Physicians for Human Rights

# Survivors' Experiences of Accessing Mental Health Services Following Sexual and Gender-based Violence in Kenya

## Policy brief based on participatory action research using PhotoVoice methodology

February 2023

By members of the Survivors of Sexual Violence Network in Kenya (SSVKe)

Diana C. K. Mushiyi, Lorraine Ong'injo, Jane Alphayo, Mercy Etole, Millie Akinyi, Margaret Kinyua, Beatrice Karore, Ashura Mciteka, Grace Kamau, Bonila Sisia

and Physicians for Human Rights (PHR)

This study sought to understand the experiences of survivors of sexual violence in Kenya as they accessed mental health services. Survivors' experiences are vital to document and have important advocacy and policy implications related to the provision of mental health services and survivor-centered care within their communities.

## Context

Sexual violence affects millions of people of all genders and ages and is a critical global health challenge. It shatters the lives of victims and remains one of the most underreported and under prosecuted crimes in the world. The stigma is often enough to keep survivors from seeking medical treatment, let alone demanding justice. In Kenya, 45 percent of women and girls aged 15-49 years have reported experiencing physical violence at least once in their lifetime, and 14 percent have reported experiencing sexual violence, with many cases going unreported.[1,2] Such violence has a profound impact on an individual's social functioning and physical and mental health. Access to quality mental health care for survivors of sexual violence has been a major challenge. However, the government and other stakeholders should no longer delay providing high-quality mental health care access, as the true price of failure is counted in discarded ambitions, family separation, prolonged sickness, dysfunctional relationships, and ruined lives.

Physicians for Human Rights (PHR), through the support of Comic Relief, has led a project since 2020 to strengthen mental health care and forensic psychological evidence collection in Kenya. The project aims to improve sexual violence survivors' access to mental health care and build local capacity to document forensic psychological evidence to support legal cases. It also advocates for the reform of policies to ensure survivors nationwide can access critical mental

health care and forensic documentation. Through the project, PHR has sought to improve how sexual violence survivors in Kenya will be able to access mental health care, forensic documentation, and justice. The project also sought to improve health care facilities' capacity to offer comprehensive mental health care to sexual violence survivors through implementation of specialized policies, standard operating procedures, and health care protocols. Lastly, the project has aimed to advocate for the reform and implementation of key policies to ensure sexual violence survivors have access to mental health care and comprehensive forensic psychological documentation to support accountability processes.

Following the implementation of this project, we sought to understand the experiences of the survivors when accessing these services. PHR believes that engagement with survivors should not only be empowering but should also provide as much direct benefit to the survivors as possible. To ensure that these survivor-centered values were reflected in this process, PhotoVoice was selected as a participatory approach to uplift the voices of community members not traditionally represented in research and evaluation.

## Assessment Overview

PhotoVoice is a participatory research method that empowers community members to identify, represent, and enhance their community through a specific photographic technique. Using cameras, individuals can document their experiences and act as potential catalysts for change in their communities. PhotoVoice seeks to collect information through a collaborative assessment process that disrupts the typical imbalance inherent in traditional research and assessment projects and includes advocacy for policy change as a central tenet of its methodology. For this study, members of the survivors of sexual violence network in Kenya were community collaborators who took images representing their journeys to access mental health care services following sexual assault in Kenya.

*Photo board created by one of the survivor-collaborators.*

## Key Findings

This study found that survivors of sexual violence in Nairobi perceive a general lack of prioritization of mental health services in the health care sector. This has had profound effects on survivors of sexual and gender-based violence (SGBV) seeking treatment. Despite the existence of policies and protocols providing guidance on SGBV response, survivors perceive little emphasis and follow-up on the provision of mental health services to SGBV survivors.

1. **There is a gap in the accessibility, affordability, availability, and quality of mental health services being offered in communities**. Specifically, there is minimal prioritization for services specifically targeting survivors of SGBV and other vulnerable groups, such as persons living with disabilities, the elderly, children, LGBTQIA+ groups, and sex workers.

2. Health care professionals, community leaders, human rights' defenders, and members of the Survivors of Sexual Violence Network Kenya **lack the capacity and support as first responders** to provide trauma-informed care to SGBV survivors.

3. **Stakeholders and duty bearers do not fully understand their roles and obligations** in providing and supporting mental health care for survivors of SGBV. In addition to this, there is a lack of accountability for the less-than-adequate mental health services when they are provided.


*"This is a private facility as you can see, they have medicine and all they need to take care of a survivor but accessing them is not easy at all."*

## Policy Recommendations

This project has implications for SGBV survivors, first-responders, communities, and duty-bearers in addressing gaps in policy governing the provision and availability of quality mental health services. The following recommendations were crafted by members of the Network of Sexual Violence Survivors in Kenya who participated in the project:

1. **The Nairobi County Government should implement the documented best practices for mental health service provision.** The WHO provides guidance on the optimal mix of mental health services with an emphasis placed on delivering mental health treatment and care through services based in the community while considering cultural and socioeconomic variables.[3] This should be accompanied by consistency in monitoring and evaluation for accountability of mental health services. Additional mental health practitioners should be deployed to health facilities within the communities and infrastructure should be upgraded to ensure that services are provided in a survivor-centered and trauma-informed manner.

*"The bridge you see here represents the community health volunteer where the survivor must pass through in order to get to the Tumaini clinic. Whether the first time or going to the third, you must pass through...They put you on notice every time you go there, then under the bridge. The dirty water which is under the bridge represents the gossip, the bad language they have, the bad mouthing. They talk about the survivor, the blame games they put on survivors...They say that I know she was raped. If it's a rape case, it's because she normally wears a mini skirt, she works at night, she's drunkard such bad mouthings."*

2. **Comprehensive training, campaigns, and awareness creation on mental health care should be conducted to include capacity building to all health care practitioners and sensitization of communities to the importance of mental health care.** This should include refresher training for first responders through Continuous Medical Education (CMEs) on provision of psychological first aid, self-care, and support for mitigating secondary trauma. This should be conducted simultaneously with the development/implementation of facility and community health protocols to support the management of SGBV survivors.

*(Left and below) "The massive eviction that happened in Mukuru kwa Njenga slums last year, the people around this hospital was very much affected. And until they are still IDPs, they can't even afford the transport, even the cheapest, which is the motorcycle, which is from there to Ksh100, they can't afford."*


*"You must have money to access private facilities in the communities where we live".*

*"This is the living standard of most of the survivors where I represent. This is how they live."*

*"Here there's a structure being built and beside it is where the counseling session happens."*

*"This is a … [simulation]… of a survivor who is being examined by the doctor and as you can see, the survivor is not comfortable because the hospital where the survivor is being examined is not a safe place. So the survivor is even trying to hide herself off because she's not comfortable at all because the place is not safe."*

*"So the community is really working towards upgrading its own people through different environments like water project, electricity projects... for security."*

## Endnotes

[1] Kenya National Bureau of Statistics, Ministry of Health/Kenya, National AIDS Control Council/Kenya, Kenya Medical Research Institute, and National Council for Population and Development/Kenya. 2015. Kenya Demographic and Health Survey 2014, Rockville, MD, USA, available at http://dhsprogram.com/pubs/pdf/FR308/FR308.pdf.
[2] S. Mathur, J. Okal, M. Musheke, N. Pilgrim, Patel S. Kishor, R. Bhattacharya, et al. (2018) High rates of sexual violence by both intimate and non-intimate partners experienced by adolescent girls and young women in Kenya and Zambia: Findings around violence and other negative health outcomes," *PLoS ONE* 13(9) : e0203929, https://doi.org/10.1371/journal.pone.0203929.
[3] World Health Organization (WHO), (2003), *Organization of Services for Mental Health,* Geneva:WHO.

## Acknowledgements

This policy brief was made possible through support of the Comic Relief & UK Aid Mental Health Programme.