

GENDER-BASED VIOLENCE AGAINST WOMEN WHO USE DRUGS (WWUD) IN KENYA: EXPERIENCES AND POLICY DIRECTIONS

Social Pillar: Gender, Youth and Vulnerable Groups

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Introduction

Gender-based violence (GBV) is most pervasive among vulnerable populations including sex workers, women living in poor socioeconomic conditions and women who use drugs (WWUD). Some community-based studies show that the prevalence of GBV against WWUD might be between 2-5 times higher than that of women in the general population (Gilbert et al., 2015) with higher rates in Sub-Saharan Africa (Pack et al., 2014; Swart, 2012). WWUD also have substantially higher rates of sexual assault from non-intimate partners than the general population, with perpetrators including drug dealers, sex work clients and police (UNODC, 2019). A range of factors at individual, family, community and structural levels increase the risk of perpetration and/or victimization of GBV. These factors include: poor education (Capaldi et al., 2012), past exposure to family violence and abuse, gender inequality, poverty, social norms accepting of violence (WHO, 2013), and a history of drug use (Abramsky et al., 2011; WHO, 2012). For WWUD, having drug-using partners (Okal et al., 2011; Pack et al., 2014) and engaging in transactional sex (Mburu et al., 2019) increases the risk of victimization via the ensuing stigma and discrimination. The experience of gender-based violence among this population is also related to poverty and the normalization of GBV in African culture (Kimuna & Djamba, 2008) including women's own positive perceptions of partner violence (Pack et al., 2014). GBV against WWUD is a threat to their mental health (WHO, 2013) and is also associated with stigma (UNHIV, 2014), HIV/AIDS and unplanned pregnancies, and adverse effects on their children (Abramsky et al., 2011). It also has social and economic costs for the individual, their family and society. This policy brief relies on data from a study of lived experiences of gender-based violence, and structures that perpetuate such violence among women who use drugs in Mombasa and Kilifi counties.

Study approach and Results

Data for this brief is drawn from a qualitative study carried out in Mombasa and Kilifi counties in September 2020. Focus group discussions and in depth interviews were carried out among WWUD and service level key informants from Ministries of Interior, Health and Labour and Social Protection; Judiciary and community leaders. The objective of the study was to assess prevalence and lived experiences of GBV and socio-structural factors that perpetuate it among WWUD. The study found that physical abuse intersected with psychological control and included demands to stay indoors, violence and personal humiliation. The reasons ranged from stealing partner's money or drugs, suspicion of unfaithfulness, stealing from sex work clients, male partner's frustration at his partner for not earning (enough) money from sex work, and

rejection of partner's forceful demands for sex. Physical abuse was aimed at ensuring control and dependence of partners.

Psychological abuse was reported in terms of family isolation and feelings of diminished worth, and was normalised by WWUD. Children of WWUD also suffered psychological abuse through separation from their mothers and direct verbal abuse from society. Sexual abuse within relationships entailed forced anal sex and demands for sex at inappropriate times. Often, WWUD accepted sexual abuse to escape physical abuse or being locked out of housing and denied food. Sexual violence in the context of sex work was perpetrated by non-drug using people and included unwanted touch, deliberate destruction of condoms during sex, forced sex, demands for uncomfortable sex positions, and getting paid less than agreed or nothing for sex work. In drug dens (maeneo), sexual abuse included fondling and unwanted touch. Sexual abuse was interlinked with physical, psychological/emotional and verbal abuse.

GBV was perpetuated by psychological factors including control, intimidation including stalking by ex-partners, denial of access to children and control of money; and normalization of violence among WWUD. GBV is also linked to cultural demands of permissiveness, limited social support systems and lack of knowledge on reporting protocols. Institutional and community factors that maintained GBV against WWUD included the process of reporting abuse, economic dependency, and community attitudes towards sex as consensual.

Policy Recommendations

There are no specific policies targeting WWUD and there exist socio-structural factors that perpetuate violence against WWUD. This brief recommends the following:

- Work towards eliminating bottlenecks in the reporting process at police stations and public health facilities including establishment of gender desks and other reporting centres manned by female officers, and ensure functional hotlines from focal persons in drug dens to reporting centres
- Work with the National Police Service to eliminate inefficiency, brutality and corruption to deal with perceptions of police as unhelpful. This requires training in work operations, ethics, and awareness of the needs of WWUD.
- Empower clinical personnel within organisations that deal with WWUD to act in place of medical officers in filling P3 forms through training and accreditation.
- Work with local administrators and religious leaders in helping police identify and apprehend perpetrators whose identities and abode are unknown.
- Focus programs on economic empowerment of WWUD to deal with dependency including integration of WWUD in paid public work programs and facilitating microfinance to help them establish small income generating projects.
- Training of WWUD, organisations dealing with WWUD, healthcare providers and actors from the criminal justice system on evidence preservation in cases of GBV, and on GBV-related law.
- Put in place resources for social support include psychosocial counselling, talent support and life skills training for WWUD and their partners to help them share experiences and provide mentorship to each other.

- Help WWUD formalise cohabitation in line with the law and ensure access to children.
- Need for public discussions on the contradictions of culture and the law to change community perspectives on GBV

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