



Gender-Based Violence and Associated Factors Among Adolescent Girls in Kakuma Refugee Camp, Turkana County, Kenya

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ABSTRACT

Gender Based Violence (GBV) has been rampant in refugee camps as documented by the Independent International Commission of inquiry. Incidences were reported in 45% of Syrian refugees who resided in Lebanon refugee camps and 47 % of those who dwelt in Kurdistan region of Iraq. In Uganda 425 incidences were reported from 13 districts. 61% of women accessing GBV centers in Dadaab Refugee camp reported an increase in intimate partner violence. The broad objective of this study was to determine Gender based violence and associated factors among adolescent girls. The Ecological Model of Violence guided this research. The specific objectives were to determine the prevalence of gender-based violence. The study adopted analytical cross-sectional research design. The number of adolescents who reside in Kakuma Refugee camp is 16307 as per the United Nations High Commissioner for Refugees [UNHCR] records. This study was done in all the 4 regions of Kakuma Refugee camp (Kakuma 1, Kakuma 2, Kakuma 3 and Kakuma 4) which were purposely selected to ensure proper representation of all nationalities and diverse cultural backgrounds. Using simple random sampling researcher picked the first student on the admission list and every fifth student on that list for interview. However, the number of participants was proportionate to the population of adolescent girls in that region as follows: - Kakuma 1 had 132 respondents representing 34.38%, Kakuma 2 had 116 respondents representing 30.21%, Kakuma 3 had 386 respondents representing 22.4% while Kakuma 4 had 50 respondents representing 13.02%. This gave a sample size of 384 respondents as demonstrated by the Fischer's formula. Quantitative data was collected in this study through questionnaires. Self-administered questionnaires were used for literate middle and late adolescents under the supervision of research assistants. Ethical consideration was approval from Kenyatta University Ethics and research committee, National Commission for Science Technology and Innovation, and the camp leadership, while informed consent and assent was signed by the respondents. Descriptive statistics were used to determine prevalence of gender based violence. The overall prevalence of adolescent GBV in Kakuma refugee camp was found out to be 60.4%. From composite analysis, the overall prevalence of sexual violence was 22.7%, physical violence 52.1% while emotional violence was at 48.7%. This study concluded that In Kakuma Refugee Camp, it was found out that the prevalence of physical violence was the highest form of adolescent GBV. To improve the overall welfare of teenage girls, this research recommended that initiatives reinforcing social support systems should be improved, boost the efficacy of governmental interventions, and execute targeted interventions that specifically tackle the underlying factors contributing to gender-based violence, such as poverty and cultural norms.

Keywords: Gender Based Violence, Refugee, Refugee Camp, Prevalence, Adolescent Girls

I. INTRODUCTION

Gender-based violence (GBV) refers to harmful acts directed towards an individual, based on their gender. Adolescent girls are young girls aged between 10 and 19 years of age and who normally experience both physical and emotional changes in this age of puberty. There are several forms of GBV which includes sexual violence, physical violence, emotional violence, and economic violence. Other forms of GBV includes threat of violence, coercion to engage sexual intercourse, and manipulation to indulge in sexual behaviors without an individual's consent (United Nations Children's Educational Fund [UNICEF], 2020). Other forms of gender-based violence include intimate partner violence (IPV), child marriage, female genital mutilation, (FGM) and the so-called honor crimes. During displacement and times of crisis the risk of gender-based violence to women and girls rises significantly. It's estimated that 1 in 3 women experience gender-based violence in their lifetime, adolescent girls inclusive (Tan & Kuschminder, 2022).

GBV has been a concern globally and many adolescent girls have suffered greatly under the care of caregivers, close relatives, security personnel, religious leaders, teachers, and strangers as well (Stark et al., 2021b). Violence

experiences in childhood is a public health concern worldwide, including sub-Saharan Africa (Reza et al., 2019). Gender specific infanticide, cruel and harsh punishment, child abuse, abandonment, and child neglect dates to ancient days (Farouki et al., 2022). Ironically, many of these perpetrators are people who gain trust of these adolescent girls over time but have ended up abusing this trust and mistreat the helpless girls. Sigmud Freud believed that childhood experiences have a great impact on the lives of people in their adult life (Shabani, 2017).

Over the years the international community has developed legal frameworks on gender equality and non-discrimination that act as a guide to address the GBV menace. The chief of them all is the Convention on Elimination of all forms of Discrimination against women (CEDAW)(Mullins, 2018).The CEDAW committee made its interpretation of the convention and stated that violence against women is a human rights violation, and a severe form of discrimination against women is prohibited under international law. CEDAW also address sexual and gender-based violence in times of conflict (Mullins, 2018). The 1994 Inter American convention on the Prevention, Punishment and Eradication of Violence against women recognized women right to live free from violence. The 2003 Protocol to the African Charter on Human and Peoples Rights on the Human rights of Women outlawed violence against women including Economic violence. Kenya ratified these laws and made them be part of our domestic laws.

Police Service Standing Orders of 2017 points out on how police officers should handle sexual offences and lays down process of reporting and investigating police officer who are suspected of sexual violence(Muniu, 2018).Teenage pregnancies have also been on the rise across the camp with IRC reporting a total of 26 abortions, 70 deliveries in the year 2021. .Notably, on 2020 during the prolonged schools' closure due to COVID 19 resulted to 245 additional girls who were enrolled in Key population Register of girls involved in transactional sex across the camp.

Over 20% of adolescent girls in South Sudan have already experienced incidences of non-partner violence. On partner violence against girls was used as a weapon of war during the 2013 civil war that was experienced in South Sudan. This shows that not only is violence against women and girls rampant in South Sudan but also shows that it starts at a very tender age of a woman's life. The report also shows that violence against girls by intimate partners was at 39% in Juba while 42% reported both physical and sexual violence from intimate partners in Rumbek County of South Sudan (Jensen, 2019b).

School's reports like from Hope Primary, School and Peace primary in Kakuma 4 Zone reported dropouts of girls from school while health care workers from International Rescue Center (IRC) Kenya have witnessed incidences of defilement, criminal abortion, physical assault, rape, and sodomy from the camp (Kimani & Shell-Duncan, 2018).

Teenage pregnancies have also been on the rise across the camp with IRC reporting a total of 26 abortions, 70 deliveries in the year 2021. It is worth reporting that in 2020 during the prolonged schools' closure due to COVID 19 resulted to 245 additional girls who were enrolled in Key population registers of girls involved in transactional sex across the camp (Mallick & Tripathi, 2018).

Adolescents and youth account for 25% of new Human Immune Virus (HIV) infections because SGBV aggravates the HIV menace in the Sub-Saharan Region. Rape which is a form of sexual violence has also been found to cause vesical vaginal fistula according to a study published in the European journal of medicine (Mallick & Tripathi, 2018)

World Health Organization (WHO) estimates that 1 in 4 adolescents experience physical abuse in Low- and Middle-income countries (Sahar, 2017). In addition to this Adolescents in Sub Saharan Africa face high levels of victimization, with some African countries having high level of between 30-50%, which in turn affects make them emotionally unstable. In another study, researchers found out 46% of adolescent in Uganda experienced physical violence by intimate partners among clinic-based samples (Kwiringira et al., 2018).

1.1 Problem statement

The WHO estimates that 30% of women experience some form of gender-based violence in their lifetime. A study done by Global women's institute in George Washington University showed that 65% of women in Uganda Refugee camps has ever experienced an IPV during their stay in the camp. During the 2020 COVID 19 Pandemic United Nation's High Commissioner for Refugees [UNHCR] reported a 55% increase in GBV cases in Uganda Refugee community (Stark et al., 2022). In 2019, the UNHCR recorded 4297 cases of GBV in 12 refugee camps, globally, between January and November 2019. In Kenya around 41% of women reported to have ever experience physical or sexual violence by their husbands, relatives of close friends in their lifetime.

In Kakuma Refugee Camp, gender-based violence occurs in unmanned water points, during firewood collection and at homes. Bearing in mind that the adolescent girls have the societal burden of fetching water, collecting firewood among other gender roles and are generally weaker than the adult females, they ate therefore at a greater risk of GBV. In addition, these girls are also at risk of being physically injured as parents and older siblings punish them if these roles are not done on time or as expected. These female adolescents are also undergoing physical and emotional developmental changes which makes them more vulnerable as they try to cope with the body changes. Moreso, drug abuse and exposure among this cohort and their male counterparts is high as compared to adult females who might have

a lesser peer pressure and more psychologically mature. In addition to this 15-20 GBV are reported every month across the camp (Vinay et al., 2022).

Survivors of gender-based violence suffer both short term and long-term consequences which includes physical injuries, unwanted pregnancies, exposure to HIV and other Sexually Transmitted Infections [STI's], Depression, post-traumatic stress disorder and suicidal thoughts. Young girls may also drop out of schools which consequently shatters their dreams of life. Fund raising for various adolescent friendly services in Kakuma refugee camp, required facts and figures to qualify for donor support. School's reports like from Hope Primary, School and Peace primary in Kakuma 4 Zone reported dropouts of girls from school while health care workers from IRC Kenya have witnessed incidences of defilement, criminal abortion, physical assault, rape, and sodomy from the camp (Stark et al., 2022).

Teenage pregnancies have also been on the rise across the camp with IRC reporting a total of 26 abortions, 70 deliveries in the year 2021. It's worth reporting that in 2020 during the prolonged schools' closure due to COVID 19 resulted to 245 additional girls who were enrolled in Key population registers of girls involved in transactional sex across the camp (Sharma et al., 2021).

On its part, the Refugee consortium held frequent legal aid clinics in Kakuma Refugee camp to sensitize refugees on GBV Prevention and the available reporting channels, according to reports by the Refugee Consortium of Kenya. This study provided the much-needed information to GBV workers for them to develop proposals. The study also guided them on how to develop Information Education and Communication materials (IEC materials) when doing campaigns against GBV.

1.2 Specific objective

To determine the prevalence of gender-based violence among adolescent girls in Kakuma Refugee camp.

1.3 Research Question

What is the prevalence of gender-based violence among adolescent girls in Kakuma Refugee camp?

II. LITERATURE REVIEW

2.1 Theoretical Framework

2.1.1 The Ecological Model of Violence

This theory was advanced by psychologist Urie Bronfenbrenner during the 1970s. It was adapted later by the World Health Organization (WHO) in order to comprehend violence better as well as its relevant theoretical model for assessing gender-based violence (GBV) among adolescent girls in the Kakuma Refugee Camp. This framework alludes that human behavior is impacted by multiple, interrelated environmental layers, oscillating from personal to broader societal levels. In GBV setting, the WHO's adaptation looks at how variables across different ecological extents—such as individual characteristics, relationships, community, and societal influences connect to form the risk and experiences of violence (Ghaddar et al., 2018).

This theory is applicable to GBV among adolescent girls in Kakuma because it enables a multi-pronged exploration of the intricate elements contributing to such violence within a refugee camp setting. At the individual level, adolescent girls encounter vulnerabilities because of age and gender. The relational extent takes into account family influence, peer relationships, and intimate partners, where power imbalances or dependency are determinants. According to Greene et al. (2021) community variables, e.g. social norms inside the refugee camp and the presence of support systems as well as societal influences such as cultural norms on gender and the policies governing refugees, are key to understanding the prevalence and nature of GBV in such contexts.

Adopting Ecological Model elucidates the interplay of individual, relational, community, and societal factors that give rise to GBV risk among adolescent girls in Kakuma. This structure allows for a comprehensive evaluation, necessary for formulating effective interventions that handle personal vulnerabilities in addition to broader systemic issues that spur violence. This theory's holistic approach is particularly credible in a complex context e.g. a refugee camp, where unique social, cultural, and structural elements interlink (Greene et al., 2018).

2.2 Empirical Review

Syrian Crisis is the largest displacement and the largest refugee crisis in the world today and the response has also attracted massive resources from donors. With such a huge population, GBV has also been rampant as documented by the Independent International Commission of inquiry. 45 % of Syrian refugees who resided in Lebanon refugee camps reported incidences of GBV while 47 % of the refugees who dwelt in Kurdistan region of Iraq reported similar incidences of GBV. Furthermore 78% of Iraq Refugees reported that GBV was an issue in the camp settings with the most prevalent form of GBV being early marriages (Ghaddar et al., 2018).

Turkey host around 4 million refugees with 50% of these being women. 21% of these refugee women reported sexual violence and abuse in the refugee camps by a stranger, security personnel or by intimate partners. Furthermore, refugee women and girls also experience other forms of violence including physical, emotional, and economic violence from close relatives, husbands or even strangers during their stay in the camp. Over the past 5 years respondents reported a steady rise on GBV cases in the camp with majority of them citing increased cases of femicides during that period (Betron et al., 2021).

In July 2020, the United Nations High Commission for Refugees, and the Mixed Migration center (MMC), released a joint statement highlighting the Gender based violence meted against refugees as they travel different routes through West and East Africa to North Africa more so to Egypt and Libya. The MMC Monitoring Mechanism Initiative (4MMI) reported that physical, sexual violence and deaths were experienced by refugees and immigrants in 2018 and 2019. 18% of women reported sexual harassment on all migratory routes of West Africa in 2018-2019. 24% of women and 18% of men immigrants were physically abused while on transit. Nearly 200 women were recorded as SGBV survivors with smugglers being the main perpetrators, accounting for 60-90% according to the routes of immigration. 8% of women immigrants and 6% of men died along these routes of immigration. Similar episodes of GBV and consequent deaths of some refugees was witnessed through the Sahel and the East and Horn of Africa (Geissler & Lagunju, 2020).

The UNHCR report on selected Tanzania refugee camps showed that there were 173 reported cases of GBV in Nyarusuugu refugee camp with majority of them reporting physical assault, denial of resources, psychological and emotional abuse. Majority of cases in Nduta camp was sexual violence which accounted for 13 % of the overall cases reported (Greene et al., 2021).

A study done in Dadaab Refugee camp showed that 17 % of GBV cases that were reported in the camp were from girls aged under 20 years. 61% of women accessing GBV centers in Dadaab Refugee camp reported an increase in Intimate partner violence (emotional physical and sexual), while 39% reported an increase in non-partner violence. Emotional violence was the most common subtype of IPV in this camp (Muuo et al., 2020).

A similar study done in Dadaab refugee camp showed that even women with disability had experienced several forms of GBV. Among women who received services in GBV response centers 46% of them were disabled women. 69% of victims who had disability reported an intimate partner violence, on-partner sexual violence or physical violence as compared to 54 % of women without a disability who reported GBV. This means that disability increased the risk of GBV in this camp (Hossain et al., 2020).

III. METHODOLOGY

3.1 Research Design

The researcher used analytical cross-sectional research design to determine the prevalence of GBV among adolescent girls in Kakuma Refugee camp. The study involved data collection at that point in time which was generalized to demonstrate the situation in the refugee camp at that point in time.

3.2 Location of the study

The study was conducted in Kakuma Refugee camp. The refugee camp is in Turkana County, Turkana West Sub County, Kakuma Ward. The camp opened its door to refugees of several nationalities in 1992. It was divided into 4 Zones namely Kakuma 1, Kakuma 2, Kakuma 3 and Kakuma 4, with Kakuma 1 being the oldest zone. Each Zone is divided into Blocks. It hosted approximately 185000 refugees according to the UNHCR official records. The number of women of reproductive age is 27993 individuals, while official records of UNHCR puts the figure at 16307 girls. Refugees were from various nationalities to include South Sudan, Somalia, Rwanda, Burundi, DRC Congo, Ethiopia, Uganda, Eritrea and Pakistan (Izugbara et al., 2020).

3.3 Study Population

The study was carried out among adolescent girls from the age of 10 to 19 years who reside in the refugee camp. The number of adolescents who reside in Kakuma Refugee camp is 16307 as per the UNHCR records. A sample size of this population was selected for study.

Inclusion Criteria

Girls aged between 10 to 19 years of age and residents of Kakuma Refugee camp. She was to have resided in the camp for a minimum of 1 year.

Exclusion criteria

Those who were severely sick and those who had severe mental illness to the extent of not comprehending questions did not participate in the study. The research assistant ascertained mental illness of the respondents during data collection by checking for signs and symptoms or by relying on the available medical history. The ones whose assent or consent was not signed were also not interviewed.

3.4 Sampling Technique and Sample size determination

3.4.1 Sampling Techniques

The study was done in all the 4 regions of Kakuma Refugee camp (Kakuma 1, Kakuma 2, Kakuma 3 and Kakuma 4) which were purposely selected to ensure proper representation of all nationalities and diverse cultural backgrounds. The research assistants moved to residential areas to get respondents from classes with adolescents. Using simple random sampling researcher picked the first student on the admission list and every fifth student on that list for interview. However, the number of participants was proportionate to the population of adolescent girls in that region as follows: - Kakuma 1 had 132 respondents representing 34.38%, Kakuma 2 had 116 respondents representing 30.21%, Kakuma 3 86 respondents representing 22.4% while Kakuma 4 had 50 respondents representing 13.02%. This gave a sample size of 384 respondents as demonstrated by the Fischer's formula (Lynch et al., 2021).

3.5 Data collection Tools/Instruments,

Data was collected using a questionnaire which was administered to the respondents. The questionnaire contained both closed and open-ended questions. The questions were standardized by adopting the Kenya Demographic and Housing Survey [KDHS] GBV module, and the key sections of the questionnaire were the social demographics, various forms of GBV, effect of GBV on the victims and the Predisposing factors.

3.6 Pre-Testing of data tools

The data collection tools were pretested before the study to determine their reliability and validity in producing reliable data. This was done in Kalobeyei Refugee camp, which was a new camp located 20 Kms North of Kakuma Town and no girl from this camp was surveyed in the actual study, because it was a separate camp all together. Kalobeyei Refugee camp was opened in 2014 as an integrated settlement camp after Kakuma Refugee camp surpassed its capacity of 150,000 individuals, due to influx of South Sudanese Refugees. It was run by the UNHCR with Kenya Red Cross Society being mandated to offer primary health care and Danish Refugee council offering Prevention of Gender based violence. It had refugees from South Sudan, Somalia, Uganda, Ethiopia, Eritrea DRC Congo Rwanda, and Burundi which is like those of Kakuma Refugee camp population. The refugees from the 2 camps originated from the same countries, lived in the same environment and their experiences were similar, therefore making Kalobeyei camp a location of choice for pretesting of data tools.

3.6.1 Validity

This was done by allowing expertise review of the data collection tool and training of research assistants before data collection.

3.6.2 Reliability

Pretesting of the questionnaire was done in the neighboring Kalobeiyei Refugee camp, and necessary corrections done to the tool as per the feedback, to ensure that it collected the necessary data. Operational terms were also explained to the respondents.

3.7 Data collection Technique

Data collection was done comprehensively to capture respondents' experiences for the last 1 year. Self-administered questionnaires were used for literate middle and late adolescents under the supervision of research assistants. The respondents answered the questions by themselves, or with the guidance of research assistants. The research assistants asked questions directly to early adolescent girls in a language that they are conversant with.

3.8 Data Analysis and Presentation

Data management was started by checking the completeness of questionnaires and clarity of answers given. Data coding was done when developing an online questionnaire and then analysis done as shown below. Data management started by checking the completeness of questionnaires and clarity of answers given. Data coding was later done and entered in Statistical Software SSPS Software version 20.0 for analysis. Descriptive statistics was used to determine the prevalence of GBV in Kakuma Refugee Camp.

3.9 Logical and ethical consideration.

The researcher got an ethical approval from Kenyatta University Ethics and Research Committee, the National Commission for Science, Technology and Innovation (NACOSTI) and the camp leadership. The researcher got an informed consent to do research from the heads of institutions e.g., schools and Save haven homes and from girls who were 18-19 years, while an informed assent was sought from the minors after explaining about the study, its zero risk and its benefits to the larger refugee society. The researcher had a candid discussion with the respondents /guardian on the purpose of the study, the zero risk in participating and how the study will benefit the larger Refugee population especially the refugee girl child.

Privacy was ensured by engaging individual respondents and those in Save Haven homes Centers and Women centers located in the camp where women who has ever experienced gender-based violence meet for psychological comfort and training on life skills like dress making and bakery.

The participant and the guardian, where applicable, were informed of their right to participate in the interview and could even decline or even pull out of it in the middle if they feel uncomfortable. They were also informed that the data collected was to be private and their personal identity will not be recorded or even published with the study.

The researcher engaged GBV case workers and nurses who worked directly with the GBV survivors because of the sensitivity nature of the topic and because the said team were well conversant with privacy of clients and confidentiality in GBV centers.

A hotline with the camp security was also established to handle any escalation of violence that may erupt during the process of data collection. The research assistants were also at liberty to stop the interview process in case of violence or direct threat to them or the participants. A copy of the informed consent was given to the participants and the guardian to read and sign if they agreed to participate in the study.

IV. FINDINGS & DISCUSSION

4.1 Socio-demographic Characteristics of Participants

Table 1 shows socio-demographic characteristics of study participants as surfaced by the study. The average age was 19.29 years. The age that divided the population into two equal halves was 17.00 years. The value of the mode was 16.00 years. Most of the participants were married 253(65.9%). Most were having no disability 339(88.3%). More than half had primary education 193(50.3%). Majority were Christians 301(78.4%). The majority were living in Kakuma 2 132(34.4%). Most of the participants are in 2nd Trimester 149(41.0%).

Most were living with their parents 258(67.2%). The majority were living with their mothers (58.8%). Most of the participants' parents were not employed 339(88.3%). Most were relying on UNHCR Food rations in the camp Majority mentioned that the income was not adequate for their family's needs 317(82.6%). Most have .(%84.9)326 witnessed violent conflict between parents/guardians 277(72.1%). A highproportion were not aware of any adolescent girl who has friends who engage in violent/delinquent behavior 295(76.8%). More than half mentioned that family honor is not considered more important than the health of girls/adolescents in the camp 215(56.0%).

Gitome et al. (2022) depicts violence prevalence against girls in the South Sudanese context, underscoring the need to address gender-based violence (GBV) during a woman's formative years. Outcomes of the research emphasize the necessity of focused interventions and preventative measures to cope with the widespread problem of gender-based violence, particularly among young people.

Marital status shows a significant contrast, with 65.9% being single and 28.4% married, aligning with global trends in crisis settings, where early marriages are prevalent. In the current study, 28.4% of respondents reported being married, highlighting a considerable proportion of adolescent girls already in marital unions. This resonates with the observation by Tanabe et al. (2017) of a quadrupling of child marriages in Syria post-crisis. The incidence of physical violence was different among three generational families, married couples, alongside nuclear households. These outcomes demonstrate that family composition can have a significant effect on violence prevalence.

Table 1*Socio-demographic characteristics of the participants*

| Variable | Category | n (%) |
|-----------------------|------------------|-----------|
| Age of participants | 10-18 years | 343(89.3) |
| | >18 years | 41(10.7) |
| Marital status | Single | 253(65.9) |
| | Married | 109(28.4) |
| | Widowed | 3(0.8) |
| | Divorced | 9(2.3) |
| | Separated | 10(2.6) |
| Disability | yes | 45(11.7) |
| | no | 339(88.3) |
| Level of education | No school | 39(10.2) |
| | Primary school | 193(50.3) |
| | Secondary school | 152(39.6) |
| Religion | Christian | 301(78.4) |
| | Muslim | 70(18.2) |
| | Others | 13(3.4) |
| Residence | Kakuma 1 | 50(13) |
| | Kakuma 2 | 132(34.4) |
| | Kakuma 3 | 86(22.4) |
| | Kakuma 4 | 116(30.2) |
| Who do you live with? | Parent | 258(67.2) |
| | Guardian | 81(21.1) |
| | Siblings | 22(5.7) |
| | Alone | 23(6) |

4.2 Prevalence of Emotional/Psychological Violence

Table 2 shows prevalence of emotional/psychological violence among the study participants. Most have never had any person within the camp saying something to humiliate them in front of others 252(65.6%). A high proportion has never been threatened to be hurt or be harmed by someone 274(71.4%). The majority have never had any of person within the camp ever insult them or make them feel bad about themselves 222(57.8%).

Table 1*Prevalence of Emotional/Psychological Violence*

| Variable | Category | n (%) |
|--|-----------|-----------|
| Has any of person within the camp ever Said something to humiliate you in front of others? | Never | 252(65.6) |
| | Sometimes | 124(32.3) |
| | Daily | 8(2.1) |
| Threatened to hurt or harm you or someone that you care? | Never | 274(71.4) |
| | Sometimes | 103(26.8) |
| | Daily | 7(1.8) |
| Has any of person within the camp ever Insulted you or make you feel bad about yourself? | Never | 222(57.8) |
| | Sometimes | 148(38.5) |
| | Daily | 14(3.6) |

4.2.1 Overall prevalence of Emotional/Psychological Violence

Sometimes/daily response to any or all the questions on emotional/psychological violence were recorded as presence of violence (1) while a never response to all the questions was recorded as absence of violence (0) to form a composite variable. From composite analysis, the overall prevalence of emotional/psychological violence is 48.7%.

Emotional and psychological violence involves 48.7%, indicating complex challenges in the camp environment. Results of the research regarding verbal mistreatment indicate that 65.6% of individuals underwent humiliation. Of this, 32.3% encountered it occasionally, while 2.1% faced it daily. These outcomes align with the overall prevalence of gender-based violence (GBV) synonymous with humanitarian environments. The frequency and intervals of derogatory remarks and efforts to humiliate persons, indicated as never by 57.8%, occasionally by 38.5%, and daily by 3.7%, further illustrates the complex and intricate nature of gender-based violence experiences in the camp.

The latter manifestations of GBV, which includes intimidation, fear, compulsion together with exploitation, concur with the comprehensive definition of GBV delineated by Wong and Bouchard (2021). This concept interweaves a broad range of different formations e.g. intimate partner violence, early child marriage, female genital mutilation, and honor crimes. The increased susceptibility to gender-based violence (GBV) during displacement periods and crises, as observed by Wong and Bouchard (2021), emphasizes the dire need for special interventions aimed at addressing and curtailing these kinds of violence. Research results concerning the instances of verbal mistreatment enhance our in-depth comprehension of the different difficulties dealt with by teenage females in the camp.

4.3 Prevalence of Physical Violence

Table 3 shows prevalence of physical violence among the participants. Most have never had any person within the camp ever pushing them or throwing something to them 270(70.3%). The majority have never had their (current/former) husband/partner ever slapping them, 232 (60.4%). A high proportion have never had any person within the camp ever twisting their arm or leg or even pulled their hair, punched them with his/her fist, beat them up or kicked them, tried to choke them, threatened them with a weapon like a gun, knife, panga at 306(79.7%), 300(78.1%), 239(62.2%), 299(77.9%) and 326(84.9%) respectively.

Table 2

Prevalence of Physical Violence

| Variable | Category | n (%) |
|---|-----------|-----------|
| Has any of person within the camp ever Pushed you or threw something to you? | Never | 270(70.3) |
| | Sometimes | 105(27.3) |
| | Daily | 9(2.3) |
| Has your (current/former) husband/partner ever Slapped you? | Never | 232(60.4) |
| | Sometimes | 147(38.3) |
| | Daily | 5(1.3) |
| Has any of person within the camp ever twisted your arm or your leg or even pulled your hair? | Never | 306(79.7) |
| | Sometimes | 70(18.2) |
| | Daily | 8(2.1) |
| Has any of person within the camp ever Punched you with his/her fist? | Never | 300(78.1) |
| | Sometimes | 78(20.3) |
| | Daily | 6(1.6) |
| Has any of person within the camp ever Beat you up or kicked you? | Never | 239(62.2) |
| | Sometimes | 137(35.7) |
| | Daily | 8(2.1) |
| Has any of person within the camp ever Tried to choke you? | Never | 299(77.9) |
| | Sometimes | 79(20.6) |
| | Daily | 6(1.6) |
| Has any of person within the camp ever threatened you with a weapon like a gun, knife, panga? | Never | 326(84.9) |
| | Sometimes | 54(14.1) |
| | Daily | 4(1.0) |

4.3.1 Overall Prevalence of Physical Violence

Sometimes or Daily response to any or all the questions on physical violence was recorded as presence of violence (1) while a never response to all the questions was recorded as absence of violence (0) to form a composite variable. From composite analysis, the overall prevalence of physical violence is 52.1%.

Physical violence is alarming, with acts like pushing and slapping reported. Generally, 52.1% experienced physical violence. Various locations contribute to physical violence, notably homes (30.5%) and communal spaces. The study aligns with global GBV concerns, emphasizing the multifaceted nature of violence that necessitates comprehensive interventions to protect adolescent girls. Stark et al (2021a) estimates that 25% of adolescents in Low- and Middle-income countries experience physical abuse, providing a worldwide context and serving as a benchmark for assessing the extent of the issue. Precise statistics regarding the extent of victimization in Sub-Saharan Africa, where several countries have rates ranging from 30-50%, enhance our comprehension of the difficulties encountered by teenagers in the area. Pointing to emotional instability because of intense abuse underscores the close connection between wellbeing that is both physical and emotional.

4.4 Prevalence of Sexual violence

Table 4 shows prevalence of sexual violence among the participants. Most have never had any person from within the camp ever forced them to have sexual intercourse with him when they did not want to, do any other sexual act that they did not want to and threatened them in any way to force them have sex with him or perform other sexual act without their permission at 314(81.8%), 313(81.5%) and 307(79.9%) respectively.

Table 4

Prevalence of Sexual violence

| Variable | Category | n (%) |
|--|-----------|-----------|
| Has any person from within the camp ever forced you to have sexual intercourse with him when you did not want to? | Never | 314(81.8) |
| | Sometimes | 64(17.7) |
| | Daily | 2(0.5) |
| Has any person from within the camp ever Forced you to do any other sexual act that you did not want to? | Never | 313(81.5) |
| | Sometimes | 67(17.4) |
| | Daily | 4(1.0) |
| Has any person from within the camp ever threatened you in any way to force you have sex with him or perform other sexual act without your permission? | Never | 307(79.9) |
| | Sometimes | 73(19.0) |
| | Daily | 4(1.0) |

4.4.2 Overall Prevalence of Sexual Violence

Sometimes/Daily response to any or all the questions on sexual violence was recorded as presence of violence (1) while a never response to all the questions was recorded as absence of violence (0) to form a composite variable. From composite analysis, the overall prevalence of sexual violence is 22.7%.

The survey reveals a significant prevalence of sexual violence against adolescent girls, with perpetrators including friends, relatives, and others. Extant literature aligns with results of the survey, underscoring the girl's susceptibility in refugee camps to sexual exploitation and abuse. Among the responders, 13.28% reported instances where girls of the same age were subjected to non-consensual sexual intercourse. At the same time, 9.64% mentioned instances of being coerced or forced into engaging in other sexual activities. In addition, 6.25% of respondents reported situations where females of similar age were subjected to threats and coerced into engaging in sexual acts without their consent. While most individuals (70.83%) claimed to have no awareness of such happenings, the documented incidences provide evidence of the presence of sexual violence within the camp's premises. These incidents were documented in dimly illuminated streets, Laggas (dried riverbeds), near sources of water, in deserted, abandoned residences, in private residences, along refugee camp routes, and within academic institutions. Outcomes of the survey mentions the different origins of sexual abuse perpetration within Kakuma Refugee camp. 19.01% of the respondents attributed such incidents to people other than themselves. Similarly, 17.19% blamed their close friends as the ones responsible. In the same breath, relatives were singled in 8.59% of instances, followed closely by police at 1.56%, teachers (1.56%), and religious leaders (1.04%). These results indicate the complex and diverse characteristics of sexual violence, where people who are related to the victims, e.g. friends and relatives, are involved.

The instances of girls being coerced and forced into engaging in sexual acts in return for basic things e.g., clothing, and sanitary pads, or for academic advantages by their instructors, give additional insight into the expansive prevalence of sexual abuse (Robbers & Morgan, 2017). The above-mentioned contextual references emphasize the pressing need for specific interventions that deal with the root factors of sexual abuse and establish a safeguarded environment for adolescent girls in refugee camps.

4.5 Gender Based Violence

Figure 1 shows the percentages of gender-based violence and its constructs based on the composite analysis of the questions under each construct.

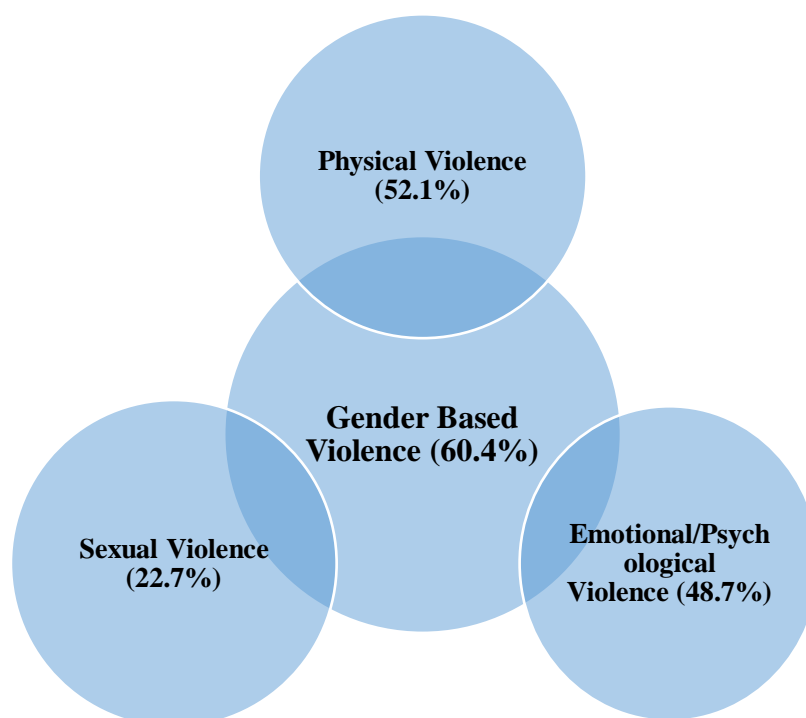


Figure 1
Summary of Gender Based violence

V. CONCLUSIONS & RECOMMENDATIONS

5.1 Conclusions

In Kakuma Refugee Camp, it was found out that the prevalence of physical violence was the highest form of adolescent GBV with a percentage of 52.1 %, reflecting the broader issue of GBV in humanitarian settings. This was closely followed by emotional violence at 48.7%. The study also found out that the prevalence of sexual violence was at 22.7%.

5.2 Recommendations

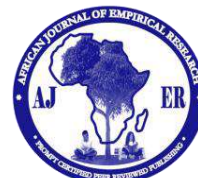
The high prevalence rate of GBV highlights the immediate need for focused and customized interventions. This includes tailor made strategies and interventions that appreciates the impact of peer dynamics, intricate decision-making, and the susceptibilities connected to disability. Robust and strong measures against wrongdoers, e.g., imprisonment and jail terms and assuming decision-making authority for people who commit crimes will act as a deterrence for perpetrators. The adolescent should be capacity built on ways to protect themselves from GBV through incorporating GBV sessions into school curricula and organizing workshops.

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