Evidence Brief

Effective interventions in the protection of survivors of gender-based violence in Kenya

By Nelly Awino; Esperanza Karaho; Ndirangu Ngunjiri; Enock Musungwini; Ritu Thakur; Lilian Mayieka; Philip Barasa; Victoria Ndudzo; Rose Olayo; Alfonce Kimei; and Lavender Ochieng.

Executive summary

Gender-based violence (GBV) in Kenya remains a critical and pervasive public health, human rights, and socio-economic concern. Despite a robust legal and policy framework, including the Constitution of Kenya (2010) and the National Policy on Prevention and Response to GBV (2014), GBV continues to be deeply rooted in Kenya's cultural, institutional, and economic systems. Survivors face widespread stigma, fear of retaliation, fragmented services, weak enforcement of laws, and limited access to justice and psychosocial support.

To inform evidence-informed policy and programming, a targeted literature review was conducted using PubMed. Out of 34 retrieved studies, nine met the inclusion criteria for examining interventions and system responses that support GBV survivors in Kenya. These studies reveal persistent service delivery gaps but also highlight promising interventions, including multisectoral coordination, forensic system strengthening, survivor-centered economic empowerment, community-based mental health support, and digital innovations for survivor protection.

This evidence brief synthesises key findings from these studies and provides recommendations for strengthening Kenya's response to GBV. A coordinated, survivor-centered, and multisectoral approach, integrating health, legal, economic, psychosocial, and technological interventions, is critical to ensuring that survivors of GBV receive dignified, timely, and effective support.

AFIDEP
African Institute for Development Policy

AFRICA RESEARCH & IMPACT NETWORK

Key Messages

- GBV is a prevalent issue in Kenya that persists despite progressive laws and policies, due to entrenched socio-cultural norms, weak institutional coordination, and systemic service delivery gaps.
- Survivors face multiple barriers, including stigma, fear of retaliation, inadequate forensic capacity, economic dependence, and poor coordination between service providers.
- Effective GBV interventions include multisectoral coordination, institutionalised professional training, strengthened forensic systems, economic empowerment initiatives, routine GBV screening, community-based mental health support, and survivor-sensitive digital tools.
- Investment in evidence-based, survivor-centered interventions is key to ensuring holistic protection and support for GBV survivors in Kenya.
- Policymakers and practitioners must prioritise integrated, community-informed responses that address both immediate survivor needs and systemic prevention mechanisms.

Background

GBV is a critical public health, human rights, and socio-economic issue globally and in Kenya. According to the World Health Organization (WHO), about 30% of women worldwide have experienced physical and/or sexual violence in their lifetime, with prevalence rates in Africa estimated at 33% [1]. In Kenya, the 2022 Kenya Demographic and Health Survey reports that 47% of women aged 15–49 have experienced some form of GBV [2]. GBV encompasses a broad spectrum of abuses, including physical, sexual, psychological violence, and socio-economic deprivation. These acts are often perpetrated within intimate relationships, in community settings, or even by state actors.

Cultural norms and social attitudes further complicate efforts to address GBV.

The international community has recognised GBV as a violation of fundamental rights. The United Nations Declaration on the Elimination of Violence Against Women (1993) broadened the definition of GBV to include violence occurring in private spheres, public spaces, or violence condoned by the state [3]. In Africa, the Maputo Protocol of 2003 further reinforced women's rights by outlawing harmful practices like Female Genital Mutilation (FGM) and requiring governments to eliminate cultural norms and traditions that perpetuate violence against women [4].

Kenya has taken important legislative steps to address GBV. The Constitution of Kenya (2010) enshrines the right to equality, dignity, and freedom from violence. Article 27 guarantees freedom from discrimination on the basis of gender; Article 28 upholds the right to inherent dignity, and Article 29 protects all persons from violence, whether perpetrated by public or private actors [5]. Complementing the constitution, the National Policy on Prevention and Response to GBV (2014) was developed to coordinate efforts across sectors and enhance response mechanisms for survivors [6].

Despite many legal and policy advances, GBV remains deeply embedded in Kenya's socio-cultural,

institutional, and economic systems. Survivors face pervasive stigma, victimblaming, and fear of retaliation, barriers that discourage them from reporting abuse [7]. The justice system is hindered by corruption, lengthy legal proceedings, high costs, and weak enforcement of GBV laws, leading to widespread attrition of cases. Additionally, coordination between health, law enforcement, legal, and social services remains weak or inconsistent, resulting in fragmented referrals and compromised care for survivors [8].

Cultural norms and social attitudes further complicate efforts to address GBV. In many communities, violence against women is normalised or tolerated, discouraging survivors from seeking help [9]. These challenges are especially acute in humanitarian or emergency settings, where access to protection and response services is even more limited [10]. Funding constraints also hamper the effectiveness of GBV interventions, particularly at the community level, where grassroots organisations struggle to sustain services without consistent financial support [7, 11].

Fragmented support systems, weak forensic capacity, limited survivor-centered care, and economic vulnerability pose significant challenges for survivors. Formal services (such as health, legal, and law enforcement) often operate in silos with limited coordination, while informal support systems (family, community) may reinforce stigma or discourage survivors from seeking formal assistance [12–14].

With these gaps, there is a critical need for evidence-informed strategies to strengthen the protection of GBV survivors in Kenya. Evidence from well-documented interventions can guide policymakers, practitioners, and community actors in designing effective, survivor-centered approaches that address both immediate response and long-term prevention. This evidence brief seeks to synthesise existing research on interventions and system responses to inform actionable recommendations for improving the protection, care, and support of GBV survivors in Kenya.

Methodology

To identify evidence-based interventions for the protection and support of GBV survivors in Kenya, a structured literature search was conducted in PubMed. The search combined terms related to Kenya, GBV, and survivor protection ("Kenya" AND "Gender-Based Violence" OR "Intimate Partner Violence" AND "intervention" OR "response" OR "support" OR "survivor protection"). The search retrieved 34 studies published between 2015 and 2025. Titles and abstracts were screened for relevance based on predefined inclusion criteria. Studies were included if they (i) focused on Kenya; (ii) examined interventions, systemic responses, or support mechanisms for GBV or intimate partner violence survivors; and (iii) provided evidence on outcomes, effectiveness, or implementation challenges. Studies were excluded if they focused solely on GBV prevalence, risk factors, or were unrelated to intervention or response mechanisms. After screening, 9 studies met the inclusion criteria and were reviewed in full. These studies included program evaluations, multi-sectoral collaboration models, forensic and legal system strengthening interventions, and health sector response initiatives aimed at improving the protection, care, and support of GBV survivors in Kenya.

Data extraction was performed using a standardised tool to capture key study characteristics, intervention details, main findings, and their relevance to GBV survivors protection. Findings were then analyzed thematically and synthesised narratively to generate practical recommendations aligned with Kenya's policy priorities and programmatic needs.

Findings

The reviewed studies highlight promising interventions for the protection of GBV survivors in Kenya. Training interventions targeting multisectoral providers, including health workers, legal officers, and police, have been shown to improve survivor-centered responses and coordination [15]. However, scaling and institutionalising such training within national systems remains a critical need.

Forensic documentation emerged as a major bottleneck in both evidence collection and legal processes. Poor-quality forensic documentation and weak chain-of-custody protocols undermine access to justice [13, 14]. The development of validated tools for forensic assessment offers a pathway to strengthening medico-legal responses, but effective implementation will require system-wide capacity building and accountability mechanisms.

Access to justice more broadly is constrained by delays and backlogs in GBV case handling, limited availability of legal aid, and survivor-unfriendly reporting mechanisms. Building the capacity of judiciary actors to handle GBV cases with sensitivity and fairness is essential. In refugee or displacement settings, where formal justice mechanisms may be weak or absent, context-specific strategies, such as community-based justice approaches or engagement with humanitarian protection actors, are required to ensure access to protection and redress [13–15].

Economic insecurity exacerbates survivors' vulnerability and limits their ability to leave abusive situations. Economic empowerment interventions have demonstrated potential to reduce vulnerability and enhance the well-being of survivors [16]. Integrating livelihood support with GBV response services can address both immediate protection needs and long-term resilience.

Access to justice is constrained by delays and backlogs in GBV case handling, and limited availability of legal aid.

At the community level, universal GBV screening in health facilities, if supported by provider training and community sensitisation, is feasible and acceptable [17]. Psychological interventions, such as World Health Organization (WHO)'s Problem Management Plus (PM+) (a low-intensity, evidence-based psychological intervention designed to help adults manage stress, depression, and anxiety using practical strategies, delivered by trained non-specialists in low-resource or crisis-affected settings, have also shown promise for addressing mental health needs of survivors in urban informal settlements [18].

Finally, digital innovations such as the MyPlan safety app provide discreet tools for survivor safety planning, with early evidence suggesting good acceptability when privacy and accessibility concerns are addressed [19].

Table 1. Studies and interviews included in the review, insights and recommendations

Study (Authors, Year)	Title	Key Findings	Intervention recommendations
Mengo et al., 2022	Informal and formal systems of care for women experiencing intimate partner violence in Kenya	Survivors use both formal (health, legal) and informal (family, community) support systems; gaps in service coordination and survivor-centered care persist	Strengthen coordination between formal and informal support systems; integrate survivor-centered approaches in service delivery
Albezreh et al., 2022	Multiyear, multisectoral training programme in Kenya to enhance medical-legal processes in response to sexual and gender-based violence	Multisectoral training improved provider knowledge, skills, and survivor-centered responses across sectors (health, legal, police)	Sustain and expand multisectoral training; embed training within national systems
Olson et al., 2022	Development and validation of a data quality index for forensic documentation of sexual and gender-based violence in Kenya	Gaps in forensic documentation affect evidence collection and legal outcomes. Developed a tool for assessing forensic documentation quality	Adopt validated forensic documentation tools; train health and legal personnel on forensic best practices.
Shako & Kalsi, 2019	Forensic observations and recommendations on sexual and gender-based violence in Kenya	Identified systemic weaknesses in forensic services including inadequate expertise, poor coordination, and weak chain of custody	Improve forensic capacity; ensure intersectoral coordination and chain of evidence management
Wamue-Ngare et al., 2024	Estimating the economic impact of gender-based violence on women survivors: A comparative study of support programme interventions in Makueni and Naivasha, Kenya	Economic empowerment programmes reduced economic vulnerability of GBV survivors and improved well-being	Scale up survivor-centered economic empowerment initiatives and integrate with GBV support services
Vu et al., 2017	Feasibility and acceptability of a universal screening and referral protocol for gender-based violence with women seeking care in health clinics in Dadaab refugee camps in Kenya	Screening and referral protocols in health clinics are feasible and acceptable but require provider training and community sensitisation	Implement routine GBV screening in health services; provide training for providers; engage communities for acceptance
Dawson et al., 2016	Feasibility trial of a scalable psychological intervention for women affected by urban adversity and gender-based violence in Nairobi	The WHO Problem Management Plus (PM+) intervention was feasible and acceptable in urban informal settlements; potential mental health benefits for survivors	Scale up community-based psychological interventions like PM+; integrate into primary healthcare services.
Decker et al., 2020	Adapting the myPlan safety app to respond to intimate partner violence for women in low- and middle-income country settings	The adapted safety app showed promise as a discreet, supportive tool for safety planning among IPV survivors	Adapt and scale digital safety planning tools; ensure accessibility and privacy protections for users.

Recommendations

- Ministry of Health, Ministry of Gender, should strengthen multisectoral coordination by creating referral pathways between health, legal, police, and social services, and promoting integrated survivor-centered models.
- Ministries of Health, Interior, and Justice should institutionalise GBV training by embedding it into pre-service curricula and continuous professional development for health workers, police, legal officers, and social workers.
- Ministry of Health, Judiciary, and Directorate of Criminal Investigation should enhance forensic capacity by adopting validated documentation tools, standardizing chain-of-custody protocols, and training providers in professional evidence handling.
- Ministry of Gender, Ministry of Labour, and development partners should promote survivor economic empowerment through tailored livelihood programs linked to psychosocial and legal support services.
- Ministry of Health, county governments, and civil society organisations should expand community-level GBV screening in health facilities and scale up mental health interventions such as WHO's PM+ within primary care.
- Ministry of ICT with civil society organisations and private-sector innovators should leverage technology by scaling digital safety tools ensuring privacy safeguards, and promoting digital literacy among survivors and providers.
- National Council on the Administration of Justice, the Judiciary, the Office of the Director of Public Prosecutions, and civil society organisations should address justice system barriers by reducing case backlogs, expanding legal aid, and establishing survivor-friendly reporting mechanisms. In refugee or displacement settings, humanitarian actors should develop context-specific strategies for access to justice and protection.

Conclusion

Despite the existence of progressive policies and legal frameworks, GBV remains a deeply entrenched issue in Kenya, exacerbated by socio-cultural norms, institutional weaknesses, and systemic service delivery gaps. The reviewed evidence highlights the importance of moving beyond fragmented interventions toward a coordinated, multisectoral response that places the needs and rights of survivors at the center.

Key interventions, such as strengthening multisectoral coordination, institutionalising GBV training, enhancing forensic capacity, promoting economic empowerment, expanding community-based mental health services, and leveraging digital innovations, offer practical pathways for enhancing protection and support for GBV survivors.

For Kenya to make meaningful strides in combating GBV, these interventions must be scaled up, adequately resourced, and implemented within a framework that fosters accountability, community engagement, and survivor empowerment. An evidence-informed, survivor-centered approach remains crucial to bridging the gap between policy and practice in GBV response.

Acknowledgement

The authors acknowledge the contributions of Dr Violet Murunga, Belinda Korir and Derick Ngaira of the African Institute for Development Policy (AFIDEP), Lilian Mayieka of the Kenya Medical Research Institute (KEMRI), and Lavender Ochieng' of the Africa Research and Impact Network (ARIN) who reviewed and refined the content of this policy brief. The development of this policy brief was made possible under the Africa Evidence and Equity in Policymaking Alliance (AEEPA) – LEEPS Project, funded by the International Development Research Centre (IDRC), the William & Flora Hewlett Foundation, and Robert Bosch Stiftung GmbH.

References

1. WHO. Violence Against Women Prevalence Estimates [Internet]. 2018 [cited 2025 July 15]. Available from: https://www.who.int/publications/i/item/9789240022256

2. KDHS. Kenya Demographic and Health Survey - 2022 - Kenya National Bureau of Statistics [Internet]. 2022 [cited 2025 July 7]. Available from: https://www.knbs.or.ke/reports/kdhs-2022/

3. UNHR. Declaration on the Elimination of Violence against Women [Internet]. 1993 [cited 2025 July 15]. Available from: https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-elimination-violence-against-women

4. AU. Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa | African Union [Internet]. 2003 [cited 2025 July 15]. Available from: https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa

5. Gok. kenyan Constitution. Kenya Law Rep. 2010;(February):193.

6. NATIONAL POLICY ON GENDER AND DEVELOPMENT.

7. Munala L, Olson HR, Johnson C. "If You Are Raped, You Are Like Secondhand": Systemic Barriers to Reporting Sexual Violence Against School-Aged Girls in a Rural Community in Kenya. Sexes. 2025 Mar;6(1):12.

8. Wakahe JK. Hospital preparedness to provide comprehensive care for gender based violence survivors in Kenya [Internet] [Thesis]. University of Nairobi, Kenya; 2010 [cited 2025 July 23]. Available from: http://erepository.uonbi.ac.ke/handle/11295/5316

9. Rodelli M, Koutra K, Thorvaldsdottir KB, Bilgin H, Ratsika N, Testoni I, et al. Conceptual Development and Content Validation of a Multicultural Instrument to Assess the Normalization of Gender-Based Violence against Women. Sex Cult. 2022 Feb 1;26(1):26–47.

10. HPN. Preventing gender-based violence: getting it right [Internet]. Humanitarian Practice Network. 2014 [cited 2025 July 23]. Available from: https://odihpn.org/en/publication/preventing-gender-based-violence-getting-it-right/

11. Raftery P, Howard N, Palmer J, Hossain M. Gender-based violence (GBV) coordination in humanitarian and public health emergencies: a scoping review | Conflict and Health | Full Text [Internet]. 2022 [cited 2025 July 23]. Available from: https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-022-00471-z?utm_source=chatgpt.com

12. Mengo C, Sharma BB, Beaujolais B. Informal and formal systems of care for women experiencing intimate partner violence in Kenya. Health Care Women Int. 2022 July;43(7–8):827–50.

13. Olson RM, Macias-Konstantopoulos W, Muchai R, Johnson K, Mishori R, Nelson B. Development and validation of a data quality index for forensic documentation of sexual and gender-based violence in Kenya. PLOS ONE. 2022 Jan 27;17(1):e0262297.

14. Shako K, Kalsi M. Forensic observations and recommendations on sexual and gender based violence in Kenya. Forensic Sci Int Synergy. 2019 Jan 1;1:185–203.

15. Albezre S, Anastarion M, Naimer K, Ulibarri B, Johnson K, McHale T, et al. Multiyear, Multisectoral Training Program in Kenya to Enhance Medical-Legal Processes in Response to Sexual and Gender-Based Violence - PubMed [Internet]. 2022 [cited 2025 July 15]. Available from: https://pubmed.ncbi.nlm.nih.gov/35938230/

16. Wamue-Ngare G, Okemwa P, Kimunio I, Miruka O, Okong'o G, Kamau P, et al. Estimating the economic impact of gender-based violence on women survivors: A comparative study of support program interventions in Makueni and Naivasha, Kenya. Aten Primaria. 2024 Oct;56(10):102840.

17. Vu A, Wirtz AL, Bundgaard S, Nair A, Luttah G, Ngugi S, et al. Feasibility and acceptability of a universal screening and referral protocol for gender-based violence with women seeking care in health clinics in Dadaab refugee camps in Kenya. Glob Ment Health Camb Engl. 2017;4:e21.

18. Dawson K, Schafer A, Anjuri D, Ndogoni L, Musyoki C, Sijbrandij M, et al. Feasibility trial of a scalable psychological intervention for women affected by urban adversity and gender-based violence in Nairobi | BMC Psychiatry | Full Text [Internet]. 2016 [cited 2025 July 15]. Available from: https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-016-1117-x

19. Decker MR, Wood SN, Kennedy SR, Hameeduddin Z, Tallam C, Akumu I, et al. Adapting the myPlan safety app to respond to intimate partner violence for women in low and middle income country settings: app tailoring and randomized controlled trial protocol. BMC Public Health. 2020 May 29;20(1):808.

LEEPS
Learning together to advance Evidence and Equity in Policymaking

Alliance for Evidence and Equity in Policymnaking in Africa

AFIDEP
African Institute for Development Policy

ORiN
AFRICA RESEARCH & IMPACT NETWORK