Gender Disparities in Accessing Psychosocial Support Services among Survivors of Gender-Based Violence in Kenya

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ABSTRACT

Psychosocial support services are integral in supporting survivors of violence to cope with the emotional and psychological trauma from their experiences with gender-based violence (GBV). The study sought to determine the gender gaps in accessing mental health services for GBV survivors in Kenya. The study assessed the gender gaps in accessing mental health services among GBV survivors in urban informal settlements, mapped the challenges GBV survivors encounter when seeking mental health services and established the extent to which mental health services are affordable for survivors of violence in Kenya. The study found that GBV is prevalent in urban informal settlements as women have a higher rate of experiencing physical violence at 39% compared to men who have a prevalence rate of 33%. Only 33% of GBV survivors seek any form of psychosocial support of which 12% are male. The study established social and structural barriers in GBV response interventions that affect survivor access to psychosocial support services to help them cope with the effects of violence. This article provides a comprehensive overview of the status of GBV in Kenya and the measures that can be implemented to provide survivors (regardless of their sex) with equitable opportunities to access the relevant psychosocial support services to support their wellbeing.

Key words: Psychosocial support services, GBV, survivors

INTRODUCTION

GBV remains to be a critical social and policy issue globally. In Kenya, GBV is pervasive affecting men and women in varying proportions. According to the Kenya Demographic Health Survey (2022), 34% of women and 27% of men in Kenya have experienced physical violence from the time they were 15 years old. Bungoma County is reported to have the highest prevalence rates of GBV at 62%. GBV is also linked to causing psychological harm and suffering to survivors of violence. The Stress Theory posits that stressful life experiences such as GBV can trigger forms of mental illness such as depression, anxiety and suicide ideation and the key to prevent negative psychological outcomes it to access to psychosocial support (Aneshensel, 1992). This will provide survivors of violence with the right coping skills and tools to overcome the trauma of the abuse they endured.

Despite the correlation between GBV and the compromised psychological wellbeing of survivors, mental health remains a critical yet often overlooked aspect of healthcare in Kenya. The availability of policy frameworks such as the *Protection Against Domestic Violence Act 2015* is critical to support GBV interventions in the country (EAC Gender Policy, 2018). However, the framework only provides for civil sanctions and does not outline strategic government interventions to support the psychosocial component of GBV resulting in GBV response in the country to be inadequate to address survivor mental health needs. Significant health and legal investment and resources have targeted primary healthcare services to address the physical manifestations of GBV as well as to report and prosecute perpetrators of violence while psychosocial support services specific to GBV remain overlooked and underfunded (Kumar et al., 2021).

Overview of Mental Health Services in Kenya

Mental health disorders are prevalent in Kenya, affecting millions of people across the county Kumar et al highlight that 4% of health complications in Kenya are related to mental health disorders. Despite having a

population of 47 million people, Kenya only has 2100 psychologists and 100 psychiatrists mostly based in private hospitals in urban areas (Forum on Neuroscience and Nervous System Disorder, 2016). At the same time, the demand for mental health services is growing significantly due to the linkages between mental health and GBV considering that 34% of women have experienced physical or sexual violence while 28% of men have experienced physical violence from their partners (KDHS, 2022). This means that Kenya's healthcare system's capacity to address citizen's psychological wellness is limited, with only a small percentage of individuals receiving appropriate care.

METHODOLOGY

The study used purposive sampling by interviewing key informants affiliated with Mbagathi District Hospital, Kenyatta National Hospital and Doctors Without Borders as well as male and female survivors of violence aged between 18 to 45 years. While 380 participants from Kibera informal settlement (urban poor) were targeted in the initial sampling design, only 123 participants were interviewed following a high participant attrition rate due to the sensitive nature of the study and competing priorities (work, travel among others). Before the commencement of the data collection exercise, a rigorous training exercise was conducted to equip the research assistant with the knowledge, skills and tools needed to conduct the study. A two-day training was conducted on how to conduct IDIs and FGDs as well as technical and soft skills such as establishing rapport with respondents, managing power dynamics during FGDs among others. At the end of the training, a piloting exercise was conducted with 6 respondents to test the reliability of the tools as well as the length of the study. The piloting exercise was also used to ensure that the research assistant was well trained and could collect quality data while maintaining ethical standards. Before the data collection exercise commenced, all the interview guides were revised based on the feedback from the piloting exercise.

Study Findings

Experiences of violence by gender

A study conducted by Kay (2024) found that GBV is a prevalent issue that affects men and women in varying proportions. The study found that women have a higher rate of experiencing physical violence at 39% compared to men who have a prevalence rate of 33% with physical abuse. At the same time, there is a significant difference between men and women with sexual abuse as women experienced sexual abuse by 6% while men reported 4%. Verbal abuse is also relatively common between women and men at a prevalence of 25% among women and 22% among men. The data underlines the extent to which the different forms of GBV are pervasive to both men and women and that physical and verbal abuse are the most common forms of violence perpetrated against men and women. While there are significant differences in GBV rates between men and women, the finding contradicts the common assumption that typically men are the perpetrators of violence while women are mostly survivors of violence (Rivas-Rivero & Bonilla-Algovia, 2022). The study by Kay (2024) emphasizes the extent to which men suffer the brutal consequences of GBV just like women. Therefore, it is important for intervention programs to be structured to address the needs of men and women equally as they can both be survivors of GBV.

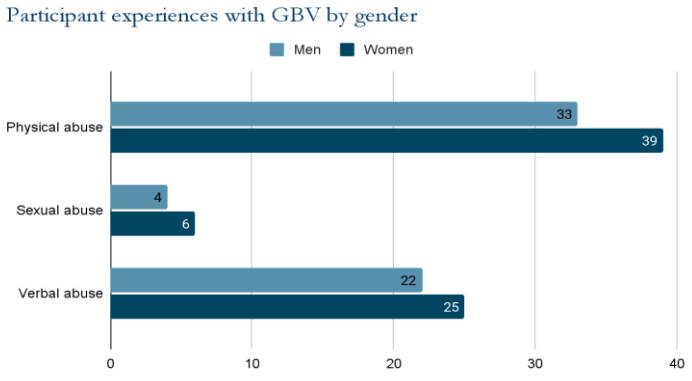


Figure 1.1 GBV experiences by gender

Gender dynamics in psychosocial health seeking behavior

Cole and Ingram (2020) posit that an individual's gender identity influences their approach to seeking support for mental, and emotional health issues following experiences of violence.The study by Kay (2024) established that seeking psychosocial support after experiencing GBV is not common among people in urban informal settlements due to social-cultural and economic factors. The study found that 67% of survivors of violence do not seek psychosocial support following incidences of abuse despite experiencing negative emotions following the abuse. On the other hand, only 33% of GBV survivors seek any form of psychosocial support.

This is a significant finding due to the role of psychosocial support services in supporting survivors of violence with the coping skills to overcome the trauma of the abuse. According to stress theory, when individuals undergo stressful experiences like GBV, it is important for them to be linked to the right GBV psychosocial support services to help them overcome the trauma of their negative experiences with violence (Rivas-Rivero & Bonilla-Algovia, 2022). Since the data from the study by Kay (2024) indicates that most survivors do not seek psychosocial support, this means that many survivors continue to suffer in silence resulting in their mental wellness being compromised.

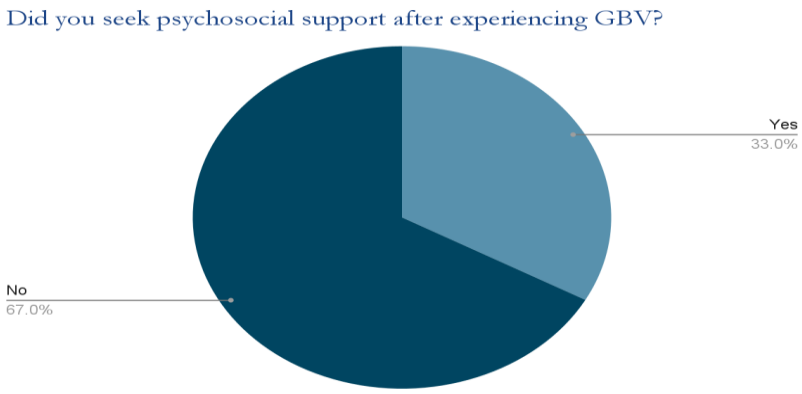
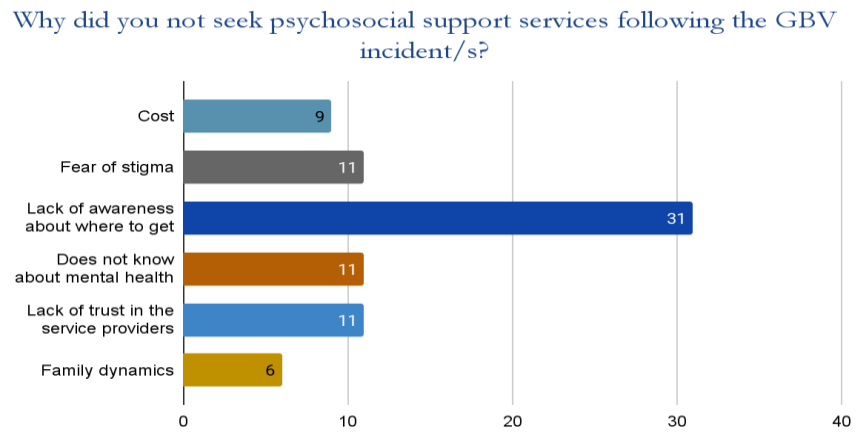


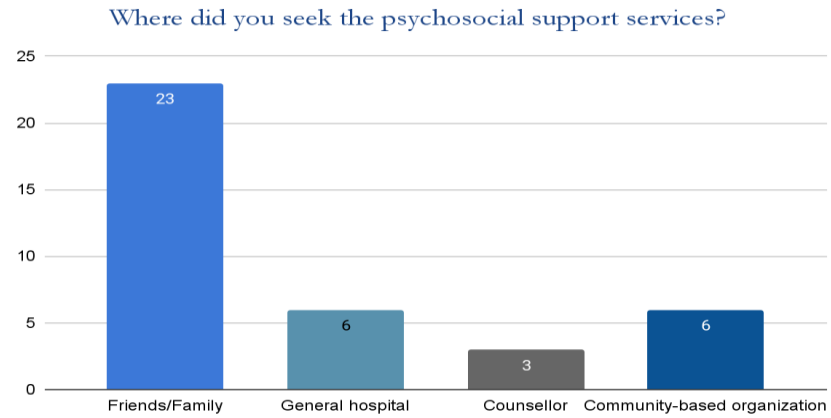
Figure 1.2 Survivor willingness to seek psychosocial support services

The data also highlighted that among male survivors, the leading contributors to survivor lack of seeking psychosocial support is due to fear of other people knowing that they experienced abuse and a general lack of knowledge of where to see the support services from. Among the female counterparts, a general sense of fear of being talked about (gossip) influenced them to hold back from seeking psychosocial support services. The social construction theory of gender outlines the influence of stigma and victim blaming in influencing survivors from withholding to seek psychosocial support. Men are typically discouraged from speaking up when they face violence as they will be a laughing stock and labeled as weak. Women who endure violence in silence on the other hand are perceived as admirable which discourages the survivors from speaking up (Russo & Pirlott, 2006).



Forms of psychosocial support services in urban informal settlements

Access to psychosocial support services is critical in providing survivors of violence with the necessary skills and tools to cope with and overcome the trauma of violence (Cole & Ingram, 2020). The study by Kay (2024) found that among the GBV survivors that sought psychosocial support services, 23% sought support from friends or family members, 6% sought help from an organization in the community, 6% sought help from hospital while only 3% approached professional counselors. This finding implies that survivors find it easier to engage their social networks compared to engaging institutional support for specialized psychosocial support services following incidences of GBV. Survivors who sought psychosocial services from hospitals received both primary and mental health support services while those who went to professional counselors received counseling services. Survivors who engaged friends and family received social support and had the opportunity to talk about their experiences.



This finding outlines a critical element in GBV response programming as most survivors prefer to engage friends and family members instead of obtaining professional counseling services to help them overcome the trauma of their abuse. While the support of support networks is important in promoting a sense of belonging and general well-being, it can contribute to unintended consequences as the extent of the psychosocial damage can only be established by a trained professional. Furthermore, it is difficult for friends and family to maintain confidentiality therefore posing a risk to the survivors as they can be a subject of community gossip.

Challenges faced by survivors of violence when seeking mental health services

Kay (2024) established that male survivors of violence face significant challenges to access to mental health services. The primary barrier male survivors of violence face is stigma due to the notion of masculinity and femininity as outlined in the social construction theory of gender (Sinacore, Durrani & Khayutin, 2021).Typically, men are not expected to showcase any emotion without being labeled as "weak" even when they are in pain or suffering. The common perception is that when men share their experiences, they do not uphold the traditional notion of masculinity which ultimately forces men who endure abuse to be forced to suffer in silence so that they are not ridiculed.

"Many men who survive violence want to show off as they are "Men enough" when in reality they go through a lot." Male, 33 years-FGD

Follow-up data indicates that in most cases, survivors are influenced to not seek psychosocial support following experiences of violence due to structural and behavioral barriers. To begin with, most survivors outlined not practicing psychosocial health seeking behavior due to lack of awareness about the importance of mental health support following experiences of violence, lack of awareness about where to obtain psychosocial support and the process involved and general fear about a third party learning about their experience with abuse. Survivors also highlighted lack of finances to pay for mental health services as a barrier. Among some survivors, the fear of being mocked and gossiped about was a key factor as some of the service providers are known to them.

"I tried to find support but never knew where to get one" Female, 19 years

"Around here many see no need of setting psychosocial support" Male, 34 years-FGD

The data also highlighted that among male survivors, the leading contributors to their lack of seeking psychosocial support was due to fear of other people knowing that they experienced abuse and a general lack of knowledge of where to see the support services from. Among the female counterparts, a general sense of fear of being talked about (gossip) influenced them to hold back from seeking psychosocial support services.

Improving Access to Mental Health Services for GBV survivors

To address gender disparities in mental health access in Kenya for survivors of violence, the following strategies can be implemented:

1. **Awareness Campaigns on the dangers of GBV and role of psychosocial support services:** Social and behavior change communication (SBCC) is integral in changing people's attitudes and perceptions towards GBV and psychosocial support. In countries such as the Democratic Republic of Congo, behavior-change communication by the World Bank Group has impacted over 8 million GBV survivors and enabled over 79,000 survivors to access holistic care central to their recovery following experiences of violence. The SBCC project has also been directly linked to a 14-point reduction in the social acceptability of violence towards women and a significant improvement in men's attitudes and behavior towards women as well (World Bank Group, 2024). In Kenya, SBCC messaging can be integrated as part of the national and county GBV response interventions by key stakeholders such as the National Gender and Equality Commission, the Ministry of Health, and the Ministry of Public Service, Youth and Gender Affairs, Coalition of Violence Against Women, Gender Violence Recovery Center among others). These institutions should lead initiatives aimed at educating the masses about GBV and mental health for survivors of violence. Behavior change campaigns using edutainment (educational entertainment) such as TV and radio shows have been established to be effective to influence social norms (Banerjee, La Ferrara & Orozco, 2017). Local Kenyan TV shows such as *Mother-in-Law*, *Maria* and *Auntie Boss* are popular and family-friendly forms of edutainment which is a medium the aforementioned stakeholders can consider to tap into.

2. **Gender sensitivity training for GBV frontline workers (healthcare workers and the police)**: Frontline workers such as healthcare service providers and the police are integral in creating a safe space for GBV survivors by preventing survivors from being harassed or mistreated. In most cases, the kind of training that first responders (police, nurses, doctors among others) get does not adequately prepare them with the realities of dealing with GBV survivors leading them to either ignore, lack empathy or detach themselves when faced with people with trauma (Jasper, Donelon & Handfield, 2023). A USAID-funded gender sensitivity training for GBV frontline workers in Jharkhand India was instrumental in providing community health workers, the police and other frontline workers with the knowledge and skills to effectively manage survivors of GBV by creating a safe space. Following the training some of the frontline workers reported that they were now able to empathize more with GBV survivors (USAID, 2022). In Kenya, the Ministry of Health and the Ministry of Public Service, Youth and Gender Affairs should advance such training programs for frontline workers such as the police and healthcare workers in private and public hospitals to improve service delivery to all survivors of violence in rural and urban settings.

3. **Integration of psychosocial support services into the primary healthcare system**: A lack of integration of psychosocial support in the primary healthcare system is one of the key barriers affecting access to psychosocial support in most developing countries leading key populations being alienated from such services even when they need them the most (WHO, 2008). Through its development initiatives in developing economies such as Bangladesh, the World Bank Group strengthened the government's capacity to integrate GBV services into the primary healthcare system resulting in significant improvements in the country's health indicators. GBV service-seeking behavior for psychosocial support rose to 175,990 especially by men and boys (World Bank Group, 2024). Similar

initiatives to strengthen the country's primary healthcare system can be adopted in Kenya under the leadership of the The National Gender and Equality Commission, the Ministry of Health, and the Ministry of Public Service, Youth and Gender Affairs. These stakeholders could adopt a multi-sectoral approach to revise the National Policy for Prevention and Response to GBV to integrate psychosocial support services as an integral component of GBV programming and incorporating mental health care into the primary healthcare system. The presence of a strong policy framework should reinforce or influence the development of a strong primary healthcare system that can sufficiently meet the needs and demands of citizens without leaving others (economically vulnerable survivors behind) (Funk, Saraceno, Drew & Faydi, 2008).

4. **Subsidizing the cost of mental health**: The cost of mental health alienates low and middle income persons from accessing an important component of healthcare that can significantly improve their life outcomes. Most governments in Africa allocate less than 1% of their health budget to mental health which transfers the cost of mental health to the clients (Weobong, Lund & Nonvignon, 2020). In Kenya, an hour-long counseling session costs between $14 to $63 in private facilities in urban areas such as Nairobi. Globally, there are numerous success stories of the impact of subsidizing the cost of mental health services to survivors of GBV. For instance, the UN High Commissioner for Refugees (UNHCR) in collaboration with the International Rescue Committee (IRC) subsidized the cost of psychosocial support services in Tanzania by creating drop-in centers throughout selected rural and urban districts in Tanzania where survivors could drop in for free primary healthcare as well as psychosocial support services whenever they needed them (Cuneo, Rosenberg, Madore & Weintraub, 2017). This service integrated approach was instrumental in ensuring that survivors of violence could easily access such important services whenever they needed them. A similar integrated approach can be implemented in Kenya to ensure that survivors of violence are not alienated from such important services that can positively influence their life outcomes. Through a multi-sectoral approach, state and non-state actors such as the Ministry of Health, the Gender Violence and Recovery Center, Kenyatta National Hospital among others, can collaborate and provide integrated support services to survivors of violence and ensuring that no man or woman is forced to endure the emotional trauma of violence due to lack of resources.

CONCLUSION

Addressing gender differences in accessing mental health services in Kenya is essential for improving overall health outcomes. By understanding the unique barriers faced by men and women, stakeholders can develop targeted interventions that promote equitable access to mental health care. As awareness grows and resources expand, the hope is for a future where mental health is prioritized for all individuals, regardless of gender.

REFERENCES

1. Aneshensel, C. S. (1992). Social stress: Theory and research. Annual review of sociology, 18(1), 15-38.
2. Banerjee, A., La Ferrara, E., & Orozco, V. (2017). The entertaining way to behavioral change. Unpublished manuscript.
3. Cole, B. P., & Ingram, P. B. (2020). Where do I turn for help? Gender role conflict, self-stigma, and college men's help-seeking for depression. Psychology of Men & Masculinities, 21(3), 441.
4. Cuneo, C. N., Rosenberg, J., Madore, A., & Weintraub, R. (2017). Improving Mental Health Services for Survivors of Sexual Violence in the DRC.
5. EAC Gender Policy. (2019). http://repository.eac.int/bitstream/handle/11671/24328/EAC%20GENDER%20POLICY-2.PDF?sequence=1&isAllowed=y
6. Forum on Neuroscience and Nervous System Disorders; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering and M. Providing Sustainable Mental and Neurological Health Care in Ghana and Kenya [Internet]. Norris SP, Forstag EH, Altevogt BM, editors. Washington, D.C.: National Academies Press; 2016-. http://www.nap.edu/catalog/21793

7. Funk, M., Saraceno, B., Drew, N., & Faydi, E. (2008). Integrating mental health into primary healthcare. Mental health in family medicine, 5(1), 5.
8. Jasper, J., Donelon, D. B., & Handfield, A. (2023). Gender based violence amongst first responders: a scoping review.
9. Kay, M.,A. (2024). Gender Disparities In Accessing Mental Health Services Among Gbv Survivors In Kibera Informal Settlement, Nairobi City County. Kenya. Kenyatta University, 1-58.
10. Kenya National Bureau of Statistics. (2022). Kenya Demographic Health Survey. 227-246. https://dhsprogram.com/pubs/pdf/PR143/PR143.pdf Kumar, M., Nyongesa, V., Kagoya, M., Mutamba, B. B., Amugune, B., Krishnam, N. S., ... &
11. Saxena, S. (2021). Mapping services at two Nairobi County primary health facilities: identifying challenges and opportunities in integrated mental health care as a Universal Health Coverage (UHC) priority. Annals of General Psychiatry, 20, 1-13.
12. USAID. (2022). Frontline Workers in Jharkhand India Tackle Gender-Based Violence After Training. USAID Momentum.
13. Weobong, B., Lund, C., & Nonvignon, J. (2020). Why Africa needs to invest in mental health. TheConversation.https://theconversation.com/why-africa-needs-to-invest-in-mental-health-147860 World Health Organization, World Organization of National Colleges, Academies, & Academic
14. Associations of General Practitioners/Family Physicians. (2008). Integrating mental health into primary care: a global perspective. World Health Organization.