

# Policy and practice: Are legal, health care and educational systems friendly to survivors of CSA?



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## Prevalence

- CSA is a major global health concern
- The sustainable development goals have reiterated calls for ending all forms of violence against children (target 16.2) and harmful cultural practices (target 5.3) that affect the development and wellbeing of children
- Globally, CSA is estimated at 15-20% for girls and 8% for boys (Stoltenborgh et al, 2011; Pedera, 2009)
- I in 3 girls and 1 in 5 boys experiences CSA in Kenya (Mwangi et al, 2015)

## Kenyan context

- Kenya is a patriarchal society and conservative
- Prevalent rape myths
- Despite patriarchy, we have a strong women's movement and civil society
- These movements have pushed for legislation against sexual violence
- However, marital rape is decriminalized and abortion is criminalized

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## Legislation

#### **Children Act 2001**

- Right to education, health care, privacy and protection from sexual abuse
- Provides for children courts & waiting areas

#### **Sexual Offences Act 2006**

- Punitive measures for CSA
- Free medical and pyschosocial support
- Legal aid
- Evidence under protective cover
- No need for collaborative evidence

#### Victim Protection Act 2014

- Reparations
- Victim protection fund
- safe places, separate waiting spaces and shelters

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### Policies

## National standard operating procedures for the management of sexual violence against children (2018)

- Guidance on comprehensive post rape care clinical, medico-legal and psychosocial support
- Forensic interviews
- Screening of CSA
- Counselling is trauma focussed
- Unavailability of guidelines, medical supplies and equipment
- Poor training
- Understaffing
- Corruption

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### The National Adolescent Sexual and Reproductive Health Policy

- Research shows that sexuality education in Kenya is poorly administered
- Government lacks an official legislation to enforce the proposed policies and programs including comprehensive sexuality education

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## ASANTE