed a Magistrate in Kibera Law courts in Nairobi.

“Deaf women are often raped at night due to their inability to shout for help”. (Teacher in Rongo)

Certain misconceptions in the society also tend to put W/GwDs at risk of sexual abuse. One such misconception is the belief among many community members that W/GwDs are virgins and therefore ‘clean’ (with no diseases such as HIV and/or STIs). So the men take advantage of these women through false promises of marriage to be able to have sex with them. Such a view came out in Nairobi, Kitui, Kiambu,

Another risk factor lies in the fact that some men want to have sexual intercourse with a girl or woman with disability out of curiosity. This came out in

3.2.6 W/GwDs and Rights

Even though everybody who participated in this study agreed that W/GwDs have and should enjoy equal rights like everybody else in the society, as enshrined the Constitution of Kenya and the Disability Act, further discussions revealed that, often, this is not always the case. A father in Kitui Central had this to say about the need for equal enjoyment of rights by W/GwDs; *“Yes, W/GwDs have same rights as everybody else. This is because they are human beings...created by God. All human beings have the same rights; it doesn’t matter if they are disabled or not. We are all Kenyans and thus enjoy the same rights under one Constitution”* Mothers in Embakasi even went further to mention some of the rights that W/GwDs ought to enjoy, namely rights to education, health care/medication, shelter, general care and freedom. In fact a children officer in Kiambu was categorical: *“There are no rights for a child with disability”.*

As to whether the W/GwDs actually enjoy same rights as everybody else in the society, most of the respondents said that more often than not, the rights of the W/GwDs are violated and this is demonstrated in many different ways, such as by being stigmatized and discriminated upon, being locked up in houses and isolated; being used as labourers and sex objects by other members of the family and relatives. They reported that many of the W/GwDs are not taken to school to get an education or gainfully employed. A head teacher of a school in Nairobi had this to say: *“They [women and girls with disabilities] are discriminated against; jobs are not available for them. Even in marriages they are discriminated on. In education, they are*

considered last after the other children without disabilities in the family..... In short, their rights are mostly violated". Another teacher in Thika added her voice: "Their rights are violated when they are locked up and left alone in the houses". Yet another teacher in Kabartonjo/Baringo County also observed that "W/GwDs don't have the same rights as other 'normal' people in the community as it is believed that they are not supposed to live/be alive in the first place;....they don't go to school, and those who go are received with hostility by school management".

Even some of the law enforcers agree that women and girls with disability do not enjoy the same rights as other members of the society. For instance, a Magistrate in Githunguri sub-county had this to say: *"I can say that they [W/GwDs] do not enjoy equal rights....like in education, health care, etc.... Today, I had a case of a 20 year-old girl with disability who has never been to school".*

At the family and community levels, W/GwDs are not seen to be equal with other members of the family/community because they cannot perform all the tasks like the others. To reinforce this view, a health worker in Kitui central said: *"The community is hostile towards them because they see them as liabilities in the society....and...not taken seriously especially by their parents who also see them as liabilities who have to depend on other family members for care and upkeep....they are not considered as equal members of the society"* She then continued: *"When a child with disability falls ill, it takes the parents time [to decide]to take them to hospital, compared to when the other 'normal' children fall ill and taken for medical care almost immediately. Also a very small percentage of girls with disabilities access education compared to the other able-bodied girls."* This point was reiterated by a village elder in Narok central sub-county. A mother in Teso North sub-county in Busia also observed that the W/GwDs don't enjoy same rights *"because their needs are special and therefore the community sees them as needy cases. They are not given inheritance and education because they are perceived to be of little or no value in the family"*. A mother in Matayos, Busia summarized the community perceptions about right to education for the children/girls with disabilities thus: *"To take them [girls with severe disabilities] to school is a waste of resources"*.

A girl with a disability in Imenti sub-county said: *"We don't access education, health care and feeding as the other children"*. On the issue of participation, some WwDs reported that they are not involved in development activities, plans and interventions in their communities because *"members of the community believe we cannot contribute constructively.... And even in fundraising activities we are not involved because they believe we are poor..... (WwD in Githunguri/Kiambu)*

However, a key informant (police officer) from Thika sub-county had a different view about this issue and observed that since the sub-county has many schools for the disabled, communities in the sub-county are used to or familiar with disability hence *"the W/GwDs in this community enjoy equal rights"*

3.3 Types and Manifestation of Violence and Abuses

Problems of disability are largely manifested in social contexts and social relations rather than in an individual's medical/disability condition. People living and interacting with PwDs tend to treat them differently in relation to the individual's disability, their perception of disability and the extent of social stigma in that community regarding disability⁷. Nearly all the respondents in this study identified sexual abuse as the most common type of violations against W/GwDs which manifests itself either as rape or defilement. Most respondents in both the FGDs and KIIs also identified stigma and discrimination as another type of violation experienced by the W/GwDs. Such stigma and discrimination is manifested through isolation, segregation, neglect and abandonment; being called names (verbal insults) describing or portraying their disability; disinheritance; denial of food and shelter; and, denial of education and employment. A health worker in Meru acknowledged the fact that abuse against W/GwDs is common in the county and, *"they are abused sexually, beaten and denied education"*. *"Their needs are met last in the family,"* observed a teacher in an integrated primary school in Langata sub-county, Nairobi. Sexual abuse of mentally challenged women and girls is the most common as indicated in the Boxes 2 and 3.

Box 2: Narok County: The case of a 19 year old epileptic mentally challenged woman (Narrated by the health worker)

During interview with a health worker at a health facility the story of this case emerged. She was a 19 year old epileptic, mentally challenged woman; admitted to the maternity ward of the health facility on April 30th 2014; delivered the baby safely and was waiting to be discharged. The father of the baby is unknown. The story was that she was sexually abused on the streets of the town which resulted into the pregnancy. She was not nursing the baby.

Box 3: Narok County: The case of a 22 year old mentally challenged woman (Narrated by the health worker)

During interview with a health worker at a health facility the story of this case emerged. She was a 22 year old epileptic, mentally challenged woman; brought to the hospital's maternity ward by the parents to deliver. The parents had brought her only once for ante natal care. She was hostile during delivery and refused to hold or nurse the baby. She was also found to be HIV-positive and was started on Prevention of Mother-to-child-transmission (PMTCT) therapy. The man responsible for the pregnancy was unknown.

Denial of health care whenever there is need was also cited as a form of violation. Rejection was another identified violation type: *"Some children with disabilities are rejected by their own parents"*, observed a Guidance and Counselling teacher in Kitui Central. One WwD in Teso/Busia captured this perception by stating that the community *"views us as objects of shame.....and we find it difficult to get admission in school."*

Child labour (within families) was also cited by several respondents with many saying that many W/GwDs are often overworked with house chores and many times they are exploited to provide cheap labour – in the house or farms.

⁷ Republic of Kenya (2008): Kenya National Survey for Persons with Disabilities

Physical abuse – in the form of beating, wife battering (for the married ones) and domestic violence - was another form of abuse identified. A guidance and counselling teacher in Kibera-Langata sub-county, Nairobi observed: *“Beating is taken as a way of training a child with disability; but this makes them feel rejected by the family (and society).....and mental cases are chained to posts like animals”*. On the same of discipline, a health worker in a Narok health facility reported the following scenario: *“Last week, a child with Down’s Syndrome was physically abused by her mother. The mother alleged that the child was disobedient..... the mother was eventually arrested.”*

Economic exploitation was also cited as a form of abuse or violation meted against W/GwDs. This may take the form of forced marriage usually for economic gain. This was said to be particularly motivated by poverty which was observed as a common problem for the families where most of these W/GwDs live. The respondents cited incidents of forced marriage in exchange for resources such as land, domestic animals and/or money. For example in Githunguri sub-county, Kiambu, a case was encountered of a mother who traded her 14 year-old mentally challenged daughter to an old man of 80+years of age in exchange of a piece of land cited included. In Thika sub-county, one mother in a focus group revealed that there is a woman in *“our village who is using disabled people to make money. She is misusing the disabled for economic gain and she is not helping them”*

Other forms of violations and abuses to W/GwDs were found to include: using such children to beg on the streets; being confined or locked up in the house or tethered to a post/tree trunk in the home; psychological and emotional abuses and being used as sex slaves by family members/relatives and acquaintances. Stigma, discrimination and isolation of W/GwDs was a particularly recurring theme in the interviews and discussions.

Even at institutional level, stigma and discrimination as well as inadequate capacity to cope was found to be common. One mother in Thika said: *“I took mine to a special school in this area but I was returned with her because she could not use the toilet”*. Another one added: *“When you take your [disabled] child to school, you are told to go away with her because there are no mothers to look after them.....Even the so-called integrated schools do not have the facilities for these children...”*”*Special schools are not there, we just hear people talking about them”* chimed in another mother.

3.4 Perpetrators of Violence and Abuses

In order to better understand the profile of the perpetrators of violence and abuse of W/GwDs, it was important for this study to find out from the respondents who exactly are these people.

The cited perpetrators of sexual abuse are mostly: close relatives/family members, drug users/addicts and drunkards; guardians; neighbours and strangers; teachers; peers in the community; labourers and/or domestic workers in the home or neighbourhood; pastors/’men of God’. On the latter, one WwD in Githunguri sub-county reported: *“I’m 24 years old and I was*

violated by a pastor when I was given a task to do. He abused me sexually so as to be paid well/better than the others”. “But when it comes to emotional abuse, it is the parents, relatives and the community in general that are the perpetrators. But when it is sexual abuse, it is the neighbours and sometimes relatives who are the culprits”, observed a WwD in the FGD of 20 - 30 years olds. All in all, it is apparent that most perpetrators of violations (especially sex abuse) are those who are known to the W/GwDs. Table 3.1 below shows the type of perpetrators of sexual abuse of the W/GwDs and the cited probable reasons why they abuse them.

Table 3.1: Perpetrators and probable reasons cited for being abusive to W/GwDs

	<i>Description of perpetrator</i>	<i>Perceived reasons why they abuse W/GwDs</i>
1.	Close relatives/family members/step fathers	They are the care givers and therefore trusted; they take advantage of this; close to W/GwDs and have better chance to manipulate them
2.	Guardians/caregivers	Known and trusted
3.	Neighbours	Known to the W/GwDs and trusted
4.	Teacher and pastor	Trusted; position of authority over the victim
5.	Domestic workers/labourers	Trusted; they know the best times to strike since they know the goings on in the home – e.g. when these girls or women are left alone in the home
6.	Friends	Trusted; they are known to the survivor
7.	Alcohol and drug abusers	Opportunists
8.	Strangers	Simply take advantage of the woman’s or girl’s disability/Opportunists

The case studies presented in Boxes 4, 5, 6 and 7 below indicate how varied the sexual molesters are. The stories of these women and girls also demonstrate how people close and known to them are the ones who turn against them and molest them sexually. They range from step fathers to mothers boyfriends and domestic workers. The other issues that come out from these stories are: (i) how tedious and frustrating seeking justice is in the country; (ii) corruption in the justice system; (iii) lack of or inadequate protection for the W/GwDs.

Box 4: Domestic worker defiled a 13 year old mentally challenged girl in Matayos, Busia County (Narration by the mother)

Due to her mental status, she got her school bag at night and went to school where she found no one. She decided to go to her friend’s home. Once there, instead of knocking on her friend’s house/door, she knocked on the houseboy’s (male domestic worker’s) door. The houseboy took advantage of this (and the fact that she was mentally challenged) and sexually defiled her the whole night. On being discovered he ran away the following morning. The friend’s mother took the girl to hospital and then reported the matter to the Administration Police Post in the locality. The police asked us to produce a witness to the crime but unfortunately there was none. To-date, no action has been taken.

I’m now more careful with my daughter. But I also realize that you must have money in order to succeed in a case such as this one. There is need for establishing an organization to champion the course of these girls.

Box 5: A step father sexually abused her 13 year old physically challenged step daughter in Matayos, Busia County: (Narration by herself)

I was 13 at the time this happened. Now I'm 30 years old. I am the first born. My mother went to the *shamba* (farm) and left me with my stepfather. He called me to his house and raped me. It happened in my stepfather's house. My own stepfather abused and molested me and he told me not to tell anyone about the matter. I reported the matter to my mother who then reported to the village elder. The village elder went to the Assistant Chief who called my stepfather and asked him about what he had done to me. He denied and we went back home

No action was taken. Instead my stepfather's relatives intimidated my mother saying she was destroying the name of their son. So the matter just ended at the Assistant Chief's office.

What I learnt from this experience is that there is no justice for us women with disabilities and we have no security. I recommend that W/GwDs be educated on their rights so that they can know where to go incase something like this happens to them.

Box 6: Langata, Nairobi County: Mother forced her 15 year old deaf daughter to have sex with her boyfriends: (Narration by herself)

I used to live with my grandmother during my childhood. Later I was taken by my mother who was an alcoholic and a drug abuser. When I was 15 years old, my mother started forcing me to sleep with the same men who slept with her. I refused and she expelled me from home. Currently, I'm staying with a friend who is also deaf. I never reported this to anybody. I have no source of income and I depend on my friend for my upkeep.

What I have learnt throughout my life is that with a disability life is quite hard.

My recommendation is that the government should care for people with disabilities and provide them with means of earning their livelihood.

Box 7: Langata, Nairobi County: Mother's boyfriend sexually abused her 16 year old mentally challenged daughter (Narration by the Community Health Worker)

Her mother had an extra marital affair with a man .The man used to come to her house. Whenever the mother would go out or was away from the house, the man would go back to the house and rape the girl. When the mother was told, about it by the neighbours, she laid in wait and caught the man in the act and later reported him to Kibera Police station.The case is ongoing at the Kibera Law Courts and what I have learnt from this experience is that it is tiresome and expensive to pursue justice on GBV – especially for the women and girls with disabilities.

My recommendation is that there should be a designated department in the court to address only issues of GBV.

Box 8: Baringo County: The case of a 12 year old girl with mental disability who was defiled by a neighbour's domestic worker (Narration by the mother)

I left my mentally challenged daughter in the hands of my mother. My mother who is a drunkard left home to look for the local brew in the village. She left my daughter alone. In the next homestead there was a worker/servant. The servant discovered that the girl had been left alone. He jumped over the fence grabbed the girl, undressed her and defiled her repeatedly. The passersby saw him defiling the girl and when the perpetrator discovered that he had been identified he disappeared. The girl was 12 years at the time.

Since the girl is mentally disabled, she cannot talk clearly on what really happened to her. The perpetrator/molester was a servant working in the next homestead. The case was reported to the chief and police. No action has been

taken since the perpetrator has not been traced to-date.

While seeking justice, I learnt that without money to bribe the officers justice cannot prevail. My recommendations are as follows: (i) The relevant officers should treat the cases with justice and fairness; (ii) The abused girls and women should undergo regular guiding and counseling; and (iii) The government should introduce heavy and stiff laws against the perpetrators.

3.5 Reporting Mechanisms and Processes

The study indicates that the mechanisms and processes for reporting the abuses start at the community level beginning with the village elder and/or assistant chief and moves upwards to the Chief's office. Assistant chiefs and chiefs are often the first to receive the cases of abuse because they are the ones closest to the people, readily available and in most cases know both the survivors of abuse and the perpetrators. But most respondents in the community reported that most of the cases reported do not go beyond the chief's office, unless there are serious injuries which may require medical interventions and/or involvement of police or children office. But generally the community is not well educated on the steps to follow when women and girls with disabilities who live with them have been abused.

To gauge the regularity and intensity of reporting and the processes involved in obtaining redress for the abuses experienced by the W/GwDs, several questions were put to the respondents in different ways. The W/GwDs who had experienced any form of abuse were asked if they reported the abuse and to who or where they reported and if this always the case; the parents were asked if they know where to report such cases, while the key informants were asked to state where the cases were reported by the abused or their parents/guardians. Most respondents said most cases are handled at the grassroots level – i.e. at the Chiefs' level – whether assistant or the chief. The following sections present the highlights of the findings to these questions.

3.5.1 Women/Girls with Disabilities

In Embakasi Nairobi, two girls reported emotional abuse – one by the neighbours and the other by her guardian/caregiver. On whether they have ever reported the abuses against them, both said they have never reported mainly for two reasons: (i) that no action would be taken, and (ii) for fear of repercussions and more abuse from the people they live with. *“We don't report because no action will be taken and moreover, if we report, we'll have no one to take care of us or to live with. So we have to bear with the situation.”* Another one added: *“Even though my guardian is abusive to me, she is the only one who takes care of me and so I have nowhere else to go”*. This brings out the fact that those whose abusers are also their caregivers or guardians find it difficult and challenging to report the abuses. *Most of the abusers are people we know and so it is difficult to report the abuse because the abusers are also the caregivers or relatives”*.

It is also apparent that most cases of abuse (whether sexual, physical or others), if reported at all, are reported first to the assistant chiefs and/or chiefs... *”who are not helpful and usually take no action on the perpetrators... In fact in most cases, they side with the perpetrators, especially if the perpetrator is a well-known or influential person in the community. The chief will advise that the case be handled at the family level”*[GwD in Nairobi]. Sometimes they tell their parents about the abuse, but the cases would be settled *“between the two families”* – i.e. the family of the W/GwD and the perpetrator’s family. In Matayos, Busia, a young disabled woman who had been abused said she reported to the chief *“but that case was settled by my parents locally and I didn’t get justice”*

In Teso North, a respondent in the 15-19 year old GwDs who admitted to have experienced sexual abuse in 2013 said she reported and the case was in court at the time of this study. The participants in this particular FGD also said the cases were mostly reported to the chief and police. In some instances, the W/GwDs do not know where, whom and how to report as was stated in an FGD of 20-30 year old WwDs in Baringo Central sub-county.

3.5.2 Parents

While almost all parents cited the first line of reporting abuses as the elders, chiefs, and police, it was equally clear that the majority has little trust or faith in these institutions as exemplified by the following quotes by both fathers and mothers:

Chiefs are the worst people you can ever report these cases of abuse – especially on W/GwDs – to because most of the chiefs in this county [Narok] are old and still hold cultural beliefs of the Maasai that people with disabilities have no rights and hence they would not be bothered if these girls are abused – sexually or otherwise”[a father in Narok].

Some parents (e.g. in Embakasi, Nairobi; Kitui, Migori, Baringo and Busia) reported ignorance about what exactly they are supposed to do in case their disabled daughters have been violated – i.e. whether to take the survivor to health facility first before reporting the matter to the authorities or if it is to be vice-versa. But in some forums the parents had an idea of what to do especially in cases of sexual violation. (E.g. in Kitui Central and Matayos in Busia) where the fathers said they would take the survivors to the hospital, wrap their clothes in newspaper and not in polythene bags, in order to preserve evidence and then report the matter to the police. *“They are supposed to be taken to hospital within 72 hours without bathing them”*, said a mother in Embakasi. The same mothers in Embakasi cited the following reporting channels – the police; phone hotlines. Mothers in Embakasi (Nairobi) and Thika in Kiambu also reiterated the need to preserve evidence by wrapping survivor’s clothes (exhibits) in paper, not cutting her finger nails nor bathing her. Mothers in Teso North also confirmed that the survivors are taken to the hospital and *“then to the police to record statement...”*.

It should also be noted that not all violations are reported – e.g. emotional/psychological abuses are not seen as those that deserve to be reported because the communities do not see them as

violations due to their subtle nature of manifestations. Hence the ones that get to be reported are the ‘obvious’ ones such as sexual abuses (rape and defilement), physical beating and discrimination in remuneration at work place as cited by a group of WwDs in Githunguri sub-county.

3.5.3 Key Informants

The points of view on case reporting by chiefs and the police differ from the views held at the community level. While the parents and communities feel restrained to report because of lack of or slow response to the cases, the chiefs and police said the cases are rarely reported to them.

A chief in Baringo: *“Yes, sexual abuse and other forms of abuse against W/GwDs are common but very few are brought to our attention. Both the parents and the community members are not willing to report some of these issues to us. Most cases are handled at village level”,* said a chief in Baringo. A magistrate at the Kabarnet (Baringo County) Law courts added the following: *“these cases are common but many don’t get to court”*. The same view was expressed by children officers. One Children Officer in Kiambu observed: *“Most of them do not go to report because of fear of victimization. A few report to the chiefs, but rarely do they report to us or the police”*.

A Police officer in Maua (Meru County): *“If at all they report, they end up at the chiefs’ offices. Families tend to sort out these issues with elders. There is something called ‘Kithini’ used in solving issues in Meru”*

Head teacher in Maua: *“I would imagine that they go to the chiefs or elders who make internal reconciliations.”*

A Magistrate in Kitui Central said that most reported cases start with the local administration *“ranging from village elder to the assistant chief, chief up to the law courts”*.

3.6 Capacity to address Violation of W/GwDs

Several questions were asked in order to gain insights into the perceptions about the existing capacity (at both the community and institutional levels) to address violations and abuses that W/GwDs experience in the society. The two sections below present the analysis of the findings from both the community and key informants’ point of view. Issues discussed included: (i) for community level: awareness, knowledge and skills; roles and responsibilities; training on justice processes and existence of anti-GBV advocates and champions; and (ii) for law enforcement institutions or entities: capacity to effectively respond to reports of violations of W/GwDs and to deal with complaints of abuse.

3.6.1 Capacity at the Community level

The main message coming across in almost all the forums (whether from the FGDs or the key informants) is that there is low awareness and knowledge about where, when and how to report abuses to W/GwDs. This is because information about GBV and sexual abuse and the

procedures for seeking justice is lacking at the grassroots. According to a senior magistrate in Kibera Law Courts in Nairobi, there is inadequate awareness particularly in the villages and communities and even among the chiefs and their assistants. She said *“Most people do not know where to go.....there is even lack of courage to pursue cases....Kibera is an informal settlement and there is lack of education to let people know that violations of anybody’s rights should be reported.”* Another magistrate in Narok town expressed the same view: *“There is low awareness in the community on the procedures for reporting and redress”*

Community level anti-GBV and sexual abuse champions and advocates are lacking. These are the community-based resource persons who would be relied on to educate and build the capacities of the communities, parents of W/GwDs and the W/GwDs themselves on gender based and other forms of abuses experienced by the W/GwDs and how to go about obtaining justice in case such violations occur. The table below shows the list of identified anti-GBV champions and the counties/sub-counties where they come from or operate in. The table is a clear indication that there is a very big gap in community education and advocacy against violence experienced by W/GwDs in many parts of the country. Meru County seems to have a good number of champions and advocates.

Table 3.2: Identified Champions by County

	Name of Champion****	Sub-County/County	Remarks
1.	MSF	Langata/Nairobi	Operates in Kibera; bring cases to courts and ready to give evidence
2.	Olama Veilang	Olokurto/Narok	Ant-FGM campaigner; potential entry point for educating on W/GwDs rights
3.	Koisaba	Narok North/Narok	Retired teacher
4.	C. Payeyo	Olokurto/Narok	
5.	Iyak Ntimama	Narok Town/Narok	
6.	Shem Gatimu	Githunguri/Kiambu	Chairman Kiambu Deaf Self-Empowerment Group
7.	Wangari	Githunguri/Kiambu	Member of County Assembly
8.	Lucy Nkatha	Igembe South/Meru	
9.	Lucy Mukiria		
10.	Thomas Gakinda		
11.	Esther Mwangi	Meru	Physically challenged lawyer in Meru Law Courts
12.	Salome Mwithimbu	Meru Town/Meru	
13.	Jane	Baringo	She is from Marigat
14.	Rev. Choichoi	Baringo	Cana Girls Rescue Centre

**** Note that these names were mentioned spontaneously without probing. Most of them were mentioned in the FGDs; but some were cited by key informants.

Despite the recognition of this low awareness and knowledge, the majority of the respondents were however unanimous that the community has a big role to play in protecting the W/GwDs who live with them as noted by the Kibera Magistrate: *“Everybody has a role and responsibility to protect W/GwDs; everybody has a role to respect one another – disabled or not”*. Capacity to protect the W/GwDs and their rights was reported to be minimal for various reasons, namely: poverty leading to inadequate resources at family level; ignorance about the W/GwDs’ rights; high levels of illiteracy; parental denial; stigma and the demanding nature of caregiving to the

W/GwDs, Most parents and (and even the W/GwDs themselves) reported that they had never been trained on how to deal with issues surrounding violations – including sexual abuse – of W/GwDs. Only in Githunguri did the study find one WwD who had attended an empowerment workshop on the rights and GBV against W/GwDs.

That literacy and education levels determines whether parents and/or guardians report abuses and violations was captured aptly by the following quote from a Chief in Baringo County: *“Not all abuses against W/GwDs are reported... The educated parents will report but parents with no or little education and are poor will not report”*.

3.6.2 Capacity of law enforcement organs

This was measured by asking if the response to reported cases of violations on W/GwDs was always effective and adequate and if actions were taken promptly and what capacity issues they faced in addressing the cases brought before them. Community perceptions of the law enforcement agencies’ capacity were also gauged.

The key informants – Chiefs, police officers, magistrates, teachers and health workers – reported that for cases brought before them, they dealt with to the best of their ability though they were often hindered by the reluctance by families to pursue the cases to the end. This view differed greatly from that held by the communities who felt that even though the chiefs and police in particular have the capacity and means to deal with the cases, they rarely responded adequately, citing a variety of reasons – competing demands on their time/workload, lack of staff and materials like transport and corruption. Corruption within the local administration (chiefs and their assistants) and the police was indeed a recurring theme and was mentioned in almost all the focus group discussions and by other key informants (excluding police and chiefs themselves).

However, it ought to be noted that while most respondents at the community level seemed satisfied with the level of response they receive from Children offices, health facilities and courts while being handled by children officers, health care providers and magistrates respectively, they were generally unhappy with the way the police work and/or respond to the cases, saying they are *“often slow, insensitive and corrupt”*. Even a chief in Thika corroborated this about the police and said: *“The Police are frustrating because they destroy evidence and ask for bribes”*. A health worker in Kabartonjo in Baringo also felt that; *“the [Police] officers are always too busy to handle the cases”*. *“In case of pregnancy they tell the girls to wait until they give birth for DNA tests to be done to prove who father is”* – added an official at the WCC secretariat.

Reasons for inability to effectively respond and deal with reported violations against W/GwDs were cited as:

- (i) The chiefs have the ability but they do not act because of bribes and pressure for the community and the parents of the perpetrators.

- (ii) For the Police: heavy workload; low capacity to adequately undertake detailed investigation and follow up cases; lack of/inadequate resources, transport and other equipment; long distances to reach the cases. Many parents reported that the police always ask them for fuel for their vehicles or transport/vehicles if the parents want investigations carried out or perpetrator arrested. They also felt that the police have the ability to act but they do not because *they are interested in bribes*.
- (iii) For health facilities: Inadequate supplies/medicines to test, treat and manage the sexual abuse survivors – e.g. lack of forensic testing facilities; shortage of post-exposure prophylaxis; inadequate number of staff skilled in post-rape care and management
- (iv) For Law Courts: *Magistrates have the capacity but they do not act because no cases of violation reach them....Therefore most parents have no idea about the magistrate's role in all this*” summed a parent in Baringo North. Added another father from Matayos, Busia: *“Magistrates are responsive. Once the case reaches their desks, they handle them without fear or favour until justice is obtained”*.

3.7 Challenges in Accessing Justice

The Government of Kenya enacted the Persons with Disability Act 2003, which became operational in June 2004. The Act discourages discrimination against PwDs who should be accorded full access to community and social services, available information and technical assistance. Despite the enactment of the Children Act, 2001 and PwDs Act 2003, the road to justice for the W/GwDs who have been abused or violated in one way or the other is still quite long and riddled with frustrations for those who decide to walk it. Such frustrations and challenges are not just experienced by the parents and guardians/caregivers of the survivors of abuse but also by the government institutions and agencies that are supposed to enforce the laws and implement policies to ensure the survivors find justice. These challenges reveal that there are still many gaps and loopholes that need to be addressed if W/GwDs who survive violence and abuse are to find justice.

The sections below provide highlights of the main challenges that were cited and captured during the study. The challenges have been presented in three categories and levels: Family, community and institutional.

3.7.1 Family level Gaps and Challenges

The following are the highlights of the findings on family level challenges that hinder access to justice:

1. Ignorance and low knowledge about the rights of W/GwDs and how to go about seeking justice. This is further exacerbated by high levels of poverty, illiteracy and/or low education levels. The W/GwDs are also ignorant about their rights, as was aptly put by a Guidance and Counselling teacher in Igembe, Meru: *“W/GwDs don't even understand that they have rights*.

Majority of them is so ignorant of the violations they go through...for example, they are made to drop out of school but they don't know that this is a violation of their rights".

2. High levels of poverty especially in the families where W/GwDs come from. In this case lack of financial (and other) resources leads to economic dependence on the father especially by the mother, who may not report the father even if he is the abuser of the daughter with a disability, as demonstrated in the story of Mbula in *Appendix 1* of this report. Poverty also means the family cannot follow through the justice system to its logical conclusion (due to prohibitive costs required to cover long distances between them and the institutions of justice and inability to hire legal services to help the family with seeking justice)
3. The intimidating nature of the legal or justice system and the accompanying processes which take too long to produce results. As a teacher in Langata, Nairobi observed: *"These parents have to provide for their families and since going on with cases is time consuming, they get tired and give up....Some of them belong to religious sects that discourage them from taking cases to court on the principle of 'forgive and forget"*. A father in Kabartonjo, Baringohad this to say on the same: *"My daughter was sexually abused by a known perpetrator last year (2013). I first took her to hospital for treatment and then reported the matter to the police. To date the case has never proceeded. The police and chief are just promising justice but doing nothing about it"*. Another father (in Busia) had his disabled daughter defiled by a person known to the family and when he reported the matter to the police he was told to: *"Go find the culprit and call us to come and arrest him"*
4. Long distances to be covered in some areas to seek redress also add to the family's feelings of intimidation.
5. Low or lack of confidence in the county's justice system, leading to a state of helplessness and hopelessness on the part of the family. *Why do you even struggle for the course of such a child?...That's the way things happen; just continue to pray to God"* (a mother of mentally challenged daughter in Busia was once told by a village elder when the mother started the justice process).
6. Stigma and feelings of shame and embarrassment, which leads to difficulty in reporting because people do not want to speak openly about sexual and other gender based violence.
7. The need for constant personalized attention and care – especially for the mentally and severely challenged daughters makes it difficult for the parents, especially the mothers to find time to earn a living in a gainful occupation *"We spend all day taking care of our disabled girls; keeping an eye on them so that they are not molested. So we have no or less time to work on our farms or businesses. This means we lack food; we cannot afford school fees, sanitary towels. So when our children are abused, it is very difficult to deal with cases...The perpetrators will always have an upper hand"*, said a mother in Baringo Central.
8. Parent-daughter communication, especially with the mentally challenged, which makes it very difficult to obtain information on exactly what transpired even if they have been abused.

3.7.2 Community level Challenges and Gaps

1. Ignorance and/or low knowledge about rights of the W/GwDs and the need to protect those rights. This is further entrenched by Cultural beliefs in some communities that do not recognize that W/GwDs also have rights. *"Most of the time cases of abuse end at the community level"* (FGD Women 15-30yrs). Reason for this captured by a father in Busia: *"To avoid planting seeds of enmity in the community"*

2. Perceived corruption in the institutions that are supposed to oversee the justice process which leads to lack of confidence in the justice system and the capacity of the institutions to provide redress to the abused W/GwDs. *“Without money you cannot be heard”*- said a mother in Maua, Meru.
3. Stigma about disability in general hinders support to families with W/GwDs whose rights have been violated
4. Lack of champions and advocates in the communities to speak out about the violation of the rights of W/GwDs. Only Meru, Narok and Kiambu counties were found to have a few recognized champions and advocates.
5. Lack of community based organizations, programmes and interventions to support families with W/GwDs whose rights have been violated and advocate for their rights.

3.7.3 Institutional Challenges and Gaps

The chiefs, police, children officers, health workers and magistrates cited the following challenges as hindrances to their ability to effectively carry out justice for the abused W/GwDs:

1. Under-resourced institutions in terms of financial and human resources, materials and equipment to enable them handle cases efficiently and effectively.
2. Lack of capacity to communicate with survivors of violence – especially the deaf and the mentally challenged
3. Difficulty in getting witnesses (by Police) to be able to proceed to court and seek redress for the abused W/GwDs.
4. Difficulty in obtaining evidence to facilitate proceeding with case – health workers, police and magistrates reported problem with preservation of evidence especially in cases of sexual abuse.
5. Prohibitive costs for distances that have to be travelled when there is need to follow up survivors and families. This was reported by children officers, health workers and teachers
6. Cases being withdrawn midway by families of the abused
7. Litigation process is difficult and takes long, when there are other competing demands of the time and resources of the concerned institutions.
8. Existence of *‘Kangaroo’* courts in the community hinders cases from moving up the formal justice system to be professionally handled and determined. A Social Development officer in Rongo, Migori County had this to say: *“No. Cases are not always reported. Recently, a defilement case was settled at the village level. Kangaroo courts are messing up the anti-GBV efforts in this community and county as a whole”*. In Maua, when a teacher was asked to state whether she thought the abused W/GwDs always receive adequate redress, she too said: *“I don’t think so. My reason being, that most of these internal arrangements are sometimes done without due consideration of the consequences to the survivor of violence or abuse”*.
9. Low capacity to conduct scientific means to determine sexual abuses, leading to over-reliance on pregnancy as the evidence for sexual abuse. It was also noted that cases of sexual abuse are delicate because the evidence is time-bound and therefore requires to be determined almost immediately such abuses occur
10. Exhibits are handled by government chemists but they are not in direct communication with health facilities where the specimen originates.

4.0 CONCLUSIONS AND RECOMMENDATIONS

This study had set out to achieve the following: document the types of gender based violence against W/GwDs, and in the process establish the magnitude of sexual violence against them; identify gaps and challenges experienced in accessing justice and opportunities for legal redress; suggest strategies for strengthening the capacity of law enforcement agencies and legal institutions to effectively handle cases of abused W/GwDs; and, identify community champions for change to support the reduction/elimination of gender based violence against W/GwDs. The following sections outline the conclusions based on the findings under each objective and ends with a section on suggestions or recommendations on what needs to be done to address gender-based violence and other forms of abuse against women and girls with disabilities.

4.1 Conclusions

Several conclusions can be drawn from this study

4.1.1 Types of violence

- (4) That gender based violence and other forms of abuse are manifested in various forms, with key ones being sexual and physical violence
- (5) That stigma and discrimination still prevail in families and communities where W/GwDs live and in schools and work places
- (6) That there are other forms of abuse which are manifested through emotional and psychological and denial of rights to health care, education, employment and property inheritance

4.1.2 Magnitude of violence against W/GwDs

- (4) That W/GwDs are generally more vulnerable and therefore at greater risk of being abused and/or violated
- (5) That even though many forms of violence and abuse exist in the communities, sexual violence is the most common and is mostly experienced by mentally challenged W/GwDs followed by the blind, deaf and physically challenged. Those with severe forms of disabilities or with multiple disabilities are also at risk of being sexually abused
- (6) That perpetrators of sexual violence are mostly people known to and trusted by the W/GwDs

4.1.3 Gaps and challenges

That many gaps and challenges exist that negatively affect the capacity and ability to access justice for the violations experienced by the W/GwDs. These gaps and challenges exist at the family, community and institutional levels.

4.1.1.1 At the family level

- (1) Ignorance about the rights of W/GwDs and the processes for seeking justice still prevails at the family level

- (2) High levels of poverty in the families where the W/GwDs come from limiting their ability to afford the costs involved in seeking justice
- (3) The intimidating nature of the legal and justice system and processes which take too long to conclude
- (4) Lack of confidence in the justice systems
- (5) Stigma and feelings of shame which hinder families' ability to report
- (6) Parent-daughter communication to obtain full information about an abuse. This is especially challenging for parents who have mentally challenged daughters

4.1.1.2 At the community level

- (1) Ignorance about rights of the W/GwDs and the need to protect those rights, which is further exacerbated by cultural beliefs about disability;
- (2) Perceived corruption in the institutions charged with overseeing the justice processes to ensure enforcement of laws
- (3) Stigma about disability which hinders community support to families with W/GwDs whose rights have been violated
- (4) General lack of community based organizations and intervention programmes to support families with W/GwDs whose rights have been violated and advocate for their rights.
- (5) General lack of community based champions and advocates for anti-gender based violence W/GwDs

4.1.1.3 At the institutional level

- (1) Inadequate resources (financial, human and material), which hinders the institutional capacity to carry out justice for the abused W/GwDs
- (2) General lack of skills and capacity to communicate with survivors of violence especially the deaf and mentally challenged.
- (3) General lack of gender desks in Police stations to receive reports and effectively deal with the abuse cases reported to them
- (4) Inadequate number of trained staff, supplies and facilities for comprehensive post-rape care and for identifying sexual offenders against the W/GwDs.
- (5) Reluctance of witnesses to the crimes of violation and poor preservation of evidence in cases of sexual abuse of W/GwDs

4.1.4 Opportunities for legal redress

Several opportunities arise from the identified gaps and challenges, some of which include:

- (5) The fact that majority of community members understand that W/GwDs have rights and should be supported to enjoy those rights
- (6) Evidence of the government's commitment to addressing and ensuring that the W/GwDs enjoy their rights which has been demonstrated by ensuring the inclusion of relevant stipulations in the county's Constitution and also the enactment of relevant legislations

such as the Children Act 2001 and the Disability Act in 2003. The starting point therefore would be to educate communities about the laws and policies.

- (7) The existence of institutions charged with the role of ensuring the W/GwDs in the society are protected and their legal needs addressed.
- (8) The existence of a few anti-GBV champions and advocates in some counties or sub/counties will provide an appropriate entry point for WCC when they start roll-out the project on *Eliminating GBV against W/GwDs*.

4.2 Recommendations

4.2.1 Family and community level

- (6) WCC will need to work closely with programmes and relevant government departments on the ground to ensure that families and communities are sensitized on the legislations and policies that protect the rights of the W/GwDs in Kenya. This should take the format of policy dissemination forums and other right-s related education.
- (7) WCC will need to work with other existing programmes and institutions to put in place strategies for empowering W/GwDs and communities in the 10 counties where this project is going to be implemented. Communities will need to be educated to shun and report corrupt practices within the law enforcement agencies that hinder justice for the abused W/GwDs as well as encouraged to take their daughters with disabilities to school.
- (8) WCC will need to work closely with the existing champions and advocates to ensure that W/GwDs who have experienced violence seek and find justice.
- (9) WCC will need to identify more individuals at the community level to train as anti-GBV champions and advocates and community educators
- (10) WCC will need to work closely with the local administrations and other law enforcement agencies to ensure follow-up of cases of abuse and ensure that the cases that have been brought before them are concluded

4.2.2 Institutional level

- (4) WCC will need to advocate for more resources to address the capacity building needs of the relevant government institutions if they are to adequately address the justice needs of W/GwDs whose rights have been violated. This will include advocacy for the establishment of gender desks in all the police stations in the county.
- (5) WCC will also need to work with other programmes and departments of government (e.g. National Council of Persons with Disabilities and the Children Department) to educate the law enforcement agencies (local administration and

police in particular) on the importance of securing justice for W/GwDs whose rights have been violated.

- (6) WCC will also need to advocate for the involvement of W/GwDs (as volunteers or employees) in the running of certain sections of the institutions that deal with their rights issues – e.g. being part of the reception desks in Police stations’ gender corners, children officers and law courts.

4.2.3 Programmes level

- (4) WCC will need to put in place programmes that seek to educate and empower communities on their rights, justice processes for their daughters with disabilities when they are abused;
- (5) WCC will also need to put in place strategies that seek to capacity-build the law enforcement agencies including local administration, teachers, health workers and the police – especially in the areas of communication (sign language), evidence/specimen preservation. Some suggested strategies to achieve this will include resource mobilization and partnerships.
- (6) WCC will need to work with the National Council for Persons with Disabilities and other law enforcement agencies to ensure that the intervention strategies they put in place to address gender based violence and other forms of abuse against W/GwDs are regularly monitored and evaluated to ensure effective their implementation for the achievement of the desired results.

4.2.4 Policy level

- (7) WCC will need to be vigilant in monitoring the implementation of laws and policies that affect W/GwDs and work towards improving or reviewing the laws and policies based on lessons learnt and emerging issues that may not be adequately covered within the current legal and policy frameworks.
- (8) WCC will need to advocate for stiffer punishment/sentences for the perpetrators of violence against W/GwDs
- (9) WCC will need to put in place advocacy strategies for the establishment of more integrated schools in the country and especially in rural areas so they are also able to address the education needs of children with disabilities living in the communities.
- (10) WCC will need to advocate to and engage with the Ministry of Health to come up with more disability-friendly family planning and other reproductive health services for girls with intellectual disability. WCC should undertake such advocacy activities in collaboration with the girls’ parents
- (11) Noting the poor status of record keeping in health facilities, children offices and police station gender-desks, this study recommends that WCC should lobby the National Council for Persons with disabilities to ensure the

mainstreaming of disability-related violence and abuses in recordkeeping/data capture systems in all the institutions that deal with such abuses and violations. This will include demanding for data disaggregation to reflect abuses and violations by disability type for women and girls with disabilities who present with such problems at all levels where the cases are reported.

- (12) WCC should advocate for implementation of the relevant disability-related policies and legislations (especially those dealing with gender-based and other forms of violence against W/GwDs) and their close monitoring and evaluation of the same to ensure that the responsible authorities are held accountable to their commitments as articulated in those policies and legal instruments.

APPENDICES

APPENDIX 1: THE STORY OF MBULA

Mbula is a twenty-year old girl with Cerebral Palsy condition. She is the second daughter to Kakai and sister to Syombua who is in her final year in high school. Mbula's mother passed on and currently she is under the care of her step-mother, Emma who has three other children; the last one is only 6 months old and the step-mother is still healing from the surgery she underwent during child birth. The poverty stricken family of 6 resides in *Mukurukwa Reuben* - a low settlement residence in Nairobi.

Mbula was in Joy Town School for persons with disability under the sponsorship of Association for the Physically Disabled of Kenya (APDK). However, since last year (2013) it is not clear why APDK withdrew their sponsorship. Mbula is now forced to discontinue her education and consequently, she is on the path of physical retrogression. She is retrogressing physically because she has not been receiving any physiotherapy and as a result all her muscle limbs are stiff and slowly wasting away.

The most traumatizing and heartbreaking thing about beautiful Mbula's life is what she has to go through in the hands of Kakai...her own father. Despite the fact that Mbula's step-mother is shy and reluctant to admit it, Mbula herself laments that her biological father has sexually molested her several times. Asked why she has not reported this matter to the police, Emma, the step-mother says that Mbula's father is the family sole bread winner; therefore if he is arrested and taken away in police custody (and eventually jail), the family will not have anyone to provide for it. In addition, there lacks enough evidence to prove sexual abuse; it remains to be Mbula's word against his.

Currently, the only care giver that Mbula has is her step-mother who says that she can only do so little for her because she is not working/gainfully employed herself.

Mbula needs security, acceptance and education. And she can get all these and much more if she is taken to a better environment and learning institution.

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