



doi <https://doi.org/10.58256/njhs.v7i2.1308>



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Research Article

Section: Sociology



Published in Nairobi, Kenya
by Royallite Global.

Volume 7, Issue 2, 2023



Article Information

Submitted: 21st July 2023

Accepted: 14th September 2023

Published: 17th October 2023

Additional information is available at the end of the article

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ISSN: 2520-4009 (Print)

ISSN: 2523-0948 (Online)

To read the paper online,
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How to Cite:

The victim's perspective of the interventions to address the spike in gender-based violence during the COVID-19 pandemic in Kakamega Central Sub-County, Kenya. (2023). *Nairobi Journal of Humanities and Social Sciences*, 7(2). <https://doi.org/10.58256/njhs.v7i2.1308>



The victim's perspective of the interventions to address the spike in gender-based violence during the COVID-19 pandemic in Kakamega Central Sub-County, Kenya

Jacob Kipkoech Meli¹, Erick Ater Onyango², Mark Leting³ & Thomas Gisemba Onsarigo⁴

^{1,2,4}Department of Criminology and Social Work, School of Arts and Social Sciences, Masinde Muliro University of Science and Technology, Kenya

³Department of Criminology and Social Work, Faculty of Arts and Social Sciences, Kibabii University, Kenya

Email: onsarigotom@yahoo.com

 <https://orcid.org/0009-0004-0436-2823>

Abstract

The COVID-19 pandemic has led to a significant rise in gender-based violence (GBV) cases globally, necessitating targeted intervention measures. Despite efforts by governments and stakeholders, this study focuses on Kakamega Central Sub-County, Kenya, to examine whether the interventions put in place to address the GBV surge during the pandemic considered the perspectives and needs of victims. Employing the Intersectionality Theory, which explores how various forms of oppression intersect, leading to unique experiences of disadvantage, this research investigates why victims' voices may have been marginalized in intervention strategies. Using a mixed-method research design, the study involves 255 participants and 27 key informants, utilizing questionnaires, interviews, and secondary data sources. Quantitative data were analyzed using cross-tabulation and summary statistics, while qualitative data were analyzed thematically using content analysis. The reliability of the research instruments was assessed using the test-retest method, which revealed a Cronbach's alpha index of reliability exceeding 0.70 for all variables. Validity was ensured through a review of questionnaires and interview schedules to align them with the study's objectives and research variables. Findings reveal that victims perceived the interventions as inadequate and not tailored to their individual needs. Consequently, this study recommends the development of GBV intervention measures that are more responsive to the diverse and unique needs of victims, aiming to reduce GBV incidents and address root causes effectively.

Keywords: Collaboration, COVID-19, GBV, Education and awareness, Enhance financial support, Interventions for GBV

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1: Introduction

Gender-based violence (GBV) refers to any act of violence or harm inflicted on individuals based on their gender, disproportionately affecting women, men and girls due to the unequal power dynamics and societal norms (Ali & Rogers, 2023). GBV encompasses various forms, including physical, sexual, emotional, and economic violence, as well as psychological abuse and coercive control. In the context of the COVID-19 pandemic, GBV has been exacerbated due to the implementation of containment measures, such as lockdowns and social distancing. These measures have created a conducive environment for GBV, as victims are forced to stay at home with their abusers, limited access to support services and helplines, increased stress and tensions, economic hardships, and disrupted social networks.

To identify the force behind the rising cases of GBV during the pandemic, governments and stakeholders employed various intervention measures to address the menace. Some of the intervention measures put in place worldwide to deal with the rising cases of GBV included; emergency shelters, hotline centers, and digital reporting systems.

It also included instituting warning systems where victims could report GBV cases and other reactive interventions that sought to address the issue (Ruiz-Perez & Pastor-Moreno, 2020). Most of the interventions were reactionary with short-term impact but did not go deeper to address the underlying factors. In this manner, the interventions sought to address the generally assumed victim's needs without considering the uniqueness of every case. This assertion was well put by a study that concluded that there was no way to comprehensively address the GBV issue without considering every case's uniqueness (Ruiz-Perez & Pastor-Moreno, 2020). For instance, not all victims need shelters; some may need economic empowerment and see shelters as diversionary. Therefore, in the rush and an attempt to appease public opinion, the governments publicized general interventions without factoring in the victim's specific needs. Besides the evident impact of the containment measures on the GBV victims and the subsequent interventions put in place to address GBV little is known of the victim's opinions on these interventions which this study sought to establish.

1.2 Problem Statement

The surge in gender-based violence (GBV) cases during the COVID-19 pandemic drew attention to the importance of comprehensive intervention measures. While governments and stakeholders worldwide implemented various interventions to address this crisis, the perspective of the victims, who are at the heart of this issue, remains largely unexplored. Victims' voices and their specific needs have often been overshadowed by blanket intervention strategies that may not effectively address the root causes of GBV. This study sought to bridge the gap by investigating whether the interventions to address the spike in GBV during the COVID-19 pandemic in Kakamega Central Sub-County, Kenya, were informed by the victims' perspectives. It sought to determine if these interventions effectively addressed the unique needs of GBV victims, thereby contributing to the reduction of GBV cases and addressing its underlying causes. By examining the experiences and assessments of GBV victims regarding the interventions implemented during the pandemic, this research's purpose is to shed more light on the effectiveness and relevance of these measures. Ultimately, it aims to inform future policy and intervention strategies to ensure that victims' voices and needs are central to combating GBV during pandemics like COVID-19.

II: Literature Review

2.1 Interventions for GBV

The COVID-19 pandemic's impact on global society has been profound, with one critical issue being a significant increase in gender-based violence (GBV). Lockdown measures aimed at containing the

virus resulted in a surge in domestic violence as victims found themselves isolated with their abusers. Additionally, the economic downturn caused by the pandemic exacerbated tension in relationships, leading to higher levels of violence (Smyth et al, 2021).

In response to this concerning situation, various interventions were implemented to address GBV during the pandemic. A primary intervention focused on providing essential support services for victims. These services encompassed hotlines, online support platforms, safe houses, and shelters (Voth Schrag et al, 2022). These resources were vital in offering victims the support necessary to escape violent situations and rebuild their lives. Another crucial intervention involved the development and implementation of laws and policies to safeguard GBV victims. This included enacting legislation that imposed stricter penalties on GBV perpetrators and introducing policies to support victims by providing essential resources (Bates & Douglas, 2020). Some countries even established emergency measures, such as temporary housing and financial support, to assist GBV victims during the pandemic. Simultaneously, efforts were made to raise awareness about the prevalence of GBV during the pandemic.

These interventions fall into three broad categories: legal and policy interventions, support and services interventions, and awareness and prevention interventions. Legal and policy interventions aimed to enhance the legal framework for addressing GBV. Some governments introduced new laws and policies that offered increased protection for GBV victims, including hotlines, restraining orders, and expedited court proceedings (Abreham, 2021).

Support and services interventions sought to provide GBV victims with the necessary support and resources to escape abusive situations and rebuild their lives. This encompassed services like hotlines, shelters, legal aid, and counseling (Nduna & Tshona, 2020). Governments also took steps to ensure these services were accessible, including increased funding, staffing, and training, with an emphasis on reaching remote and rural areas through mobile services and telemedicine (Andraszak et al, 2023). Awareness and prevention interventions aimed to educate the public about GBV and prevent it from occurring in the first place. Public education campaigns, community outreach, and school-based programs were among the strategies employed (Fairbairn, 2022). Governments made efforts to ensure these interventions were culturally sensitive, reaching diverse populations and being evidence-based to effectively reduce GBV.

In addition to these specific interventions, governments coordinated their efforts to address GBV during the pandemic. National task forces and committees were established to facilitate information sharing, resource allocation, and comprehensive strategy development (Vahedi et al, 2022). Collaboration with international organizations and NGOs was also vital, involving funding and technical support. Warning systems and hotlines played a pivotal role in addressing GBV during the pandemic. Lockdowns and social distancing measures significantly increased GBV cases, making access to support and resources crucial. These systems provided a vital means of communication between victims and authorities, allowing victims to report abuse and access assistance promptly. Warning systems and hotlines took various forms, but their core purpose was to facilitate communication with authorities. Some countries implemented SMS or mobile phone-based systems, enabling victims to send messages requesting help (Garcia & Ferraa, 2022). The messages were automatically forwarded to relevant authorities, ensuring rapid and coordinated responses. Hotlines served a similar purpose, offering voice communication with trained professionals who provided support, advice, referrals, and even legal aid (Nabukeera, 2021).

Beyond communication, these systems played a crucial role in reducing stigma and raising awareness about GBV. By offering confidential and accessible channels for reporting abuse, they encouraged victims to seek help, even in situations where fear of retaliation or societal norms discouraged reporting (Speed et al, 2020). Moreover, they provided valuable data on GBV incidents, aiding authorities

in understanding and addressing the issue more effectively (Heslop et al, 2019). Governments worldwide implemented a range of warning systems and hotlines, with staffing by specialized organizations or government agencies based on local needs and resources (Jassal, 2020). Some countries established national hotlines, while others developed regional or local alternatives. While the pandemic prompted governments to divert resources to contain the virus, including suspending non-essential programs, the effectiveness of these interventions in countering GBV remains a subject for further exploration. GBV is often discussed quietly due to stigma and fear of victimization, highlighting the importance of creating ways to reach GBV victims, especially during restrictive measures. Initiatives like Kenya's government partnering with Health Assistance Kenya (HAK) to manage a free 24/7 GBV hotline linked with various support channels demonstrate proactive steps to address GBV during crises (State Department of Gender, 2021).

2.2 Theoretical Framework

2.2.1 The Intersectionality Theory

Intersectionality theory, as developed and popularized by Kimberlee Crenshaw, offers valuable insights into the absence of victims' perspectives in interventions aimed at addressing the spike in gender-based violence (GBV) during the COVID-19 pandemic. This theory posits that various forms of oppression and discrimination intersect, creating unique experiences of discrimination and disadvantage. When applied to the context of GBV interventions during the pandemic, intersectionality theory helps explain why victims' voices and specific needs might have been overlooked.

Firstly, it highlights the multifaceted dimensions of victimhood. Individuals possess diverse and intersecting identities, encompassing factors like gender, race, class, and sexuality. These intersecting identities significantly influence their experiences of GBV. For instance, a low-income woman of color may encounter distinct challenges compared to a white woman from a more privileged background. The failure to consider these intersecting identities within intervention strategies can lead to approaches that do not align with the specific needs of different victims. Furthermore, intersectionality theory underscores the diversity of experiences among victims of GBV. It emphasizes that victims with different intersecting identities may have distinct needs. For example, a victim who experienced GBV due to economic dependence may require financial support, while another victim who faced immediate physical danger may need rescue services. The failure to recognize these varying needs may result in interventions that are not tailored to individual circumstances. Lastly, the theory draws attention to inadequate representation. Victims from marginalized or underrepresented groups may not have their perspectives adequately represented in the design and implementation of interventions. This can occur when decision-makers do not reflect the diversity of the victim population, leading to interventions that overlook specific needs and experiences.

III: METHODOLOGY

This study employed a mixed-method research design, conducted in Kakamega Central, Kenya, a populous Sub County within Kakamega County. The research focused on individuals who had experienced gender-based violence (GBV) in Kakamega Central Sub-county, with a target population of 835 victims, including those involved in assisting GBV victims such as rescue center staff, police officers, and local chiefs. To select participants, a purposive sampling technique was used to deliberately choose GBV victims and those directly aiding them. Additionally, a simple random sampling method was employed to identify participants from the overall sample. From the total of 835 cases reported at the Kakamega County General Hospital GBV rescue center between January and September 2020,

270 cases were sampled using Taro Yamane’s formula. An Excel RAND function (=RAND ()) random number generator ensured fair and unbiased selection, with 255 participants ultimately participating.

Key informants, totaling 27, were selected purposively, including rescue center staff, police officers from the GBV desk, and local chiefs. Data collection involved questionnaires, key informant interviews, and secondary sources like crime reports, victim surveys, and GBV statistics, supplemented by information from peer-reviewed journals and content analysis of digital and print media. Quantitative data underwent cross-tabulation and summary statistics, while qualitative data was subjected to content analysis, condensing unstructured textual content into relevant research data. This comprehensive research design sought to provide insights into GBV interventions’ effectiveness and the experiences of victims in Kakamega Central Sub-County.

IV: Results and Discussions

The chapter contains findings, their interpretation and discussions of findings in relation to the objective of the study. The purpose of the study was to determine the victim’s perspective of the interventions that were put in place to address the spike in gender-based violence during the COVID-19 pandemic. This was meant to gauge respondents’ understanding of available interventions for GBV victims. To effectively address this objective, the following research question was formulated;

What are the victims’ assessments of the interventions to address the spike in gender-based violence during the COVID-19 pandemic?

Research data on victim’s assessment of interventions for addressing GBV during the COVID-19 pandemic was subjected to descriptive statistics and thematic analysis and findings presented in this section. The researcher sought to know whether respondents knew of any interventions meant to address GBV during the COVID-19 pandemic. Findings are presented in table 1.

Table 1: Knowledge of GBV Interventions during the COVID-19 Pandemic

Knowledge of Interventions	Frequency	Percentage (%)
Yes	203	79.61
No	52	20.39
Total	255	100.0

Source: Research data, 2023.

From the results in table 1, 79.61% (203) of the respondents knew of intervention measures for addressing gender-based violence during the COVID-19 pandemic. It was also realized from the findings that 20.39% (52) of the respondents did not know of the interventions that were available for victims of GBV during the pandemic. The study went further to ascertain the types of GBV interventions during the pandemic and asked respondents to exemplify some of such interventions. Findings from the 203 respondents who indicated to have known the available GBV interventions are presented in table 2.

Table 2: Types of Interventions for GBV Victims during the Pandemic

Interventions	Frequency	Percentage (%)
GBV Hotlines	70	27.45
Online Services	40	15.69
Rescue centres	120	47.06
Government financial relief	25	9.80
Total	203	100.0

Source: Research data, 2023.

Results in table 2 show that 47.06% (120) of the respondents knew about rescue centres as available interventions for GBV victims, 27.45% (70) of the respondents were aware of GBV hotlines as interventions through which help could be sought and 15.69% (40) of the respondents were aware of online services for reporting GBV acts during the pandemic. Further still, 9.80% (25) of the respondents were aware of government financial relief as an intervention measure for GBV victims during the pandemic. The study by Ekici (2020) revealed that in response to this situation, a number of interventions have been put in place to address GBV during the pandemic. One of the main interventions has been the provision of support services for victims. This can include hotlines and online support services, as well as safe houses and shelters. These services were crucial in providing victims with the support they need to escape violent situations and rebuild their lives.

Another key intervention has been the implementation of laws and policies to protect victims of GBV. This can include laws that provide for stricter penalties for perpetrators of GBV, as well as policies that support victims and provide them with the resources, they need to rebuild their lives. For example, some countries introduced emergency measures to provide temporary housing and financial support to victims of GBV during the pandemic. In addition to these interventions, there has also been a focus on raising awareness about GBV and its prevalence during the pandemic (Ekici, 2020). This can include public campaigns and educational initiatives that aim to educate people about the signs of GBV and how to seek help if they are in a violent situation. For example, some organizations launched social media campaigns to raise awareness about GBV and to provide information on where to seek help (Usher et al, 2021).

Respondents were asked to state whether the interventions meant to assist GBV victims during the pandemic actually helped them to overcome the negative effects of GBV and results revealed that 62.35% (159) of the respondents were of the view that the interventions did not help GBV victims in overcoming the negative effects of GBV during the pandemic. It was also revealed based on the findings of the study that 37.65% (96) of the respondents were of the position that the intervention measures were helpful to GBV victims. Respondents who indicated that the intervention measures were not helpful echoed the position that there was lack of interagency collaboration in assisting GBV victims and that some interventions such as accessing online services were costly since there was need for one to have a smartphone and to have internet bundles to be able to access online services and yet there were serious economic hardships that that time to even afford data. Previous studies have investigated the role of intervention measures in alleviating the effects of GBV during the pandemic.

Studies shows that most interventions during the pandemic failed to address the specific needs of victims. For example, a study by World Health Organization (WHO) (2021) found that while laws and policies aimed at addressing GBV exist in many countries, they were often inadequately implemented, resulting in a lack of access to services and support for victims. In many cases, service providers are ill-equipped to respond to the unique needs of GBV survivors, including those with disabilities, or those who come from marginalized communities.

Another study by the United Nations Population Fund (UNFPA) (2020) found that existing interventions for GBV often lack a victim-centered approach, focusing instead on punishment and criminalization of perpetrators. This approach can result in a lack of support for victims, including access to essential services such as medical care, counseling, and legal support. Furthermore, the study found that existing GBV interventions often overlook the fact that violence against women and girls is not solely a criminal justice issue, but a public health and human rights issue that requires a multi-disciplinary response.

Similarly, a study by International Rescue Committee (IRC) (2020) found that GBV

interventions often fail to address the root causes of violence, such as poverty, inequality, and gender-based discrimination. Instead, they focus on individual and isolated incidents of violence, rather than addressing the underlying systemic issues that contribute to GBV. to explain the failure of interventions the Victim’s specific needs a study by the Women’s Refuge in New Zealand found that existing GBV interventions often lack adequate funding and resources, making it difficult for service providers to effectively address the needs of victims. The study also found that existing GBV interventions are often poorly coordinated, leading to a lack of coordination and overlap between services.

One GBV victim who did not know about the existence of rescue centers and counseling;

I never knew about the existence of Rescue Centers for SGBV until I was admitted to the hospital after a severe physical abuse by my husband that led to convulsions, and it was the nurses who informed me about these centers where I could receive counseling and treatment to heal from the trauma (03/01/2023)

The findings above indicate that a significant number of GBV victims during the pandemic were not aware of existence of GBV interventions such as rescue centers which explains why most victims could not seek help and the interventions could not serve its purpose. Therefore, the revelations calls for sensitization and educating the public and especially the victims on existing GBV intervention and how they can benefit from these interventions.

Respondents were asked whether the interventions were specific to their needs and results presented in table 3.

Table 3: Interventions Specific to Individual Needs

Whether interventions were specific to individual needs	Yes	No
Yes	62	24.31
No	193	75.69
Total	255	100.0

Source: Research data, 2023.

From the results in table 3, 75.69% (193) of the respondents indicated that the interventions were not specific to individual needs while 24.31% (62) stated that interventions were specific to individual needs. The 62 respondents who indicated that the interventions were specific to individual needs were asked to say ways in which the intervention were specific and 69.55% (43) were of the view that service providers asked them what challenges they were facing before administering interventions and those who needed medical assistance due to the effects of physical violence were treated before admission to rescue centers. To this question 30.45% (19) of the respondents stated that they were involved in a step by step process the urgent needs required to return them to normalcy were identified and dealt with such as the need to get the out of the violent environment and the need to help them resettle safely after the occurrence of GBV.

Respondents who indicated that interventions meant to assist GBV victims during the pandemic were not specific to individual needs opined that they were just rescued and lamped together in rescue centers regardless of their needs and those who needed medical assistance were not assisted in meeting medical bills. They further alluded to the fact that due to economic hardships during the pandemic, it was not easy to raise money for treatment as the perpetrators of GBV were the in most

cases the sole bread winners and could not meet the bills at the time due to disagreements that resulted into GBV. In line with previous studies on GBV during pandemics, it emerges that pandemics always force governments to rethink their priorities; therefore, when COVID-19 came, governments went into a frenzy by suspending all non-essential programs and redirecting all the resources to contain the diseases (John *et al.*, 2020). Some of the government suspended programs included gender-based services that were used to attend to GBV victims.

By banning social gatherings and restricting movements through lockdowns, quarantines, and curfews, gender-based services such as shelters and social support groups were shut down (John *et al.*, 2021). Also, movement restrictions meant that victims would not access the needed gender-based services from hospitals, courts, police stations, and other government offices and non-governmental organizations. In Kenya, the suspension of essential gendered programs such as community rescue centers, awareness campaigns, women empowerment forums, schools, and religious gatherings will increase female genital mutilation by 2 million and spike child marriages by over 13 million in the next ten years (Stevens *et al.*, 2021). Therefore, it is clear that more has to be done to tackle gender-based violence in society because it will be catastrophic if left unattended and unchecked.

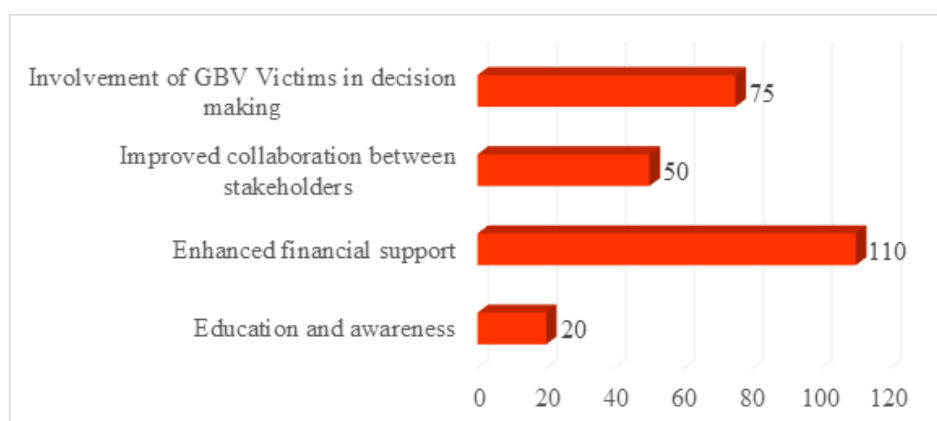
One key informant attached to Gender office at Kakamega Central Police station had this to say regarding their inability to address the specific needs of the GBV victims during the pandemic;

During the pandemic, my role as a police officer in cases of gender-based violence was limited to arresting the perpetrator and ensuring their appearance in court, and unfortunately, we did not have the capacity or training to address the specific needs of the victims or delve into the underlying problems they might have been facing, such as economic strains or other factors contributing to the violence (07/01/2023).

The above citation corroborates victim's claims that most of the GBV interventions were not tailor made to address the specific needs of the victims, instead most of the interventions were general and limited to general mandates of the responding officers. Most interventions for example the police were limited to judicial interventions, which include arrest, arraignment in court and sentencing only, but not addressing the underlying causes of GBV.

Respondents were asked to state what they thought should be done to improve the interventions and findings presented in figure 1

Figure 1: How to improve GBV Interventions



Source: Research data, 2023.

Results in figure 1 on ways of improving interventions meant to assist GBV victims show that 110 respondents indicated that there was need to enhance financial support from government and other non-state actors with a view to enable GBV victims to gain financial independence from their perpetrators. The study also found that 75 respondents called for the need to involve GBV victims in decision making, particularly with regard to decisions that directly affected their lives such as the place to live, the kind of support and the legal actions to take.

It was further established based on the study findings that 50 respondents urged for stakeholder collaboration and networking so as to achieve a coordinated approach towards assisting GBV victims during the pandemic while 20 respondents advocated for education and awareness creation as a way to intervene in GBV cases. A previous study on GBV in India found that the government's reaction to the GBV issue during COVID-19 was tragically insufficient (Roy et al., 2021). Non-profit groups intended to make protection officers more accessible to domestic abuse victims by displaying phone numbers of these officers outside their buildings. Roy et al. (2021) expressed a worry about the lack of urgency when it comes to domestic abuse situations under lockdown.

Helplines lose their usefulness if they are just captured as data and not utilized. A list of support services for women in India was put up by the National Commission of Women (NCW), India, and NGOs such as Jagori. Some of other interventions included, publicizing support services and resources such as making the hotline lines operable and supporting nonprofit organizations helping gender-based violence victims. Additionally, mechanisms were established to assist GBV victims by establishing a network of attorneys who could provide legal guidance to abused women over the phone. These measures were meant to breach the gap occasioned by COVID-19 containment measures.

Besides that, some governments invested in social support systems, especially mitigation measures that cushion their citizens from the economic crisis. Loss of income generates enough stress, leading to an increase in GBV cases (Murhula *et al.*, 2021). Other interventions to help GBV victims, include some governments to setting aside funds for protection purposes and erecting of shelters during the pandemic. Interventions included, strengthening legislations to address the menace (Peterson, 2016). Overall, the research on interventions for GBV during the COVID-19 pandemic has shown that a combination of support services, legal protections, and awareness-raising efforts is needed to effectively address this issue. While progress has been made, there is still much work to be done to ensure that all victims of GBV receive the support they need during these challenging times.

One GBV victim had this to say in relation to what she thought should be done to improve the GBV interventions during pandemics;

During the pandemic, as a survivor of GBV, I personally experienced limitations in the support provided by police officers and health personnel due to inadequate funding. It was disheartening that their assistance was restricted to their professional roles. I vividly remember the day I was battered by my husband, police officers responded late to my distress calls because they didn't have enough fuel for their patrol car. I felt helpless and unsafe, as if my well-being wasn't a priority.

She continued narrating that;

I strongly believe that the government needs to allocate more funds to enhance financial support for GBV victims like myself, enabling us to gain the financial independence we need to break free from our perpetrators. Additionally, increasing funding to agencies

fighting GBV is essential, as they play a crucial role in providing comprehensive support, including counseling, safe shelters, and legal aid. It's time to prioritize the needs of survivors and ensure that we have the resources and assistance necessary to heal and rebuild our lives (27/12/2022)

The citations above underscore the need for government and other stakeholders to do more in terms of enhancing financial support to agencies that fight and respond to GBV. Adequate funding will go a long way to enhance their response to GBV and assisting GBV victims.

Key informants in the study were asked if they knew of interventions that were available to GBV victims during the pandemic and findings revealed that majority of the respondents confirmed knowing interventions that were in place to assist victims of gender-based violence.

One officer at the rescue center had this to say;

At the start of the pandemic, there was a drastic increase in gender-based violence cases and the government responded by putting in place intervention measures for assisting gender-based violence victims. Some of the interventions that were put in place included reduced taxation by government where most working people enjoyed reduced Pay as You Earn (PAYE) as a measure to have more money in people pockets given the many job losses. There were also hotlines, financial assistance and food relief for the vulnerable members of the community (05/01/2023).

This finding confirms that respondents were aware of the intervention measures that were put in place to try and reduce the negative effects of gender-based violence during the COVID-19 pandemic. As to whether the interventions that were put in place to mitigate against gender-based violence were specific to individual needs of the victims, results revealed that the interventions were not specific to individual needs since most interventions were late in achieving their intended objectives.

A nurse at the rescue center had this to say;

Interventions put in place to mitigate against the negative effects of COVID-19 were not adequate and were not sensitive to needs of the victims. For instance, many victims of gender-based violence delayed to receive assistance even though assistance was there. Reporting cases of gender-based violence was not easy during lockdowns as the pandemic came with movement restrictions and loss of income (04/04/2023).

The above finding clearly demonstrates that interventions that were put in place to assist victims of gender-based violence were not specific to the needs of the victims and were not adequate in fully addressing the negative effects of gender-based violence during the pandemic.

Respondents were asked to state what could be done to improve interventions for victims of gender-based violence.

One officer working at the rescue center had this to say;

There was need to agencies offering the same kind of services to Corroborate and network so as to create synergy in service delivery and not appear to be competing in provision of services to victims of gender-based violence. There was also need to conduct sensitization campaigns aimed at educating citizens on the negative effects of gender-based violence and what one needs to do in the event of the occurrence of gender-based violence either to themselves or to anybody else.

The needs for support for victims of gender-based violence in terms of medical assistance and financial support was critical in the process of overcoming the negative effects of gender-based violence (29/12/2022).

From the above finding, it was critical that collaboration is enhanced to have a common approach to provision of services to victims of gender-based violence. There was also need to increase the allocation of resources towards support for victims of gender-based violence. Those victims in need of medical treatment should be supported and their medical bills paid since majority always lack resources to secure proper medical treatment. Sensitization of the general public on the criminal nature of gender-based violence and the need to report cases of gender-based violence needs to be stepped up. The study by Mittal and Singh (2020) revealed that restrictive measures limit access to gender-based services and that governments need to create ways of reaching out to GBV victims. In Kenya, the government responded to the rising cases of GBV by partnering with Health Assistance Kenya (HAK) to manage a hotline for GBV victims. The hotline is free and linked with local health facilities, rescue centers, legal aid, and law enforcement officers. This service is operated 24 hours seven days to ensure that GBV victims are attended to on time for their safety (State Department of Gender, 2021).

Furthermore, the government and its partners launched a mobile application platform named “Komesha Dhuluma” to bring gendered services close to victims during lockdowns and quarantines. The app also gives the victims emergency tips on what to do if they experience gender-based Violence (State Department for Gender, 2021). This is necessitated by the fact that in-person support was not viable due to the containment measures. However, the accessibility of these services to GBV victims is a question for research to obtain the victim’s perspective if the intervention had any significant impact on addressing their problem. In an attempt to address the increasing backlog of cases due to the closure of courtroom sessions, the Kenyan judiciary rolled out a virtual system that would ensure that the hearing of cases would proceed despite the lockdowns (Muigua, 2021). In France, the government set up warning systems at public places such as grocery stores and pharmacies to enable victims to alert authorities without the perpetrator’s knowing (Mittal & Singh, 2020). Additionally, governments like Australia issued guidelines on how to support those affected by GBV (Mittal & Singh, 2020).

Conclusions

The study’s objective sought to determine the victim’s perspective of the interventions to address the spike in gender-based violence during the COVID-19 pandemic. This was meant to gauge respondents’ understanding of available interventions for GBV victims. Research data on victim’s assessment of interventions for addressing GBV during the COVID-19 pandemic was subjected to descriptive statistics and thematic analysis. From the results, 79.61% (203) of the respondents knew of intervention measures for addressing gender-based violence during the COVID-19 pandemic. It was also realized from the findings that 20.39% (52) of the respondents did not know of the interventions that were available for victims of GBV during the pandemic. Results also showed that 47.06% (120) of the respondents knew about rescue centres as available interventions for GBV victims, 27.45% (70) of the respondents were aware of GBV hotlines as interventions through which help could be sought and 15.69% (40) of the respondents were aware of online services for reporting GBV acts during the pandemic.

Further still, 9.80% (25) of the respondents were aware of government financial relief as an intervention measure for GBV victims during the pandemic. Respondents were asked to state whether the interventions meant to assist GBV victims during the pandemic actually helped them to overcome the negative effects of GBV and results revealed that 62.35% (159) of the respondents were of the view

that the interventions did not help GBV victims in overcoming the negative effects of GBV during the pandemic. It was also revealed based on the findings of the study that 37.65% (96) of the respondents were of the position that the intervention measures were helpful to GBV victims. From the results still, 75.69% (193) of the respondents indicated that the interventions were not specific to individual needs while 24.31% (62) stated that interventions were specific to individual needs. The 62 respondents who indicated that the interventions were specific to individual needs were asked to say ways in which the intervention were specific and 69.55%(43) were of the view that service providers asked them what challenges they were facing before administering interventions and those who needed medical assistance due to the effects of physical violence were treated before admission to rescue centres. To this question 30.45% (19) of the respondents stated that they were involved in a step by step process the urgent needs required to return them to normalcy were identified and dealt with such as the need to get the out of the violent environment and the need to help them resettle safely after the occurrence pf GBV. Results on ways of improving interventions meant to assist GBV victims show that 110 respondents indicated that there was need to enhance financial support from government and other non-state actors with a view to enable GBV victims to gain financial independence from their perpetrators. The study also found that 75 respondents called for the need to involve GBV victims in decision making, particularly with regard to decisions that directly affected their lives such as the place to live, the kind of support and the legal actions to take. It was further established based on the study findings that 50 respondents urged for stakeholder collaboration and networking so as to achieve a coordinated approach towards assisting GBV victims during the pandemic while 20 respondents advocated for education and awareness creation as a way to intervene in GBV cases.

Conclusions of the study

The study's objective sought to determine the victim's perspective of the interventions to address the spike in gender-based violence during the COVID-19 pandemic. Findings of the study revealed that the victims did not find interventions adequate and not tailored to individual needs of the victims. In light of this finding, a conclusion is made that the victims did not find the interventions put in place to address the spike in gender-based violence during COVID-19 pandemic adequate. Thus the study recommends that deliberate efforts be made to craft gender-based violence intervention measures in a manner that is responsive to the unique individual needs of the victims.

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