



BASELINE SURVEY

The knowledge, awareness, practice & prevalence rate of gender based violence (GBV) especially sexual violence among women and girls with intellectual disabilities

May-June, 2013



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Foreword

Gender Based Violence has plagued the Kenyan Nation for many years and statistics indicate that it is on the rise even with the Sexual Offences Act 2006 in place. The trends are changing with forms of Gender Based Violence getting worse. Statistics indicate that 1 in every 5 women globally will be face some form of abuse during their lifetime. Moreover, in most cases, the abuser is a member of the woman's family.

Since its inception in 1995, COVAW has been offering integrated service provision to women and girls who are survivors of Gender Based Violence. The integrated service provision model includes provision of Medical/Clinical Management, Psycho-Social Support/Counselling Services, Legal Aid Service Provision, Community Behaviour Change Communication and, Human Rights Awareness and Education.

Intellectually disabled women and girls are more vulnerable to Gender Based Violence; especially sexual violence due to their limited intellectual functioning skills which perpetrators take advantage of. Presently, there are no statistics in Kenya that clearly outline the number of intellectually disabled women and girls who have undergone and who continue to undergo sexual violence in Kenya. This situation therefore makes it difficult to establish the extent of such violations hence the need to conduct a baseline survey in order to fill this gap.

Consequently, the baseline survey offers useful insights that seek to: identify opportunities for legal redress towards ensuring access to justice to intellectually disabled women and girls survivors of violence; strengthen systems of response to the needs of intellectually disabled women and girls survivors of sexual violence; and, enhance knowledge at the community and national levels on the happenstance of such violence in order to ensure respect for the rights of intellectually disabled women and girls and encourage reporting upon occurrence of violence.

This baseline survey will therefore prove a useful resource to all those working in the disability sector.

Saida Ali
Executive Director
Coalition on Violence Against Women (COVAW)

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Undertaking this baseline survey was an arduous and challenging task. The consultant would like to take this opportunity to thank all those who assisted in the exercise and in general; production of this final product-report. In particular, I wish to thank Evelyn Milanoi; Programme Officer - Access to Justice and Women's Rights COVAW and Cecilia Kahihia; Project Officer KAIH who accompanied me all through the field visit and supported in the editorial phase of the report.

I wish to sincerely thank Saida Ali the Executive Director of COVAW who led her team in providing me with excellent support to ensuring that I capture the whole context of the sexual violation in Kenya especially to persons grouped as most vulnerable and at risk. In addition I wish to also thank Fatma Wangare the CEO of KAIH and her team for the initial support and thoughtful direction to capture the whole continuum of intellectual disability and care giving.

I am sincerely indebted to the support received from numerous individuals and institutions from KAIH project target regions; Nairobi and Kiambu. You provided me with valuable inputs to inform the key study findings and recommendations. Among the respondents who participated in the study were women and girls with intellectual disabilities and their families, health professionals, county government officials; mainly the DGSDOs, Children's Officer and the police. I would like to thank all of you; you were all very generous with information and time. Certainly, your experiences and insights added value to this final study report.

Lastly, I wish to state categorically that the baseline survey report is as a result of the collective efforts of dedicated persons; the KAIH field contact persons who hosted me and supported the entire field exercise. Your support was immense in ensuring that I visit and speak with so many different people – I learned a lot from your experience. To all of you; your contributions were invaluable to the whole exercise; the discussions we held have greatly and meaningfully shaped the findings in this report. Ahsanteni sana and God bless you all!

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Abbreviations and Acronyms

AIDS	Acquired Immune-Deficiency Syndrome
ASD	Autism Spectrum Disorders,
CBO	Community Based Organization
CHW	Community Health Worker
COVAW	Coalition on Violence against Women
DGSDO	District Gender and Social Development Officer
EOI	Expression of Interest
FASD	Fetal Alcohol Syndrome
FGD	Focus Group Discussions
HIV	Human Immune-Deficiency Virus
IDIs	In-Depth Interview(s)
IEC	Information, Education & Communication
KAIH	Kenya Association for the Intellectually Handicapped
KNH	Kenyatta National Hospital
NGO	Non Governmental Organization
PWD	Person(s) with Disability
PWID(s)	Person(s) with Intellectual disabilities
SGBVRC	Sexual and Gender Based Recovery Center
SNE	Special Needs Education
SOA	Sexual Offences Act
ToR	Terms of Reference
UNICEF	United Nations International Children Education Fund
VAW	Violence Against Women
WHO	World Health Organization

Operational Terms and Definitions within Intellectual Disability

Definition

Adaptive Behaviour: Adaptive behaviour is the collection of conceptional, social, and practical skills that are learned and performed by people in their everyday lives. Standardized tests can also determine limitations in adaptive behavior.

- **Conceptual skills**—language and literacy; money, time, and number concepts; and self-direction.
- **Social skills**—interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
- **Practical skills**—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone, age of onset.

Developmental Disability: It is evident during the developmental period, which is operationalized as before the age of 18. It is viewed as a broader term that includes (the most common syndromes associated with intellectual disabilities); ASD-Autism Spectrum Disorders, Cerebral Palsy, Developmental Delay, Down syndrome, Fragile X Syndrome, Fetal Alcohol Syndrome (or FASD) and other disorders that occur during the developmental period (birth to age 18). The major differences are in the age of onset, the severity of limitations, and the fact that a person with a developmental disability definition may or may not have a low I.Q. While some people with intellectual disability will also meet the definition of developmental disability, it is estimated that at least half do not meet the requirements for the developmental disability definition

Intellectual Disability: Is a disability characterized by significant limitations in both intellectual functioning and in adaptive behaviour, which covers many everyday social and practical skills. This disability originates before the age of 18.

Intellectual Functioning: It is also called intelligence—refers to general mental capacity, such as learning, reasoning, problem solving, and so on. One way to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning ¹

¹(American Association of Intellectual and Developmental Disabilities, 2013)

Executive Summary

Introduction

A comparative analysis from the World Health Organization (WHO) reveals that disability affects 10% of every population. An estimated 650 million people worldwide, of whom, 200 million are children, experience some form of disability. Surveys conducted in 55 countries by the Disability Statistics Compendium show prevalence rates varying from 0.2% to 21%. Longer viewed as merely the result of impairment, disability has many causes. Today, the most common form of disabilities are associated with chronic respiratory diseases, cancer, diabetes, malnutrition, HIV and AIDS, other infectious diseases, and injuries such as those due to road accidents, fall, land mines and violence.¹ The number of people living with disabilities is growing as a result of factors such as population increase, aging, and medical advances that preserve and prolong life.

About 80% of the world's persons with disabilities (PWDs) live in low income countries where they experience social and economic disadvantages and denial of rights. Their lives are made more difficult by the way society interprets and reacts to disability. In addition to this, environmental barriers and poor policies exacerbate the impact of disability. Even though there have been different efforts in Kenya to determine the disability status through census and surveys by civil societies, NGOs and Government, these efforts have not been conclusive. Lack of evidence-based data on the nature and extent of disabilities as well as other factors that affect Kenyan PWDs has posed challenges in terms of planning for this segment of the population. The available data from small scale studies and special rehabilitation/educational institutions has never been adequate to give a complete picture of Kenya's PWDs.

Persons with Disabilities are classified in various categories based on their nature of disability. In this study, the focus is on girls and women with Intellectual disabilities. Intelligence refers to general mental capability and involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly and learn from experience. Intellectual disability is a condition which shows itself as limitations in the person's ability to learn about and resolve the problems of day to day life and to be independent in the activities required for daily living. Further definitions show that Intellectual disability refers to where people have significant difficulties in learning and understanding due to an incomplete development of intelligence. Intellectual disability occurs along a spectrum and is present in some form in about 3% of the population. It is often present

¹ World Disability Report 2010

from a person's early years of life and generally speaking is permanent. A person with intellectual disability has life-long developmental needs. He/she requires assistance and support to lead normal life in the family and community in the following areas; communication, self-care, home living, social skills, community use, self-direction, health and safety, formal education, leisure and work².

There are many causes of intellectual disability; factors include physical, genetic and/or social. Sometimes intellectual disability is also referred to as developmental disability which is a broader term that includes (the most common syndromes associated with intellectual disability); ASD-Autism Spectrum Disorders, Cerebral Palsy, Developmental Delay, Down Syndrome, Fragile X Syndrome, Fetal Alcohol Syndrome (or FASD) and other disorders that occur during the developmental period (birth to age 18). The major differences are in the age of onset, the severity of limitations, and the fact that a person with a developmental disability definition may or may not have a low I.Q. While some people with intellectual disability will also meet the definition of developmental disability, it is estimated that at least half do not meet the requirements for the developmental disability definition³.

When reflecting on sexuality and disability; it is imperative from onset to understand that sexuality is a key component of human nature. The persons with either intellectual or physically disabilities, whether from birth or acquired later in life, may find it difficult to express their sexuality in satisfying ways. This perhaps has been misconstrued to mean that they have reduced sexual function or feeling, have body image concerns or are unsure how to negotiate the sexual act because of lack of knowledge or physical incapacity. It is true that persons with disability are vulnerable to sexual assault and exploitation. Since there is a misconception that persons with disability are non-sexual, it is often assumed that a sexual assault will not 'hurt' them in the same way as it hurts people without disabilities. The prejudice of others often compounds the painful experience of sexual assault for a person with disability.

In the recent past, Kenya has experienced an increase in all forms of sexual violence that led to the enactment of the Sexual Offences Act, 2006. **The Coalition on Violence against Women (COVAW)** and the **Kenya Association for the Intellectually Handicapped (KAIH)** have entered into partnership and engagement to implement the project on *'Enhancing access to justice and health management of sexual violence against women and girls with Intellectual Disabilities in Kenya.'* This project comes in at a time when COVAW is stretching its advocacy initiatives to the marginalised groups of people including the elderly, women and girls with disabili-

²Hammel, J. (2003). Technology and the Environment: Supportive Resource or Barrier for People with Developmental Disabilities? Clinics of North America, 38, 331-349.

³Verdonschot MML, de Witte LP, Reichrath E, Buntinx WH & Curfs LM (2009b). Impact of environmental factors on community participation of persons with intellectual disabilities: a systematic review. Journal of Intellectual Disabilities Research, 53(1), 54-64

ties. COVAW has a special focus on girls and women with intellectual disabilities who are among the marginalised groups; because they are more vulnerable to sexual violence which includes rape, defilement, incest, sexual assault, indecent act and other sexual violations under the Sexual Offences Act (SOA).

The main objective of the project is to identify opportunities for legal redress for women and girls with intellectual disabilities. This baseline survey report is one of the key deliverables of this project, whose main purpose is to establish the knowledge, awareness, practice (KAP) and prevalence on sexual violence affecting women and girls with intellectual disabilities. The report will strive to explore whether the community is aware of the different types of sexual violations, whether women and girls with intellectual disabilities are affected, if affected, where to seek legal redress and the laws in place.

Between May and June 2013, in keeping with its vision of achieving a society that is free of all forms of violence against women, COVAW in consultation with KAIH engaged a consultant to carry out this study. The consultant was to collect and collate data through various methodologies including face-to-face interviews, document review and focus group discussion on the knowledge, awareness, practice and prevalence rate of gender based violence especially sexual violence among girls and women with intellectual disabilities. This report is the key deliverable of this task and whose purpose is to present findings from the completed field work of data collection, highlight opportunities for strengthening the planned interventions of both COVAW and KAIH and as well as provide recommendations for future integrated efforts on the same.

Key Findings

The key findings of this study are summarized as follows;

1. Understanding of Intellectual disabilities and the closely related conditions

There's a clear indication that most of the respondents have a general understanding of the term "Intellectual disabilities". 90% of the women and girls with Intellectual disabilities and their families have a solid knowledge of the term "intellectual disabilities". 45% of the caregivers who include; Health workers, law enforcement agents and the general public have a basic or confused understanding of the term "disability".

According to these findings; the understanding disparity in the two groups is based on the fact that families have advance relationship with this kind of disability at the household level while other community members have merely encountered this kind of disability in line with their duty, community interaction or read/been told about it. Therefore based on this background influence, they can easily

define the term “intellectual disabilities” with faults. It is clear from the analyses of the respondents that the following are the key words that describe this disability; difficulty in mental coordination, challenges in speech flow and language, bodily physical challenges, self-care difficulties and others.

2. Perceptions, attitudes, practices and awareness levels of acts of sexual abuse against women and girls with intellectual disabilities.

Due to high vulnerability related to persons with disability and more so those with intellectual disabilities; most respondents seemed to be aware of sexual violence against the girls and women with intellectual disabilities in their neighborhoods. 84.9% of the respondents had encountered at least one or more women or girl(s) with intellectual disabilities in the community; this encounter strengthens their perception, attitudes, practices and awareness towards them.

The larger part of the community (80%) has negative attitudes and perceptions on the women and girls with intellectual disabilities thus making it difficult for them to seek legal redress. This to a larger extent affects medical care as the community does not perceive this target population to have any eminent danger of harm or danger of contracting diseases, and unintended pregnancies. These perceptions, attitudes, practices and awareness towards these girls and women with intellectual disabilities have often led to many incidents going on unreported; varying from homes, institutions including schools and law enforcement agencies. It is probably the reason why in some communities, these persons have fallen prey to cleansing rituals as a practice.

3. Frequency and nature of the cases of sexual violence against women and girls with intellectual Disabilities.

Persons with disabilities remain vulnerable to abuse and exclusion in accessing most public services which impedes them from overall participation in the society.

From this background understanding, the study noted remarkable findings that reveal 57.4% reported to have been sexually violated “most of the time”. This is the prevalence rate of occurrence/frequency of the cases against women and girls with intellectual disabilities in the community. From the findings, the most prevalent nature of sexual violence among girls and women with intellectual disabilities is “rape” which is placed at 15% and followed closely with “defilement” at 10% as noted from various locations of the survey.

4. The perpetrators of sexual violence against women and girls with intellectual Disabilities.

Building trust and confidence is the social foundation of relationship with persons with intellectual disabilities.

The analysis from the study findings show that 51.0% of the perpetrators of these acts of sexual violence against women and girls with intellectual disabilities are usually people (men) familiar to them especially someone from the neighborhood. While the other 49% is of people (men) not known by the victims i.e. robbers, strangers, public transport service operators popularly referred to as “makanga”.

5. Challenges faced by women and girls with intellectual disabilities when sexually violated.

There are various difficulties that face any woman or girl with intellectual disabilities in the community; that makes them to be more vulnerable to abuse. It is evident that lack of parental care, family and community support makes this target group of persons more at risk to sexual abuse.

Study findings reveal that at least 60.3% of all the respondents who have been sexually abused have at one time or another been neglected by their family members and as well lacked adequate community support. This was attributed to lack of family care and support whenever an incident was reported or occurred, leading to the frequency in occurrence. Some of the parents are said to be irresponsible and are never there to pursue the perpetrators or even if they are there, then they are often compromised by the perpetrators not to pursue justice for their sexually abused daughters.

The respondents raised various concerns of working with law enforcement agents and health workers in finding solutions to sexual violation against women and girls with intellectual disabilities. The respondents see the law enforcement agents and health workers as key players in the interventions pegged on their active involvement at all levels of the sexual violence continuum i.e. reporting of incidence, collection and protection of evidence, post rape care and the pursuit of justice of the survivor among many others.

It is remarkable to note that Kenya has the sexual offences Act-2006 and other legal provisions that ensure perpetrators of these acts are brought to book. An analysis of the Act reveals that there’s not been an extensive consideration for the women and girls with intellectual disabilities but rather a general overview grouping them as under the vulnerable witnesses under section 31 of the Act. This is further explored with penal code’s reference to the women and girls with intellectual disabilities as imbeciles; a stigmatizing term that renders them useless with no capacity to do anything. From the analysis, there’s need to come up with an all inclusive multi-disciplinary community response team led by the law enforcement agents, health workers and as well ensure regular mass education held.

6. Required supportive services by women and girls with intellectual disabilities when sexually violated

Drawing analysis from the qualitative findings, most of the respondents (100%) including the girls and women with intellectual disabilities and their caregivers mentioned various kinds of support they required when in a situation of sexually violation.

In determining the kind of supports mentioned, the respondents classified “capacity building” as the lead support required when sexually violated. The respondents also mentioned other important supportive services they require in such situation e.g. medical intervention, psychosocial support, family care/love and community involvement respectively. From these supportive services; additionally the respondents also expressed the need to have information on how to protect evidential material for sustaining a case in court.

7. Preventive mechanisms and Responding to sexual violence against women and girls with intellectual disabilities.

Community awareness and support is the key to any preventive and responsive mechanisms towards reducing the prevalent rates of sexual abuse against women and girls with intellectual disabilities.

Most of the women and girls with intellectual disabilities interviewed mentioned that lack of adequate accessible educational facilities (schools and vocational institutions) to be the biggest cause of their vulnerability to abuse. They clearly explained that the inadequate school programme (content and time allocation) forces them to leave school early; they normally get home at 1 pm as compared to the rest of the learners who get home at 4 pm. When they get home this early; there’s usually no one to take care of them since their parents/caregivers are still in the field fending for them. The situation is compounded by the fact that there are very few vocational training centers spread across the country that can adequately accommodate the rising number of women and girls with intellectual disabilities.

An analysis from these qualitative findings reveals that the respondents mentioned various possible interventions to these challenges. The interventions mentioned are built around community mobilization, increased access to quality inclusive education programme and empowerment in advocacy for community activism. These efforts will ensure one united voice against these acts of sexual violence at both family and community level.

Summary of Recommendations

Drawing conclusions from the study; women and girls with Intellectual disabilities more generally, face sexual violations that undermine their health and quality

of life and limit their access to legal services. Based on these findings; this report makes the following observations and recommendations;

- **Capacity Building:** *There’s need for investing in capacity building forums towards streamlining information flow on the overall understanding of intellectual disabilities with its closely related conditions towards enriching the knowledge, attitudes and practices of the community especially the law enforcement agents. This is driven by the fact most of the law enforcement agents, health care professionals and other of the members have low understanding of the disability based on the key findings.*
- **Community Activism:** *It is necessary to hold frequent community forums with strategic community members for total ownership and increased community activism towards ensuring appropriate preventive and responsive strategies in mitigating the prevalence of sexual violence against women and girls with intellectual disabilities.*
- **Family support:** *It is important to pro-actively bring on board the entire family members including the men (fathers, uncles, brothers and cousins) in the overall care giving continuum of the girls and women with intellectual disabilities. This will ensure total ownership of the preventive and mitigative responses towards sexual violence against women and girls with intellectual disabilities. In order to overcome the obstacles to justice, there’s need to build the capacities of the entire family on owning up their relatives in case they have committed such heinous acts especially the involvement of men will be crucial since most of the perpetrators in this study are men (fathers, uncles, cousins, neighbours). This will inspire all the men to voluntarily give support and evidence as witnesses of these heinous acts in court especially where a woman or girl with intellectual disabilities is involved;- this should be done without fear or prejudice from the community. In essence, all parents should be duty bearers of their women and girls with intellectual disabilities especially in situations of sexual abuse.*
- **Access to Legal Information and Justice:** *Due to poor access to IEC materials including the sexual offences Act-2006 and related legal provisions there’s need for more civic education forums to disseminate information on the same to parents, siblings and the very women and girls with intellectual disabilities.*
- **Protecting evidential Material and Sustaining Witness Involvement:** *Through increasing community activism, there will be need to diversify mechanisms to protect evidential materials and sustain witnesses in pursuit of justice related to sexual violence against women and girls with intellectual disabilities. Most cases are dropped due to lack of supporting evidential materials and as well as maintaining the key witnesses all through to the conclusion of the case.*
- **Access to Medical Intervention and Psychosocial support:** *The women and girls with intellectual disabilities need various supports when they are faced with situations like sexual violence against them. Due to this; accessible, appropriately and timely*

medical intervention should be available to offer post exposure interventions as well as offer evidential support in pursuit of justice for the victims.

- **Generating data for decision making:** There is need to regularly capture information data on women and girls with intellectual disabilities at the various service delivery points e.g. police station, after care and probation office, health care facility.
- **Enhancing networking and collaboration among the different stakeholders, responsibility and duty bearers.** This is to be done in collaboration towards empowering the general populace on prevention and responding to sexual abuse incidences against women and girls with intellectual disabilities.
- **Need to integrate legal aid and health services:** This is a novel way to empower women and girls with intellectual disabilities with their families to address sexual violations underlying the poor access to health facilities. This approach will ensure that the target group in this planned intervention better understand and claim their human rights as well as improve their access to quality/timely health care and justice when faced with sexual abuse incidences.
- **Amendment of provisions contained in the Penal Code:** There's need to revise the derogatory language used in the penal code and as well enhance the provisions/clarity of the Sexual offences act. The key findings; especially at the qualitative phase revealed that the law enforcement agents refer to persons with intellectual disabilities as imbeciles; this is against the constitution of Kenya. According to Article 54 of the Constitutional of Kenya (2010) part A- "To be treated in respect and to be addressed and referred to in a manner that is not demeaning".

CHAPTER 1: MAIN REPORT

1.0 Background and Rationale

In Kenya, there is no clear indication of the precise number of persons with intellectual disabilities and in particular women and girls. According to the results of the 2010 census released by Ministry of State for Planning, National Development and Vision 2030 on 31st August 2010, the number of persons who are differently abled is 647,689(3.4%) males and 682,623 (3.5%) females with a total of 1,330,312 (3.5%). The key areas assessed in this survey were: visual, hearing, speech and language, difficulties, physical, mental, self-care difficulties and others¹.

The country's Special Needs Education (SNE) Policy Implementation Framework of July 2009 on the other hand, using the statistics by World Health Organization, postulates that people differently abled or people with disabilities (PWD) are approximately 10% of the total population of Kenya, which translates to 3.5 million people. According to a UNICEF report (2005); domestic violence, shelters, drug and alcohol intervention programs, and other community-based programs specifically designed to address behaviours and practices strongly associated with violence, are often inaccessible to children who are differently abled.

COVAW has a special focus on persons with intellectual disabilities especially the women and girls and that is the ultimate reason of this partnership with KAIH. This partnership is driven by the fact women and girls with intellectual disabilities are more vulnerable to sexual violence which includes rape, defilement, incest, sexual assault, indecent act and other sexual violations under the Sexual Offences Act.

The focus in this partnership is built on the need to ensure access to justice for women and girls with intellectual disabilities who are most often a marginalized and most at risk category of women. The two partners' efforts shall largely focus on legislation and health management thereby addressing the intersection between health and law in addressing sexual violence among women and girls with intellectual disabilities in the two target counties.

The rationale behind this planned intervention is to identify opportunities for legal redress for women and girls with intellectual disabilities. This is geared towards ensuring access to justice for this target group as survivors of sexual violence through the provision of integrated services. In this direction, the objective of this focus will be aimed at strengthening of systems to respond to the needs of women and girls with intellectual disabilities. The interventions will be reinforced with the overall need to build knowledge at the community level to ensure respect for rights and encourage reporting where violations of rights of this target group of persons occurs.

¹National Coordinating Agency for Population and Development (NCAPD) and Kenya National Bureau of Statistics (KNBS) Kenya National Survey for Persons with Disabilities November 2008

2.0 Introduction to COVAW and KAIH

Currently COVAW and KAIH are engaged in a partnership and collaboration to implement a project; - "Enhancing access to justice and health management of sexual violence for persons with intellectual disabilities in Kenya".

In this partnership; COVAW will be providing legal expertise and ensure access to justice for women and girls with intellectual disabilities as survivors of sexual violence through the provision of integrated services. On the other hand; KAIH will provide expert direction on working with the women and girls with intellectual disabilities based on their experience in the disability fraternity.

The Coalition on Violence against Women (COVAW) is a registered non-profit making women's rights non-governmental organization that was founded in 1995 as a response to the silence of the Kenyan society to addressing violence against women. The organisation works towards the promotion and advancement of women's human rights through working towards a society free from all forms of violence against women. COVAW has also set up clear institution linkages with other existing institutions, structures and organizations both in the public as well as the private sector. The mission is to build social movements opposed to and committed to eradicating violence against women².

COVAW works to promote and advance women's human rights through working towards a society free from all forms of violence against women. A greater part of this work includes strengthening the voice and impact of women leaders as champions of change at the community level, linking the local to the national/regional policy processes and ensuring women access to services and justice in as far as ending violence against women is concerned. COVAW is committed to the eradication of all forms of violence against women and the promotion of women's human rights.

Currently COVAW has a major rallying call for the organization; the clarion call "Movement building for social transformation" and its prominence is reflected throughout its strategic plan 2012-2017. COVAW is currently focused on building cutting edge campaign strategies and its continued work to re-invigorate community activism, ensure women access to justice, be a knowledge well on matters of VAW and use social media to build a solid platform for those engaged in work to end VAW. This means that there are opportunities to expand her engagement with key constituencies, to further sharpen her analysis and vision of possibilities for COVAW's strategic role in the coming years.

KAIH is a family-based National Organization that works with Persons with Intellectual Disabilities (PWIDs) and their families. As a membership-based or-

²The Coalition of Violence Against Women; Profile-2012

ganization started in March 1996 by teachers, professionals, and other concerned individuals it is committed to promotion of the rights of persons with intellectual disabilities through careful homogeneity of development interventions. It is registered under the NGO Act of 1990 and envisages (vision) a society where the human rights of Persons with Intellectual Disabilities and their families are fully recognized. KAIH's mission is to promote the human rights of Persons with Intellectual Disabilities and their families within the society through meaningful participation, education, advocacy, and empowerment and information exchange³

Since inception, KAIH has successfully implemented various projects that have inspired the organization to expand its activities to other regions. Currently, KAIH strives to mobilize its members into parent/sibling support groups, holds regular parents' meetings and conducts frequent home visits, in order to train parents and PWIDs in advocacy skills and strategies to access quality services and promote inclusion of PWIDs into society. This has proved very effective and currently there are one (100) hundred parents support groups and five (5) self-advocate groups spread out in six counties in the country namely; Nairobi, Kiambu, Migori, Nyeri, Siaya, Mombasa.

3.0 Need for the Baseline

By conducting this baseline; COVAW and KAIH were cognizant of the fact that empowering women and girls with intellectual disabilities in addressing sexual violations underlying their poor access to health services was a new dimension. To address this gap, COVAW and KAIH have carried out collaboratively this baseline survey utilizing qualitative and quantitative methods (mixed methods) to establish the knowledge, awareness, practice (KAP) and prevalence on sexual violence affecting women and girls with intellectual disabilities in two counties; Nairobi and Kiambu. The findings of this study will explore the possibility of integrating legal support into accessing to health services since the two partners from onset understand that women and girls with intellectual disabilities are more vulnerable to sexual violence which includes rape, defilement, incest, sexual assault, indecent act and other sexual violations under the Sexual Offences Act.

3.1 Objective of Study

From the terms of reference, the following is a summary of the study objectives which included:

- To inform the work of COVAW and KAIH on the different strategies to employ in curbing sexual violence in this special interest group.

³ Kenya Association of the Intellectually Handicap (KAIH), 2010; "Profiling Persons with Intellectual disabilities in Kenya"

- To get clear statistics on the prevalence rate of sexual violence among women and girls with intellectual disabilities in Kiambu and Nairobi thereby design mitigation mechanisms.
- To get the lived realities of women and girls with Intellectual disabilities as well as families of those who have lived with them who have experienced sexual violence at one time in their lives.
- To enable COVAW and KAIH deploy resources effectively.
- To identify the gaps existing in the law with regards to sexual violations among persons with intellectual disabilities women and girls.
- Carrying out of a baseline survey targeting to geographical locations namely Nairobi and Kiambu

3.2 Scope of Work

The scope of work in essence was designed to explore further whether the general population in Nairobi and Kiambu counties is aware of the different types of sexual violations, whether women and girls with intellectual disabilities are affected and where to seek redress and the laws in place. In summary the following defines the scope of work as expressed in the specific terms of reference of the baseline survey;

- Establish the prevalence rate of sexual violence among women and girls with intellectual disabilities;
- Capture the attitudes of the different respondents towards women and girls with intellectual disabilities;
- Understand the knowledge of the respondents to the different laws addressing sexual violence and where to seek assistance once a woman or girl with intellectual disabilities has been violated;
- Determine the sample frames, sample sizes and sample units for the purposes of obtaining representative view from the various categories of respondents;
- Design suitable and relevant instruments including questionnaires and administer the instruments for purposes of obtaining views from the various respondents;
- Capture the actions by the various respondents on cases of sexual violence among women and girls with intellectual disabilities;
- Analyze the data obtained using proprietary research tools and recommend remedial action in order to address the gaps (awareness levels and perceptions). The analysis to capture the various gaps in the laws in addressing sex-

ual violence among women and girls with intellectual disabilities (Disconnect between practice and theory);

- Target the following in the survey as the key respondents families of survivors who have undergone sexual violence, families living with women or girls with intellectual disabilities, Gender Based Violence Recovery Centres, Investigating Police Officers (in selected Police Stations), Victims, Selected Health facilities, Provincial Administration Officers (chiefs), Traditional elders, Community Based Organizations, paralegals among others;
- Preparation and submission of a final report to COVAW within the stipulated timeline.

4.0 Methodology

This section lays out the methods used in carrying out this study including evaluation instruments and data collection, the methodologies used for analysis, and the challenges and limitations encountered.

Understanding the objectives of the survey; the consultant proposed to adapt a methodology that reflected the overall programming history of the two partners; COVAW and KAIH in order to meet the desirable needs of interventions. Based on the set objectives, study locations, target respondents and the quality of information sought; the consultant designed experiential, participatory, interactive and desktop-centered approaches as well as incorporating other suitable participatory methods such as group discussions, case studies etc to capture both the quantitative and qualitative demands of the study which included:

4.1 Evaluation Instruments and Data Collection

The following presents the study instruments and the process that went into data collection activities (detailed tools are here-annexed);

- Desk Research: During this study, the two day desk study involved both identifying primary and analyzing secondary data information. This involved the reviewing the project proposal document, legal documents related to sexual offences, understanding of Intellectual disabilities and documented case studies from various stakeholders of the study. The information captured at this level was instrumental in the formulation of the study instruments/tools in order to assess the target respondents' access to information in terms of redress on the same.
- Quantitative Interviews: While conducting the study; this phase involved face-to-face interviews through a standard structured questionnaire split into two; one targeting the women and girls with intellectual disabilities while the other

targeting varied stakeholders including parents, siblings, care givers, health care workers and law enforcing agents etc. The phase conducted in the field (Nairobi and Kiambu) allowed for the comprehensive accumulation and aggregation of statistical data for analysis and interpretation of the data collected. In this phase, 51 women and girls with intellectual disabilities and 147 varied stakeholders were interviewed making a total of 198 interviewees.

- Qualitative Research: The consultant used this phase during the study to understand the 'how' and 'why' the women and girls with intellectual disabilities' needs are addressed in situations of abuse/violence. It is through this approach that enabled the study to explore the mindset of the different segments of women and Girls with intellectual disabilities and how they present different aspects of needs in such situations. At this stage; the study managed to capture 12 case studies and as well conducted 15 focus Group Discussions to gain further insights into the interactions with the target group index. Beyond the FGDs, the consultant was able to hold 5 In-depth-Interviews with both COVAW and KAIH staff on this survey.

4.2 Data Analysis and Scheduling of Activities

All the completed questionnaires and other information sourcing tools by the respondents were read, cleaned and analyzed by the consultant and his research team in order to make a qualitative assessment of the same. FGD grids alongside case studies were analyzed qualitatively to assess how the two target (selected) sites may have high prevalence in cases of sexual violations against women and girls with intellectual disabilities. The in-depth interviews were captured to assess the perceptions, practices and knowledge levels of key stakeholders on the sexual violations against women and girls with intellectual disabilities handle cases more generally including caseloads and issues encountered.

The guiding principle behind arriving at the target sample size of 200 was calculated based on the previous study conducted in the two regions by KAIH in 2009. This was also supported by the current-ongoing project reports on the persons with disability from the two target counties to establish the appropriate target population. The overall data analysis of the sample size was calculated from a statistical arithmetic, arrived at in order to provide for a 95% level of confidence with a minimum error of + 2.73 and ensured adequate representation of the survey population.

In summary the following activities were undertaken during the actual phase of carrying out the study and eventual presentation of the final findings;

- Conducted Desk top research-Literature Review on the responsibilities and mandate of the Coalition on Violence against Women (COVAW) as set out in the new Strategic Plan 2012-2017.
- Reviewed various other published works on disability, health and rights as here referenced in the annexe.
- Agreed upon appropriate sample size for the whole study, developed data collection and analysis tools that were approved by both COVAW and KAIH.
- Undertook field activities to administer the relevant study tools as specified in the methodology
- Analyzed the collected data, documented the findings in simple graphics/ models and presented them in both draft and final reports of the study for the action plan by both COVAW and KAIH

4.3 Target Group Index and Survey Sample Size

Based on the assumption; experience and relationship with this type of disability, the consultant and the contracting authority agreed upon a sample size of 200 to adequately give a clear representation of the study's target group. This figure was arrived at based on previous studies conducted by KAIH and the nature of disability is sparsely distributed in the two regions due to the fact that there has been no official data given on persons with intellectual disabilities in Kenya.

The survey covered all the 2 counties (Nairobi and Kiambu) and successfully interviewed a total of 203 respondents. This total number included 51 women and girls with varied intellectual disabilities, 3 staff member of COVAW, 2 staff members of KAIH and 147 members of the public drawn from families members of the women and girls with intellectual disabilities, GBVR Centers, Investigating Police Officers (Buruburu and Kikuyu Police Stations), Health facilities (Mama Lucy, Kenyatta National, Mbagathi District and Wangige District Hospital), Provincial Administration Officers (chiefs), Community Health workers among others.

4.4 Challenges and Limitations

In administering all the agreed upon tools of this study, there were various challenges encountered in trying to reach some of the target respondents. These included:

- Logistical issues in reaching all the health care workers as scheduled. At the time of the study, the consultant and the study team faced the challenges necessitated by the red tape measures in responding to communication by the Ministry of Health about the study as earlier communicated by COVAW. This affected access to some of the government health facilities, especially the Wan-

gige District Hospital received the study team with resistance and thus it was not possible to interview the staff as appropriately planned;

- The study begun at a time when schools were opening and thus most learning institutions that were targeted insisted on scheduling advance appointments for the exercise and especially the need for letters of authority from County Director of Education to authenticate and authorize the study. This proved to be a major challenge especially at Nile Road Special School that has the bulk of the respondents from Nairobi. However with support from the teachers, the exercise was conducted silently without the challenges from the authorities;
- There was notable challenge in administering the questionnaire in reference to causes of sexual abuse on women and girls with intellectual changes. Most of the respondents mixed between the perpetrators and contributing factors that lead to these acts. However the consultant had to modify the questions during the interview to make them pertinent and relevant to the interview and FGD participants
- Some of the respondents especially in the slums in Nairobi; Fuata Nyayo and Soweto had fear to respond on the question on perpetrators of sexual offences. The fear was pegged on victimization after the study; this did affect the qualitative engagement we had with them.
- Some respondents were not very responsive during the FGDs for fear of being recorded, however they were assured that the whole process was to only be recorded in note form for the authenticity of the discussions.
- There was also an element of illiteracy in the better parts of the study locations but the respondents were assisted where necessary and appropriately by the support persons and the study team.
- Due to the hard economic times some respondents expected payments after the whole exercise but the study team handled the situation appropriately.

However these constraints did not affect the overall statistical validity of the survey, the study team was had put in place advance remedial strategies.

CHAPTER 2: QUANTITATIVE RESEARCH FINDINGS

5 Introduction

Responding appropriately to the TOR, the quantitative phase was viewed to be advantageous since it allowed for the comprehensive accumulation and aggregation of statistical analysis and interpretation of the data collected. The study used face-to-face interviews to solicit for information through a standard structured questionnaire as attached.

6 Summary of Quantitative Research Findings

This phase had two semi-structured questionnaires that targeted in one part the women and girls with intellectual disabilities.

The other for caregivers families members of the women and girls with intellectual disabilities, SGBVR Centres, Investigating Police Officers (Buruburu and Kikuyu Police Stations), Health facilities (Mama Lucy, Kenyatta National, Mbagathi District and Wangige District Hospital), Provincial Administration Officers (chiefs), Community Health workers among others.

a. Key Informant Interviews for Girls & Women with Intellectual disabilities:

A total of 51 women and girls with Intellectual disabilities were interviewed.

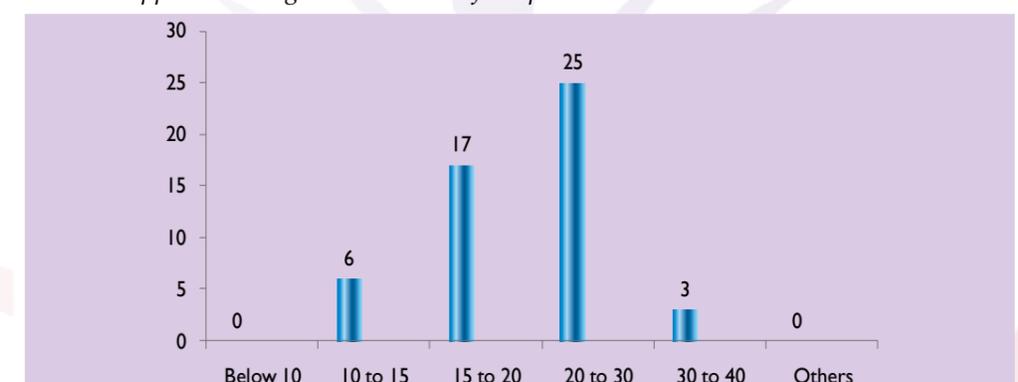
The following is an analysis of the sample size cluster and profile of the respondents interviewed through the structured questionnaire approach that is here-attached.

6.1 Age of Respondents

Analysis from the chart below reveals that the approximate age of respondent falls within the bracket between the years 20 – 30.

However, it is evident that the majority (94.1%) of the respondents fell between the ages of 10 and 30 years and were either attending school or based at home.

Chart 1: Approximate age Distribution of Respondents



6.2 Personal understanding of having Intellectual disabilities

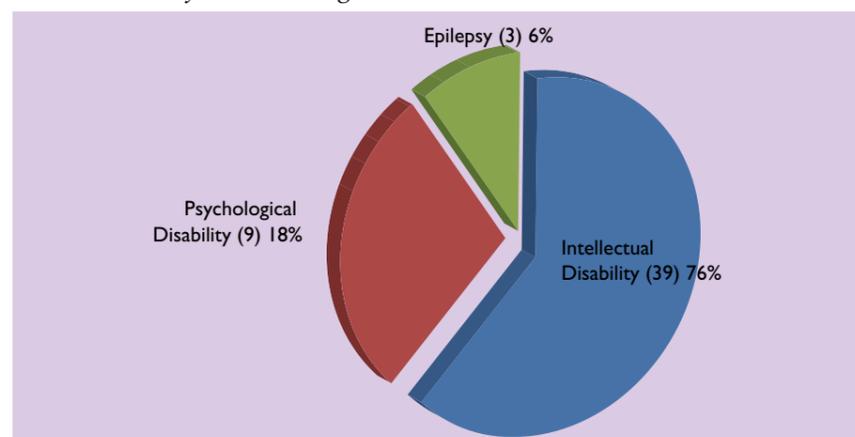
Drawing conclusions from the respondents' views on their status, it is evident that all the 51 women and girls with intellectual disabilities translating into 100.0% of them were aware that they were persons with intellectual disabilities.

6.3 Nature of Disabling Conditions

An in-depth analysis of the findings reveals that all the 51 women and girls with intellectual disabilities interviewed have varied disabling conditions.

From the chart, a majority (39 out of the 51) of the respondents translating into 76% have Intellectual disabilities with related conditions (mostly Autism, Cerebral Palsy and Down Syndrome), 18% represent those that have psychosocial disability (commonly referred to as mental illness) while 6% of the respondents represent those with epilepsy.

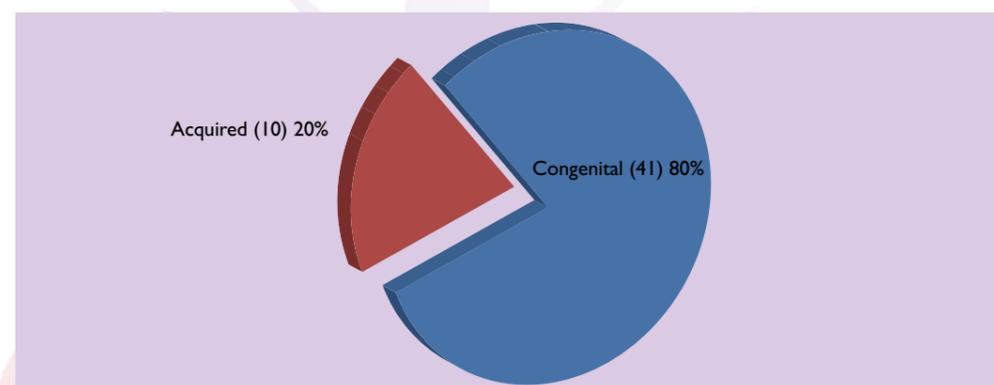
Chart 2: Distinction of the Disabling Conditions



6.4 Duration with the disability

The study targeted women and girls with intellectual disabilities and from the analysis most 80.4% of the respondents were born with the disability as revealed in the chart below.

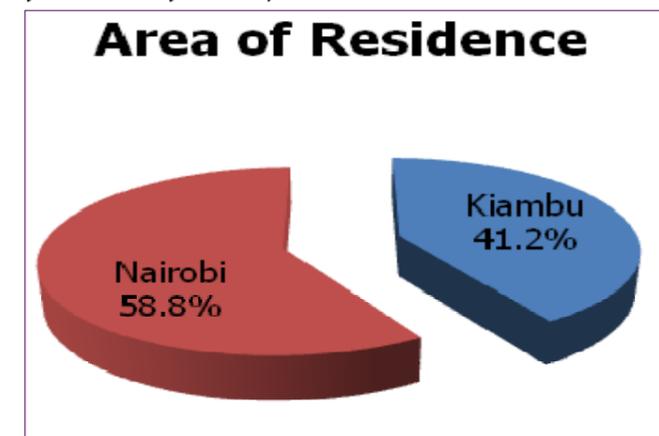
Chart 3: Duration with the Intellectual disabilities



6.5 Area of residence

The study had two targeted locales; Nairobi and Kiambu counties. From the findings, most (58.8%) of the respondents were from the vast city of Nairobi as compared to those from Kiambu (41.2%) county as revealed in the chart below.

Chart 4: Area of Residence of the Respondents



The findings from the chart are further reinforced with the following specific distribution of the residential areas of the respondents from both Nairobi and Kiambu counties as revealed in the table below.

Table 1: Specific Area of Residence of the Respondents

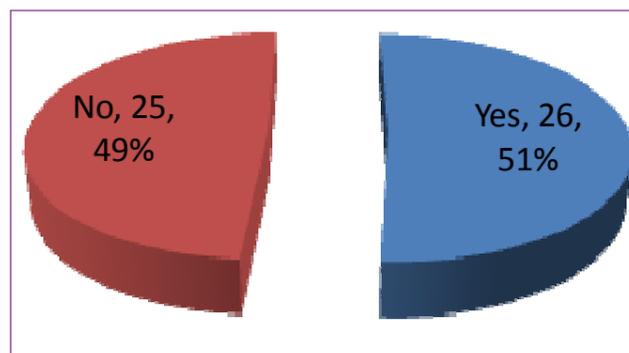
Area of Residence	Kiambu		Nairobi		Total	
	n	%	n	%	N	%
Bahati	0	0.0%	3	10.0%	3	5.9%
Donholm	0	0.0%	2	6.7%	2	3.9%
Embakasi	0	0.0%	1	3.3%	1	2.0%
Gathanga	2	9.5%	0	0.0%	2	3.9%
Jericho	0	0.0%	6	20.0%	6	11.8%
Jerusalem	0	0.0%	1	3.3%	1	2.0%
Juja	1	4.8%	0	0.0%	1	2.0%
Kangoya	1	4.8%	0	0.0%	1	2.0%
Karuri	1	4.8%	0	0.0%	1	2.0%
Kiambu	1	4.8%	0	0.0%	1	2.0%
Komarock	0	0.0%	2	6.7%	2	3.9%
Makadara	0	0.0%	5	16.7%	5	9.8%
Makongeni	0	0.0%	2	6.7%	2	3.9%
Murera, Juja	1	4.8%	0	0.0%	1	2.0%
Muthure Gitaru	1	4.8%	0	0.0%	1	2.0%
Ndumberi	7	33.3%	0	0.0%	7	13.7%
Ngemwa	1	4.8%	0	0.0%	1	2.0%
Riabai	2	9.5%	0	0.0%	2	3.9%
Tena	0	0.0%	1	3.3%	1	2.0%
Thindigwa	1	4.8%	0	0.0%	1	2.0%
Ting'ang'a	2	9.5%	0	0.0%	2	3.9%

Area of Residence	Kiambu		Nairobi		Total	
Umoja	0	0.0%	5	16.7%	5	9.8%
Umoja I	0	0.0%	1	3.3%	1	2.0%
Umoja II	0	0.0%	1	3.3%	1	2.0%
Total	21	100.0%	30	100.0%	51	100.0%

6.6 Experience of Sexual abuse

When asked if they had ever been sexually abused, 51.0% of the respondents admitted that they had been sexually abused and 49.0 percent said they hadn't experienced the same. The 51% who have been abused seem to have experienced the abuse more than once which raises a lot concerns in terms of putting in place preventive mechanisms at the community level.

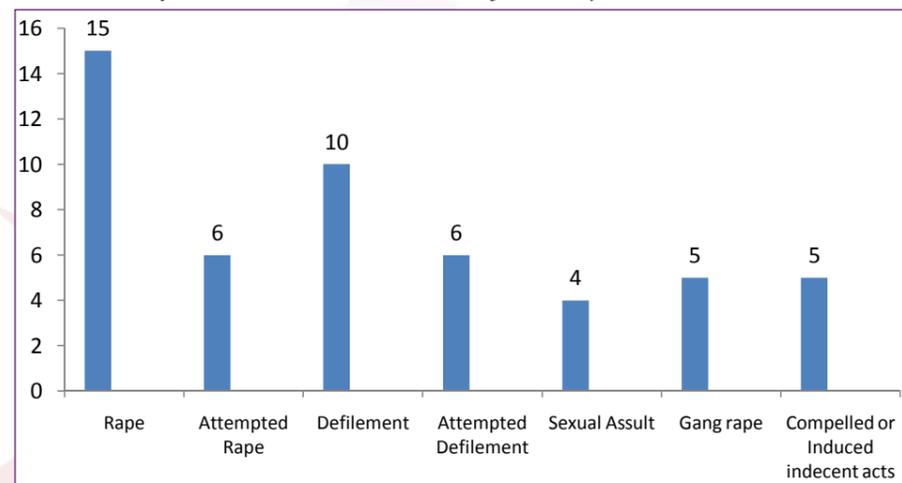
Chart 5: Earlier Encounter with Sexual Abuse



6.7 Nature of sexual abuse encountered

When probed further on whether the respondents had advance experience with sexual abuse; the respondents gave varied responses on the same. 15 out of the total 51 of the respondents (women and girls with intellectual disabilities) had encountered rape among many other forms of sexual abuses meted on them.

Chart 6: Nature of Sexual Abuse encountered by the Respondents



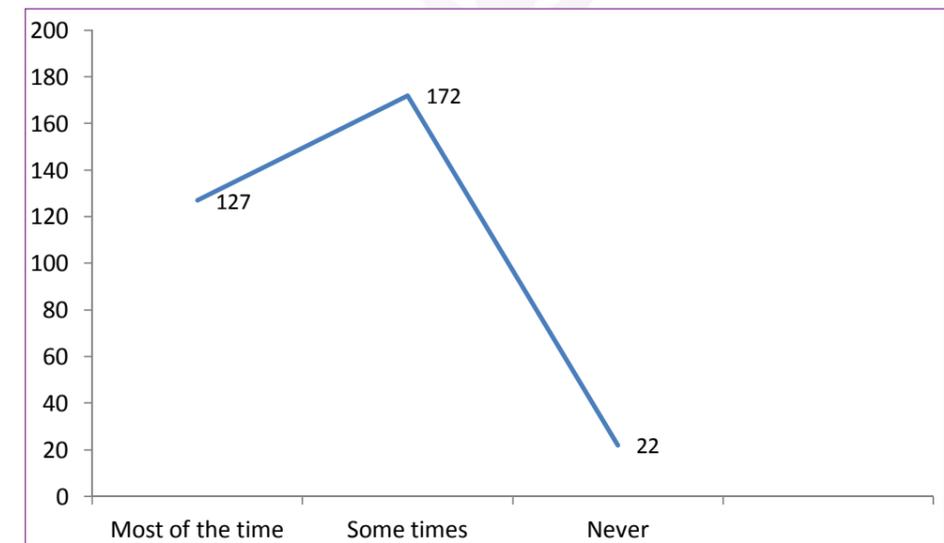
6.8 Frequent cases of sexual violence that women and girls with intellectual disabilities face

The table below gives some of the frequent cases of sexual violence that women and girls with intellectual Disabilities face in the area of residence. Most of the time, at 57.4% of the women and girls with intellectual disabilities have been compelled or induced into indecent acts with the violators.

Table 2: Frequent cases of Sexual violence against the Respondents

Issue	Most of the time		Never		Never	
	%	No.	%	No.	%	No.
Rape	22	43.1%	27	52.9%	2	3.9%
Attempted rape	20	42.6%	26	55.3%	1	2.1%
Defilement	16	34.0%	29	61.7%	2	4.3%
Attempted defilement	19	42.2%	24	53.3%	2	4.4%
Sexual assault	23	53.5%	16	37.2%	4	9.3%
Gang rape	5	10.9%	32	69.6%	9	19.6%
Compelled or induced indecent acts	27	57.4%	18	38.3%	2	4.3%
Any other	1	100.0%	0	0.0%	0	0.0%

The above findings are reinforced with the graphical flow that shows that most of the women and girls with intellectual disabilities expressed (299) times that they have been frequently sexually violated as compared to the minimal (22) time from the respondents expressing that they have never been into such indecent acts with the violators.

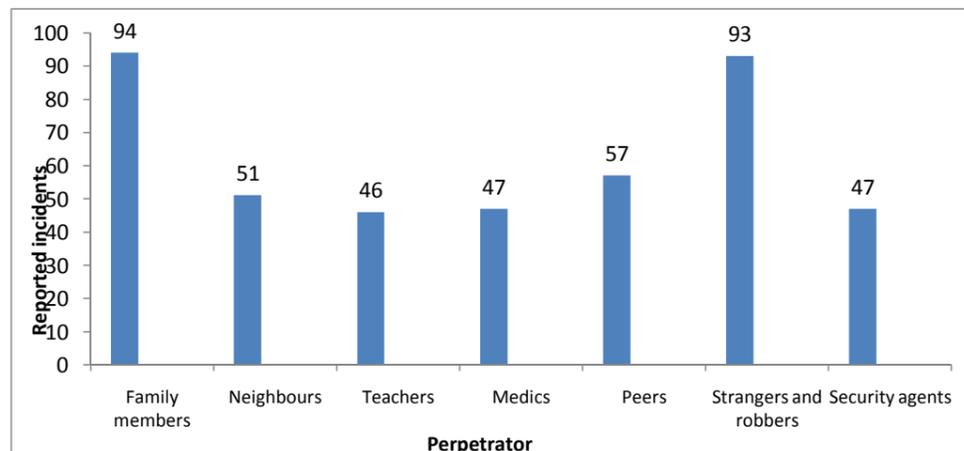


6.9 The Possible perpetrators of these acts of sexual violence against women and girls with intellectual disabilities

Drawing analysis from the responses; it is revealed that most of the time, the greatest (51.0%) perpetrators of these acts of sexual violence against women and girls

with intellectual disabilities are usually the family members consisting of parents, guardians, care givers and other close relatives.

Chart 7: The Possible Perpetrators of Sexual Abuse against the Respondents



An overview from the table below points out on the individual possible perpetrators, and rating of their acts of sexual violence against women and girls with intellectual disabilities.

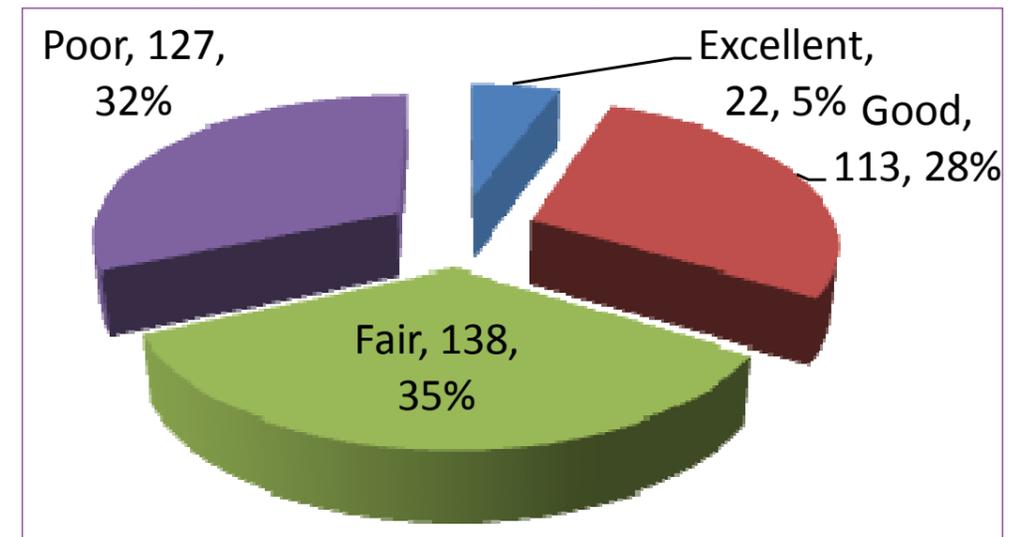
Table 3: The Possible Perpetrators of Sexual Abuse against the Respondents

Perpetrator	Most of the time		Sometimes		Never	
	n	%	n	%	n	%
Immediate Family members	6	12.8%	19	40.4%	22	46.8%
Extended Family	19	40.4%	24	51.1%	4	8.5%
Neighbours	26	51.0%	23	45.1%	2	3.9%
Teachers	1	2.2%	17	37.0%	28	60.9%
Medical professionals/ Health	0	0.0%	8	17.0%	39	83.0%
Peers	13	27.7%	28	59.6%	6	12.8%
Strangers	9	19.6%	33	71.7%	4	8.7%
Security agents e.g. police, guards etc	4	8.5%	33	70.2%	10	21.3%
Robbers/thieves	6	12.8%	32	68.1%	9	19.1%
Others	1	100.0%	0	0.0%	0	0.0%

6.10 Rating of services received in case of sexual violation

When women and girls with intellectual disabilities fall prey of sexual violation, they receive various supports. A reflection on the chart below gives the rating of the services ever received by individual respondents from the given categories of service providers in case of sexual violations against women and girls with intellectual disabilities.

Chart 8: Rating of services provided to women and girls with intellectual disabilities



Most of the service provision points are rated poorly by the women and girls with intellectual disabilities who have ever been sexually abused as seen from the summative table below.

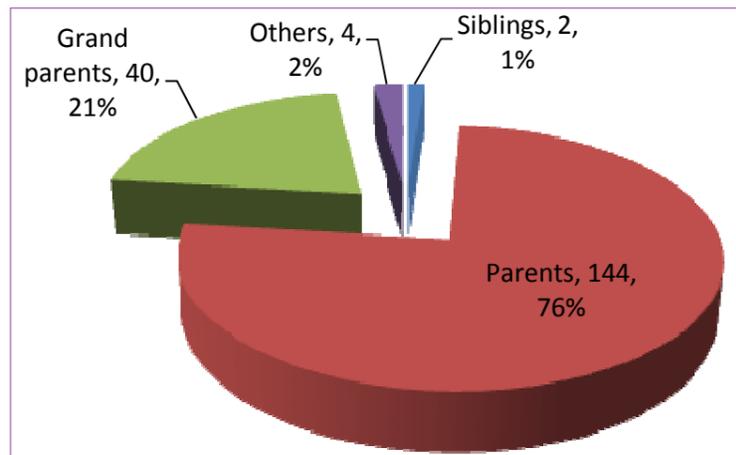
Table 4: Rating of the Service Providers

Provider	Excellent		Good		Fair		Poor	
	n	%	n	%	n	%	n	%
Police Officer	0	0.0%	7	13.7%	14	27.5%	30	58.8%
Health Care Worker (Nurse, Doctor)	1	2.0%	12	23.5%	33	64.7%	5	9.8%
Social Worker	5	9.8%	27	52.9%	16	31.4%	3	5.9%
Chiefs	1	2.0%	0	0.0%	26	51.0%	24	47.1%
Paralegals	0	0.0%	7	14.6%	13	27.1%	28	58.3%
Community Based Organizations	3	6.0%	27	54.0%	16	32.0%	4	8.0%
Non Governmental Organizations	12	24.0%	33	66.0%	5	10.0%	0	0.0%
Courts	1	2.0%	1	2.0%	16	31.4%	33	64.7%
Any other	0	0.0%	2	100.0%	0	0.0%	0	0.0%

6.11 The Source of authority and guidance of Persons With Intellectual disabilities-Data on the Care Givers

In case of sexual violation; the women and girls with intellectual disabilities trust reporting the incidences to their parents (76%), this reveals the kind of trust they have bestowed upon their parents.

Chart 9: Source of Authority and guidance for the Respondents



The table below gives captures the summative data on the care givers and it is evident that most of the care givers are parents to the woman and girl with intellectual disabilities.

Table 5: Source of Authority and guidance for the Respondents

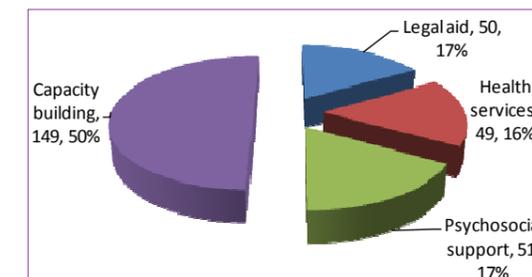
Query	Sibling		Parents		Grand parent		Others	
	No.	%	No.	%	No.	%	No.	%
Who do you live with?	0	0.0%	38	76.0%	10	20.0%	2	4.0%
Who provides for you?	0	0.0%	38	76.0%	10	20.0%	2	4.0%
Who do you trust most	1	2.2%	34	75.6%	10	22.2%	0	0.0%
Who would you report to in case of sexual violation?	1	2.2%	34	75.6%	10	22.2%	0	0.0%

6.12 Kind of support required by women and girls with intellectual disabilities when sexually abused.

It is evident from the chart that most of the women and girls with intellectual disabilities require to be built capacities (50%) so that they can equip themselves with the requisite skills to counter any acts of sexual violations meted on them.

From the list of the kind of supports required by the respondents; it is clear that all the respondents required all the mentioned supports as indicated ranging from legal aid, psychological support, capacity building on rights for women and girls with intellectual disabilities to awareness creation on care/support/rights.

Chart 10: Kind of Supports required by the Respondents in case of sexual violation



b. Interview for Key Informants: Parents/siblings/Caregivers and other stakeholders

Part two of the questionnaire targeted parents/siblings/caregivers and other stakeholders playing a role around the environment of the women and girls with intellectual disabilities. From the field, a total of 127 respondents including parents, siblings and caregivers were interviewed. The demographic distribution is illustrative of the number of respondents from each location as shown in the table below.

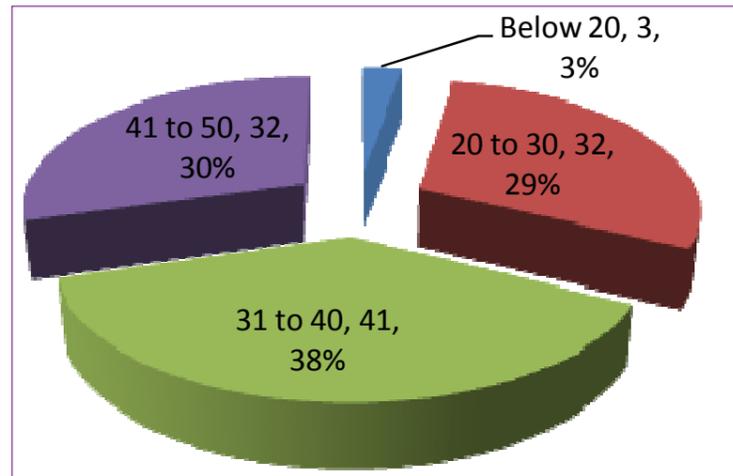
Table 6: Demographic Distribution of the Respondents in the two target locations

County	Kiambu	Nairobi
S/No.	Location	No. of Respondents
1	Gicharani	12
2	Muthure	9
3	Kiing'eero	8
4	Uthiru	11
Total		40
County	Nairobi	
1	Fuata Nyayo	23
2	Mwiki	22
3	Kayole-Soweto	28
4	Makadara CHW, KNH/Mbagathi District SGBRC	14
Total		87
Grand Total		127

6.13 Age of respondent

The following chart and table show the approximate age of the respondents. It is evident that majority (97.4%) of the respondents were above the age of 20 years.

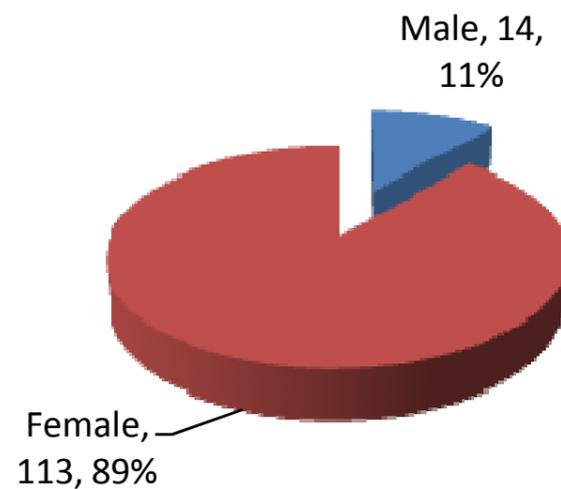
Chart 11: Approximate age of Respondents



6.14 Sex of Respondents

From the analysis, the majority of the respondents (88.1%) were female as compared to a paltry 11.9% of the male; this gender disparity is illustrated in the chart below. This analysis confirms the fact that women bear the responsibility of taking care of the persons with disabilities.

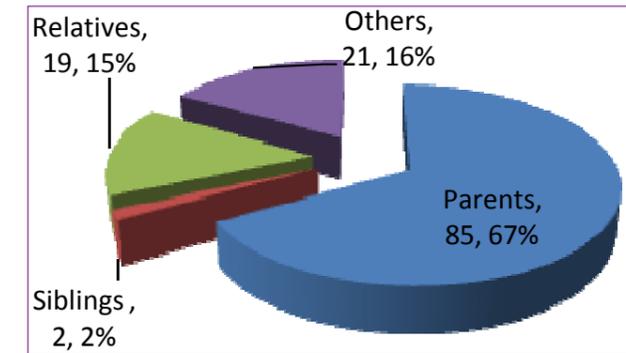
Chart 12: Sex of Respondent



6.15 Position held by respondent in the neighbourhood

Drawing analysis from the respondents' roles/positions held in the community, it is evident that parents are the majority as compared to other care givers of the women and girls with intellectual disabilities. From the cluster; those reached were Community Health Workers (CHWs), Relatives playing the role of caregivers, Church Elders, Emergency Responder, Friends, Guardians, Neighbours, Opinion Leaders, Pastors, Teachers, VCT Counsellors and Youth Leaders.

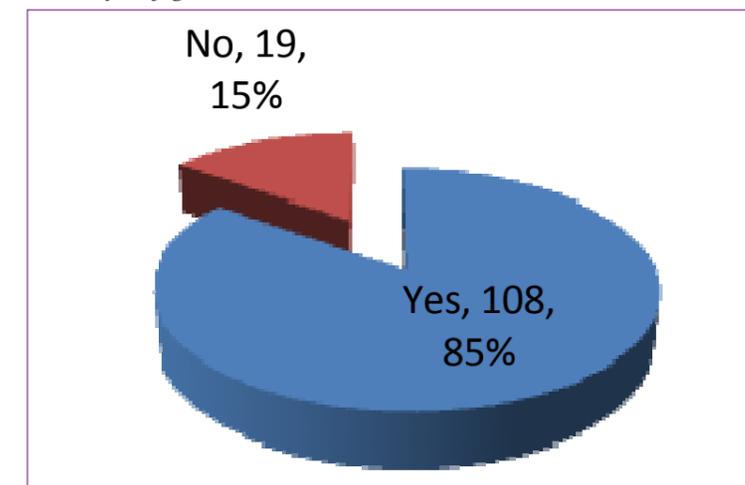
Chart 13: Position held in the community



6.16 Aware of any girl or woman with intellectual disabilities in the neighbourhood

As regards advance knowledge or awareness of any woman or girl with intellectual disabilities within the community; it was revealed that 84.9% of the respondents had encountered at least one or more women and girl(s) with intellectual disabilities in the community as illustrated in the below.

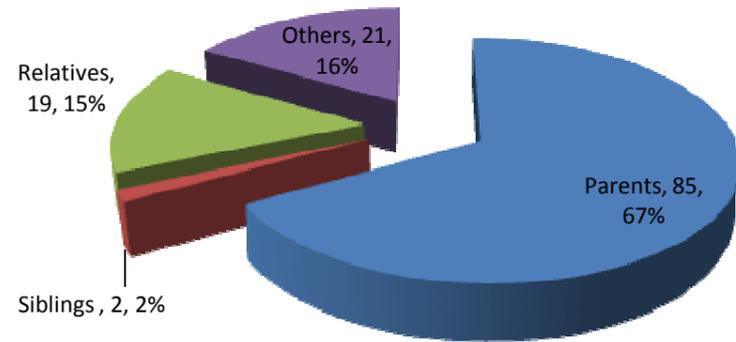
Chart 14: Aware of any girl or woman with intellectual disabilities



6.17 Person responsible of the daily needs of the girl or woman with intellectual disabilities

An overview analysis of the responses shows that most (54.0%) of the respondents who were aware of any girl or woman with intellectual disabilities in the community mentioned the parent of the girl or woman with intellectual disabilities to be lead provider of daily needs. The chart below illustrates all the responses given by the respondents as regards the respective care givers.

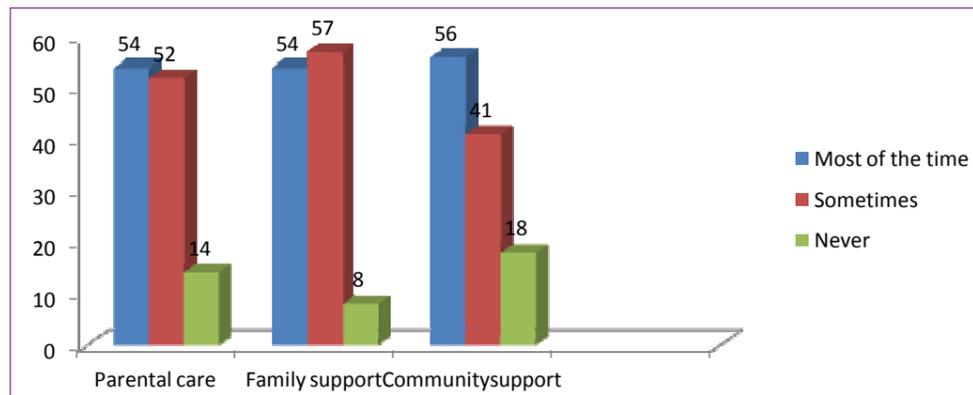
Chart 15: Lead provider for girl and woman with Intellectual disabilities.



6.18 Difficulties faced by a women/girls with intellectual disabilities in the community.

The respondents mentioned various difficulties that face any woman or girl with intellectual disabilities in the community, that when sorted regroup into three broad areas; Parental care, Family and Community Support. Depending on the setting, it is clear that all the respondents mentioned that all women or girls they knew with intellectual disabilities face these difficulties between most and some-times scale.

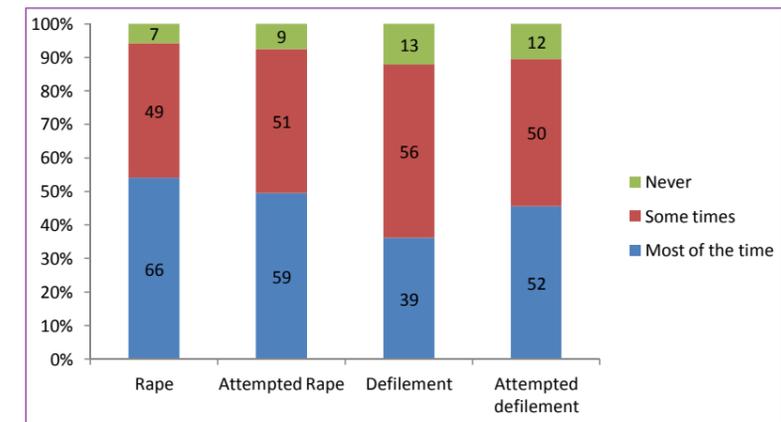
Chart 16: Difficulties faced by any girl or woman with Intellectual disabilities



6.19 Frequency of cases of sexual violation against women and girls with intellectual disabilities

When rating the frequency of the types of sexual violence meted against women and girls with intellectual disabilities, most respondents were in agreement that they face sexual violence from the scale of “sometimes” to “most of the time” as explained in the chart below.

Chart 17: Rating profile of types of sexual Violence meted on women and girls with ID according to the respondents.



7. Conclusions and Cross-Cutting Issues on the Quantitative Findings

In summary, the quantitative phase findings informed the study the direction to take towards achieving on the desired interventions. This is in the overall mitigation mechanisms on the community’s knowledge, awareness, and practice prevalence rate of gender based violence especially sexual violence among the women and girls with intellectual disabilities.

The analyses from this quantitative phase are axed on the two perspectives drawn from the overall responses of one part; that of the women and girls with intellectual disabilities and the other for the parents/siblings/caregivers.

The findings from both fronts explored key cross cutting, multi-level responses that reflected the thoughts of most of the stakeholders on the overall community’s knowledge, awareness, practice and prevalence rate of sexual violence;

- i. The need for organized information flow on the overall understanding of the intellectual disabilities with its closely related conditions from expert sources to enrich the knowledge, attitudes and practices of the community especially the law enforcement agents.
- ii. The need for frequent community forums with strategic community members for total ownership of the preventive and responsive strategies towards mitigating on the prevalence of sexual violence against women and girls with intellectual disabilities.
- iii. Empower the general public on the planned project between COVAW and KAIH within their target coverage area for community level support;

- iv. Organize dissemination forums to the grass root on sexual offences Act and other related legal provisions in community friendly language and in relevant forms facilitate to access to the same;
- v. Document all emerging case studies contributing towards the community's knowledge, awareness, practice and prevalence rate of sexual violence against women and girls with intellectual disabilities. This will facilitate reduction of the various challenges the girls and woman with intellectual disabilities face in the community ranging from parental care, family and community Support;
- vi. The need to involve the entire family members including the males in the overall care giving for the women and girls with intellectual disabilities since from the statistics shown from the participation of respondents there were only 14 male care givers as compared to the 113 for female caregivers. This is due to the fact that most respondents were in agreement that women and girls with intellectual disabilities face sexual violence as perpetrated by men from the findings;
- vii. In summary, the findings feature the overall need to build the capacity of the women and girls with intellectual disabilities to recount vividly incidences of sexual violence to relevant authorities beyond their parents. This is based on the fact that from the findings the women and girls with intellectual disabilities bestow their trust upon their parents when reporting incidences of sexual violence.

CHAPTER 3: QUALITATIVE RESEARCH FINDINGS



8. Introduction

This section of the report explores in detail findings of the qualitative stage of the survey i.e. the focus group discussions, in-depth interviews and observations leading to notable case studies. The qualitative approach focused on the overall understanding of the dynamics associated with respondent's expectations and views. It provided the contextual understanding and insight between the community's knowledge, awareness, and practice prevalence rate of gender based violence especially sexual violence among women and girls with intellectual disabilities that underpin the desired interventions.

From the results of the desk research, we were able to keenly identify our target respondents for qualitative engagement in this phase. We therefore shared moments and discussions with a cross section of the target respondents and got an in-depth analysis of their awareness levels and perceptions on the subject matter.

This qualitative approach enabled the consultant to point out what should be the priorities for COVAW and KAIH as interventions. Significantly, this initial piece of research facilitated the construction of a framework for the two partners planned project attributes. Driven by tradition; in-depth interviews are one-to-one interviews with the respondents and are normally viewed suitable where the target group is difficult to access due to the nature of their work or geographic dispersion.

In this phase of study; the target group included stakeholders from various sectors among others: COVAW project team leaders, KAIH project Team leaders, Medical Professionals, Children's Officers, Law Enforcing agents, Individual opinion leaders, etc. Whereas self-administered questionnaires would work in some areas, the consultant patiently conducted face-to-face interviews owing to the demanding schedules of some of the target groups and the poor response rates normally associated with the approach. Reflecting from experience in research work; the in-depth interview approach from time immemorial would be most appropriate in incidences where lowering non-response rates is normally associated with self-administered questionnaires typical of the quantitative phase findings.

9. Respondents in the Qualitative Research Phase

Relying heavily on the results of the desk research, the consultant identified a clear working segment of the target respondents for qualitative engagement in this phase that involved Focus Group Discussions and In- Depth Interviews.

a) Focus Group Discussions (FGDs)

The following dissection of target group represented clearly the specific respondents in these discussions:

- Support Groups of parents
- Women and girls with Intellectual disabilities
- Medical Professionals
- Police Officers

Table 4.0: Summary of FGDs held

Target groups	No of groups
KAIH Self-Advocates' Training held in Kitengela	1
Gicharani KAIH Support Groups	1
Muthure Support Groups	1
Fuata Nyayo KAIH Support Group	1
Mwiki KAIH Support Group	1
KAIH Kayole-Soweto	1
KAIH Kiambu-Self Advocates	1
KAIH-Kiambu Kiing'eero Support Group	1
KAIH-Kiambu Uthiru Support Group	1
Kenyatta National Hospital-SGBVR centre Staff	1
Kikuyu Police Station	1
Buruburu Police Station	1
Total	12

Due to time factor in the respective study location, the FGD sessions preceded the administration of questionnaires thus the qualitative discussion moments conducted in one seating guided by the consultant using a pillar guide that addressed the objectives of the survey.

b) In- Depth Interviews (IDIs)

In order for In depth interviews achieve their intended goals the consultant handled this phase with a lot of caution since IDIs are normally one-to-one interviews with the respondents and are suitable where the target group is difficult to access due to the nature of their work or geographic dispersion. Therefore the IDIs were used with only the policy makers and project partners etc. As opposed to the data collected from the varied caregivers, the IDIs gave an in-depth and incisive perception of the knowledge, awareness, and practice prevalence rate of gender based violence especially sexual violence among the persons with intellectual disabilities women and girl.

Table 5.0: Summary of the IDIs held

Institutions	Number of interviews
Office of the president (Chiefs)	3
Children's Office	2
Social Services and Development Office	2
Makadara District Government Offices	6
Buru Buru Police Station	5
Kikuyu Police Station	2
KAIH Team Leaders	2
COVAW Team Leaders	3
Total	25

10. Summary of Qualitative Research Findings

Stakeholders drawn from Various Institutions:

For the various institutional heads, in depth interviews were used to get information from them. The institutional heads were derived from several key organizations and institutions mostly within Nairobi province in Kenya. Findings from the in-depth interviews are as below.

10.1 Awareness, Knowledge and Perception of the term “Intellectual disability” and the closely related disabling conditions;

In the various sessions of both FGDs and IDIs held; there was some informed direction in terms of defining the term ‘intellectual disabilities and its closely related disabling conditions’ though with varying degrees of understanding. All the respondents gave their definitions and mentioned the various conditions associated with the disability as here sampled;

- “According to me, the term “Intellectual disability” means those persons with barriers or obstacles in the environment and the wider society that prevent their full participation in terms of mental ability”-KAIH member of staff.
- We in the uniformed profession refer to “a person with intellectual disability” as “Mongoloids or IMBE-short form of Imbeciles” We look at them to be person who need a lot of assistance, help or support to read, write and make sense of almost everything, in the penal code we call them imbeciles”-Probation Officer
- “Persons with Intellectual disabilities include those people with varied disabling conditions that require specialized attention or care (treatment) in order to fully participate in the society, these could range from Autism, Epilepsy, Cerebral Palsy, Down Syndrome etc”-KAIH staff member

- “I define intellectually disabled person like my daughter as one with challenges including those that have long-term effects on her learning abilities and full interaction in the society on an equal basis with others;- I must be there for her for support”-Parent of PWID
- “I know my disability to be intellectual since I cannot read and write well like my other brothers and sisters who attend regular schools;-My teachers in school said I very slow in everything including taking instructions, thinking etc”-A self Advocate PWID

An analysis of these responses reveals that the respondents have both wild and accurate definition of the disability, however from the above sample answers, it is evident their knowledge and perception was pegged on either the UN CRPD definition models of both social and medical or they have had an advance experience with the disability.

10.2 Sex education for women and girls with intellectual disabilities;

The various respondents described access to sex education as the most appropriate tool of empowering the women and girls with intellectual disabilities against sexual abuse. The following depicts the thoughts of the respondents as regards sex education for women and girls with intellectual disabilities;

- “When you talk about sex education, it means that comprehensive information, norms and instructions rendered to any person including that with one with a disability-this is geared towards helping to make informed decisions in relation to his or her sexual life. However for women and girls with Intellectual disabilities, this is tricky because of their mental ability; the process starts late and is poorly received. ”-Community Health worker
- “Everybody including those with disabilities need information in appropriate amounts as regards sex. Personally, I have never imagined how to deliver sex education to these women and girls with intellectual disabilities though we group them as Most at Risk Populations (MARPs)-NACC Official
- “When you talk about sex education means teaching people about their sexual behaviour. When you think about these women and girls with intellectual disabilities; it is hard considering getting information from them when interrogating them is a challenge; now the process of educating them on sex will be very challenging;- they need to be accompanied all through their lives”-Police Officer
- “I think sex education is good for women and girls with intellectual disabilities and should be done from an early age and to continue all through their life since they get information in small doses. This will help them in terms of self awareness, reporting any incidences of abuse and living independently”-Parent of PWID

- *“I know myself since I am a self advocate; I have been taught about condom use and what to do when a stranger touches the private parts of my body, so sex education is useful for persons like me - I was taught to chill until I get married in Church and I have maintained that to date”-A self Advocate PWID*

An overview analysis of the responses shows that all the respondents defined sex education appropriately and they have adequate knowledge and awareness on the need for this education to women and girls with intellectual disabilities. However the practice has been that they do not have adequate capacity of conducting sex education to the women and girls with intellectual disabilities thus leading to prevalence rate of gender based violence against them.

10.3 Understanding of sexual violence and related acts of sexual violence to women and girls with intellectual disabilities;

A cross section of respondents showed a clear understanding of sexual violence and related acts of sexual violence to women and girls with disability;

- *“According to me, Sexual violence means any act of sex without consent and I have seen how these women and girls with intellectual disabilities are abused in these estate of ours; Matatu touts induce with them with free rides in the end to sexually abuse them. Recently two boys were jailed for abusing severally one girl here though it has raised a lot of tensions in these estate, but quietly I think that should serve as a lesson to those who abuse them”- A community Leader*
- *“Sex without consent is bad and that is what I understand to be sexual violence. With this understanding, I feel most of the women and girls with intellectual disabilities are taken advantage off since they are unaware or think slowly on issues related to sex; the perpetrators will take the advantage”-Parent of PWID*
- *“These drunkards and drug users who mill around the dumping site here are known for jumping on these women and girls with intellectual disabilities and of course in such incidences there’s no consent”- A sibling to a PWID*
- *“I define sexual violence to be sex with consent like one day our neighbor did it to me at night, I struggled with him and told my grandmother since my mother is also challenged like me-I hate such behaviour”-A surviving PWID*
- *“I know sex without consent is bad, it is hurting and can lead to death-This is what sexual abuse means; My late daughter was sexually abused with a very honorable man in this estate and that case left me with a lot of frustrations until my daughter later died but I forgave those who frustrated me, I have overcome all that - According to me the law enforcers are a big contributor to my frustrations”-A self Advocate PWID.*

Drawing analysis from the responses, it is evident that there’s clear understanding that sexual violence borders on any act of sex without consent. All the respondents viewed women and girls with intellectual disabilities to be vulnerable to sex without consent based on their mental inability and thus are taken advantage off.

10.4 The frequency of sexual violence against women and girls with Intellectual disabilities and potential perpetrators of these acts;

The various respondents said the following as regards the acts of sexual violence against women and girls with intellectual disabilities which reveals that these acts are fast on the rise due to their vulnerability;

- *“According to me, here in Jericho, a week cannot go without hearing whispers of such acts meted on these women and girls with intellectual disabilities but now who is willing to come to be a witness to support the case. I have been investigating a case in this area and it is a challenge to produce a witness in court, especially if the case is within the family members”-Investigating Officer, Nairobi.*
- *“Women and girls with intellectual disabilities meet sexual abuse incidences on a regular basis in this area though of late I have only one case that I am pursuing that is serious where the land lord is the abuser and the mother seems to warm up support the father due to some favors-very tricky!”-Assistant Chief, Nairobi.*
- *“These cases are there in this area but people fear talking about them for fear of being attacked by the vigilant youth groups who roam about in these slums. The perpetrators of these acts are these idle youth who smoke bhang in these slums”-A Parent of a PWID.*
- *“In my area of coverage, I have fought several verbal wars with a group of women who are inducing persons with intellectual disabilities women and girls into commercial sex work- I see these acts as abusive and they are on the rise. Relatives and especially Men with dignity are the perpetrators of these heinous acts”-Community Health Worker, Nairobi.*
- *“I know most perpetrators of these acts are known to the women and girls with intellectual disabilities and access them easily based on trust or knowledge of how the homes operate”-A self Advocate PWID-Kiambu*

A reflection on these responses shows that most of these acts are rampant in the estates and villages but community members or even families are no supportive enough to pursue the perpetrators. It is also revealed that most of these acts are committed during the day when the parents/caregivers of these women and girls are out for their daily duties to fend for them.

10.5 Community response mechanisms to sexual violence against women and girls with intellectual disabilities;

When asked about how the community responds to sexual violence against women and girls with intellectual disabilities, most respondents felt that there's need for collaboration and cooperation in order to arrest the perpetrators of these offences since the response has been poor as here expressed;

- *"According to me, there's need to educate the community on how to prevent these rampant acts from happening in our estates, houses and villages. This means that there's need to bring on board our fathers, uncles, brothers on board on matters of sex education related to these women and girls with intellectual disabilities"-a Medical Professional*
- *"There's need to change the perception that a person with intellectual disabilities does not need sex education. When we empower these women and girls with intellectual disabilities with skills and information on how to manage themselves sexually then there would reduced incidences of vulnerability that facilitate abuse incidences"- A community Health Worker*
- *"Persons with intellectual disabilities women and girls are vulnerable to sexual abuse and thus there's need to have in place a multi-disciplinary team in the community to reinforce the preventive and response mechanisms towards any acts of sexual violations against these women and girls"-A sibling to a PWID*
- *"I think we need to work with the law enforcing agents and the paralegals in order to present very strong cases in court so that we can send strong signals to potential perpetrators that there's no business as usual with our women and girls with intellectual disabilities"-Parent of PWID*
- *"The community and especially the law enforcing agents should change their attitude towards we women and girls with intellectual disabilities; this is through sharing training with al, stakeholders including us to know us better. It is bad when such a thing happens to you and when you go to the police they begin laughing and joking at us that we are big and mature not to present such as a sexual abuse case"-A self Advocate PWID.*

An overview of these reflections from the respondents reveals that there's need to put in place the prevention mechanisms in order to mitigate against the prevalence of the acts. The respondents further describe their good awareness levels, proper knowledge and appropriate perception on the ideal community response on these acts however their fears and concerns remain the collaboration and cooperation between stakeholders.

10.6 Opportunities for working with law enforcement agents to ensure the perpetrators of acts of violence against women and girls are brought to book;

In order to bring to book the perpetrators of these acts, the respondents proposed the following avenues of working with the law enforcement agents;

- *Need for an all inclusive multi- disciplinary community response team led by the law enforcement agents*
- *Regular mass education held in collaboration with the law enforcement agents towards empowering the general populace on prevention and responding to sexual abuse incidences against women and girls with intellectual disabilities*
- *Regular patrols within the estates and villages during the day so as to keep at bay the potential perpetrators*
- *Clean up bushy and dumping sites and as well light up the dark streets to cut out the hideouts of the criminals*
- *Functional and visible Joint community policing efforts*

These quotes from the various respondents border on opportunities to work with the law enforcement agents towards arresting the perpetrators of the heinous acts of sexual violence against women and girls with intellectual disabilities.

10.7 Assessment of existing laws on sexual violence against women in relation to women and girls with intellectual disabilities;

Noting from the responses given regarding the existing laws on sexual violence, there's evidence that most of the respondents have only heard of the popular Sexual offences Act but have not been able to access it, however they seem to know they express their fears and concerns as regards the same;

- *"According to me, the penal code refers to our women and girls with intellectual disabilities based on a stigmatizing front-Imbeciles, this means they have no capacity to do anything and yet we live with them we know it's the environmental barriers that block their participation just like the penal code describes it all"-NGO worker*
- *"The sexual Offences Act 2006 has not extensively considered or mentioned the women and girls with intellectual disabilities but rather generally grouped them as under the vulnerable Witnesses under section 31 of the Act"- A parent of a PWID*
- *"There's need to build the capacities of the judges and magistrates including the probation officers on the general language use in administering justice where an Persons*

with intellectual disabilities girl or woman is involved, even if the ruling favors them but the general language is stigmatizing''- a medical Health Professional

- *“It is needless to develop laws that are not readily available to the vulnerable populations in accessible reading and interpretation. Yes, these the laws are there but can the parents and these women and girls with intellectual disabilities interpret them’-A sibling of PWID*

Noting from the responses given, the respondents lack access to important information, education and communication materials as regards the existing laws on sexual violence. This makes them unaware on the right procedures to follow with in pursuit of justice for the women and girls with intellectual disabilities.

10.8 Emerging knowledge, practices and case studies related to sexual violence against women and girls with intellectual disabilities.

Reflecting upon the field observations and face to face interviews the following were notable features in the study that offer a basis of any future intervention on the prevalent cases of sexual violence against women and girls with intellectual disabilities in the two study locales (Nairobi and Kiambu counties):

Table 12: Case studies

S/No	Description of the Case Study
1	A youthful, brilliant and beautiful girl who leaves with a permanent scar of memories, she has been severally sexually abused. She lives with her grandmother since her own mother has mental challenges and cannot be solely responsible of her. Currently in her twenties, she has mild intellectual disability that hinders her from full participation in the society. She has difficulties with coherent speech flow and coordination of thoughts. To date, she has experienced five times incidences of rape due to her vulnerability. The most notable experience is with a next door neighbor who has continued to sexually abuse her since she stays all alone, upstairs on the floor above her grandmother's house together with other tenants including the perpetrator. Her case has been that of lack education and support from the neighborhood including the mother to file evidence to pursue justice for her. She remains vulnerable to date to the abuses.

S/No Description of the Case Study

2 Life is tricky working as a community health/social worker in the slums whenever one is handling sensitive matters. A middle aged single mother is a volunteer community Health worker working in the vulnerable areas of Umoja, Kayole, Dandora and Kariobangi in the volatile sprawling Eastlands-eastern part of Nairobi. She has continued to offer support to the SGBVR Center of Mama Lucy Referral Hospital. On her daily duties, she encounters children and youth from all walks of life who have been abused and supports them to access medication, food and shelter whenever possible. Her memorable experience is when she pursued a case involving a girl with intellectual disability who had been abused severally to the extent of conceiving. In the process of trying to rescue the girl from the potential abusers, she temporarily sought a temporary rescue shelter for the girl to recover as she sought legal action against the perpetrators. It is at this time that the family of the girl reported her as an abductor who had stolen their daughter and she was immediately arrested. The investigating officer of the case complicated and frustrated her pursuit of justice of the victim until upon her release from the police cells; she was branded negatively in the community that she serve. To date, she is the subject of ridicule, threatened and harassed while dispensing her daily duties. Her case is typical of the global challenges facing activists in the human rights sector

A dynamic young adult from the vulnerable semi-arid and arid lands of Kenya is posted to Nairobi-the city of mixed fortunes. As an administration police constable working at the District Headquarters, he is charged with the investigations within the area. He is currently handling a complicated case where a father sexually violated his own daughter and the neighbours intervened. The Case was reported at his desk, when he took it up to pursue justice for the girl, unfortunately the family did not offer him the necessary support-The wife supports the husband that neighbours are against her husband and are determined to break the family fabric. To date the husband has moved the wife and daughter to the villages and the neighbours who were supporting the case as witnesses have also dropped it, weakening further the case. As a young dynamic officer his hands remain tied just like any other investigating officer who does not receive the desired support to pursue justice for the victim.

Life is tricky working as a community health/social worker in the slums whenever one is handling sensitive matters. A middle aged single mother is a volunteer community Health worker working in the vulnerable areas of Umoja, Kayole, Dandora and Kariobangi in the volatile sprawling Eastlands-eastern part of Nairobi. She has continued to offer support to the SGBVR Center of Mama Lucy Referral Hospital. On her daily duties, she encounters children and youth from all walks of life who have been abused and supports them to access medication, food and shelter whenever possible. Her memorable experience is when she pursued a case involving a girl with intellectual disability who had been abused severally to the extent of conceiving. In the process of trying to rescue the girl from the potential abusers, she temporarily sought a temporary rescue shelter for the girl to recover as she sought legal action against the perpetrators. It is at this time that the family of the girl reported her as an abductor who had stolen their daughter and she was immediately arrested. The investigating officer of the case complicated and frustrated her pursuit of justice of the victim until upon her release from the police cells; she was branded negatively in the community that she serve. To date, she is the subject of ridicule, threatened and harassed while dispensing her daily duties. Her case is typical of the global challenges facing activists in the human rights sector

S/No Description of the Case Study

3 Growing up in the east of Nairobi and especially in Jericho estate is not one of the easiest things. A young adult woman born and bred in this congested city council housing scheme has been a victim of rape from the public vehicle touts, neighbours to the police. Her irresistible beauty and smile has been the excuse of the rogue men of deceit. The latest incidence involved her with two young men now serving 14 years jail term. The two jail birds spend the whole night abusing the young adult woman with mental handicap coupled with epilepsy; she strayed into their trap that they had set up. During the court ruling most of the court probation officers and the community members thought that the judge was too harsh on them. Pursuing the story from the Probation officer in-charge, there are allegations that the young woman is usually abused because she is beautiful, smiles all through, stares at passersby and pursues men. This young woman's case presents the sad décor of the many misconceptions about understanding persons with intellectual disabilities from the members of the public that leads to such abuse.

This market woman "Mama Mboga" knows all the corridors of Kiambu Police Station too well. Her daughter was sexually abused by a neighbor and she was able through the help of the good neighbors to arrest the perpetrator on time. When she presented the matter to the police station; she was beaten up by the red tape measures at the police station. She was required to produce evidence which she managed to produce within the required time. The investigating officer was unable to pursue the matter further claiming that the scene of action had been troubled and even the evidential materials were interfered with thus could not support a strong case in court. The perpetrator was set free. To date, justice has not been done to the daughter of this poor mother. Just like the phoenix erupts to fly again from the hot ashes is the mention of sexual violence against women and girls with intellectual disabilities-she knows where the shoe pinches most.

A dynamic young adult from the vulnerable semi-arid and arid lands of Kenya is posted to Nairobi-the city of mixed fortunes. As an administration police constable working at the District Headquarters, he is charged with the investigations within the area. He is currently handling a complicated case where a father sexually violated his own daughter and the neighbors intervened. The Case was reported at his desk, when he took it up to pursue justice for the girl, unfortunately the family did not offer him the necessary support-The wife supports the husband that neighbors are against her husband and are determined to break the family fabric. To date the husband has moved the wife and daughter to the villages and the neighbors who were supporting the case as witnesses have also dropped it, weakening further the case. As a young dynamic officer his hands remain tied just like any other investigating officer who does not receive the desired support to pursue justice for the victim.

4 At 54 years old, this moderately built mother of five who lives in the middle level urban estate in Nairobi has seen it all. When her second born daughter was sexually abused by an administration police, she faced all forms of stigma, abuses and threats from the man from the uniformed profession. At first when using her little legal knowledge about the sexual offences act, she confronted the officer at her work place and things seemed to favor her but with influence and support from the work place, the officer arrogantly dismissed her and threatened to kill. Through prayer and hard labor the sexually abused girl gave birth and they have learned since to collect their belongings and move on. This is typical case of how the families of the survivors of rape manage the difficulty terrain of pursuing for justice.

S/No Description of the Case Study

5 Growing up in the east of Nairobi and especially in Jericho estate is not one of the easiest things. A young adult woman born and bred in this congested city council housing scheme has been a victim of rape from the public vehicle touts, neighbors to the police. Her irresistible beauty and smile has been the excuse of the rogue men of deceit. The latest incidence involved her with two young men now serving 14 years jail term. The two jail birds spend the whole night abusing the young adult woman with mental handicap coupled with epilepsy; she strayed into their trap that they had set up. During the court ruling most of the court probation officers and the community members thought that the judge was too harsh on them. Pursuing the story from the Probation officer in-charge, there are allegations that the young woman is usually abused because she is beautiful, smiles all through, stares at passersby and pursues men. This young woman's case presents the sad décor of the many misconceptions about understanding persons with intellectual disabilities from the members of the public that leads to such abuse.

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7 At 21; behind the beauty, elegance and innocence despite having intellectual disability coupled with mild cerebral palsy is a young mother of one. She is a perfect living example of the many cases of sexual violation in Kiambu that go unreported. The sexual violations are occasioned by the many youth involved in drugs and substance abuse; sheltered in one of Kiambu town's most dangerous slum dwelling along the Kiambu-Limuru. She was a prey to the usual tradition of a mother locking up her child with disability in the house to go fend for the family. An unknown neighbor she could not pin point to the mother because of her nature of disability had left her with a responsibility. She is currently taking care of her one year old child closely supported with her mother. This is another of three cases we encountered that are mother as a result of acts of sexual violation against them.

11 Conclusions and Cross-Cutting Issues on the Qualitative Findings

This qualitative phase served as powerful management tool that helped to shape and chart the desired interventions to be put in place by the project partners; CO-VAW and KAIH towards mitigating on the gaps in knowledge, awareness, practice and the prevalence rate of gender based violence especially sexual violence among women and girls with intellectual disabilities.

Through the various IDIs and FGDs as shared by the key informants/participants/stakeholders during the interactive sessions; the consultant consolidated their views into the following six declarations that reflected their knowledge, awareness and practice as regards the prevalence rate of sexual violence against women and girls with intellectual disabilities;

- i. Since most respondents tend to confuse intellectual disability with mental illness, there's need for overall development and dissemination of more reader-friendly IEC materials to educate the public on this disability and associated vulnerability.*
- ii. Building trust among persons with intellectual disabilities is crucial for transfer of knowledge and thus there's need to work with care givers including families to disseminate information on the sexual offences Act 2006 and related legal provisions for prevention and mitigation against loss of evidence on acts of sexual violations against the very women and girls with intellectual disabilities;*
- iii. Initiate frequent collaborative forums with law enforcement agents within the community and beyond to chart the detail behind prevention and responding to incidences of sexual violence against women and girls with intellectual disabilities;*
- iv. From the response in the FGD and IDIs, it seems that men are not giving information on matters regarding sexual violations since they are the primary players. To bring on board more participation of the male partners on sex education related to women and girls with intellectual disabilities will add value in good will, support mitigation/remedial mechanisms on these acts;*
- v. Diversify mechanisms to protect evidential materials and sustain witnesses in pursuit of justice related to sexual violence against women and girls with intellectual disabilities;*
- vi. In summary the quotes sampled from the FGDs and IDIs portray the reality on the ground, but a majority (86%) of them reflect the need for concerted efforts in stimulating community activism that is founded on alliance building with strategic stakeholders, setting up of a multi-disciplinary response team and advocacy on policy framework to push for sustainable change on matters related to sexual violations against women and girls with intellectual disabilities.*

CHAPTER 4: ANNEXES

Annexe 1: List of References

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Annexe 11: Summary of Case Studies, Observations and Anecdotes on the Study

Other Notable Case Studies

1. In her late twenties; with her mild intellectual disability; she remembers fondly the way her uncle raped her severally in their store room. Born and bred from a middle level estate in Nairobi's Buruburu, just as tradition when one is doing fairly well, your house becomes a shelter for many visitors including job seekers from upcountry. Her father was that generous to house all the relatives from her village. An uncle who stayed with them probably the longest among their relatives on transit, seeking jobs or services in Nairobi abused her severally without the parents' knowledge. When she picked the courage to share with her mother it was too late. This led to mistrust between the father and her mother causing ripples in the extended family. This grew into a big family feud to an extent that the family were denied family farm; they since then live in Nairobi and have cut linkages with their village relations. This is another of the case that never saw the light of justice to the victim
2. I remember him the two men very well but I cannot tell their names....they took me to the maize fields and severally performed bad manners on me; I felt a lot of pain thereafter. When I struggled back home, I told my mother and my other siblings who took the matter to the nearest Chief's camp. The chief was very supportive and the only challenge I had was to describe them so that they can be located from the village. This is yet another case where a victim is sexually abused, knows the abusers but after sometime due to her disability she is unable to recount and describe the scenario and the perpetrators. This has severally hampered the pursuit for justice
3. When my daughter was abused...I had all the trust that I had the evidence to support the case to ensure that my daughter get access to justice. Armed with all the fresh evidence from the scene, supported by the villagers who had caught the perpetrator in action we walked into the police station. When I presented the case of my daughter the police officer on duty that with his other three colleagues listened to our case and broke out in delirious laughter. They were shocked that my daughter; a big grown woman would report such a normal exercise as a rape case. We were frustrated and went back home disappointed by the custodians of justice. Another frustrating case at the hands of the police
4. My daughter with severe intellectual disability coupled with Down Syndrome has been unlucky since she first fell into the hands of the therapist who was attending to her and secondly to her teacher. In all these cases; money has

exchanged hands and I was blocked from pursuing justice for my daughter. I cannot trust anyone with my daughter; let her die in my hands. Currently she stays at home alone, am worried, I do not know who else next might prey on her again....we just leave it all to God, I must go fend for her and the rest of the family. A case of a caregiver who locks up her daughter worried of protection and care from sexual abuse

5. As a local area chief, I have been handling a case one of a person with physical disability who actually abused a girl with intellectual disability. The case getting trickier, since the perpetrator has already compromised the victim's mother; he was the family's landlord by then. In pursuit for justice for the girl, I am left in dilemma...the case is stalled because the mother shifted and no one can locate them. A case of frustrated law enforcement agent pursuing justice for the victim

On-Site-Observations

1. During the interactive session at the Kenyatta National Hospital's GBVRC that brought together various health professionals. The health professionals were drawn from Mbagathi District Hospital, Kikuyu and Kiambu Hospitals. The most remarkable observation was the fact that as experienced professionals they had very low understanding of intellectual disability with its related conditions. This presents a worrying trend from medical professionals especially faced with such a disability at their usual service (workplace) point.
2. It was noted that at almost all health facilities including Kenyatta National (Referral) Hospital; cases involving persons with disabilities are generally grouped as one they are not segregated at any health service point. The idea of grouping together cases involving Person with disabilities makes it hard to offer specialized services especially to any particular vulnerable type of disability. This has greatly affected clarity in data of cases and services rendered at these service points.
3. At the police stations and probation/after care services visit the general observation is that there's rampant misinterpretation/definition of the women and girls with intellectual disabilities. They are often referred to with terms denoting imbeciles, silly, mad, sick, stupid persons. This is demeaning especially when in pursuit for justice for these target persons.
4. During the field interaction sessions, the team noted that most respondents (parents and care givers) were women. This probably explains the reason behind single mothers left to care for their children with disability. Men are at large or distanced themselves away from giving of PWDs causing a lot of burden on the women (emotionally, socially and economically)

Remarkable Anecdotes from the Study

1. It is the trend here; the Hospital is big and takes care of various patients. Here, when victims come for treatment we do not desegregate the data for PWDs; we group them together so long as we have delivered the medical care; that is it! Unless you guys want to fund us to do that, we shall be very willing to do that but for now there are no immediate plans for that.
2. Why didn't you invite men in this study? We also needed to understand their take on issues of rape, defilement and assault especially on these women and girls with intellectual disability. They need to be brought on board to support mitigation processes in the community.
3. The girls and women you refer to have intellectual disabilities; we in the police and even in law they are referred to as mongoloids and imbeciles. To me they are funny; they are the ones who attract rape from men. You see they like looking at strangers with smiles and pursuing them with their welcoming eyes, so it will be unfair for the law to be harsh on men without interrogating the case further. I know of a father of one such a girl in our estate who has taken many people to caught because of that and now he is enjoying money in the name of fines or seeing the "perpetrators" languish in prison. It is bad!

Annexe 111: Detailed Summary of the Study Tools

Lead the participants to understand that the exercise is being conducted jointly between KAIH with COVAW to establish the prevalence of sexual violence against women and girls with intellectual disabilities. This will facilitate integrated health and legal interventions on the same in the region. The organized Focus Group Discussions (between 5-10 persons) will explore any existing gaps in practice in order to better reinforce the rights of Persons with intellectual Disabilities (PWID).

a) FGD/IDI Grid

Interview Guide (open end question) for the PWIDs and families.		
S/No.	Question	Responses/Remarks
1	What is intellectual disability?	
2	What are the closely related challenges to intellectual disability?	
3	How do you understand sexual violence?	
4	Mention any related acts of sexual violence to women and girls with intellectual disabilities?	
5	How frequent do the acts of sexual violence against women and girls with Intellectual disabilities occur in this region?	
6	Who are the potential perpetrators of women and girls with intellectual disabilities? Where do you seek help?	
7	What has been/is the practice of responding to sexual violence against women and girls with intellectual disabilities in this area?	
8	Are there any prevention mechanisms in place against the prevalence of the acts in this region and how can this be improved upon?	
8	Are there opportunities for working with law enforcement agents and health workers to ensure the collaborative and integrated approach against the sexually violated women and girls with intellectual disabilities in the region?	
9	What is your assessment of existing laws on sexual violence against women in relation to women and girls with intellectual disabilities?	

b) Interview for Key Informants-PWID

Code: _____

A preamble will be given to let the respondent know that questions being asked are essentially for the purpose of establishing the vulnerability of women and girls with intellectual disabilities in the area. This will support basis for health and legal interventions. Let the respondent be assured that her name or description will not be given.

Demographic data:

1. Approx. age of respondent.

10-15

15 – 20

20 – 30

30 - 40

Others specify _____

2. Do you have a disability? Yes No

3. a) Nature of Disability: _____

b) How long have you lived with this disability: _____

4. Area of residence: _____

5. Have you ever been sexually abused? Yes/No. If yes, what was the nature of sexual abuse you encountered?

6. What are some of the frequent cases of sexual violence that women and girls with intellectual disabilities face in this area?

Issue	Most of the time	Sometimes	Never
Rape			
Attempted rape			
Defilement			
Attempted defilement			

Issue	Most of the time	Sometimes	Never
Sexual assault			
Gang rape			
Compelled or Induced indecent acts			
Any other			

7. Who are the perpetrators of these acts of sexual violence against women and girls with intellectual disabilities in this area?

Issue	Most of the time	Sometimes	Never
Family members			
Neighbors			
Teachers			
Medical professionals			
Peers			
Strangers			
Security agents e.g. police, guards etc			
Robbers/thieves			
Others			

8. How would you rate the services that you receive/ever received in case of sexual violation?

Excellent Good Fair Poor

9. Use the table below to capture data on the PWID source of authority and guidance.

Query	Siblings	Parents	Grand Parent	Other Relatives	Others (specify)
Who lives with you?					
Who provides for you					
Whom do you trust most?					
Who would you report to in case of sexual violation?					

10. What are some of the challenges you (would) experience when you are sexually violated?

11. How has been/is the practice of overcoming the challenges mentioned above?

12. What kind of support would like to receive ;

Source	Kind of support
	Legal aid Health services Psychosocial support Capacity building – awareness raising
Law enforcement agents	
Health workers	
Social Workers	
Family	
Media	

Note: Remember to thank the person and give her room for future counseling if they will be interested.

The KIIs will target parents, siblings and other care givers in the community. The KIIs will present the quantitative outlook of the baseline survey. This will explore demographical data and individual perspectives on the sexual violence against the girls or women with Intellectual disabilities in the target area

c) Interview for Key Informants-Parents/siblings/Caregivers

Code: _____

Preamble

The consultant is undertaking a study on behalf of KAIH and COVAW to establish the knowledge, attitude and practice of the extent of sexual violations among women and girls with intellectual disabilities in Nairobi and Kiambu counties. Any information shared herein will be treated with utmost respect and confidentiality. Please respond to all the questions.

The researcher is grateful for your time and support.

Demographic data

1. Approx age of respondent.

- 20 – 30
- 31 – 40
- 41 – 50
- 51 and above

2. Gender M F

3. Position held in the neighbourhood? _____

(Parent, Sibling, Police Officer, County Representative, Paralegal Officer, Social Worker, Women Representative, chief, teacher, shopkeeper, Religious leader)

If others, please specify: _____

4. a) Are you aware of any girl or woman in this area who has intellectual disability?

No. _____ Yes _____

b) If yes, Please explain briefly who takes care of the girl or woman's daily needs

5. What are some of the difficulties you have known to be faced by girls or women with intellectual disabilities living in the community?

(Tick as many as possible)

Issue	Most of the time	Sometimes	Never
Availability of parental care			
Attendance to school/work/training			
Negligence			
Fights or bullying			
Lack of motivation/Happiness			
Lack of love and guidance			
Cleanliness and care			
Shelter			
Protection			
Others (specify)			

6. a) What has been/is the practice that presents risks to these women and girls with intellectual disabilities in the community?

b) Briefly, give reasons for the above _____

7. What is your understanding of sexual abuse among women and girls with intellectual disabilities?

8. Use the table below to rate the most frequent cases of sexual violation in the community of girls or women with intellectual disabilities.

Issue	Most of the time	Sometimes	Never
Rape			
Attempted rape			
Defilement			
Attempted defilement			
Sexual assault			
Gang rape			
Compelled or Induced indecent acts			
Any other			

Give a brief explanation for the observations made above.

9. In your own opinion, what should be done about to prevent the prevalence of sexual violation among women and girls with intellectual disabilities?

Thank you so much for your time and knowledge shared.

Mungu akubariki.

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