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Help seeking behaviour among women survivors of gender-based violence in kesses sub-county, Uasin Gishu County, Kenya

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Abstract
This study investigated the barriers to help-seeking faced by women survivors of gender-based violence (GBV) with a focus on Kesses Sub-County in Kenya. Based on the study, this paper examines the help-seeking behaviour of women survivors of GBV. The study utilized a sample size of fifty women survivors of GBV who were above eighteen years of age selected through the snowball sampling technique. Data was collected through semi-structured interviews, case narratives, key informant interviews and focus group discussions. The collected data were transcribed, coded and analysed thematically in line with the specific study objectives. Findings were subsequently presented in the form of narratives and verbatim quotations to amplify the informants' voices. The study found low reporting of GBV cases among the women survivors to the police but high preference for family members, local village elders and women groups in the local set up. Several barriers influence help seeking of women survivors of GBV, ranging from cultural believes, poor legal system and justice dispensations for the abused victims, economic deprivation of the abused, high stigma among abused women, and the frequent resort to local dispute resolution mechanisms. It is recommended that the county governments need to facilitate and provide adequate holistic assistance and support to all women survivors of GVB, promote equity in access to resources irrespective of gender and work towards addressing cultural norms and practices that encourage GBV among women, provide access to medical and psychosocial assistance to women survivors of GBV and enhance gender-sensitive structures for the reintegration of survivors as non-stigmatized members of society and to sensitize the judicial system, state agents and prosecuting agencies especially the police on appropriate handling of GBV cases among women survivors.

Keywords: help seeking, women survivors, gender-based violence, kesses sub-county, Kenya

1. Introduction

Gender-based violence (GBV) is a particularly disturbing phenomenon which exists in all regions of the world and has gained international recognition as a grave social and human rights concern (UNHCR, 2011) [31]. The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) defines gender-based violence as "violence that is directed against a woman because she is a woman or that affects women disproportionately and includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty" (CEDAW, YEAR?). On the other hand, the Inter-Agency Standing Committee defines gender-based violence as any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females (IASC, 2005, p. 5).

The UN Declaration on the Elimination of Violence against Women (DEVAW) defines GBV as:

Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life (DEVAW, year?).

Gender-based violence is often linked to unequal gender relations within communities and abuses of power. It can take the form of sexual violence or persecution by the authorities, or can be the result of discrimination embedded in legislation or prevailing societal norms and practices.

GBV also takes the form of sexual exploitation, forced early marriage, domestic violence, marital rape, trafficking and female genital mutilation (UNHCR, 2003) [30]. Globally, 35.6% of women have ever experienced either non-partner sexual violence or physical or sexual violence by an intimate partner, or both (WHO, 2005) [32]. Countries that have higher levels of non-partner sexual violence (Namibia and the United Republic of Tanzania), compared to others that have lower levels (Ethiopia), also tend to have higher rates of other forms of violence, such as sexual abuse during childhood (a form of non-partner sexual violence). While men and boys are often victims/survivors of sexual violence, statistics indicate that the majority of victims/survivors are women and girls (UNHCR, 2003) [30]. Violence against women and girls is one of the most prevalent human rights violations in the world. It knows no social, economic or national boundaries. Worldwide, an estimated one in three women will experience physical or sexual abuse in her lifetime (WHO, 2013) [33].

Conceptualizing Gender-Based Violence

Gender-based violence describes the specific type of violence that is linked to the gendered identity of being a woman, man or a person with transgender identity (NCRC, 2014) and includes sexual violence. The Rome Statute of the International Criminal Court (ICC, 1988) defines sexual

violence as any contact, gesture or act of exploitation of a sexual nature that is unwanted, or carried out without the consent of a person, which is imposed by physical force, threats, trickery, intimidation or duress (UNHCR, 2003) [30].

The United Nations' Institute for Research and Training for the Advancement of Women (2001) observes that sexual and gender-based violence is rooted in prescribed behaviour, norms and attitudes on the basis of gender and sexuality. The prescribed norms and definitions of what it means to be a woman or a man, and how men and women are positioned vis-à-vis one another and other groups of men and women also influence the occurrence of GBV. These norms and definitions allow and even encourage violent behaviour within environments that assign privilege and hierarchical power to certain groups of men.

Gender-based violence is the enforcement of power hierarchies and structural inequalities created and sustained by belief systems, cultural norms and socialization processes (UN-INSTRAW, 2001, p. 6). Such hierarchies lead to inequities between men and women in social, economic and political statuses and relationships. Therefore, the weaker gender is rendered vulnerable to domination and exploitation by the more powerful one (NCRC, 2014). Such domination and exploitation may be symptomized in limited access to social goods like health, education, security, nutrition as well as victimization from violent and non-violent sexual and non-sexual offences against the person. Acknowledging that the common victim of GBV is the female gender, the World Health Organization (WHO, 2005) [32] observes that for women in many parts of the world, violence is a leading cause of injury and disability, as well as a risk factor for other physical, mental, sexual and reproductive health problems.

Gender-based violence remains an endemic problem that cuts across all socio-economic groups in Kenya. Social systems in Kenya are established on a patriarchal basis whereby women and children are treated as lesser human beings. Women are prevented from having adequate opportunities to participate in decision-making processes and therefore their input in social and economic development is minimal. This forces them to become dependent on males, and to stay in relationships even after abuse from their partners and husbands (GVRC, 2014) [8].

Gender-based violence is rampant even where legal systems and institutions are working (Ojienda & Ogwang', 2010) [23]. Many communities still uphold, practise and normalize various forms of abuse against women that include female genital mutilation, early or forced marriage as well as virginity testing. The value attached to female chastity is so high that even where a woman is a survivor of sexual abuse, the typical community response is to isolate and stigmatize her. The shame and stigma attached to sexual violence, and the lenient penalties meted out against offenders in formal and traditional judicial systems, silent survivors, preventing them from seeking help (Ojienda & Ogwang', 2010) [23].

Another significant characteristic of GBV is that the survivor is not given the choice to either refuse or pursue other options without severe social, physical, or psychological consequences. This is due to the fact that GBV is rooted in a society's social structure, that is, the society's nerve centre or its system of norms, values and beliefs. It is also an important characteristic that GBV can be perpetrated by an intimate partner as well as a stranger, and within and outside the family and home environment (UNHCR, 2000) [29].

Patterns of Help-Seeking

Rates of Help-Seeking

Despite a high level of GBV in many countries, the rate of disclosure and help-seeking is very low. The main reason for not seeking help is that violence against women is treated as normal (Naved *et al.*, 2006). As such, GBV is infrequently reported to anyone, including medical personnel or the police. The low prevalence of help-seeking among survivors of GBV powerfully highlights the normative influences and structural barriers that prevent most women from seeking any help after experiencing violence and from receiving appropriate care if they do seek help (Oxfam, 2007). Attitudes about gender roles and violence hinder disclosure of violence to anyone (Antai & Antai, 2009).

The Kenya Demographic and Health Survey for 2014 revealed that women who had experienced both physical and sexual violence (59%), women aged 30-49 (49%), women who reported having no religion (66%), women in rural areas (46%), and women in the Eastern Region (54%) are more likely than other women to seek help to stop violence. A much higher proportion of divorced, separated, or widowed women (61%) than never-married women (34%) and those who were married women (43%), had ever sought help. Help-seeking was found to increase with the number of living children, from 34% among women with no living children to 52% among those with five or more children. Unemployed women (34%), those with no education (34%), and those in the highest wealth quintile (38%) are less likely than other women to seek help from any source to stop the violence (KNBS & ICF Macro, 2015, p. 322).

Help-Seeking Based on Type of Violence

Due to socio-cultural barriers of shame and stigma related to GBV, women, if they seek help at all, are more likely to seek help from family members (kin) than non-kin members (Naved *et al.*, 2006). Whether or not a woman's own family members live nearby may also be a critical factor in the identification of abuse and help to prevent or escape it. For example, Yoshioka and Dang (2000) [34] have found that South Asian women could not turn to their family once they were married because they were considered the property of their husband and parents found it inappropriate to intervene in their daughter's married life. Family matters were considered private and for the personal domain. Sometimes survivors of violence turned to a friend for support in the absence of their extended family but such 'private news' concerning violence especially of a sexual nature was strictly kept in the family (Rao *et al.*, 1990, p. 5) [26].

In their study of South Asian women in the United States, Raj and Silverman (2007) [25] have found that in the case of marital violence, women still experiencing violence disclosed that fear of stigmatization and being ostracized by their community, fear of intensification of abuse, and limited availability of services were some reasons for not seeking help from those outside their personal network. However, those who experienced violence from strangers found it easier to report and seek help from formal support sources because it meant less shame and stigma than reporting marital issues.

Formal versus Informal Help-Seeking

Meyer (2010) [19], in a study on help-seeking by women survivors of violence in Australia, has found that if any help was sought, it was informal help that was approached as the first resort after violence and happened independent of any other form of help-seeking. Meyer (2010) [19] argues that formal help-seeking may be approached concurrently with informal help-seeking or after informal help has been sought. Formal means of help are usually sought when the survivor has rationalized that the violence is serious and intends to have the violence stop permanently (Meyer, 2010) [19].

Patterns of help-seeking for women survivors among South Asian women are seen to begin with the family as most abused women who received help reached out to their immediate and extended family members, their partner's family members, and their friends (Mahapatra & DiNitto, 2013) [17]. However, the family frequently becomes a socio-cultural barrier in itself. For example, norms related to shame and the privacy of family matters serve as an obstacle to disclosing incidents of GBV outside of the family and immediate social network (McCleary-Sills *et al.*, 2013, p. 32) [18]. Raj and Silverman's (2007) [25] study in the USA found that women who do seek help rely mostly on personal networks or immediate family, or other relatives and friends in the community or at work, church, or temple. According to them, such patterns may hinder, rather than help, the women from getting the actual help they require which may range from simple counselling, to medical treatment for injuries sustained during abuse to legal aid (Raj & Silverman, 2007) [25].

Sometimes women's own families and in-laws generally discourage seeking outside help (Dasgupta, 2000). When a survivor does seek help, her pathway frequently begins and ends with the family. For example, a married woman who experiences partner violence is expected to first speak with her husband's family members. While some mechanisms exist for family meetings to address such marital issues, the ultimate goal of any action taken is to reconcile the marriage, and not necessarily to address the woman's needs or concerns. It is only when a problem cannot be solved within the survivor's family or immediate social network that a survivor might consider seeking help from external or more formal sources of support (McCleary-sills *et al.*, 2013, p. 38) [18].

Kin often ask abused women not to leave their abusive husbands for the sake of family honour and women who have undergone sexual violence such as marital rape are often severely chastised for disclosing such abuse (Gill, 2004) [7]. McCleary-sills *et al*. (2013) [18] found that older women were more reliant on traditional and informal sources (e.g., elders and religious leaders) whose support was frequently characterized by an emphasis on maintaining silence and "enduring." Secrecy augmented their reluctance to seek help (Beaulaurier *et al.*, 2008).

Mahapatra and DiNitto (2013) [17] have found that among South Asian women, discussion of private family matters with "outsiders" required overcoming strong generational prohibitions. In contrast, younger women reported experiencing more support and encouragement from their friends to seek help from formal sources. For unmarried girls, the available options were more restricted given that their relationships are not formally recognized. However, even in the case of rape, because of shame and stigma, the help-seeking pathway may still end at the level of family or social networks as women are more likely to seek support from family members (kin) than non-kin members (Mahapatra & DiNitto, 2013) [17].

Although services may exist to assist survivors of GBV, women's awareness of and access to such care and support services are low especially in the rural areas. In such areas, formal referral networks that integrate services across sectors are also virtually non-existent, making it extremely difficult for those survivors who do seek care to navigate the system (ICRW, 2014). Referrals are required at every step of formal help networks, thus creating bottlenecks and lengthy delays in getting care and exposing survivors to potential re-traumatization as they are required to narrate their experience on repeated occasions (Mahapatra & DiNitto, 2013) [17].

The result is in an exceedingly slow, cumbersome process that neither prioritizes a survivor's needs nor responds to sexual violence as an emergency situation (ICRW, 2014). Members of survivor's personal networks may direct them to seek help from formal sources, although literature indicates that most rural women seek outside or formal help only in extreme situations, for example, when they have exhausted their informal resources and have failed to receive the help they needed (Raj & Silverman, 2007) [25].

Children and Help-Seeking Behaviour

The presence of children may also act as an important predictor of help-seeking (Meyer, 2010) [19]. Children's observation of violent incidents may significantly increase a survivor's likelihood of seeking support. This is an important observation because it indicates the salience of survivors' protective attitudes towards their children. While women may not always seek the (formal) support they need for their own physical and emotional wellbeing, their likelihood to do so increases when their children's wellbeing is at risk (Sabina & Tindale, 2008) [27]. This observation is consistent with findings from a study conducted by Akers and Kaukinen (2009) [1] in Canada which suggest that the presence of children encourages survivors to reach out for help and assistance from their situation. However, it is inconsistent with findings from other studies. For instance, a study by Logan and Walker (2004) [16] has revealed that survivors may remain silent when children are involved due to their fear of losing the children to their ex-partner or child-safety interventions as a result of having 'exposed' them to a violent home environment (Fugate *et al.*, 2005; Logan & Walker, 2004) [16].

Mahapatra and DiNitto (2013) [17], in their study of South Asian women in the United States, have found that women living with their children were less likely to seek any help. Women are socialized to uphold the family honour and disclosing abuse could be considered an act of family and community betrayal and can have serious repercussions for their children, especially their daughters (Gill, 2004) [7]. In cases of arranged marriages in Asian communities, for instance, families are often reluctant to choose a bride whose mother has failed to maintain a marriage and/or a father figure for the children irrespective of the father's conduct (Dasgupta, 2000) [4]. The fact that women have the responsibility of keeping the family unit together and put themselves second may explain why abused women with

children are less likely to seek help. Real or perceived threats of being shamed if they try to seek assistance from the law may also stop women from seeking help in abusive situations (Dasgupta, 2000; Gill, 2004) [4, 7], especially if they fear being separated from their children. These inconsistencies between past and current research findings suggest that the role of children in survivors' decision-making processes to seek help is complex (Meyer, 2010) [19].

Problem Statement

According to the United Nations Population Fund (UNFPA, 2016, p. 2), gender-based violence negatively affects the lives and well-being of its victims. Studies by UNFPA show that GBV affects women disproportionately and they are the majority of victims. "Gender-based violence undermines the health, dignity, security and autonomy of its victims, yet it remains shrouded in a culture of silence" (UNFPA, 2016). According to Dimovitz (2015) [5], GBV "can take many forms, physical, sexual, psychological and economic. Those who survive their attacks suffer psychological and physical scars, but often do not bring it to the attention of family, friends, health workers or authorities either because of stigma, shame, the belief that nothing can be done for them, and perceived/real lack of ability to access services" (p. 3). A study of abused women in Nairobi by Ombwori (2009, p. 4) [24] found that 20-66% of women never tell anyone about what happened to them, and 55-80% never seek services from anyone at any time. This is because many face challenges with stigma and reporting, they never receive help, and are thus, forced to live with their scars" (Dimovitz, 2015, p. 3) [5]. Clearly, victims of GBV face barriers in seeking help. However, there seems to be a gap in knowledge on help-seeking behaviour and patterns as well as barriers to help-seeking by survivors of GBV, specifically in Kesses Sub-County (Kalu, 2015) [14]. Previous studies on GBV and help-seeking behaviour by McCleary-Sills *et al*. (2013) [18] and ICRW (2014) have focused more on capturing the perceptions, patterns and barriers to help-seeking from the perspectives of male and female community members; much less of the discussions across these studies concentrated on the actual lived experiences of women survivors of sexual and gender based violence. Other studies conducted by NCRC (2014) and Ndong' (2013) have had in-depth coverage of GBV prevalence, causes and consequences while a study by IRC (2014) documented the various responses to GBV. GBV has social, economic and cultural ramifications and has a negative impact on the individual, families and communities. It is widespread due to the socio-cultural as well as economic barriers that hinder survivors from seeking help (Kalu, 2015) [14]. This paper examines the help-seeking behaviour among women survivors of GBV based on a study conducted in Kesses Sub-County.

2. Materials and Methods

This study was conducted in Kesses Sub-County. Kesses Sub-County is one of the sub-counties in Uasin Gishu County. Uasin Gishu County lies between longitudes 34º 50´ and 35º 03´ and 0º 55´ north. The County shares common borders with Trans Nzoia County, Nandi County, Elgeyo Marakwet County and Baringo County to the west, north, south and east, respectively (Infotrack, 2015; CBS, 2009) [9]. This was a cross-sectional exploratory study, utilizing qualitative methods of data collection to address the research questions.

The main inhabitants of Kesses Sub-County are the Kalenjin community, though with urbanization, many other communities such as the Kisii, Luhya and Luo have moved to the area (Kamunyan *et al.,* 2013). Apart from Kalenjin sub-communities, other communities with notable presence in the county, especially in urban settlements include Abaluyia, Agikuyu, Luo, Akamba and Abagusii. Kesses location is a semi-rural area with rapid urbanization being witnessed. However, the people still practice the traditional Kalenjin way of life and there is intensive social capital where importance is placed on social networks.

The study population consisted of women survivors of GBV in Kesses Location of Kesses Sub-County. The unit of analysis was the individual GBV woman survivor. The study utilized a sample of fifty women survivors of GBV selected through snowball sampling technique. The inclusion criterion was adult women, that is, those above 18 years. The author worked with the health care officer in charge at Kesses Health Centre who introduced her to the women survivors of GBV who had sought help from the health centre. These women led the author to other survivors who were known to them and those who were available and willing to participate in the study were recruited.

Data was collected using semi-structured interviews, key informant interviews, case narratives and focus group discussions. Data obtained from semi-structured interviews, case narratives, FGDs and key informant interviews were transcribed, coded and analysed thematically in line with the study objectives. Transcripts were analysed using Atlas-ti computer software that categorizes them according to thematic entries. Quantitative data obtained from the first section of semi-structured interviews were analysed using descriptive statistics such as frequencies, percentages and computation of mean scores.

3. Results

Help Seeking by Women Survivors of Gender-Based Violence

The study sought to determine whether or not women survivors of GBV sought help. To achieve this objective, the women survivors of GBV were first asked to indicate how they perceived GBV and their subsequent understanding of the concept. This was necessary in generating an understanding on the topic of study as well as gauging the subjects' knowledge on forms of gender-based violence. Most of the respondents defined violence as an act of raping, beating, pushing, and coerced sexual intercourse by someone they are quite intimate with or even a stranger given their experiences in their environment.

…I think when my husband or a close relative beats me up for whatever reasons just because I am a woman…this amounts to gender based violence…I have been beaten several times by my drunk husband especially when he comes home at night and insists on sex and I refuse or I am not interested…. (Personal Communication, 30-year-old mother of two, 2015).

Plate 1: A research assistant with a survivor of GBV during an interview session

The findings on the understanding of gender-based violence as solicited through the semi-structured interviews were as summarized in Figure 1 below.

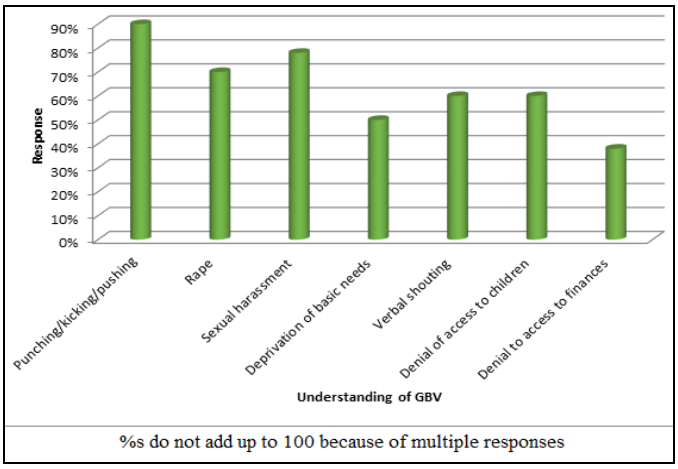

Fig 1: Respondents' understanding of GBV

Consensus from a focus group discussion with women survivors of GBV (Plate 2) alluded to the fact that they understood GBV as any form of infringement on their well-being either through physical harm, sexual harassment or psychological torture.

…our understanding of gender based violence is any form of harm inflicted on a woman either physically or psychologically. When a husband does not provide basic needs at home…this is also gender violence (Personal Communication, FGD with women survivors of GBV at Kesses Health Centre, 2015)

Plate 2: Author with women survivors of GBV during an FGD at Kesses market

After gathering the views of the women survivors of GBV and their subsequent understanding of GBV, the respondents were then asked to indicate whether or not they sought help in the event of an occurrence of gender-based violence. At least seven in every ten of the respondents indicated that they did not seek help after violence had been meted on them, mainly because of fear of victimization by the community and for fear of worsening their relationships with their spouses Figure 2 illustrates these findings.

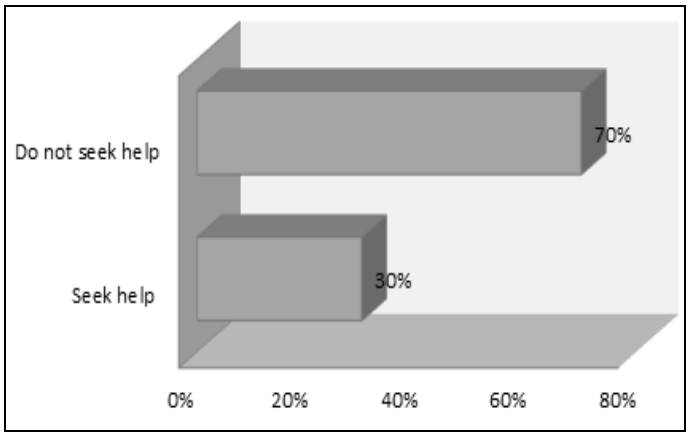

Fig 2: Respondents' help seeking behaviour

Patterns of Help Seeking Behaviour among Women Survivors of GBV

The study further to describe the patterns of help seeking among women survivors of GBV in the study locale. Information from the study findings on where or from whom help was sought by women survivors of GBV showed a consistent trend that avoids making perpetrators legally accountable for their actions within the provisions of the law.

…I resorted to informing my mother about the persistent violence meted on me by my husband…all she kept on saying is that I should persevere and take care of my marriage since (according to my mother), my husband had already paid 'sufficient' dowry and there is little they could do to help (culturally)…. (Personal Communication, 29-year-old respondent, 2015).

Resonating with the opinion of the above respondent, the health officer in charge of Kesses Health Centre had this to say during a key informant interview:

Most of the women in this community are strongly bound by culture…that men occupy a specific authoritarian position…what they say and do is not subject to discussion by their women…when women are abused, they usually do not report outside the confines of their families except when the violence is severe and is easily noticeable by the public…. (Personal Communication, Health Officer in charge of Kesses Health Centre, 2015)

The findings of the study indicate that majority (80%) of the respondents preferred seeking help from family members in the event of gender-based violence meted out on them. Those who preferred to seek help from in-laws and community leaders/administrators accounted for 10% and 12% of the respondents, respectively. These findings were as summarized in Table 1 below.

Table 1: Respondents' Help Seeking Behaviour

Where help was sought	Frequency	Percentage
Family	30	60
In-laws	5	10
Friends	2	4
Community leaders/medical personnel	6	12
Doctors/medical personnel	3	6
Lawyers	1	2
Social service organizations (NGOs included)	3	6
Total	50	100.0

Further, the research sought to establish the nature of help that was accorded the women survivors of GBV in the respective places where help was sought. This findings were as summarized in Table 3 below.

Table 2: Nature of Help accorded to Women Survivors of GBV

Where help was sought	Frequency	Nature of help
Family	30	Social/reconciliatory
In laws	5	As above but in some cases limited non mandatory sanctions
Friends	2	Social/reconciliatory with no sanctions
Community leaders/medical personnel	6	As above but in some cases limited non mandatory and mandatory sanctions, in particular from administrators such as chiefs that may include fines and in very few cases referral to police
Doctors/medical personnel	3	Mainly curative clinical support, limited psychological support and minimal collection of evidence for prosecution referral
Lawyers	1	High likelihood of referral to justice system or legal sanctions
Social service organizations (NGOs included)	3	High likelihood of referral to justice system or legal sanctions but generally offered psychosocial support

It emerged that in places where help was sought by the women survivors, social support as opposed to legal support is mainly provided as indicated by one of the respondents:

…when he (my husband) hit me with a club and severely damaged my right hand, I went straight to the police…they then referred me to the health centre for treatment first before I could fill in the P3 Form. At the hospital I was treated and allowed to proceed with the police…but on getting back to the police, they insisted I get money to fuel their car so they could arrest my husband…I went back to my mother until I healed…(Personal Communication, 40-year-old divorced woman survivor of GBV, 2015).

Plate 3: Author with research assistants conducting FGD

The study also established that the pattern of help seeking varied with the severity of the violence, age, marital status, number of children, occupation and education level of the survivors. A key informant intimated that married women usually preferred informal reporting where family members, local village councils and friends are involved as opposed to the separated/divorced or never married women who preferred formal reporting.

…you know us married women fear the reactions of our husbands and the embarrassment that comes with reporting to law enforcing agencies…we prefer reporting incidences of gender based violence to our family members and friends; only in extreme cases do we involve the village elders and local administration…the single women have nothing to fear and therefore can report to the police…. (Personal Communication, FGD at Ndalat, 2015)

Women survivors who experienced both physical and sexual violence preferred to seek formal help as opposed to those who experience either physical or sexual violence only. Besides, women survivors with college or university education preferred formal help seeking than those with primary or secondary education. Further, it was established that women with at least five children sought formal help as compared to those with less or none. A respondent gave her side of things as follows:

…women with children have a burden already…to take care of them…if violence is meted upon you and you report to the village elders or your mother, will justice be found? Who will take care of my children if I am damaged completely…I must report to the law enforcement agencies so that appropriate action is taken and my children remain safe…. (Personal Communication, A 42-year-old mother of six, 2015).

The findings in Table 3 below reiterate these observations.

Table 3: Help Seeking Patterns

Variable	Pattern of help-seeking	
	Formal	**Informal**
Marital status		
Never married	08; 88.9%	01; 11.1%
Married	07; 22.6%	24; 77.4%
Separated/divorced	05; 71.4%	02; 28.6%
Age in years		
18-20	02; 28.6%	05; 71.4%
21-30	11; 37.9%	18; 62.1%
31-40	08; 80%	02; 20%
Over 40	04; 100%	00; 0%
Number of children		
Less than 2	01; 16.7%	05; 83.3%
2-5	08; 36.4%	14; 63.6%
6-10	11; 84.6%	02; 15.4%
More than 10	08; 88.9%	01; 11.1%
Occupation		
Employed	13; 86.7%	02; 13.3%
Unemployed	06; 17.1%	29; 82.9%
Education level		
Primary	03; 7.9%	35; 92.1%
Secondary incomplete	01; 25%	03; 75%
Secondary complete	04; 66.7%	02; 33.3%
College/university	2; 100	0;0.0%

Discussion

Evidence from the study findings indicate that more than half of the women survivors of GBV do not seek help. Reasons for the silence include, but are not limited to, fear of the perpetrator(s), survivors' shame and self-blame for the violence by victims. Women survivors in Kesses location feel that no one may help if they report cases of GBV. They have 'normalized' violence as an acceptable act. They lack basic resources to seek justice. There is also inadequacy of appropriate services and/or there is registered cases of insensitivity among service providers particularly the police.

Fear of social stigma, particularly in cases of sexual assault, discourages reporting among women survivors in Kesses and so does high tolerance for violence. There is, however, some evidence from the study to show that the more severe the violence the higher the likelihood of survivors reporting. For instance, women who experienced both sexual and physical violence were more likely to seek help compared to those who only experienced physical or only sexual violence. The findings of the study indicate that the reason for severe violence cases' help-seeking behaviour among women survivors of GBV has to do with the likelihood of such attacks being noticed easily by others or such attacks resulting in such severe injuries that make survivors fear for the worst if they do not take any action. Help-seeking for such violence was also ascribed to the fact that suffering both sexual and physical violence widens options available for support which tends to motivate survivors to choose at least one option. Such a trend in consistent increment of GBV victims is a pointer to the corresponding failure of law enforcement and other measures in place to combat GBV.

According to the findings of the study, age and marital status affect help seeking habits among women survivors studied in Kesses location. Older women, separated/divorced women and widowed women were more likely to seek help than younger and currently married women. Better help-seeking among older women may have to do with the realization of the more severe health consequences of ignoring injuries (including of a psychological nature) resulting from GBV. Older age may also signify higher self-confidence and better knowledge of psycho-social and other support ties in particular among fellow women that could motivate or make it worthwhile to seek help.

Evidence of un-attached women seeking help on a higher scale than those in marriage has to do with the autonomy of the former in their single status as they do not have to seek permission or consult their usually more powerful partners in order to seek help. In the more likely event that the perpetrator is a current spouse, there are higher chances that he will try to stop the survivor from seeking help either as a punishment or because of fear that such help may result in his being asked to account for the violence including law enforcement agents. These trends in differential help-seeking behaviour among different categories of women in the research site calls for strategies to reach out to, in particular, abused women in marital relationships that appear handicapped as far as autonomy to make decisions and act upon GBV directed at them is concerned.

The findings of the study on where or from whom help is sought by survivors showed a consistent trend that avoided making perpetrators legally accountable for their actions within the provisions of the law. These findings resonate with the findings of ICRH (2010) that due to the stigma attached to gender-based violence in many Kenyan communities, women blame themselves and fear they will be ostracized from society or be re-victimized by the perpetrator if they disclose their abuse and thus fail to seek help.

With respect to perceived barriers to help-seeking among women survivors of GBV, the study subjects faulted the government agencies, especially the police force, for shoddy and corrupt practices through collusion with economically able offenders to dismiss cases as well as ignorance of the provisions and opportunities for legal redress in the Sexual Offences Act of 2006. The study findings indicate a lackluster approach by the government to devolve resources for sensitizing the community on the contents of the Sexual Offences Act.

Conclusion and Recommendations

Conceptualization of gender-based violence by the study population is relatively high and describes the specific type of violence that is linked to the gendered identity of being a woman or a man. However, the study narrowed down to violence meted on women. The study subjects comprehend GBV as either acts of punching/kicking/pushing, rape, sexual harassment, deprivation of basic needs, verbal shouting, denial of access to children and denial to access to finances.

The county governments need to facilitate and provide adequate holistic assistance and support to all women survivors of GVB, promote equity in access to resources irrespective of gender and work towards addressing cultural norms and practices that encourage GBV among women, provide access to medical and psychosocial assistance to women survivors of GBV and enhance gender-sensitive structures for the reintegration of survivors as non-stigmatized members of society and to sensitize the judicial system, state agents and prosecuting agencies especially the police on appropriate handling of GBV cases among women survivors.

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