Situation Analysis on Gender-Based Violence (GBV) in Budalangi Sub-County, Busia County

Draft Report

By Priscah Bichage

Date: October, 2024

Executive Summary

Introduction

Gender-based violence (GBV) remains a significant public health burden in Kenya, having most impact on adolescent girls and women. GBV is deeply rooted in the power of inequality, and it is estimated that 34% of women of women in Kenya have experienced physical violence, against 27% for men during the same period. Studies have shown that women who have ever been married are more likely to have experienced physical violence compared to those who have never been married. In 2022, Busia County was among the counties in Kenya that experienced increased cases of GBV, with 87.54% of the GBV cases in the county experienced by women. During that period, defilement cases topped the statistics, followed by assault, rape, sodomy, emotional abuse, and intimate partner violence (IPV). Budalangi Sub-County is one of the sub-counties in Busia County, and it is projected that the sub-county contributes significantly to the high GBV statistics in Busia County. It is on this basis that Legacy Education Centre (LEC) is implementing a project that seeks to prevent and respond to GBV in Budalangi Sub-County. The project targets school children, teachers, families, youth volunteers, and the broader community.

Purpose

To address these pressing concerns, Legacy Education Centre (LEC) conducted this GBV situation analysis in Bunyala North and Bunyala South wards to explore ways to prevent and respond to GBV, provide quality education and life skills, and create a safe and supportive environment for vulnerable individuals. The main objective of this assessment was to provide key information to support and strengthen community-based interventions. Specifically, this situation analysis sought:

1. To conduct a **situational analysis** on Gender Based Violence within Budalangi Sub-County;
2. To **map and analyze** current efforts in addressing Gender Based Violence within Budalangi Sub-County;
3. To provide **recommendations** on establishment of a community-based GBV prevention and response network within Budalangi Sub-County.

Methodology

The analysis adopted a mixed methods approach to data collection and analysis. quantitative data was collected through a household survey, using a structured questionnaire, while qualitative data was collected using key informant interviews (KIIs), focus group discussions (FGDs), observation. A review of existing materials including reports and project documents was also done. For the quantitative survey, a sample of 287 was drawn from the communities living in the two wards. Moreover, the situation analysis targeted to conduct 6 FGDs and 13 KIIs to gather qualitative data that would be triangulated with data gathered from the quantitative methods.

Data collection was done by 6 experienced interviewers who first underwent a one-day training. Quantitative data was collected using computer assisted personalized interviews (CAPI), while qualitative data was recorded using voice recorders. Quantitative data was analyzed in SPSS to generate descriptive statistics by use of tables, graphs and pie charts among others. The qualitative data was first transcribed and then analyzed using NVivo and content analysis.

Findings

Findings of this situation analysis on GBV in Budalangi Sub-County were hinged on its overall goal which was to provide key information to support and strengthen community-based GBV interventions. Thus, basing on this, the following key findings were established:

Prevalence and common forms of GBV: This situation analysis established that there was high prevalence of GBV in Budalangi Sub-County, affecting both women and men, with specific vulnerabilities observed among marginalized groups such as adolescent girls, women, those living in poverty and those with limited literacy levels. The prevalence of GBV at household level stood at 44.2%, with 70.5% of participants disclosing that they knew at least one person who had experienced one or more forms of violence in the last 12 months. The most common forms of violence in these communities were physical violence, emotional abuse and economic abuse. In terms of types, the most common types of GBV reported included intimate partner violence, sexual assault, and child abuse.

Causes of and risk factors to GBV: Retrogressive cultural and social norms such as patriarchy relegates the position of women in the society, thus restricting their autonomy and ability to make decisions. Social norms have seen women normalize GBV, often viewed as regular punishment against them. Such norms that perpetuate gender inequality were identified as key drivers of GBV. Additionally, rampant alcohol and substance abuse, bribery and witness manipulation, poverty and illiteracy in the communities, as well as displacement and unsafe temporary shelters at times of flooding were identified as the risk factors to GBV. Communities in Budalangi reports that there was reluctance to use formal GBV reporting and resolution mechanisms, and instead preference was given to informal Kangaroo courts which often did not provide justice to the survivors. Perpetrators of GBV who were taken through the Kangaroo court process were likely to repeat similar violations.

Existing efforts in GBV prevention and response: Local administrators, government departments, community-based organizations (CBOs), civil society organizations and a number of non-governmental organizations have been supporting GBV prevention and response interventions in Budalangi. While there are some efforts to address GBV in the sub-county, these efforts are often fragmented and lack adequate resources and coordination. Significant challenges hindering effective GBV prevention and response include limited awareness of available services, inadequate access to justice, corruption and bribery, and stigma associated with reporting GBV.

Conclusion and Recommendations

Findings from this situation analysis highlight the urgent need for a comprehensive and coordinated approach to address GBV in Budalangi Sub-County. To establish a

comprehensive community-based GBV prevention and response network, the following recommendations are proposed:

- ***Addressing cause of and risk factors to GBV***: Address underlying factors contributing to GBV, such as gender inequality, poverty, and harmful cultural practices; expand the availability and accessibility of GBV prevention and response services, including medical care, legal assistance, and counselling.

- ***Enhancing community-level GBV prevention and response efforts:*** Support the development of community-based GBV prevention and response networks to enhance local capacity and ownership; conduct community sensitization campaigns to raise awareness about GBV, its consequences, and available services; create community empowerment drives, including socio-economic empowerment of the GBV vulnerable population subsets and capacity building of potential implementers of GBV prevention and care interventions; and identify and engage individuals to support community-level identification and reporting of GBV cases.

- ***Enhancing stakeholder engagement in GBV prevention and response***: Enhance regular stakeholder review sessions during which stakeholders discuss their performance and identify areas that require improvement; establish a multi-sectoral GBV task force to coordinate efforts among government agencies, NGOs, and community-based organizations; increase resource allocation, both human and financial resources, which will be requisite for GBV prevention and response.

Table of Content

List of Tables

List of Charts

List of Abbreviations

AGYW	Adolescent girls and young women
CAPI	Computer-assisted personal interview
CCGD	Collaborative Centre for Gender and Development
CDC	Centers for Disease Control and Prevention
CSO	Civil society organization
FGD	Focus group discussion
GBV	Gender-based violence
IPV	Intimate partner violence
KII	Key informant interview
KNBS	Kenya National Bureau of Statistics
KRCS	Kenya Red Cross Society
LEC	Legacy Education Centre
NCPD	National Council for Population and Development
PPS	Probability-proportional to sample
SGBV	Sexual and Gender-based violence
UN	United Nations
VAC	Violence against children
VAW	Violence against women
VAWG	Violence against women and girls
WHO	World Health Organisation

1.0 Introduction

1.1 Background Information

Gender-based violence (GBV) is still one of the most notable public health burdens and human rights violations globally and in Kenya. GBV is violence directed at a person because of their biological sex, gender identity/expression and or (lack of) adherence to social constructs/ norms of being man or woman, boy or girl (CDC, 2024). Although both sexes are affected, adolescent girls and young women (AGYW) bear a heavier burden of GBV (Bose, et al, 2023). Globally, an estimated 736 million women aged 15 and older – almost one in three (30 percent) – have been subjected to either physical and/or sexual intimate partner violence (IPV), non-partner sexual violence, or both at least once in their life (UN Women, 2023). Data also shows IPV starts early – almost one in four ever-married/partnered adolescent girls in the youngest age cohort (15–19 years old) is estimated to have already been subjected to physical and/or sexual violence from an intimate partner at least once in their lifetime (UN Women, 2023). GBV does take many forms beyond IPV such as child marriage, sexual violence, trafficking for sexual exploitation and female infanticide (World Bank, 2022).

Violence against children (VAC) is another pervasive public health issue. VAC includes all forms of violence against people under the age of 18 years and is perpetrated by parents or other caregivers, peers, adults in the community, romantic partners, or strangers. Global estimates show that approximately one billion children under the age of 18 years have experienced violence (either physical, emotional, or sexual) (WHO, 2022). As the child grows up, they become more vulnerable to other forms of aggression, including violence inflicted by their peers and intimate partners. The 2017 global report on Ending Violence in Childhood Report indicated that approximately 261 million school children experienced peer violence, and 100,000 children were victims of homicide (Know Violence in Childhood, 2017). The Kenya Violence Against Children Survey of 2019 revealed nearly half (45.9 %) of females and more than half of males (56.1%) experienced childhood violence (prior to age 18) (Ministry of Labour and Social Protection of Kenya, 2019). The main perpetrators of violence against AGYW are romantic partners, boyfriends, family members, strangers and classmates (Bhattacharjee, et al, 2020).

GBV is deeply rooted in power of inequality. Over the years, the term GBV has been used interchangeably with the term violence against women (VAW). There are different approaches to the origin of GBV and VAC, however, most theories recognize that root causes can be organized into a four principal framework. The WHO and the U.S Centers for Disease Control and Prevention (CDC) document a number of risk factors for VAWG across this framework: individual factors such as gender, age, children with special needs; the family/relationship risk factors such as misuse of drugs and alcohol, parental history of child abuse and or neglect, poor parenting practices, family experiencing financial difficulties, low education status; domestic violence; the community risk factors such as negative cultural norms such as female genital mutilation, early child and forced marriage, tolerance to use of corporal punishment; and societal risk factors such as social, economic, health and education policies that lead to poor living standards, or to socioeconomic inequality or instability, lack of adequate social housing (CDC, 2021;

Hunter & Flores, 2021). Several reports showed that the COVID-19 pandemic and its response plan exacerbated the risk of VAWG. Directives on self-isolation meant some young women were locked at home with their controlling and abusive partners. Loss of jobs and livelihoods led to increased intimate partner violence which children witnessed at home, and lock downs and curfews reduced accessibility of post violence services for survivors (CDC, 2024b). These short- and long-term effects of violence and exploitation are severe, not only for the victims, but also for families and communities, and constitute a serious societal concern.

In Kenya, 34% of women and 27% of men have experienced physical violence since age 15 (KNBS, 2023). 13% of women and a slightly lower proportion, 7%, of men reported experiencing sexual violence at some point in their lives. IPV is prevalent – marital status is linked to experiences of violence among women. Ever-married women are more likely to have experienced physical violence since age 15 than those who have never been married (41% versus 20%) (KNBS, 2023).

1.2 Problem Statement

Kenya's economic growth has not been evenly distributed, leading to significant disparities, particularly in marginalized communities like those living in Busia County. This region faces innumerable challenges, including poverty, low literacy levels, lack of basic services, and a high prevalence of GBV. For instance, according to the latest statistics, it is estimated that 21% of women aged 15-49 experienced physical violence in the year 2021 (KNBS, 2023). These issues have a detrimental impact on the well-being of residents, hindering their ability to achieve their full potential.

According to the Collaborative Centre for Gender and Development (CCGD), Busia County was among the counties most affected by increased cases of GBV in 2022 (CCGD, 2022). In their report, CCGD established that more female (87.54%) than male (12.46%) experienced GBV, attributing it the vulnerability of women and girls and the fact that women are usually willing to report cases of GBV, unlike men who usually shun away from reporting such cases. The report also noted that defilement cases were the highest, followed by assault, rape, sodomy, emotional abuse, and IPV. This points out children are more vulnerable to SGBV since they cannot defend themselves against the perpetrators or they can be cured easily by the perpetrators (CCGD, 2022). Further, it was also evident that the cases of SGBV spiked during school holidays as school children were at home and therefore had increased degree of freedom.

Budalangi Sub-County is one of the sub-counties in Busia County, and which contributes significantly to the GBV statistics of the county. It is on this basis that Legacy Education Centre (LEC)[1] is implementing an action-based project in order to enhance actions and service deliveries to prevent and respond to GBV in the County of Busia with focus in Budalangi Sub-County. The target beneficiaries of this project include school children, teachers, families, youth volunteers, and the broader community. Through a combination of direct services and community-based initiatives, the project aims to reduce the prevalence of GBV, improve educational outcomes, and enhance the livelihoods of vulnerable individuals. By addressing these critical issues, this project can contribute to

[1]LEC is a community-based organization registered in Kenya that is dedicated to improving the lives of disadvantaged children through education, advocacy, and gender equality initiatives.

the overall development of communities living in Budalangi and promote gender equality and social justice.

To address these pressing concerns, LEC conducted this GBV situation analysis in Bunyala North and Bunyala South wards to explore ways to prevent and respond to GBV, provide quality education and life skills, and create a safe and supportive environment for vulnerable individuals.

1.3 Purpose of this Situation Analysis

The main objective of this assessment was to provide key information to support and strengthen community-based interventions. Specifically, this situation analysis sought to achieve the following objectives:

4. To conduct a **situational analysis** on Gender Based Violence within Budalangi Sub-County;
5. To **map and analyze** current efforts in addressing Gender Based Violence within Budalangi Sub-County;
6. To provide **recommendations** on establishment of a community-based GBV prevention and response network within Budalangi Sub-County.

1.4 Rationale for this Situation Analysis

According to the Kenyan National Council for Population and Development (NCPD), the formal legal system in Kenya presents numerous challenges for survivors of sexual and gender-based violence (SGBV). Rural women and girls, in particular, face significant obstacles due to factors such as illiteracy, poverty, and cultural norms. Court procedures often lack privacy, are time-consuming, and fraught with bureaucratic hurdles (NCPD, 2012). These barriers, coupled with the inaccessibility of legal aid, push many survivors towards traditional justice systems, which, while faster, prioritize community harmony over individual justice.

To effectively address GBV in Bunyala North and Bunyala South wards of Budalangi Sub-County, a comprehensive situational analysis was imperative to understand the specific barriers faced by communities and GBV survivors, the effectiveness of existing interventions, and the opportunities for improvement. Findings from this assessment are expected to inform the development of targeted strategies to strengthen the formal justice system, enhance support services, and empower survivors to seek justice.

This situation analysis was undertaken in Bunyala North and Bunyala South wards of Budalangi Sub-County in Busia County, Kenya. The assessment used a mixed methods approach that entailed collection and analysis of both quantitative and qualitative data.

2.0 Methodology

This GBV situation analysis adopted a mixed methods approach to data collection and analysis. The primary data collection process adopted a participatory approach whereby data was collected using key informant interviews (KIIs), focus group discussions (FGDs), observation, and a structured questionnaire. Secondary data collection involved review of the LEC project reports and relevant previous and similar project documents which was provided by LEC.

2.1 Study Area

This situation analysis was conducted in Bunyala North and Bunyala South wards which are located in Budalangi Sub-County, Busia County, Kenya.

2.2 Sampling Approaches

2.2.1 Sampling for the quantitative methods

This situation analysis applied Fisher's formula (Cochran, 1963) to determine the sample size. This formula enabled us to determine the expected effect size, the desired test power, and the acceptable significance level. The derived sample size of 287 participants was distributed proportionately across the two target wards, using probability-proportional to sample size (PPS), and the distribution was based on the overall population. This sample was further weighted to ensure equitability, as shown in Table 1 below.

Table 1: Sample distribution for quantitative methods

Ward	Estimated Population	PPS sample	Weighted sample
Bunyala North	13,343	195	170
Bunyala South	6,314	92	117
Total	19,657	287	287

The sampling technique targeted collection of information from the general population around the targeted project area.

2.2.2 Sampling for the qualitative methods

Qualitative data collection targeted FGDs with adolescent girls and young women (AGYW), adolescent boys, male and female parents of adolescent girls; and KIIs with selected heads of Government departments and ministries, members of civil society organizations (CSOs), local authorities, community leaders and religious leaders. The sample distribution for each category is described in Table 2 below.

Table 2: Sample distribution for qualitative methods

Interview type	Participant category	Number of interviews
FGD	Adolescent girls and young women	2
	Adolescent boys	1
	Female members of the community	2
	Male members of the community	1
	Total	6
KII	Department of Health	1
	Department of Education	1
	Department of Gender	1
	Department of Social Protection	1
	Department of Children Affairs	1
	Department of Internal Security - Police	1
	Civil Society Organization	1
	Local Authorities	2
	Religious leaders	2
	Community leaders	2
	Total	13

The FGDs and KIIs served the purpose of validating and triangulating the key findings in line with the study objectives as well as providing recommendations to be integrated with this study. Additionally, observations were conducted with the general population in the target wards of Bunyala North and Bunyala South as they undertook their regular activities.

2.3 Fieldwork Execution

2.3.1 Recruitment of Interviewers

A highly qualified team of 6 enumerators with rich experience in the research industry was engaged to undertake this data collection. Key considerations in selection of data collection team included their general understanding and/or experience in market and social research methodologies and survey techniques - quantitative and qualitative; experience/ track record of conducting similar assignments; ability to read and write in English, Kiswahili and Lunyala to the level required to correctly administer and fill out the survey instrument; having adequate interviewing skills; having good organization skills; honesty and trustworthiness; knowledge of selected sites of data collection (locals of Bunyala North and South formed 50% of the team); having undertaken a research ethics training before engagement in this survey; having the ability to work collaboratively in a team; attentive to detail/ accurate; and are available during the survey execution period.

2.3.2 Interviewer Training

A one-day formal interviewer training was conducted, entailing both classroom training and pilot (field practice). During this training, the interviewers were trained on the standard interviewer training and research code of conduct, and signed commitment

letters to adhere to these policies and procedures (this was at pre-training before the actual training).

The team was trained on theoretical overview and content of the data collection tools; technical training and the mobile interface; classroom practice with mock-up interviews representing examples of difficult situations; and field practice (pilot). The training included step-by-step review of each question, practicing how to administer the questions and entering the responses. The rationale behind each question was explained and all possible answers simulated to get a full understanding of the questions and the interviewing process.

2.3.3 Data collection and Quality Control

The enumerators' teams kicked off data collection after all the preparations and approvals were finalized. For ease of management of the teams during data collection, the team was split into 2, such that a team of three interviewers collected data in a specific area.

For the quantitative survey, data was collected at household level using face-to-face approach. Face-to-face interviews at respondents' homes were conducted using smart phones aimed at providing numeric data that can be used to analyze and map the potential GBV risks and current challenges facing GBV in Budalangi Sub-County. The resultants data allowed the research team to quantify these experiences for triangulation with the qualitative and desk review methods.

Key informant interviews entailed first making appointments with potential participants, then visiting their offices at the convenient date and time, and conducting interviews. For the FGDs, 8-10 participants were recruited to participate in each round table discussion, and each participant was allowed to give their opinions and experiences without any form of bias. To ensure thoroughness in collection of more in-depth information from persons who were directly involved in GBV matters in the sub-county, all the KIIs and FGD sessions were moderated by a highly skilled researcher. All qualitative data was recorded using digital audio-recorders

Additionally, the following quality control protocols were adopted in data collection and management:

- Start and finish time of all interviews was checked in real time;
- Substitutions were made by/and/or in consultation with the consultant;
- Data was uploaded into the server every day and checked by the data analyst according to a pre-prepared check-list;
- The data was checked regularly for integrity after receipt of first batch;
- Any outliers identified in the initial stages of data collection were corrected soon enough
- At the completion of data collection, the data was checked, cleaned, organized and analyzed for reporting

2.4 Confidentiality of Data, Data Security and Storage

The enumerators were trained to conduct all interviews in privacy. In the field, all written records were kept securely. The mobile devices were password protected and configured

to upload the data immediately at the end of the interview. This ensured no data was stored in the devices and that no unauthorized persons have access to the data.

All soft copies of databases and field notes were stored in password-protected computers with access only to the research team. No respondent-identifying information has been presented in the final datasets. The respondents' telephone numbers were kept in a database of contacts detached from the responses.

2.5 Data Management and Analysis

Upon completion of the data collection processes, the following were undertaken:

Data Cleaning: Using the CAPI platform, the protocols of data cleaning such as skip routines, single and multiple coding responses to critical questions (the system bars an interviewer from proceeding unless a question has a response) and logic control were set during the scripting process of the survey instrument. This enabled a relatively clean set of data from the field. The data streaming-in was directly accessed through an Excel platform, and was ready for analysis and further quality checks.

Data Coding: A coding frame was developed for closed end questions. For "Other" specify and open-end questions, a code frame was developed in English based on about 100 to 200 randomly selected questionnaires (cases) from all the areas. As a quality control mechanism, and picked a random sample of at least 15% responses and compare it with the code list. Upon development of the coding frame, the coding team was trained by the project consultant, who also supervised the coding process until all the questionnaires are fully coded.

Data Security and Storage: All soft copy data was kept under password protected files accessible only to the authorized survey personnel. Data was backed up every day using disks and at the end of each week the week's data is backed up and the disk is stored offsite.

Data Analysis: At the end of data collection, all data was automatically downloaded from the server and exported through the excel format. Tabulation, validation and cleaning programs were specified per the logic of the questionnaire. A comprehensive data processing instructions manual was developed before data analysis process began. Quantitative data was analyzed using SPSS to generate descriptive statistics by use of tables, graphs and pie charts among others. The qualitative data was first transcribed and then analyzed using NVivo and content analysis.

Reporting and presentation: Upon completion data analysis, a comprehensive insights report was prepared detailing the key insights emanating from the analysis of data collected. Recommended courses of action were drawn from the findings and presented in the report.

3.0 Findings

3.1 Description of Participants

3.1.1 Demographic Characteristics of survey participants

More than half (58.9%) of participants of the quantitative survey were drawn from Bunyala North Ward. Across the two wards, females formed the majority (61.3%), with over four-fifths (82.2%) of the participants reporting that they were married at the time of this survey. The mean age of the participants was 41.6, whereas their median age was 40.5.

In terms of education achievement, about two-thirds (68.8%) had not attained education beyond primary school, and only 1.3% had acquired university education. The low attainment of education reflects on their employment status, as only 11.0% reported being engaged in formal employment, with half of them reporting being involved in self-employment activities.

At the household level, the average household size for those who participated in this survey was 5.5, with 31.2% reporting to have more than 7 household members at the time of this survey. The household with the highest number of members had 15 (one household), while only 10 were living in their households alone. More than half (54.5%) of the households relied mainly on farming as their main source of income, with another 26.4% engaging on trading. Only 7.5% of the households reported that they relied on formal employment as their main source of income.

Table 3: Demographic characteristics of quantitative survey participants

Variable	Variable category	Frequency	Percent
Ward	Bunyala North	172	58.9
	Bunyala South	120	41.1
Gender	Male	113	38.7
	Female	179	61.3
Age category	18-19	2	.7
	20-24	23	7.9
	25-29	30	10.3
	30-34	36	12.3
	35-39	50	17.1
	40-44	49	16.8
	45-49	24	8.2
	50-54	23	7.9
	55-59	20	6.8
	60+	35	12.0
	Total	292	100.0
Marital status	Single	32	11.0
	Married	240	82.2
	Divorced/separated	11	3.8

	Other	9	3.1
Highest level of education	No formal education	28	9.6
	Primary incomplete	103	35.3
	Primary complete	70	24.0
	Secondary incomplete	33	11.3
	Secondary complete	31	10.6
	Tertiary	3	1.0
	College	20	6.8
	Undergraduate	3	1.0
	Graduate	1	.3
Employment status	Not employed	97	33.2
	Employed	32	11.0
	Self employed	147	50.3
	Other	16	5.5
Household size	1	10	3.4
	2	9	3.1
	3	32	11.0
	4	48	16.4
	5	51	17.5
	6	49	16.8
	7	35	12.0
	8	26	8.9
	9	11	3.8
	10	10	3.4
	11	4	1.4
	12	4	1.4
	15	1	.3
Household's main source of income	Farming	159	54.5
	Fishing	23	7.9
	Trading	77	26.4
	Formal employment	22	7.5
	Other	11	3.8
	Total	292	100.0

3.1.2 Demographic Characteristics of qualitative participants

The mean age of adolescents and young people participating in the qualitative discussions was 20.4 years. The average age for the males was 18.5, while that for females was 21.21. Two-thirds (66.7%) of the adolescents and young people were female. Close to two-thirds of the adolescents and young people were single. Whereas all the boys reported that they were single, 42.9% of their female counterparts reported that they were married at the time of these discussions, with only 1 reporting to have separated.

Among the participants of the FGD with out-of-school young women, the average was 21.25, with all apart from one, having been married, with an average parity of 2 children. They all mentioned that they were unemployed at the time of this data collection. The average age for the in-school girls was 21.2, and all were single. Among these adolescent girls in school, one had dropped out of school while in primary, and another one had completed secondary school, as the rest were still in school.

All the adolescent boys, save for one, were still in school.

Table 4: Demographic characteristics of young people participating in FGDs

Variable	Variable category	Frequency	Percent
Sex	Male	7	33.3
	Female	14	66.7
Marital status	Single	13	65.0
	Married	6	30.0
	Separated	1	5.0
Employment status	Unemployed	8	40.0
	In school	8	40.0
	Completed Primary	1	5.0
	Completed Secondary	2	10.0
	Primary incomplete	1	5.0
Total		20	100.0

From the discussions with parents, the average parity was 5.4. As shown in Table 5 below, majority (78.9%) were female, and 57.9% reporting that they were married at the time of these discussions, with all males indicating that they were married.

In terms of employment status, 57.9% of the participants were engaged in either business or farming. Disaggregated by sex, 75.0% of the males participating in the discussions were farmers, while for females, 20.0% were farmers, 33.3% were business persons, and 46.7% were unemployed.

Table 5: Demographic characteristics of parents participating in FGDs

Variable	Variable category	Frequency	Percent
Sex	Male	4	21.1
	Female	15	78.9
Marital status	Married	11	57.9
	Separated	3	15.8
	Widowed	5	26.3
Employment status	Unemployed	8	42.1
	Businessperson	5	26.3
	Farmer	6	31.6

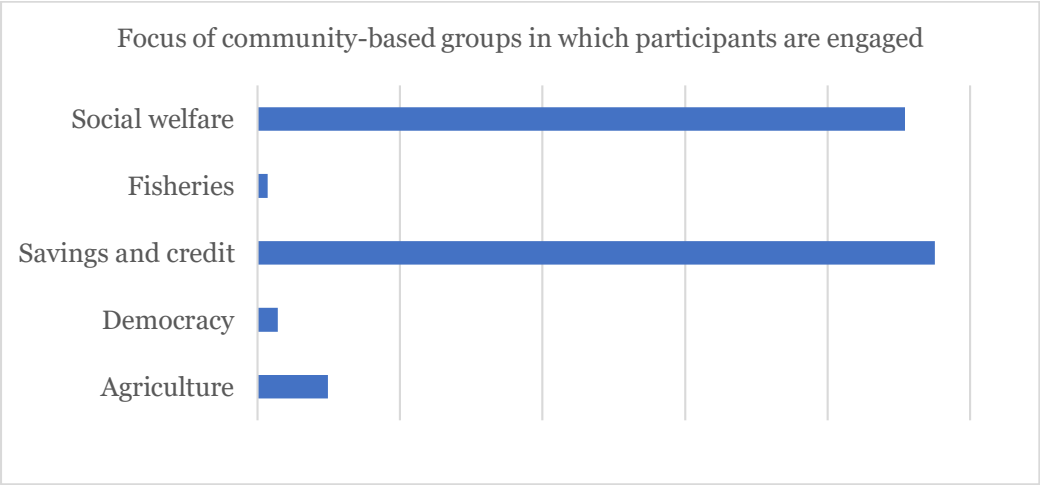
Total	19	100.0

Additional one on one discussions were conducted with local administrators (4), police officer (1), Representative from the Ministry of Education (1), religious leader (1) and a community health volunteer (1).

3.1.3 Analysis of local governance structures

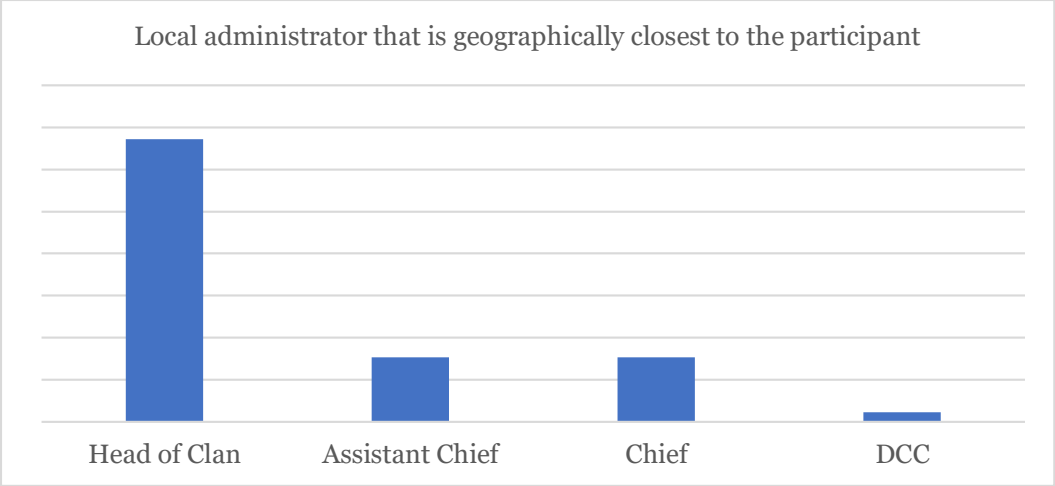
About three-fifths (61.0%) of the quantitative survey participants reported that they were members of a community group, or initiative. Such community groups supported the members of the community in terms of agricultural production, savings and credit, fisheries, social welfare, community infrastructure and democracy and human rights. As shown in Chart 1 below, majority of the survey participants were in groups that promoted savings and credit (47.5%) and social welfare (45.4%).

Chart 1: Activities undertaken by community-based groups



Two-thirds of the survey participants reported that they were closest geographically to their clan heads, compared to how close they were to other local administrators. Only 2.3% of the participants mentioned that they were closest to their Deputy County Commissioners.

Chart 2: Participants' proximity to local administrators



3.2 Gender-Based Violence Prevalence and Patterns

3.2.1 Introduction

This situational analysis sought to establish GBV prevalence and patterns within communities living in Bunyala North and South wards. This section explores the prevalence and distribution of various forms of GBV, and identifies risk factors and vulnerabilities to GBV. The section also highlights community members' perceptions, attitudes and beliefs about GBV, and proceeds to map the existing GBV cases and their characteristics.

3.2.2 Prevalence and distribution of forms of GBV

Participants of the quantitative survey revealed that GBV was generally prevalent in their communities, with 70.5% of them disclosing that they knew at least someone who had experienced one or more forms of violence in the last 12 months.

Majority (81.8%) of participants who had reported to have knowledge of a someone who had experienced violence reported that the form of violence they had witnessed was physical violence. Emotional abuse was also mentioned as a prevalent form of violence by 64.6% of the participants.

Table 6: Most common forms of violence in Budalangi

From of violence	Frequency	Percent
Physical	167	81.1
Economic	50	24.3
Emotional	133	64.6
Sexual	91	44.2

The findings from this survey corroborate with reports from qualitative discussions, which established that these types of violence are common in the community. According to the participants of the discussions, the three forms (physical, sexual and emotional abuse) were the most common in the community, despite the spirited efforts by various

actors in averting and mitigating violence. The discussions also highlighted that these forms of violence mainly resulted from community norms.

> "The ones that are most common are one, on the side of men, men beating their wives because they view women as just objects that just came to get married, they don't have their rights…. Now, another one, we also have this sexual abuse…." Interview with Local Administrator, Bunyala South

> "…. Or you will find that there is a fight in the house because your husband is forcing you to engage in sexual intercourse, but you are not interested. That is also common here. Because you are not in the mood, but he is forcing you to get into sexual intercourse. Also, this issue of fighting in front of your children portrays a bad picture as it is a form of violence in the eyes of the children." FGD with Female Parents, Bunyala South

> "The forms of violence that I have witnessed for the period I have been in administration are cases of physical violence – men beating women, or women beating men. And then there is this one which has not been easy to curb, in the schools, you find that in schools, children are beaten, but you know, that one could be because of discipline in schools…." Interview with Local Administrator, Bunyala North

Physical violence, usually meted by the male members of the family, often originates from fights arising from land disputes and family issues. While many young girls tend to be affected by these types of violence, especially sexual violence, participants reported that it often results in prevalent cases of teenage pregnancies in the communities.

Violence against children was identified as rampant within these communities. In regards to this, child marriage remains the most prevalent type of violence among communities living in Bunyala North and South wards, with 58.9% of the respondents mentioning it, followed by trafficking (26.7%) and forced marriage (13.4%). Other types of violence against children that were listed by the participants include physical battering, rape, sodomy, defilement and child labor. From the qualitative discussions, violence against children came out strongly, especially from the discussions with members of the community and administrators, as type of violence commonly occurring in the community. Defilement, rape and child labor were adversely mentioned as vices that the community continue to grapple with, with little community support to curb them.

> "You will find that someone is having sexual relations with a minor. There are so many cases of defilement and rape, but the parents of such children are just quiet, and they don't want people to talk about those issues…. But you understand that the child was raped and probably she got infected with STI, but now that she did not take initiative to go seek for support…." Interview with a CHP, Bunyala South

> "In terms of ages, you find that children who are still minors are engaged in child labor, and they are the ones who undertake work. In this community, there is sand harvesting. You will find so many children, especially during weekends, going to do work there." Interview with Local Administrator, Bunyala North

> "…In this our community, child labor is so prevalent… so, let's say you are living with your foster parents, they will make sure you are overworked to the extent that you get tired. That one we can view as child labour." FGD with In-School AGYW, Budalangi

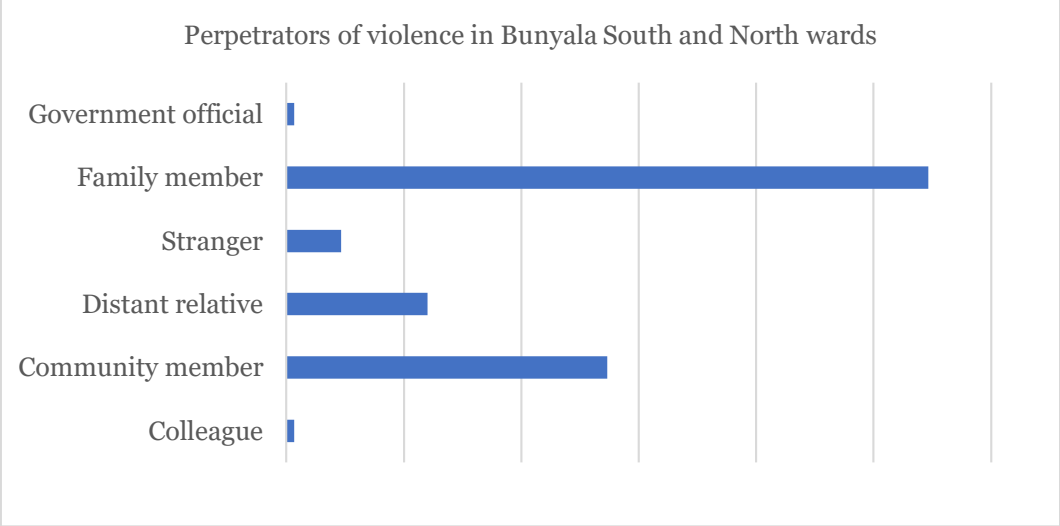
Participants were also asked if someone within their households had experienced gender-based violence, with 44.2% reporting that at least a member of their households had experienced GBV. More than half (55.8%) of the participants mentioned that such members of their households had experienced physical violence, and another 27.9% reported emotional violence.

Table 7: Forms of violence experienced by household members

From of violence	Frequency	Percent
Physical	72	55.8
Economic	10	7.8
Emotional	36	27.9
Sexual	31	24.0

For those who experienced violence within the households, more than half (54.7%) of the GBV cases were perpetrated by their family members. As shown in Chart 3 below, community members (27.3%), distant relatives (12.0%) and strangers (4.7%) were also mentioned as perpetrators of violence incidences on household members of the participants.

Chart 3: Perpetrators of violence experienced by household members



3.2.3 Mapping cases of violence

The respondents reported that gender-based violence mainly occurred in the homes, schools, streets and at entertainment centres, and at work. From the responses, violence was most commonly happening at home (60.6%) and in the entertainment joints, as shown in Table 8 below:

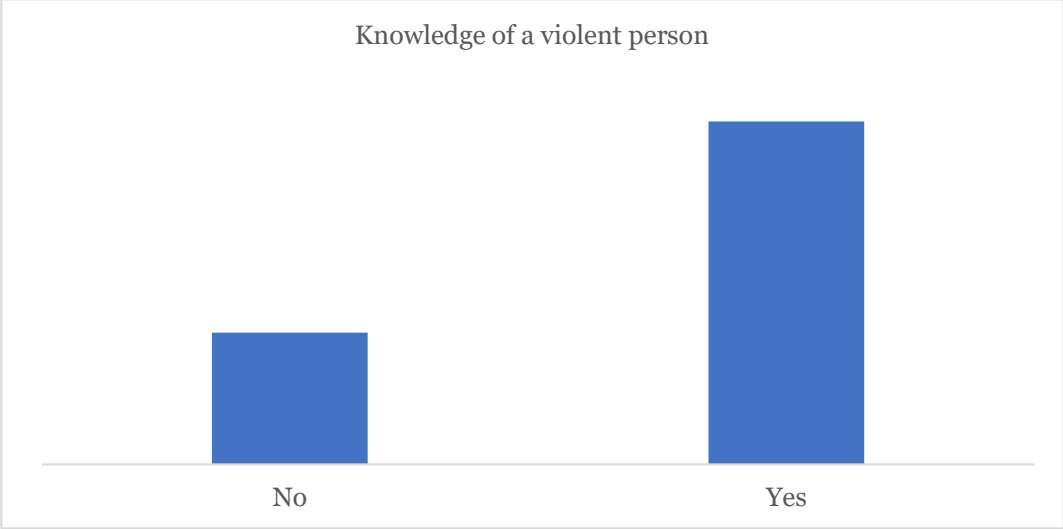
Table 8: Location where violence is commonly experienced

Location	Frequency	Percent
Home	237	60.6
Entertainment centres	80	20.5
School	15	3.8

Street/Public Transportation	26	6.6
Work	33	8.4
Total	391	100.0

More than half (54.5%) of the respondents mentioned that they knew someone who was violent. A smaller proportion of males (55.8%) compared to females (63.6%) reported to be knowing someone who was violent.

Chart 4: Proportion of individuals with knowledge about a violent person



Majority (59.2%) of the respondents mentioned that the recent cases of violence, they had knowledge about, occurred within the last year.

Table 9: Participants' feedback on recency of GBV violence they are aware of

Recency of GBV cases	Frequency	Percent
Within the last 1 week	17	12.0
Within the last 1 month	16	11.3
Within the last 1 year	51	35.9
Within the last 2 years	2	1.4
2-5 years ago	2	1.4
Over 5 years ago	0	0.0
Can't remember	11	7.7
Cannot disclose	43	30.3
Total	142	100.0

Among those who mentioned that they had knowledge of GBV in the last one year, physical violence (45.9%), emotional abuse (27.0%) and sexual violence (23.4%) were the most common forms of violence.

Table 10: Participants' knowledge of the common forms of violence

Form of violence	Frequency	Percent
Sexual violence	26	23.4
Economic violence	4	3.6
Emotional violence	30	27.0
Physical violence	51	45.9
Total	111	100.0

Among to the participants who reported that they knew someone who was violent, 62.3% reported that the perpetrators of violence they knew were male members of their communities, and only 7.8% mentioned that they had knowledge about female perpetrators of violence.

Table 11: Participants' knowledge of the gender of perpetrators of violence

Gender of perpetrator of violence	Frequency	Percent
Male	48	62.3
Female	6	7.8
Don't know	6	7.8
Refused	17	22.1
Total	77	100.0

This finding corroborates with findings from qualitative discussions which established that majority of violence cased were orchestrated by male members of the community, towards their female counterparts, both young and adult.

> "If you compute, the percent of men who undergo GBV is about 45%, but if you compute that for women who experience violence, it is 78%. This means many women undergo violence. The proportion of children who undergo violence is about 55%. Interview with Religious Leader, Budalangi

3.3 GBV Causes and Risk Factors

3.3.1 Retrogressive cultural and social norms

The communities living in Budalangi are widely patriarchal, so that men in these communities predominantly hold authority and privilege over their female counterparts. It is on this basis that men in these locations regard women lowly. According to the key informants, many women are abused in their marriages, but they are not willing to report because community members view GBV as a normal thing. Moreover, many other women who undergo GBV view it as a regular punishment and therefore they easily accept it. The

discussions also revealed that cultural systems in these communities dictate that women are not expected to talk where men are.

> "Let's say, in this community, women are not expected to air out their opinions in meetings where men are. Girls are not allowed to present their issues to men, such that if they have any concerns, they have to pass through their mothers, who will then present the concern to the father. It is the duty of the father to relay such concerns to the rest of the meeting. As a girl, you are not allowed to go directly to your father to tell him your concerns…." FGD with In-School AGYW, Budalangi

On the same breath, participants of qualitative discussions stated that girls in those communities were not considered as important assets to the society, and were therefore only expected to get married once they matured. The consequence of this, according to the participants, was that it affected the girls' involvement in education, as they were never given adequate support seek and acquire education. This, according to the participants, had the potential of precipitating violence against women, as uneducated women tended to be economically less empowered, thus leaving them vulnerable and prone to cases of gender-based violence meted mostly by men.

Participants of the qualitative discussions also revealed that many men in the communities had left their wives and children at home and went live in urban areas in order to seek employment. They reiterated that once these men settle in the urban areas, they often fail to return home or to support their families back at home.

3.3.2 Reluctance to use formal reporting and resolution mechanisms

Many GBV cases in the communities went unreported because members of the communities tended to cover them up. Moreover, the participants mentioned that there was also fear of reporting because of the potential consequences. Many who experienced abuse did not report because of the fear of being labelled weak in the community. Again, many women would not disclose their ordeals in their homes or at their maternal homes because if they go back to their maternal homes, they are rejected by their own families because they had failed to meet the expectations of their families.

> "We have so many cases of violence here, but when you try following them up, you realize that there are cover-ups within the community…." Interview with Local Administrator, Bunyala North

> "The only challenge is, some may try to look for ways, when they have been involved in GBV, to convince that lady not to report…" Interview with Education Officer, Budalangi

The same is the situation among school-going children who tended not to report cases of GBV meted against them. The participants of these qualitative discussions encouraged teachers to take the responsibility of identifying any signs of potential GBV, and then they proceeding to assist the learners with necessary support.

> "They may not report cases of GBV, and instead they just keep quiet. So, unless the teacher is probing and they find out from the learner, the learner themselves would not report….

> The community may not report unless they feel it is extreme, that's when they will move it to the chief and so on." Interview with Education Officer, Budalangi

From the discussions with community leaders, it was also established that social structures dictated that cases of GBV should be resolved internally amongst the community members, without allowing such cases to get to the hands of the police. The participants noted that by not allowing law to take course in GBV cases, the community practices created a window for perpetrators of GBV to continue with this bad act, as they were buoyed by the fact that they would not get arrested or charged for such wrongdoings, and that the communities would come out to protect them against the brutal force of the law.

> "If there is a case of violence, it is required to be resolved internally, it is not supposed to be reported to the police. That's why the many things you see happening here in Bunyala don't go to the police, they just end here. That is culture. The culture believes that if a snake gets into the milk gourd, you don't break the gourd, but you plead with the snake to come out peacefully. This belief has really impacted us a lot." Interview with Religious Leader, Budalangi

The reliance on informal courts, otherwise commonly referred to as Kangaroo Courts, to resolve GBV cases, remains a significant hindrance to progressing with such cases. The qualitative participants described that in circumstances where someone was violated, traditional courts were used to address such cases. The use of Kangaroo Courts entailed taking the issues to a group of men who are community gatekeepers to resolve the matter. This cultural norm and attitude towards GBV increased the risk of recurrence of violence as issues were resolved locally without proper interventions and justice. Thus, people who have perpetrated such violence ended up repeating violence in future.

3.3.3 Alcohol and substance abuse

Qualitative participants identified alcohol and substance abuse as significant contributors to the rampant GBV cases in the communities in Budalangi. According to the participants, many men are involved in habitual or binge drinking, especially in local alcohol brew dens and in local night clubs. Once they get intoxicated, they become lose and easily engage in fights. When they return home, they tend to become abusive to their families.

> "They are usually common in night clubs. You find that a lady goes to the night club, and a man buys her alcohol. After she has taken that alcohol, she remains with the debt of giving sexual favors in return. Then quarrels begin from there. So, you will notice that both of them are drunk, then they engage in physical fights, or if they are two men, they force to go with her home then they rape her." Interview with Local Administrator, Bunyala North

> "Alcohol abuse is also rampant in this community. We have tried closing down the local brew dens, but haven't been able to close down all of them. Someone goes to take alcohol, when he's drunk, he returns home, you can't reason the same way…. Interview with a CHP, Bunyala South

Additionally, the participants mentioned that alcohol abuse had the potential of draining finances from the habitual drinkers. When such occurs, they end up not being able to support their families with basic needs, and end up battering their spouses for failing to provide them with food or any other basic need.

3.3.4 Corruption and witness manipulation

Even if the cases were reported to the police, qualitative participants were dissatisfied with the outcomes of such as cases, as they felt that many of such cases did not go beyond. They faulted the police officers for accepting bribes to facilitate the release of perpetrators, who returned to the communities to once again perpetrate GBV against innocent members of the communities.

> "…there's a time a boda boda rider raped two school-going girls, and there was no action taken against the rider. The case was reported and taken to the police, but the police are so reluctant to handle cases at the speed that they deserve to be handled…" Interview with Religious Leader, Budalangi

> "…in this area, there are many cases of violence, but if you report the perpetrator and they get arrested, they get released before they are taken to court. If you go there, you find that they had bribed their way out, and that's how such a case will end." FGD with Out-of-School AGYW, Budalangi

Worse, the participants revealed the existing challenge of witness manipulation, such that many people were not willing to come out as witnesses of GBV incidences, and they reported that there had been so many cases of witness manipulation.

3.3.5 Poverty among community members

Among qualitative participants, there was a widely held opinion that the rampant poverty and illiteracy levels were intermediate causes of GBV within the communities. According to the participants of qualitative discussions, many community members living in Budalangi live below the poverty line. They rely on subsistence activities such as fishing and small-scale agriculture in order to provide basic utilities for their families. Often when there is deficiency of such basic utilities, particularly food, quarrels erupt, which ensue into physical fights. Participants also associated poverty with the rampant emotional and economic abuses, explaining that in the event of lack of adequate basic amenities, couples often resort to avoid conversations with each other, and more often than not, the breadwinners tend to withhold provision of funds to purchase basic family requirements.

> "Male members of the community also need some empowerment so that if they are financially independent, they are less likely to commit GBV. Poverty really contributes to GBV cases." Interview with Government Official, Budalangi

3.3.6 Illiteracy among community members

The participants associated the high illiteracy levels among communities living in Budalangi Sub-County with the many cases of GBV occurring in the region. That members

of the community are not adequately exposed to information on prevention of GBV including information on existing women and girls' empowerment opportunities (Education, economic opportunities and safe spaces), how to challenge existing gender inequalities, the importance of creating and utilizing safe spaces as well as engaging male members in the community. They remain unaware of this thus find themselves frequently engaged in violence. Ignorance, according to the participants, remains a major bottleneck in achieving GBV-societies.

> "What we are supposed to do is community sensitization because the level of literacy at this place is still low. So this community needs more of community sensitization on ways of averting violence. It would have been good to reach the community and mostly empower women…because it is the women who are at risk of GBV issues so if they are empowered especially in business, you can lower the cases of GBV. Also, education for the girl child, if they are assisted in education and most of the girls are educated that is one way of empowering them." Interview with Government Official, Budalangi

3.3.7 Displacement and unsafe temporary shelter at times of flooding.

Budalangi Sub-County is prone to floods during rains. When these floods occur, community members are forced to leave their homes to go live in temporary camps. In those camps, they are mixed up, individuals from different backgrounds and characters. The qualitative participants reported that individuals living in the camps are usually prone to GBV as they are often exposed to the risks.

> "You know, when there was backflow, many people were moved to internally displaced camps…. You will find a woman is sleeping inside the tent, then a drunkard comes from the local brew den and starts hitting the tent as he moves along, and in the process, causing commotion…" Interview with Local Administrator, Bunyala South

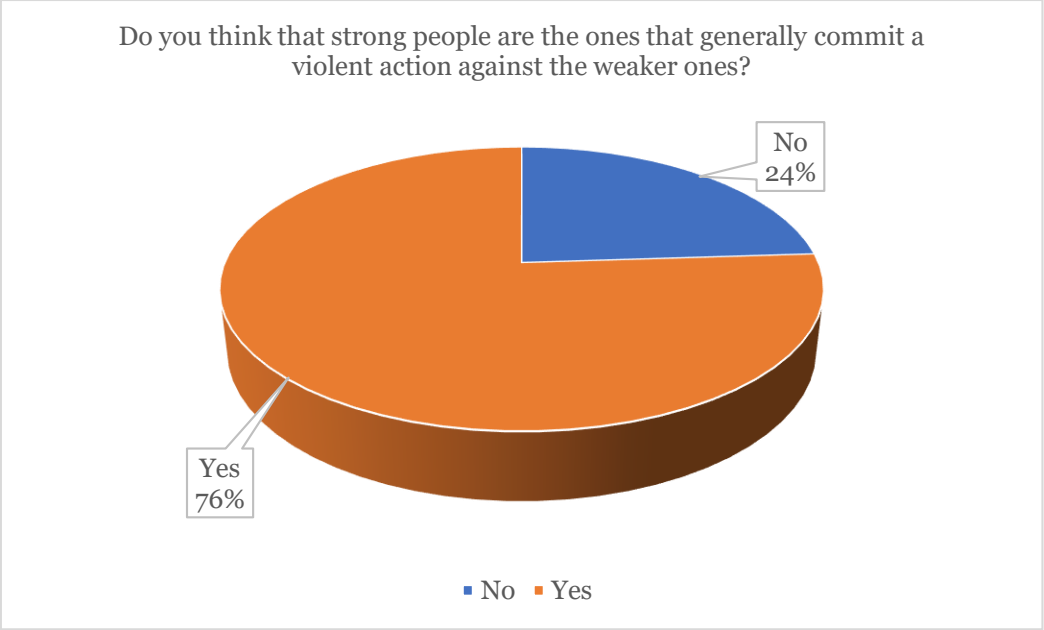
3.4 Community Attitudes towards GBV Prevention Measures

This situation analysis also sought to identify and analyze community attitude towards GBV and the existing prevention measures.

3.4.1 Community perceptions, attitudes, and beliefs on GBV

In terms of community perceptions, respondents of the survey generally believed that physically strong people were the ones that generally committed violence against their weaker counterparts. Majority (76.0%) of the respondents had the opinion that strong people were the ones that committed violence against their weaker counterparts. More men (79.6%) than women (73.7%) held this opinion.

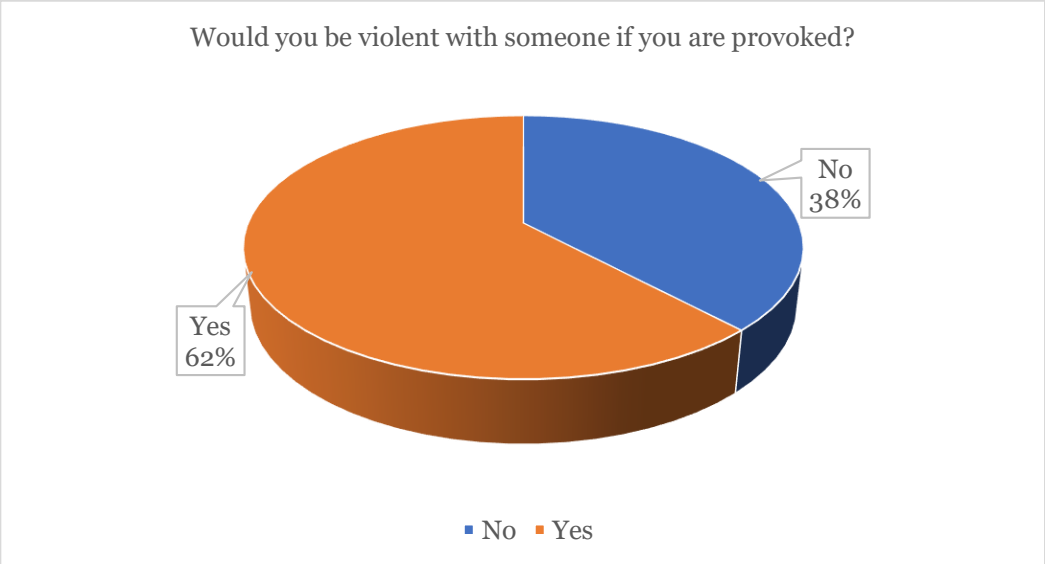
Chart 5: Opinions on who generally commit violence in the community



Moreover, the community believes that provocation, whether verbal or physical, should be responded to by violence. According to 62.0% of the respondents of the survey, they would turn violent in the event they experienced a provocation from someone.

There were variations in responses to this question by gender, as 63.7% of men responded that they would be violent if provoked; while for females, 60.9% had similar opinion. Further variations were established between the two wards, as 65.1% of respondents from Bunyala North Ward reported that they would be violent if provoked, which was significantly higher than their counterparts in Bunyala South Ward, where 57.5% responded in agreement to the question.

Chart 6: Opinions on individuals' reaction to provocation



Among the respondents, 83.9% believed that violence had a motivation. Moreover, 43.5% reported that they had ever provoked someone who had a violent reaction. Analysis of data from the qualitative discussions also indicated that many individuals would not allow to be provoked without reacting in response, as described in the following excerpts:

> "l fought with my neighbor because he provoked me." Interview with Community Member, Bunyala South

3.4.2 Community perceptions, attitudes, and beliefs on existing GBV prevention initiatives

Qualitative participants opined that there are several GBV prevention and response initiatives currently ongoing, following the footsteps of interventions initiated by organizations that had previously implemented programs targeting the ending of violence in the communities living in Budalangi. Government administrators have leveraged such ongoing efforts to conduct GBV awareness creation sessions during their monthly barazas which are usually an open call to community members. The administrators also reported that they engaged young people in talks on how they would utilize their free time effectively, by encouraging them to engage in meaningful activities such as reading in the public libraries and engaging in co-curricular activities such as sports. They also encourage members of the community to take up their roles in the society so as to reduce chances of conflicts.

> "It's just the sensitization bit that we do most. We just sensitize. We sensitize that gender-based violence is not good in the society, this is how we need to be living in the society, we take ourselves as brothers' keepers, so that we don't come up with such like cases in the society. So, we do sensitization." Interview with Local Administrator, Budalangi

> "My role, as I have said, one, I keep my ears on the ground so that whenever I come across such like act happening, then I report, first to my bosses, second, to the Social Services Department office, third, to the Children Department as well, then finally, I incorporate my office with officers – that is, OCS Port Victoria…." Interview with Local Administrator, Budalangi

The administrators also reported that they enforce law on offenders of GBV, as they arrest perpetrators before they are arraigned to the police. According to the administrators, they are also tasked with profiling the cases of GBV by specific variables, including demographics and periods.

The administrators also mentioned that they had the role of coordinating exiting interventions within the communities. that entailed bringing together partners that implement GBV interventions to harmonize their implementation plans and strategies.

> "I also happen to mobilize the partners, for example, the well-wishers who have some CBOs outside this area. Also, I happen to mobilize some partners like those who deal with sexual and gender-based violence. There is a group that is just nearby here that I also involve them in sensitizing and passing information to these people so that they may have to know that gender-based violence is dangerous to the society." Interview with Local Administrator, Budalangi

Some organizations, such as Kenya Red Cross Society also undertake the role of sensitizing communities on importance of living peacefully, without violence. The KRCS integrates their GBV interventions with their routine emergency prevention and response, especially during the periods of floods.

> "... So, Red Cross has been sensitizing us on how to mitigate instances of violence in the community..." Interview with Local Administrator, Budalangi

Moreover, the participants disclosed that the Children's Department officials had been actively supporting prevention messages by sending their staff to the field, and in many instances often participating in the chiefs' barazas.

It was evident, from the discussions, that while these interventions were ongoing, they were generally fragmented and lacked coordinated approaches that would ensure they are streamlined. It was also evident that the existing GBV prevention efforts were not significantly effective because they predominantly relied on traditional approaches such as passing GBV communications in physical gatherings.

3.5 Institutional Analysis of GBV prevention and response

3.5.1 Roles and capacities of stakeholders

Survey participants were asked if they were aware of any organization that was working to address GBV in their communities, and 46.2% reported that they were aware of at least one organization, while the remaining proportion were unsure about existence of such organizations. As shown in Table 12 below they listed local organizations, government departments, CBOs, CSOs and NGOs. Among the NGO mentioned were Action Aid, Ampath, Child Fund, World Vision, the Kenya Red Cross Society (KRCS) and Unicef. The participants also appreciated the role played by local administrators such as village elders, assistant chiefs, chiefs and the Deputy County Commissioners in curbing gender-based violence in their communities.

Table 12: Organizations involved in implementation of GBV interventions

Organizational level	**Name of organization**
Local Administrators	Village Elders Assistant Chief's office Chief's office Office of the DCC
Government Departments	Children Protection Department Social Protection office Kenya Police The Administration Police Paralegal Agency
Community-based Organizations (CBOs)	Legacy Education Centre (LEC) Bucodev CBO

	SABCO CBO
Civil Society Organizations (CSOs)	Ariel African Child Foundation Forum for African Women Educationists in Kenya
Non-Governmental Organizations (NGOs)	Action Aid Ampath Child fund World Vision Kenya Red Cross Society Unicef

These findings were corroborated by participants of qualitative interviews, who also highlighted the critical role played by non-state actors

> "I can say, most GBV programs are run by non-state actors such as Legacy Education Centre and World Vision. They have some GBV programs. Then there is that program for adolescents, it's also an NGO…." Interview with Government Official, Budalangi Sub-County

> "…because I have seen even Red Cross supporting initiatives like these. They helped us when the floods came and we experienced backflow and water filled people's homes, so people were moved to the camp, and people were forced to stay together. You know if you stay together in a camp, everyone comes with their different characters…. So, Red Cross has been sensitizing us on how to mitigate instances of violence in the community…" Interview with Local Administrator, Budalangi

> "There are many organizations, but the one I used to see and which I believe tried creating impact was Action Aid. They used to implement their activities here but have since left. They used to operate from this CDF Office – it's them who constructed the building. They are the ones who tried to sensitize communities on GBV…They really tried. Then there is ICS, which also came here earlier and tried as well. Those are the only two organizations that did some impactful work. But these other organizations, I don't see their work." Interview with Religious Leader, Budalangi

The survey participants were also asked if they knew anyone who had ever sought help in any of the offices/organizations listed above, and only 39.7% reported in affirmation. Of those who mentioned that they knew someone who had ever sought help in those offices, 57.8% reported satisfaction with services they had received in those offices, while 33.6% reported dissatisfaction, with the remaining 8.6% mentioning that they did not know the level of satisfaction of those individuals who had sought help in those offices.

3.5.2 Government's role in addressing GBV

Government officials participating in the qualitative discussions reported that they had various roles in GBV prevention and response. Ministry of Education ensures that teachers work closely with learners so that learners are able to report any instances of

GBV. In the event of GBV, the Ministry works closely with the Ministry of Interior so that the perpetrators are brought to book. During meetings with parents, the Ministry ensures that parents are informed of the procedures in instances of GBV.

The Ministry of Interior highlighted that their responsibility was to maintain law and order within the communities under their jurisdiction. They also have roles in GBV prevention and reporting, such as conducting sensitization to members of the public, they also conduct referrals to survivors of GBV – they refer them to the police, where they are required to make reports, facilitate arrest of perpetrators. Local administrators reported that they leveraged chief barazas that were organized regularly at different administrative levels. Such sessions are attended by community members, but often attended by mainly by female members of the community as male members tend to be busy, and young people don't seem to be interested.

> "If we get a case, we ensure that the perpetrator is arrested, so we also facilitate arrests…. Ours as the Government is to ensure that we do public sensitizations during public barazas, that's when we talk against it…we usually do two public barazas per month." Interview with Government Official, Budalangi Sub-County

> "Issues of GBV, even when we attend chief's barazas, or assistant chief's barazas, or even me as village elder, when I organize my own baraza, we usually talk to the parents on the most effective ways to prevent violence…. If we find that there are aggressive cases of violence, we often refer them to the police." Interview with Local Administrator, Budalangi

> "As administration, we assist the police, especially the chiefs, they can identify the home, they identify where that person is. So, we have enabled arrest of some people who have committed that, and a few have been apprehended." Interview with Government Official, Budalangi Sub-County

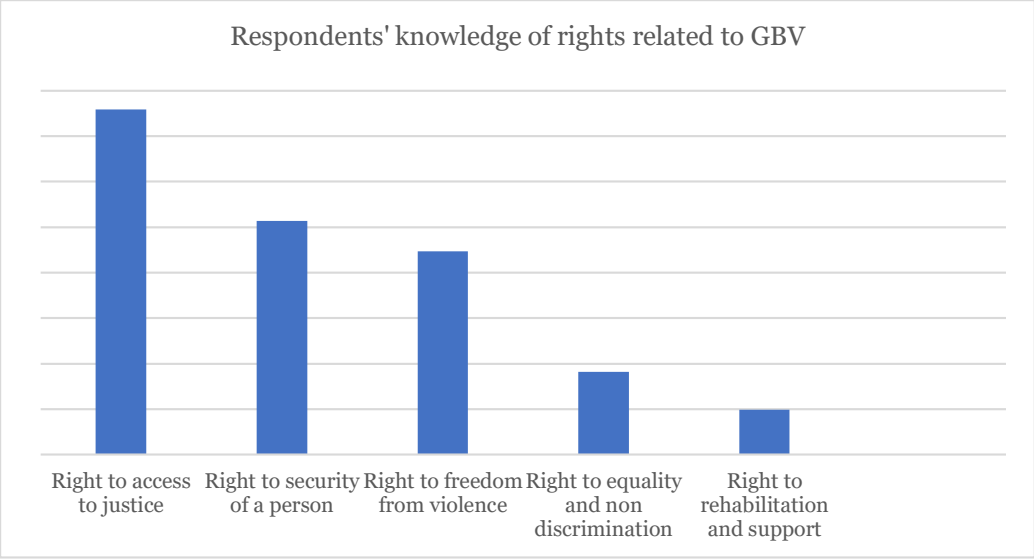
Due to their limited expertise in GBV programming, and in order to achieve effective sensitization sessions, the Government officials usually invite other officials with extensive knowledge in GBV prevention and response, such as officials from the Judiciary, Department of Gender, Children's Department as well as any other partners that are willing to accompany the Government officials to give talks on GBV during the community baraza sessions. While that is the case, Ministry of Education usually leverage these chief barazas in which they too pass their messages on GBV.

3.5.3 GBV-related policies and regulations

To assess their knowledge of GBV-related rights, the survey participants were asked if they were familiar with any rights related to GBV. Among all the 292 participants, only 22.6% responded that they were familiar with such rights. They listed right to report any cases of GBV, right to access justice, right to get non-discriminative medical help in time, right to education of GBV, right to security and protection from any form of GBV, and right to freedom from any form of violence as the main rights related to GBV.

Right to access to justice (37.9%), right to security of a person (25.7%) and right to freedom from violence (22.3%) were the most commonly mentioned by the survey participants as the GBV-related rights that they were aware of.

Chart 7: Knowledge of respondents of GBV-related rights

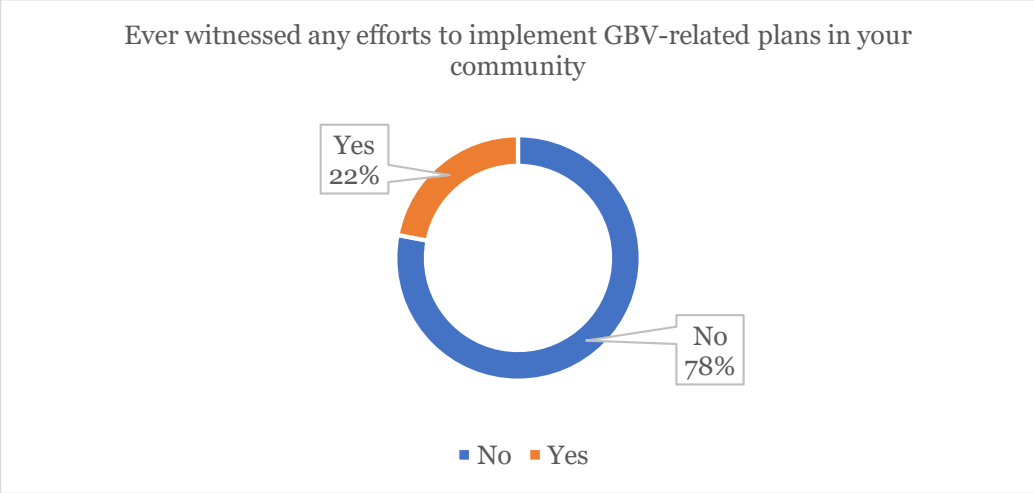


In terms of effectiveness of these rights, about half (50.7%) of the survey participants who had reported that they were familiar with the rights had the opinion that the rights were effective in protecting the rights of GBV survivors.

3.5.4 Implementation of GBV policies

Majority (77.7%) of the survey participants reported that they had never witnessed any efforts to implement GBV-related plans within their communities in Bunyala South and Bunyala North wards.

Chart 8: Participants who ever witnessed implementation of GBV-related plans



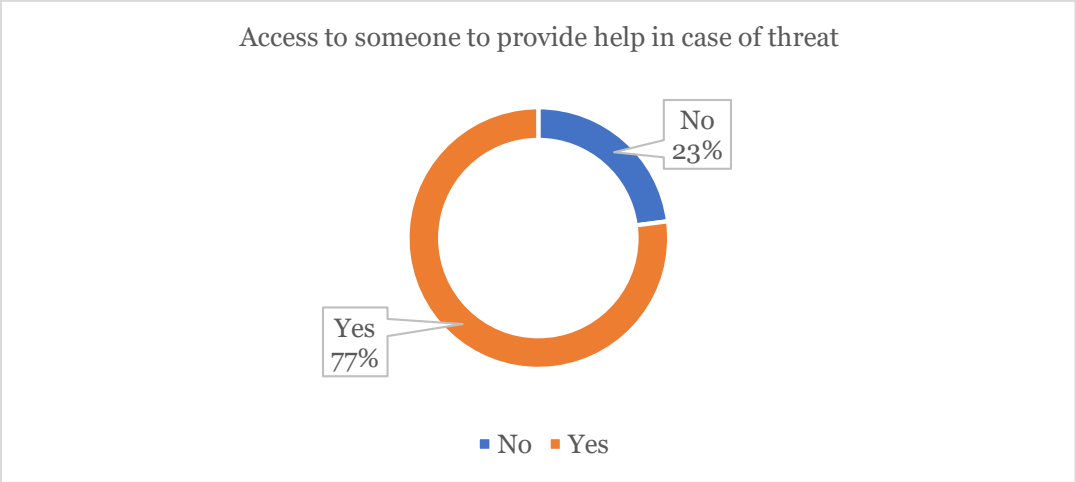
Among those who mentioned that they had witnessed some efforts, only 16.4% reported that such efforts had been successful. Key challenges associated with unsuccessful implementation of such GBV-related plans include high levels of corruption, lack of transparency in the processes, cultural norms, inadequate resources, ignorance among community members, poor governance and high poverty rates.

3.5.5 Gaps and challenges in the GBV response system

Majority (84.9%) of the respondents exhibited knowledge of who to call or contact in case they, or their relationships experienced any GBV-related incident. Another majority (81.2%) indicated that the contact was easy to access should such occurrence happen.

As described in Chart 9, over three-quarters (77.1%) of the survey participants reported that they had someone that they would call for help or contact, or a relevant person or office to reach out to in case they were under any form of GBV threat. Of the 22.9% who reported that they did not have someone to call for help, 56.7% were from Budalangi South and 61.2% were female. Interestingly 71.6% of them were married. In terms of age categories, there were no significant variations.

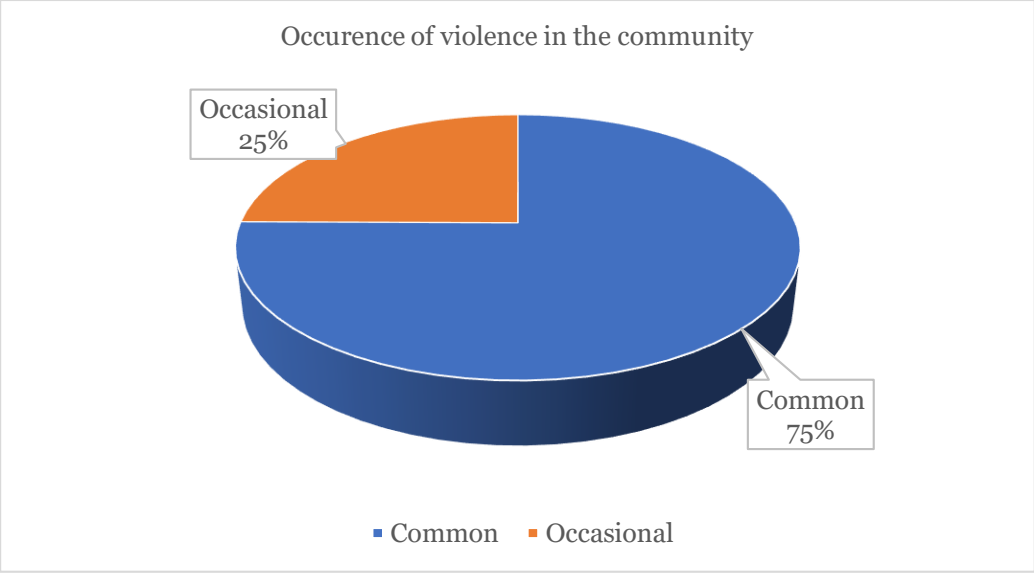
Chart 9: Access to help in the event of a GBV threat



3.6 Community Experiences and Needs

Majority (80.6%) of the survey respondents had the view that violence is provoked, while 14.1% view it as a punishment. Again, among the survey participants, 75.1% had the opinion that violence was common in their communities, compared to only 24.9% who opined that occurrence of violence was just occasional.

Chart 10: Participants' views on occurrence of violence in their communities



Among the 163 survey participants (55.8%) who reported that they had ever been violent, majority (72.4%) mentioned that they had been violent to their relatives, with the only remaining 27.6% having been violent to their friends. On the same breath, 61.6% of the survey participants revealed that someone close to them had ever been violent to them. More than half (54.4%) reported that their relatives had been violent to them.

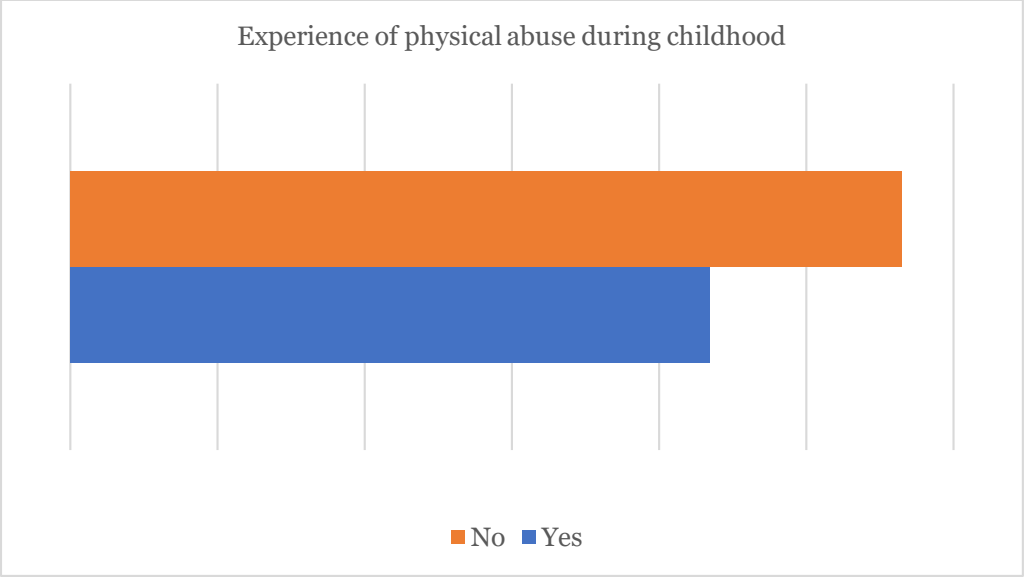
Table 13: Source of violence experienced by survey participants

Violent person	Frequency	Percent
Friend	63	35.0
Relative	98	54.4
Friend and relative	19	10.6
Total	180	100

Only 41 (14.0%) of the survey participants mentioned that they had been violent to people who were distant to them, with 78.0% of these individuals reporting that they had been violent towards people they knew well. While that was the case for violence originating from the survey participants, 47 of the participants (16.1%) also reported to have been victims of violence from people who were distant to them. Among those who had experienced violence from people who were distant to them, 72.3% highlighted that the violence came from people known to them, while 25.5% of them reported that they didn't know the persons who had meted violence against them. One person had experienced violence from people both known and unknown to them.

Survey participants were asked if they had experienced physical abuse during their childhood, and 43.5% were able to recall instances of physical abuse during their childhood.

Chart 11: Participants' experience of physical abuse during childhood



Among those who reported that they had been physically abused at childhood, 72.4% had experienced it a few times, while 16.5% mentioned that the physical violence had been too much.

Table 14: Physical abuse experienced by participants during childhood

Frequency of physical abuse	Frequency	Percent
A few times	92	72.4
A lot	14	11.0
Too much	21	16.5
Total	127	100.0

4.0 Discussion

Characteristics of households

The survey participants were largely individuals with low education attainment, with close to two-thirds having not studied beyond primary school. The outcome of low education levels was observed in employment status of the same respondents, which revealed that only a paltry 11.0% of them were in formal employment. The sampled survey participants came from households with high household sizes, averaging 5.5 members, with many households having more than 10 members. The three common economic activities in the two wards are farming, fishing and small-scale trading. These demographics are general pointers to high poverty levels within households in Budalangi Sub-County.

In their study to establish the relationship between education attainment and household poverty, Kosuke et al (2023) noted that households with low education levels (less than high school) were at increased risks of poverty (adjusted relative risk [95% CI], 5.82 [4.90–6.91]) compared to households with high education level, that is, college or above. Past studies have also shown that high household sizes are associated with increased risks of being poor (Jolliffe & Tetteh-Baah, 2024; Fusco & Islam, 2020). This is mainly because larger families grapple with greater financial strain, thus finding it difficult to afford basic needs (Edem & Agba, 2020) and therefore leads to increased levels of dependency (Fusco & Islam, 2020; Stewart et al., 2023). Additionally, engagement in subsistence agriculture, fishing and small-scale trading, which are three predominant economic activities across the two wards of Budalangi Sub-County, are a revelation that the households still face economic challenges. This significantly contributes to the high poverty rate for Busia County of 52.7% as at the year 2022, and which was way higher than Kenya's national poverty rate of 39.8% in the same year (Commission on Revenue Allocation, 2022). From these statistics, the poverty rate for Budalangi Sub-County was 61.6%, which was equally higher than the county and national averages.

Prevalence and common forms of GBV

Prevalence of gender-based violence remains high across Bunyala South and North wards, as 70.5% of those who participated in the quantitative survey of this situational analysis revealed that they knew at least one person who had experienced violence in the last 12 months. Moreover, 44.2% of the survey participants disclosed that members of their households had experienced GBV. Physical violence remains the most common form of violence in this community, followed by emotional abuse and sexual abuse. Perpetrators of these kinds of violence are people well known to the survivors, as they mainly come from within their families, clans or communities.

In these communities, violence against children is most rampant, as child marriage, child labor, child trafficking and forced marriages are commonly experienced. Moreover, young girls are usually on the receiving end of the prevalent cases of sexual violence in the communities, often resulting in unplanned teenage pregnancies. In these communities,

where sand harvesting activities provide opportunities for young boys to receive some form of financial returns, and where deaths of parents have handed over children to foster parents, child abuse in form of child labor continue to affect their physical and social development. Thus, it may result in bodily and mental harms, sexual or economic exploitation, adverse health outcomes, and compromised education and future opportunities (Lee, 2021; Abdalla, et al, 2019).

GBV causes and risk factors

Communities living in Budalangi Sub-County are largely patriarchal, such that male members of the communities predominantly hold authority and privilege over their female counterparts. Men in these locations regard women lowly, and it is on this basis that they don't respect the women. Thus, many women are abused in their marriages, but they are not willing to report because community members view GBV meted on women as normal. In other quarters, many women who undergo GBV consider it as a regular punishment and therefore they easily accept to live with it. Just as the case in many other patriarchal communities, many women still face limitations in decision-making within their relationships due to male dominance, often restricting women's autonomy, thus, leading to disparities in decision-making. This reflects the persistent influence of patriarchal structures, which must be addressed through comprehensive interventions that challenge engrained gender norms and that promote equitable relationships. Power differences between men and women is a dominant discourse in understanding GBV in sub-Saharan Africa. Most studies on gender inequity and sexual health are based on Connell's (1987) theory of gender and power which recognizes that there are persistent power differentials within women's intimate relationships where men's controlling behaviors, affect women decisions on the timing of sex, sexual refusal, and contraception use (Closson et al, 2022; Nduna, 2020). Men's desire to exert power and control as a way to maintain pervasive gender inequities has been attributed to the perpetration of GBV.

These communities have normalized gender-based violence. Cultural norms play a significant role in normalization of violence, as male members view their violent actions as justified, and women and children who end up as the recipients of this negative vice tend to accept it as normal, thus do not seek any form of support whenever they face violence. In this locality, men tend to believe that they have the privilege to commit violence, as the society allows them to act in this manner. Due to entrenched gender disparities, including beliefs that females are expected to undertake certain roles and are limited or not expected to undertake other roles that are considered the reserve for males, the female members of the community are therefore are relegated by the patriarchal social system. Women in marriage or relationships have tolerated violence from their male partners as they seek to retain their marriages or relationships. They engage in unconsented sexual intercourse, as they are compelled into it by their male partners or husbands, and more often than not, the male partners are responsible for determining when, where and how to engage in sexual intercourse. In some quarters, because of limited awareness, both male and females have failed to identify GBV, and this has worked against the GBV prevention and care efforts.

Moreover, the high poverty and illiteracy rates among communities living in Budalangi remains a risk factor to prevalent cases of GBV in the sub-county. According to this situation analysis, rampant poverty and illiteracy levels were identified as intermediate causes of GBV within the communities. Previous studies have elucidated the strong association between GBV and ignorance, and GBV and poverty (Concern Worldwide, 2023; The Borgen Project, undated). Studies have shown the relationships between poverty and GBV. According to the Borgen Project (undated), poverty exacerbates gender-based violence in many ways, including that, experiencing violence may result in interrupted opportunities for education and employment; and that women and girls are more prone to experiencing poverty and exploitation. It has also been noted that children born from child marriages are less likely to receive an education and have a higher chance of living in extreme poverty. Moreover, women and girls living in poverty are more vulnerable to trafficking and sexual exploitation (UN, 2022).

Challenges in implementation of GBV prevention and response interventions

Key challenges associated with unsuccessful implementation of GBV-related plans include high levels of corruption, lack of transparency in the processes, cultural norms, inadequate resources, ignorance among community members, poor governance and high poverty rates. Corruption remains a major concern when it comes to search for justice for survivors of violence in the communities in Budalangi. With many cases of bribery of police officers handling such GBV cases by the perpetrators or their families, such cases end up not proceeding beyond the police records. There are also instances where GBV cases end prematurely at the law courts because of bribery to the judges handling such cases. Association between corruption and implementation of civil rights has been studied over the years, and it has been noted that often, women's civil rights go unprotected, especially in systems where law enforcers are corrupt. This leaves girls, women, and other minorities strongly affected when dealing with matters of domestic abuse, human trafficking, allegations of adultery and rape, among others (Téllez, undated).

Additionally, many cases end up not moving forward because of threats against individuals who report to the police or the witnesses. When survivors or their witnesses are threatened by perpetrators of violence, they usually opt not to pursue cases against the perpetrators for fear for their lives. This remains a major barrier that hinders GBV survivors from seeking justice and support within their localities (Muuo, et al, Tan & Kuschminder, 2022). So many cases of GBV go unreported because of high levels of ignorance on part of the community members. Ignorance is also an issue when it comes to prevention of GBV, as many community members do not know measures to take in order to keep themselves from potential risks of GBV. Ignorance on part of the survivors have also led to their inability to open up to their close family members or friends about their ordeals, meaning such cases end up not reported.

5.0 Conclusion and Recommendations

5.1 Conclusion

Female members of communities living in Budalangi Sub-County are disproportionately affected by violence commonly orchestrated by the males. Majority of those GBV cases occur at home and in entertainment centres. Because of the longstanding experiences of violence meted on them, community norms and practices which put women below men in decision-making and generally, in all socio-cultural spheres, as well as limited access to support mechanisms, female members of the community have normalized GBV. Entrenched gender disparities, including beliefs that females are expected to undertake certain roles and are limited or not expected to undertake other roles that are considered the reserve for males, have relegated female members of the community to a lower pecking order within the patriarchal social system. Women in marriage or relationships have tolerated violence from their male partners as they seek to retain their marriages or relationships. They engage in unconsented sexual intercourse, as they are compelled into it by their male partners or husbands. In some quarters, because of limited awareness, both male and females have failed to identify GBV, and this has worked against the GBV prevention and response efforts.

5.2 Recommendations

To establish a comprehensive community-based GBV prevention and response network that can effectively prevent and respond to GBV, ultimately improving the lives of women and men in Budalangi Sub-County, the following recommendations are proposed:

Community empowerment drives

In these communities, women and young girls are at most risk of GBV, therefore, they should be given empowerment opportunities to ensure they are able to make appropriate choices. Socio-economic empowerment, including supporting the female members to create and nurture income-generating opportunities will help them become more assertive in their choices and decisions. Economic empowerment opportunities, including financial management, should also target male members of the communities because when they are financially independent and can make appropriate decisions, they will be less likely to commit GBV. Government officials such as assistant chiefs and chiefs should also be empowered on GBV prevention and response through routine trainings and updates to ensure their continued participation, instead of leaving this role entirely to non-state actors such as NGOs and CSOs. On the same note, teachers should be given extra capacity building on GBV prevention and response so that they can do their roles within schools. This may entail identification of a few teachers, especially those in Guidance and Counseling.

Engagement of community-level GBV champions

To enhance reach within communities, the participants recommended the establishment and engagement of GBV champions within the community to do education and identification of cases and referrals, thus reaching the communities. This could be achieved by having one GBV Champion at the village level. The champions would be responsible for identifying and reporting GBV cases, then they would also be providing GBV information to the community. Preference is a youth who have acquired post-secondary education because they understand the community and are leaned. Also, men and women of integrity and are widely known in the community would undertake this role effectively. To facilitate their acceptance in the community, the person should be introduced to the community through the local administration office. Additionally, there would be need for creation of agencies in the communities, who are point people to be reached out to in cases of violence. These should be influencers with education, respected in the community and people who have not had cases of GBV, people who are stable in their marriages and have their own sources of income – someone who people can look up to.

Regular stakeholder engagements

There should be regular stakeholder review sessions to allow all stakeholders involved in GBV interventions to collectively discuss their performance and identify areas that require improvement in their lines of engagement, as well as identify challenges and collectively find solutions to such challenges. Regular stakeholder engagement sessions will provide opportunities for learning and potentially allowing implementers to review and change implementation approaches to ensure they fit the needs of stakeholders. This will also enhance accountability within LEC as well as to the general public, building lasting credibility and trust, improve risk management, and provide opportunity for efficiency in terms of both time and finances. These meetings should be regular to ensure all stakeholders are always kept active in their roles. These meetings should bring on board religious leaders particularly church elders and pastors, community leaders and education sector leaders in Budalangi.

Increased awareness creation

This situation analysis established that there is low awareness of GBV information among communities in this location. As part of GBV interventions implementation, the organizations should first focus on extensive community sensitization campaigns that will raise awareness about GBV, its consequences, and available services. Considering low literacy levels in the target communities, such awareness campaigns and messages should be contextual, coined to the language understood and acceptable to the majority of the community members, and passed using the most effective channels, preferably via local radio stations using local dialects and easily accepted community change agents such as trained community health agents, church elders, educated young people, elderly men and women with good standing in the community. As established from the study, a meagre proportion of young people can be reached during physical meetings such as Baraza's.

Thus, awareness creation targeting young people should utilize social media platforms particularly twitter, Instagram, Facebook, WhatsApp, Telegram, and TikTok among others. LEC and partner organizations should consider generating messages on GBV issues and target reaching many people at a relatively low cost. By providing information to challenge gender norms or by attaching stigma to unwanted behaviors, they can support positive norms and prompt reflection on harmful social and cultural norms that drive violence among the communities living in Budalangi.

Improved access to services

With the currently existing poor access to GBV prevention and response services in Budalangi, there is urgent need for organizations seeking to implement GBV interventions in this location to leverage existing health structures within the wards and work with the Department of Health and State Department of Internal security at the county level. This will ensure availability and accessibility of such GBV prevention and response services, including medical care, legal assistance, and counselling. That these communities continue to experience rampant physical, emotional and sexual violence, identification and provision of services around these forms of violence should be prioritized. Moreover, GBV services should be tailored to suit the demands of the various groups of the community. For instance, females who suffer the greatest brunt of GBV should be targeted using approaches that are different from those used among their male counterparts. To facilitate access to GBV services among school-going children, LEC should consider reaching them with youth-specific services, such as through creation of GBV clubs within schools.

Community-based initiatives

To enhance acceptability and ownership of interventions, providers of GBV interventions should consider developing community-based GBV prevention and response networks. Organizations targeting to implement GBV interventions should empower local communities so that they could support intervention activities at the community level. This may entail building the capacity of already existing CBOs such as LEC, SABCO and BUCODEV identifying and capacity building selected respected members of the community who are willing to support the implementation of such initiatives, and working collaboratively with community-level social units such as churches, women and youth groups and groups already established to support promotion of health services. Organizations interested in implementing GBV interventions in Budalangi should consider empowering local groups within communities to enhance reach and acceptability. This will enhance access to the services that they offer to communities in the form of sensitization services and post-violence services that they will be offering.

Address root causes of GBV

This situation analysis unearthed the underlying risk factors to GBV in Budalangi Sub-County. Prevalent gender inequalities, retrogressive cultural norms, widespread poverty and illiteracy, reluctance to follow through cases of GBV and alcohol and substance abuse remain the major risk factors to GBV among these communities. Child labor was widely

associated with the existence of sand harvesting and other income-generating opportunities that lure young boys.

Strengthened coordination

Organizations seeking to work in this geographical location and in the thematic space of GBV should consider working closely with the Department of Gender and Social Services at county level to create a multi-sectoral GBV taskforce that will coordinate efforts among Government agencies, NGOs, and community-based organizations that are already implementing or are interested in implementing GBV interventions in this sub-county. The taskforce should ensure representation of local communities and their needs. Such taskforce should also consider regular meeting sessions, during which they will review progress, identify and resolve challenges, and deliberate on next courses of action.

References

Abdalla I., Salma M. A., Mohammed J., Jihad A., Nanne V. (2019). Child labor and health: a systematic literature review of the impacts of child labor on child's health in low- and middle-income countries, *Journal of Public Health*, 41 (1): 18-26. https://doi.org/10.1093/pubmed/fdy018

Bhattacharjee, P., Ma, H., Musyoki, H., Cheuk, E., Isac, S., Njiraini, M., . . . Pickles, M. (2020). Prevalence and patterns of gender-based violence across adolescent girls and young women in Mombasa, Kenya. *BMC Women's Health, 20*(1). doi:10.1186/s12905-020-01081-8

Bose D.L., Hundal A., Singh S., Singh S., Seth K., Hadi S.U., Saran A., Joseph J., Goyal K., Salve S. (2023). "Evidence and gap map report: Social and Behavior Change Communication (SBCC) interventions for strengthening HIV prevention and research among adolescent girls and young women (AGYW) in low- and middle-income countries (LMICs)," *Campbell Systematic Reviews*,10;19(1):e1297. doi: 10.1002/cl2.1297. Erratum in: Campbell Syst Rev. 2023 Feb 12;19(1):e1310. doi: 10.1002/cl2.1310. PMID: 36911864; PMCID: PMC9831290.

CDC (2021). Intimate Partner Violence. Retrieved from https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html

CDC (2024a). Ending Gender-Based Violence. *Global Health*. https://www.cdc.gov/global-health/observances/gbv.html

CDC (2024b). Intimate Partner Violence Prevention: About Intimate Partner Violence. https://www.cdc.gov/intimate-partner-violence/about/index.html

Closson, K., Ndungu, J., Beksinska, M., Ogilvie, G., Dietrich, J. J., Gadermann, A., Gibbs, A., Nduna, M., Smit, J., Gray, G., & Kaida, A. (2022). Gender, Power, and Health: Measuring and Assessing Sexual Relationship Power Equity Among Young Sub-Saharan African Women and Men, a Systematic Review. *Trauma, Violence, and Abuse*, *23*(3), 920–937. https://doi.org/10.1177/1524838020979676

Cochran, W. G. (1963). Sampling Techniques (2nd ed.). New York: John Wiley and Sons, Inc.

Commission on Revenue Allocation (2022). Kenya County Statistical Factsheets. Third Edition. Accessed via https://statskenya.co.ke/county-information/Busia/40

Concern Worldwide (2023). Five Causes of Gender-based Violence. https://www.concern.net/news/causes-of-gender-based-violence

Edem, O.E., & Agba, O. (2020). Centrifugal Cause of Household Poverty in Nigeria. *FWU Journal of Social Sciences*, DOI:10.51709/FW12724. Corpus ID: 234590439

Fusco, A. & Islam, N. (2020). "Household Size and Poverty", Rodríguez, J.G. and Bishop, J.A. (Ed.) *Inequality, Redistribution and Mobility* (*Research on Economic Inequality, Vol. 28*), Emerald Publishing Limited, Leeds, pp. 151-177. https://doi.org/10.1108/S1049-258520200000028006

Hunter, A. A., & Flores, G. (2021). Social determinants of health and child maltreatment: a systematic review. *Pediatric Research, 89*(2), 269-274. doi:10.1038/s41390-020-01175-x

Jolliffe, D. & Tetteh-Baah, S.K (2024). "Identifying the poor – Accounting for household economies of scale in global poverty estimates." *World Development,* 179, 106593, ISSN 0305-750X, https://doi.org/10.1016/j.worlddev.2024.106593

KNBS (2023). *Kenya Demographic and Health Survey 2022. Key Indicators Report*. Retrieved from Nairobi, Kenya, and Rockville, Maryland, USA: https://dhsprogram.com/pubs/pdf/PR143/PR143.pdf

Know Violence in Childhood. (2017). *Ending Violence in Childhood. Global Report 2017.* Retrieved from New Delhi, India.: https://resourcecentre.savethechildren.net/5303f41/

Kosuke, I., Seeman, T.E, Nianogo, R., & Okubo, Y. (2023). "The effect of poverty on the relationship between household education levels and obesity in U.S. children and adolescents: an observational study." *The Lancet Regional Health – Americas*, Volume 25, 100565

Lee, B.R. (2021). *Child labor: What are the health and social implications?* Baylor College of Medicine Tropical Medicine Summer Institute. https://blogs.bcm.edu/2021/10/19/child-labor-what-are-the-health-and-social-implications/

Ministry of Labour and Social Protection of Kenya, D. (2019). *Violence against Children in Kenya: Findings from a National Survey, 2019*. Retrieved from Nairobi, Kenya: https://www.unicef.org/kenya/media/1516/file/2019%20Violence%20Against%20Children%20Survey%20(VACS)%20.pdf

Muuo S., Muthuri S.K., Mutua M.K., McAlpine A., Bacchus L.J., Ogego H., Bangha M., Hossain M., Izugbara C. (2020). "Barriers and facilitators to care-seeking among survivors of gender-based violence in the Dadaab refugee complex." *Sexual Reproductive Health Matters,* 28(1):1722404. doi: 10.1080/26410397.2020.1722404. PMID: 32075551; PMCID: PMC7887977.

Nduna, M. (2020). *A magnifying glass and a fine-tooth comb: Understanding girls' and young women's sexual vulnerability*. Centre for Sexualities, AIDS and Gender University of Pretoria.

Tan, S.E., Kuschminder, K. (2022). Migrant experiences of sexual and gender based violence: a critical interpretative synthesis. *Global Health* **18**, 68. https://doi.org/10.1186/s12992-022-00860-2

Téllez, A.F. (undated). The Link Between Corruption and Gender Inequality: A Heavy Burden for Development and Democracy. Wilson Centre. https://www.wilsoncenter.org/publication/the-link-between-corruption-and-gender-inequality-heavy-burden-for-development-and

The Borgen Project (undated). Poverty and Gender-Based Violence https://borgenproject.org/poverty-and-gender-based-violence/

UN (2022). *Trafficking in women and girls: crises as a risk multiplier Report of the Secretary-General*. Geneva: Switzerland

UN Women (2023). Facts and figures: Ending violence against women. https://eca.unwomen.org/en/stories/explainer/2023/12/facts-and-figures-ending-violence-against-women

WHO (2022). Violence against children. https://www.who.int/news-room/fact-sheets/detail/violence-against-children

World Bank (2022). Violence against women and girls – what the data tell us. https://genderdata.worldbank.org/en/data-stories/overview-of-gender-based-violence