“They Were Men in Uniform”
Sexual Violence against Women and Girls in Kenya’s 2017 Elections
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Summary

They were three men dressed in spotted green uniforms. Two had guns and one a baton. The one with the baton started touching my breasts. He also touched my private parts. I tried to run away, but I fell at the door. He grabbed me and dragged me back into the house. I was terrified, I thought he would kill me. I was fighting him, but he kicked me, slapped me hard on the face, and raped me as the others were watching. My 18-year-old daughter saw what happened.

—Mary Awiti, Kisumu, October 2, 2017

Mercy Maina told Human Rights Watch that she was raped by police during the 2007-2008 post-election violence together with her friend, Irene Mukami, who later committed suicide because of trauma. Mercy became pregnant and is now raising her daughter, about whom she says: “It took the grace of God to accept her.” She has stomach ulcers which she links to the stress of that rape. Mercy was raped again in August 2017 in the post-election violence that followed the election on August 8, 2017. This time, she said she was raped at the same time as her sister, Martha Maina, by policemen who wore helmets, and carried guns and walkie-talkies.

Mercy and her sister went to a medical facility for post-rape treatment only two weeks later because they feared their attackers would come back to hurt them. She said they never reported the sexual assault to the authorities: “I did not go to the police because even in 2007 we were abused by the police and we were told by police ‘you cannot report the government to the government.’” She told Human Rights Watch that she has struggled mentally since the latest rape and that she drinks alcohol to get by: “You have to drink so that you can remove the stress and sleep. I used to take piriton [sleeping pills], but they gave me acidity. So now I drink. I have to drink every day.”

Human Rights Watch previously documented widespread sexual violence against women and girls, as well as incidents of sexual violence against men and boys, following Kenya’s 2007–2008 election. This report documents similar patterns of sexual violence surrounding the 2017 elections. It demonstrates the Kenyan state’s/authorities’ failure to prevent election-related sexual violence, properly investigate cases, hold perpetrators
accountable, and ensure survivors of sexual violence have access to comprehensive, quality, and timely post-rape care.

Kenya’s recent elections were marred by violence and serious human rights abuses, especially in opposition strongholds in Nairobi, Nyanza, western Kenya, and the Coast. The violence, documented in August by Human Rights Watch and other human rights organizations in Kenya, included patterns of police use of excessive force against protestors, killings, beatings and maiming of individuals, looting and destruction of property. There were also attacks on civil society organizations and human rights defenders, journalists, judicial officials and suppression of freedom of expression.

This report is based primarily on interviews conducted by Human Rights Watch between September 25 and November 24, 2017 with 65 women, three girls, and three men who experienced sexual violence during the post-election period, and 12 witnesses to the election violence in some of Nairobi’s informal settlements, Kisumu, and Bungoma. We also interviewed 12 Kenyan and international civil society activists and community volunteers providing services to women. Most of the incidents of sexual violence documented in this report occurred in August, after President Uhuru was announced as the winner of the presidential race. We also documented cases following the October election, and seven cases of politically motivated pre-election sexual assaults. The report does not attempt to provide a complete record of incidents of sexual violence, but sets out detailed documentation of such violence and the state’s response.

Human Rights Watch research confirms that there was widespread sexual violence against women and girls, and sexual attacks on men, in terms of numbers and locations. We documented cases of rape (including vaginal and anal rape), gang rape involving two or more perpetrators, mass rape, attempted rape, rape with an object, putting dirt into a woman’s private parts, unwanted sexual touching, forced nudity, and beatings on genitals, including by members of Kenya’s security forces and militia groups and civilians. About half of rapes reported to Human Rights Watch were gang rapes. Human Rights Watch documented three cases of sexual assault against men, and heard credible reports of more sexual violence against men.
About half of the women interviewed said that they were raped by policemen or men in uniform, and some described being attacked by men in uniform with beards and rastas (dreadlocks). Other survivors said they were raped by civilians.

Many attacks were accompanied by additional acts of torture and physical violence, and some attackers subdued their victims with verbal threats or by pointing guns or knives at them. Attackers also assaulted women’s children and husbands during some attacks.

Sexual violence has impacted women’s and girls’ lives in devastating ways. Many have experienced injuries or other health consequences, leaving some unable to work or care for their families. Women and girls also experienced profound mental trauma and anguish, describing feelings of hopelessness, self-hatred, fear and anxiety, sleeplessness, and suicidal thoughts. This trauma has been reinforced by well-founded fears that husbands, family members, and communities would reject survivors if they disclosed that they had been sexually assaulted.

Most sexual violence victims interviewed for this report expressed a lack of confidence in the police, largely because of their history of human rights abuses. Only a few women we interviewed reported their sexual assaults to the police. The majority had not done so because they did not believe they would get help, feared retaliation, or because they believed or had been told by police and others that they needed to know the identity of the perpetrator in order to obtain police assistance.

Reporting sexual violence to police, especially when they may be colleagues of culprits, is a daunting task for victims. When survivors did report their case, they were sometimes sent away without the police taking their statements, humiliated, or verbally abused. Human Rights Watch documented a failure to follow-up on complaints and cases of police officers telling the complainants there was nothing they could do if complainants could not identify the perpetrators.

More than half of the women interviewed by Human Rights Watch did not receive any medical treatment and psychosocial support, and few got timely and quality post-rape care. Barriers to treatment and care included stigma, insecurity, debilitating injuries and trauma, lack of information about the importance of getting timely treatment or where survivors could get free treatment, and a nurses’ strike which limited available health personnel and
facilities. Some women did not seek health care because they believed it would cost money they did not have, or because they could not afford transport costs.

Some victims did obtain medical treatment at local clinics and hospitals, but services offered were not always comprehensive, and survivors did not get appropriate referrals for medical treatment, counselling support, or to the criminal justice system. Health workers in many cases did not adequately inform women and girls about the full range of treatment they needed after rape, which is key for facilitating access to further health services and referrals. In a few cases, women went to health facilities but did not disclose the rape to health workers because they were afraid of being exposed as a rape victim, thereby missing out on proper post-rape health care.

For far too long, the Kenyan government has ignored election-related sexual crimes and victims’ suffering. The government should create an enabling environment for all victims to come forward to report sexual crimes, and it should promptly and properly investigate complaints, and prosecute culprits. The government should ensure that all sexual assault victims get timely, quality, and confidential post-rape treatment, including psychosocial care for themselves and their families, and inform communities where victims can get post-rape care, including free treatment.

Kenyan authorities should take measures to protect women and girls, as well as men and boys, against sexual violence, including by government security agents. They should ensure that there are clear codes of conduct and disciplinary measures in place with respect to police and security forces, and raise awareness and speak out against sexual violence. Kenyan authorities should ensure that all health workers have and follow a clear protocol for health services and referrals that should be provided to victims of sexual violence and that they and the police properly document and collect available evidence in all cases of sexual violence presented to them, and that the evidence is properly stored.
Key Recommendations

To the Office of the President and the Government of Kenya

- Establish an independent judicial commission of inquiry to examine any unlawful activities of the police in responding to protests following the polls of August 8 and October 26, 2017, with a view to ending impunity and providing accountability:
  - The commission should investigate the full range of abuses committed by police, and any militias controlled or tolerated, including allegations of sexual violence.
  - The commission should be given the mandate to establish the facts and circumstances, and to collect and preserve evidence of, and clarify responsibility for, alleged abuses, with a view to providing accountability.
  - The commission should be given all the necessary financial resources and support to allow it to fulfill its mandate. This includes: putting in place measures to ensure there can be fair, impartial, and prompt criminal investigations into individuals, leading to prosecutions where appropriate; requiring that those conducting the investigation—and deciding on charges or prosecution—to be independent (especially in command or operations) from those being investigated; ensuring gender balance in the composition of the commission and having women as investigators, and the expertise to investigate sexual violence; providing training for the commission to perform its mandate, including training to investigate sexual crimes; and providing witness protection and support. Responsibility for abuses should not only be borne by front line officers, but also by anyone in position of authority who directed, ordered, facilitated or otherwise made such abuses possible, or was criminally culpable in failing to prevent or punish such crimes.
  - The commission’s final report should be made public.

- Publicly acknowledge and condemn abuses, including sexual violence, committed by the police and security forces following the August 8 and October 26, 2017 elections.
• Adopt a zero-tolerance policy against sexual violence committed by police and other officials and issue a public and clear warning that perpetrators will be prosecuted to the full extent of the law.
• Publicly commit to assisting all survivors of sexual violence to receive medical treatment, psychosocial care, reparations, and access to justice.
• Create and carry out outreach programs to encourage all survivors of sexual violence to seek medical treatment and to report their cases to the police. Outreach should also address stigma around sexual violence and educate communities about how and why survivors can access services in a timely manner.
• Recognize the multifaceted and often long-lasting impact of sexual violence on victims, and institute comprehensive reparative measures, including monetary and non-monetary ones, to address victims’ various needs and to ensure reparative measures are transformative and encompass physical, psychological, social, and economic damages.
• Develop, through a transparent and participatory process and in accordance with international standards, a comprehensive plan to respond to sexual violence in times of crisis.
• Develop and implement a strategy for civilian protection in times of crisis, including specific measures to protect women and girls against sexual violence.
• Strengthen expertise of police, other state investigators and prosecutors, and judicial staff to document, investigate, and prosecute sexual violence that happens in times of crisis, including prosecutions on the basis of command responsibility where applicable.
• Revise the Prevention of Torture Act, 2017, to introduce command or superior responsibility as a mode of liability for acts of torture, in accordance with the recommendations of the UN Committee against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

To the Ministry of Health and County Departments of Health
• Provide free, quality, comprehensive, and survivor-centered medical treatment and psychosocial services for all survivors of rape and other forms of sexual violence, including children and those who have witnessed sexual violence or other forms of violence.
• Develop programs to address the mental health needs of survivors, including mobile outreach, individual counseling, and support groups, based on the free and informed consent of the individual; this should include programs for girl survivors, for children who witnesses sexual violence, and for male survivors.

• Carry out a national assessment of the ability of all public and private health facilities to provide essential post-rape care to survivors, including forensic documentation of rape; and ensure availability and provision of free, essential emergency post-rape medical care at all public and private health facilities.

• Support local health facilities, including private clinics, that are closest and most easily accessible to communities to offer basic post-rape care, and referrals.

• Issue a written and public notice to all medical personnel to adhere to the National Guidelines on Management of Sexual Violence in Kenya, the Sexual Offences Act, 2006, and the Sexual Offences (Medical Treatment) Regulations, 2012 when attending to all survivors of sexual violence, and ensure all health facilities have copies of these guidelines. Emphasize the need for comprehensive services, including medical treatment, psychosocial care, documentation (especially completion of Post-Rape Care forms), collection, and preservation of forensic evidence and referrals. Also, remind medical personnel to screen female patients for possible sexual violence, especially where they present with physical and psychological problems typical of sexual assault.

To the Inspector General of Police, the National Police Service Commission, and the Director of Public Prosecutions

• Instruct all police officials to uphold the rights of all survivors of sexual violence who seek their services, and to adhere to government guidelines on management of sexual violence. This includes: recording statements in all cases of sexual violence reported to them, notwithstanding whether the preparator is known; and issuing an Occurrence Book number, providing survivors with necessary legal documents, and referring them for medical and psychosocial services.

• Develop and implement a comprehensive, survivor-centered policy and strategy to investigate, prosecute, and adjudicate sexual violence crimes committed during the post-election violence in accordance with international fair trial standards:
Ensure that procedural safeguards guaranteed in the Sexual Offences Act, the Witness Protection Act, and any other relevant legislation are fully implemented, and provide adequate resources to enforce them.

Investigate all allegations of rape and other sexual assault by members of Kenya’s security forces, regardless of rank, during the post-election violence. Publicize the outcome of such prosecutions, including by providing information on the punishments meted out, and the redress and compensation provided to victims.

- Remove, discipline, and prosecute all officers found to have violated human rights, including provisions of the National Police Services Act.
- The National Police Service Commission should remove, discipline, and prosecute all officers found to have committed sexual violence.

To the Kenya National Commission on Human Rights

- Urgently and thoroughly document all cases of sexual violence related to the 2017 elections, with the aim of enabling all survivors to access post-rape medical treatment, and psychosocial support for themselves and their families where appropriate, and providing accountability for these crimes.

To Kenya’s International Partners Responding to Sexual Violence

- Support survivors of sexual violence to access timely medical, psychosocial, legal, and economic support. Support outreach programs to educate communities on the importance of timely post-rape care and where survivors can access treatment, and to reduce stigma around sexual violence.
- Support efforts to document, investigate, and prosecute sexual violence crimes committed during the post-election violence.
- Engage with sexual violence survivors, women’s groups, local service providers, and community representatives to gather information about sexual violence during the political crisis and to develop strategies for strengthening prevention, response, and service provision for survivors.
- Support the Kenyan government to develop and implement a comprehensive plan to respond to sexual violence in times of crisis.
Methodology

This report is based on research conducted by Human Rights Watch between September 25 and November 24, 2017 on patterns of sexual violence committed against women and girls during Kenya’s elections on August 8 and October 26. Research was conducted in some of Nairobi’s informal settlements, and in Kisumu and Bungoma in western Kenya, which were most affected by the election violence. Follow-up interviews were also conducted by phone with some survivors to verify facts.

Human Rights Watch interviewed 65 women, three girls, and three men who were survivors of sexual violence; and 12 witnesses to the post-election violence. We also interviewed 12 Kenyan and international civil society activists and community volunteers providing services to women.

All survivors and witnesses were interviewed individually. We identified survivors and witnesses with the assistance of a local nongovernmental organization (NGO) providing services to survivors of sexual violence, as well as networks of community volunteers providing services to women.

Most sexual violence cases documented in this report occurred in the immediate aftermath of the first election on August 8. Some of the cases documented occurred after the October 26 poll, and some before the August elections.

Human Rights Watch makes every effort to abide by best practice standards for ethical research and documentation of sexual violence, including with robust informed consent procedures, measures to protect the interviewees’ privacy and security, and interview techniques designed to minimize the risk of retraumatization. Interviewees were explicitly told that they could end the interview at any time and could choose not to answer particular questions. In some cases, at the request of the interviewee or because of their distress, the Human Rights Watch researcher did not ask the survivor to describe details of the sexual violence. For reasons of security and privacy, all survivors are identified by pseudonyms.

Where possible, interviews were conducted in confidential settings. In the few instances where this was not possible, care was taken to protect the confidentiality of survivors and
witnesses as far as possible. We informed all participants of the purpose of the interview, its voluntary nature, and the ways the information would be used. Each participant orally consented to be interviewed. All interviews were conducted in Swahili.

Human Rights Watch provided transport, snacks, and water during the interviews but did not make any payments to interviewees. Where appropriate, Human Rights Watch provided contact information for organizations offering legal, social, or counseling services, or linked those organizations with survivors.
I. Background

Impunity for Election-Related Sexual Violence in Kenya during the 2007–2008 Post-Election Period

Since the 1990s, Kenyan elections have been marred by serious human rights violations, including killings, maiming, and destruction of property. Sexual violence against women and girls, though much less visible, has consistently been a part of these abuses. Men and boys have also at times been targeted.¹

The 2007-2008 violence that followed a disputed presidential election left at least 1,133 people dead, more than 600,000 displaced, and unmasked ethnic tensions that still haunt the country.² It is estimated that thousands of rapes and other forms of sexual violence occurred, including many committed by state security agents.³ Many survivors of that violence continue to suffer serious physical and psychological trauma, and socioeconomic hardship almost a decade later and very few have seen their cases properly investigated or their perpetrators held accountable for their crimes.⁴

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² Human Rights Watch, Ballots to Bullets.

³ The Commission of Inquiry into the Post-Election Violence (CIPEV) noted that sexual violence was widespread, and estimated that 900 cases of individual and gang rape, defilement, and other forms of sexual assault occurred then. It based this number on the testimonies of 31 women and reports from numerous human rights organizations and hospital data. However, Human Rights Watch concludes that this number is likely to be a low estimate considering that many cases were unreported and did not include rape victims who may have been raped and then killed during the violence, or died after rape. See Human Rights Watch, “I Just Sit and Wait to Die”: Reparations for Survivors of Kenya’s 2007–2008 Post-Election Sexual Violence, February 2016, https://www.hrw.org/report/2016/02/15/i-just-sit-and-wait-die/reparations-survivors-kenyas-2007-2008-post-election, pp. 30-33.

⁴ Ibid.
The Kenyan government’s failure to investigate and prosecute the range of crimes committed in 2007-2008 remains a key concern.\(^5\) Barriers to reporting, problems with the collection of forensic evidence, and the unwillingness of authorities to initiate genuine, credible, and fair investigations and prosecutions to punish perpetrators were key challenges in Kenya after the 2007-2008 election-related rapes, and remain a problem.\(^6\)

Over two years ago President Uhuru Kenyatta announced the establishment of a fund to help victims of past injustices, including victims of the 2007-2008 political violence.\(^7\) To date, the government has not developed a plan of how the fund would be disbursed, and victims have still not received financial assistance, medical care, or psychosocial support. Past government plans to assist victims of the 2007-2008 violence have excluded rape survivors.\(^8\) Parliament still has not adopted the report of the Truth, Justice, and Reconciliation Commission (TJRC) established by Kenya to help heal historical grievances dating from well before the 2007 election violence. The report also proposes reparations for victims.\(^9\)

Victims of the 2007-2008 violence together with nongovernmental organizations (NGOs) are continuing the quest for justice and reparations for survivors.\(^10\) A constitutional challenge seeking to compel the government to address sexual violence committed during the crisis is ongoing.\(^11\)

Kenya will not address its cycles of political violence if the underlying rights abuses that are among the causes of past election-related violence remain in place.

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\(^6\) Human Rights Watch, “I Just Sit and Wait to Die,” “Turning Pebbles.”

\(^7\) Human Rights Watch, “I Just Sit and Wait to Die,” pp. 81-82.

\(^8\) Over the years, the Kenyan government has helped victims from the 2007-2008 political violence, especially Internally Displaced Persons (IDPs), through resettlement, building new homes, and providing money and land. To date, no assistance has been given to survivors of sexual violence.


The 2017 Elections

On October 26, Kenya held its second presidential election two months after the Supreme Court of Kenya annulled the results of the August 8 presidential polls following a successful legal challenge by the main opposition candidate, Raila Odinga.12

The main rival parties during the August 8 and October 26 polls were the Jubilee Party and the opposition National Super Alliance (NASA). Uhuru Kenyatta, a Kikuyu and the Jubilee presidential candidate, was seeking re-election for a second term. Raila Odinga, a Luo and leader of the opposition, was NASA’s presidential candidate. In both elections, President Uhuru was declared the winner, and unrest followed the announcement of the results.13

Kenyan politics is characterized by inter-ethnic tensions. Political alliances are often formed along ethnic lines, and one’s ethnicity is easily associated with support for a certain political party or candidate.14 As in the 2007-2008 violence, sexual violence during the 2017 political violence was directed at women and girls because of their gender but also their ethnicity, and was used to punish the individual women and their communities for the way they voted.15

Kenyan authorities deployed large numbers of paramilitary units in many opposition areas ahead of elections in anticipation of potential violence. These included agents from the General Service Unit (GSU) police, Administration Police (AP), and units from Prisons, Kenya Wildlife Service, and National Youth Service. Many survivors and witnesses interviewed by Human Rights Watch described their rapists as policemen or men in green uniforms who often carried guns, batons, tear gas canisters, whips, or wore helmets and other anti-riot gear.

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13 On patterns of election violence and abusive response by members of Kenya’s security forces see Amnesty International and Human Rights Watch, “Kill Those Criminals.”
15 Human Rights Watch, “I Just Sit and Wait to Die,” p. 25.
II. Patterns of Sexual Violence Following the August 8 and October 26, 2017 Polls

It was the Saturday after Uhuru was announced the winner. Guns were ringing all over. There was tear gas all over. They broke the gate to our plot. They were many men dressed in uniform—jungle green with brown spots. They were just beating people. Men were crying like children in our plot. They were saying, ‘Come out now and throw stones.’ I heard women crying, saying, ‘Don’t rape me.’ Three came to my house, beat me seriously, and raped me.

—Josephine Anyango, Nairobi, October 5, 2017

Between September 25 and November 24, 2017 Human Rights Watch interviewed 65 women, three girls, and three men who experienced sexual violence during the election period, including seven cases of politically motivated pre-election sexual assaults, and 12 witnesses to the election violence in some of Nairobi’s informal settlements, and in Kisumu and Bungoma in western Kenya. Most of the incidents of sexual violence documented in this report occurred in August, after President Uhuru was announced as the winner of the presidential race. We also documented cases following the October election.

Women and girls interviewed by Human Rights Watch described the perpetrators as mostly police officers or men in uniform who often carried guns, batons, tear gas canisters, whips, or wore helmets and other anti-riot gear. Perpetrators also included militia groups and civilians, according to victims and witnesses. Most victims said they did not know their attackers, who often wore masks to hide their identity.

According to witnesses, perpetrators often directed attacks at women and girls due to their presumed ethnic or political affiliation, with both the supporters of the ruling Jubilee Party and opposition National Super Alliance (NASA) apparently targeting women along ethnic or political lines.

Rose Otieno, 37, was in her house with her five children on the night of August 11. She said two men, dressed in green and black uniforms, boots, and helmets, broke into her house.
One had a gun, the other a baton and a whip. After asking about her husband’s whereabouts: “One asked me to say, ‘I do not support Raila, I support Uhuru.’ I refused. They started hitting the bed. I screamed because I thought they will kill the small children sleeping,” Rose said. “The one with the gun slapped me and told me to shut up. I had his finger marks on the face. The other one said, ‘Let’s teach her a lesson.’ He raped me in the presence of my children.” Rose says after the rape he mocked her saying, “This one is not sweet, let’s go and try another one.”

Joyce Nduta, 27, delivered her third baby on August 7. On August 11 she was raped by three policemen whom she said wore green uniforms and carried guns. Before raping her, one asked her name, and then said, “I hate Kikuyus. Uhuru is the one making ‘Baba’ [Raila Odinga] not to be president. They said if I report I should be afraid for my life.”

Georgina Musa went to buy groceries on Saturday afternoon, August 12:

I was walking when I saw three policemen. They wore helmets, had guns, and had teargas [canisters]. I started running. They started running towards me and caught up with me. They said, ‘These are the idiots disturbing us.’ One ripped off my clothes. I told him, ‘I could be your mother.’ He slapped me, kicked me, and raped me as the others were watching. They took 200 shillings (US$2) from me. One told me, ‘go and tell “Baba”’ [Raila Odinga].

About half of rapes reported to Human Rights Watch were gang rapes involving two or more perpetrators, and included vaginal and anal rape. Doris Syombua said she was at her club where she sells alcohol on the night of August 11:

There was a lot of violence [outside]. I couldn’t leave work. I was trembling with fear. They broke the door and entered. They were three police men in uniform. One asked, ‘Why are you hiding the youths?’ Another said, ‘You “Baba”’ [Raila Odinga] people will calm down. You are giving us a lot of headache.’ They hit me on the buttocks. One raped me in the front

17 Human Rights Watch interview with Joyce Nduta, Nairobi, October 6, 2017.
18 Human Rights Watch interview with Georgina Musa, Nairobi, October 5, 2017.
[vaginally] and the other at the back [anally]. They said if I shout they will kill me. I used to sit with my legs up. Part of the rectum was hanging out but the doctor fixed it.¹⁹

Human Rights Watch also documented three cases of sexual assault against men, and heard credible reports of more sexual violence against men. Doris told us about the rape of her male neighbor: “My neighbor, a man, told me he was raped. I am not sure he went for treatment.”²⁰ Julie Wambua said she was raped together with her boyfriend by three men who wore dreadlocks: “He left me after the rape. He was ashamed and refused to go to hospital.”²¹

In about one third of the cases documented by Human Rights Watch, women and girls were raped in the presence of other family members including young children. Some women were raped with other female family members or in groups with other women from their communities by the same attackers.

Jackline Mkamburi was at home with her three children and husband on the night of August 11. She said three men with dreadlocks wearing police uniforms attacked them. “They said, ‘So you are married to Luos, they are not circumcised.’ They said, ‘If we don’t rape you, your husband will [be forced by us to] rape your daughter.’ I pleaded with them to spare my husband the shame. They raped me before my husband and children. They said, ‘This is our government and there is nothing you can do to us.’”²²

Liz Nzau told Human Rights Watch that she was on her way home from work on the night of August 11 when she met a group of young Kikuyu men who were out celebrating Uhuru’s victory. They asked her, “Why are you not joining the celebration? You are Luo, you are NASA [National Super Alliance] supporter.” They raped her in a group with other women:

They said, ‘You people want to cause violence.’ They said I should be taken to the police. They took me into a shack where there were five other women. They brought some dirty-looking men who raped us as police walked

¹⁹ Human Rights Watch interview with Doris Syombua, Nairobi, October 5, 2017.
²⁰ Ibid.
²¹ Human Rights Watch interview with Julie Wambua, Nairobi, October 6, 2017.
²² Human Rights Watch interview with Jackline Mkamburi, Nairobi, October 6, 2017.
around the shack. They were moving from one woman to another. They were
slapping us and beating us with a rubber whip, and urinating on us. One of
the women had her [menstrual] period and they wore a plastic paper bag
when raping her. One of the women said they inserted a medicine bottle in
her anus.23

Many attacks documented by Human Rights Watch were accompanied by additional acts
of torture, physical violence, including slapping, kicking, beating with batons and rubber
whips, throwing women and girls on hard surfaces, and humiliation. Some women lost
consciousness during the attacks. In many cases, attackers subdued their victims with
verbal threats or by pointing guns or knives at them. In Dandora slum, Nairobi, several
women told Human Rights Watch that their rapists threatened them: “We will come back in
the night to rape and kill.”

In some cases, attackers also beat women’s children and husbands during the attacks. At
around 10 p.m. on August 11, Lucy Akinyi and her husband were asleep in their house. A
group of young men attacked them, badly beat her and her husband, and raped her:

They broke the door and asked me where my husband was. I said he was
not there. They found him and started beating him. They said, ‘Stupid Luos,
you will know who we are.’ One of them had dreadlocks; the other was
dressed in a maroon-like uniform, helmet, had a baton, and his knees were
covered in protective gear. I cannot remember how the others were dressed.
They threw him in a ditch outside the house. They asked him to drink the
dirty water. They were telling him to fuck the ditch. I knew they were going
to kill us. One slapped me hard on my face. I fell. He kicked me on my side.
I felt a sharp pain run through my back. He asked me if I have ever been
fucked. He tore my clothes and raped me. My back was hurting, my hands
and face were swollen, and I have a black mark on the right side of the face
near the eye where he slapped me. Till today I feel as if there is something
in my eye. My husband was badly injured and traumatized.24

III. Impact of Sexual Violence on Survivors

Many of the survivors Human Rights Watch interviewed said sexual violence has impacted their lives in devastating ways.25

Physical Injuries and Illness

I was raped by three men. They beat me seriously and tried to strangle me. They raped me both sides [vaginally and anally]. My face was so swollen. My lip cut. My leg is still swollen; I was told the blood clotted. I have chest pains. My neck pains sometimes.
—Jane Kinyua, Nairobi, October 5, 2017

Almost all women interviewed by Human Rights Watch complained of lower abdominal pain. Many described pelvic pain, pain during sex, when passing urine or stool, or during menstruation. They also described irregular menstruation, vaginal bleeding, and smelly vaginal discharge following rape. In four cases, survivors have incontinence, including fecal incontinence in one case.26 One woman was almost five months pregnant when she was raped, and miscarried. Another said she became pregnant after rape.

Most survivors complained of physical pains and aches, some so serious that women said they have difficulties sitting, walking, doing routine household chores like washing and cooking, or going to work. Women and girls described symptoms including weight loss due


26 The descriptions of incontinence by survivors appear to be consistent with traumatic fistula. A fistula is a hole between a woman’s vagina and bladder or rectum, or both, resulting in the leaking of urine and/or feces. There are two categories of fistulas: obstetric fistulas are childbirth injuries caused by prolonged obstructed labor and account for most fistula cases. Traumatic fistulas are caused by violent sex, rape, or vaginal/rectal torture. For more information on the causes and social and economic consequences of traumatic fistula See United Nations Population Fund (UNFPA), “Traumatic Fistula,” undated, http://www.friendsofunfpa.org/netcommunity/page.aspx?pid=293 (accessed December 4, 2017). No survivors said that they had been diagnosed with fistula. As most survivors did not have medical diagnoses, medical documentation, or had not accessed medical care, Human Rights Watch cannot determine whether any of the survivors interviewed had traumatic fistula resulting from the sexual violence they experienced.
to lack of appetite, dizziness, headaches, rapid heartbeat, breathing problems, and severe pain, some of which likely resulted from physical injury sustained during the attacks, or are psychosomatic pains. Three survivors said they experienced hearing loss after the violent attacks. Human Rights Watch was told about one case where the survivor, a young girl, died following serious injuries after rape.

On August 11 at about 11 a.m., Gladys Moraa went to help her neighbor’s young child who had been hit with a teargas cannister. In the ensuing chaos, Grace tripped and fell:

A police officer kicked me on my upper back with his booted feet. I couldn’t move. He raped me and left. Another one came, kicked me on the stomach and back, and raped me. I thought I would die. I was in serious pain. My back pains a lot. My business was destroyed, and now I do casual work washing for people. But most of the time it is difficult. I have problems bending.  

Mercy Maina and her sister were raped on the night of August 11 by men she described as “police with rastas [dreadlocks].” She said that since the rape, “I feel pain during sex and there is a yellowish discharge. I smell and I have to shower many times a day. When I go near people I feel anxious, like they will smell me.” Grace Kungu told Human Rights Watch she was raped on August 12 on her way from work:

They took me to an unfinished building and all four raped me in front [vaginally] and behind [anally]. Since that day, when I am pressed urine just comes out. Even stool, if I hold for long I find that I have stained my underwear. I wear a sanitary pad sometimes or tissue or a handkerchief to prevent leakage. I have a lot of pain in my lower abdomen. I take painkillers all the time.

29 Human Rights Watch interview with Grace Kungu, Nairobi, October 6, 2017.
Mental Trauma, Rejection by Family

Since that day I hate myself. I feel useless. I don’t speak to people. I feel so sad. I feel as if I have reached the end. I think of killing myself.

—Joyce Nduta, Nairobi, October 6, 2017

Sexual violence has a grave impact on survivors’ psychological well-being. Most of the women and girls Human Rights Watch interviewed described symptoms consistent with trauma, depression, or post-traumatic stress. Many talked about feelings of shame, anger, hopelessness, sadness, self-hatred, fear and anxiety, sleeplessness, and suicidal thoughts. Five women regularly drink alcohol to help them forget the rapes. Five survivors said they had contemplated suicide. Three survivors experienced sexual violence before, and four were experiencing domestic abuse, adding to their suffering.

Janet Kiptoo, 16, and her 15-year-old cousin, Darlene Chemutai, were raped by two men at gunpoint. The men beat, harassed, ridiculed, and tortured them for almost two hours before and after the assault. Janet says she has headaches, feels dizzy and vomits often; symptoms started immediately after the rape, according to her community worker. Janet told Human Rights Watch how the rape has affected her:

I don’t know if it will ever end. I have no peace. At night I see as if they will come back. I recall what happened every day. I have nightmares. Every small noise at night scares me. I should just die.

On November 3, as she was coming home from work at around 11 p.m., 22-year-old Josephine Akech met a group of youths who asked her whether she supported Jubilee or National Supper Alliance. They stole her purse and phone; beat, undressed, and humiliated her. One raped her and another inserted soil and sand into her anus. She said she’s living a nightmare:

It’s only God who can help me; I don’t know whether I will be normal again. I dream of being sexually assaulted almost every night. The dream has refused to go away. I have headaches. I don’t sleep during the night. I sleep during the day when the dreams don’t come. I won’t work again. I don’t want to associate with people. I stay indoors because I am afraid of exposing myself to another attack. They destroyed me. Which man will accept a girl who has been raped? I have thought of killing myself and the attacker.\textsuperscript{32}

Some survivors said they are easily frightened, have developed intense fear of men in uniforms, isolated or public places; or are overwhelmed with thoughts of the attack and other violence that they witnessed. Gladys Moraa told Human Rights Watch: “Since that day even a slight sound scares me. I used to have nightmares. If I got counseling, it would really help me. I feel so sad when I remember. I was not counselled at the hospital.” Looking visibly traumatized, Moraa heard a scream as a Human Rights Watch researcher was interviewing her and she jumped out of her seat asking, “Are those the police? Are those police?”\textsuperscript{33}

Almost all survivors said that they worry about whether their rapists have infected them with HIV, or that their families will find out that they are rape victims. Others said the pain and humiliation of family members witnessing the sexual assault caused them great distress. Women said they were particularly concerned about the emotional state of children who witnessed the sexual violence.

Women’s mental trauma is compounded by the fact that many of them suffer alone in silence, fearing that family members or friends will reject or ridicule them if they reveal the rape. Doris Syombua described the feelings of many sexual violence survivors when she said, “This thing is shameful. You suffer alone in silence.” Syombua added, “We need counselling because this thing is very bad. You just sit holding your head. You lie all the time about why you look sad.”\textsuperscript{34}

\textsuperscript{32} Human Rights Watch interview with Josephine Akech, Nairobi, November 17, 2017.
\textsuperscript{33} Human Rights Watch interview with Gladys Moraa, Nairobi, October 6, 2017.
\textsuperscript{34} Human Rights Watch interview with Doris Syombua, Nairobi, October 5, 2017.
Most of the survivors Human Rights Watch interviewed have not told their family, especially their husbands, about the rape, fearing that they will be stigmatized or rejected. Some women told Human Rights Watch that they silently endured painful sex with their husbands, fearing that they refused to have sex, their husbands would be abusive or reject them if they suspected they were raped. In a few cases survivors had moved homes, because they feared for their security, but also because they feared their neighbors would find out they were raped. Four women were abandoned by their husbands after disclosing the sexual violence. Some survivors said their husbands constantly questioned them about rape or abused them when they learnt they were sexually assaulted.

Neema Abdul told Human Rights Watch she was raped vaginally and anally by three policemen in the presence of her 16-year-old son whom they also beat badly:

I am so traumatized I didn’t finish taking the drugs that they gave me at the clinic. I think of my child seeing what happened to me. Sometimes I think of killing myself, they destroyed me. I have never thought of being penetrated there. My husband left after I told him.35

Loss of Livelihoods, Consequences for Education

Teachers say she is doing very poorly at school. They say when they ask her a question in class she starts to cry. When at home she stays in the house and does not go outside.

—Judy Chemutai, Community Volunteer, Bungoma, October 3, 2017

They stole so many things, even my kids’ clothes. I don’t have somewhere to sleep. Now I am staying with a friend. [Before] I was able to help my children, now am begging. My daughter is at home, she was sent away because I have not paid school fees.

—Geraldine Kambura, Nairobi, October 6, 2017

35 Human Rights Watch interview with Neema Abdul, Nairobi, October 6, 2017.
Sexual violence has directly impacted on some survivors’ ability to work and provide for themselves and their families, or to attend school. Women have incapacitating injuries and illnesses that limit their ability to work, especially work that requires heavy physical labor. For others, the mental trauma of rape inhibits their ability to get back to their normal lives. Sexual violence has left them so afraid, they say, they dread going about normal daily activities crucial for their economic sustenance.

Mercy Maina told Human Rights Watch about her sister’s rape and the impact: “She fears men, and she does not leave the house. She does not work anymore. She sleeps and cries most of the time. She will not talk to anyone. My [other] sister takes care of her and her children.”

Pamela Wambua said she was raped by four General Service Unit officers at gunpoint on August 11. Although she went to a local hospital for medical treatment, she did not get any post-rape counselling and says she’s always afraid for her life, and cannot go to work:

> Sometimes I don’t sleep. I remember the rape all the time. It disturbs my mind. You don’t know what they gave you. It’s like you are in a different world; your life changes. Sometimes my left leg and hip pain or loses feelings. I stopped working. Friends help me.

Young girls who were raped were reported to having trouble focusing in school. They said they experience nightmares, lack of sleep, listlessness, fearfulness, and anxiety that limit their ability to study. Purity Onyancha told Human Rights Watch that her 17-year-old daughter, Peris Onyancha, was gang raped together with her friend on August 14. Peris was left for dead, and her friend died following the rape. She told us:

> She trembles when she sees boys. I am worried about her mental health, and how she will perform at school. Sometimes her teacher calls me to say she is not talking, or she’s just walking around the school. When I talk to her, she says she is feeling dizzy and has headache, but when she is checked in the hospital there is nothing.

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Children who have witnessed rape also suffer from trauma. Neema Abdul explained her concerns about her 16-year-old son who witnessed her rape:

My child goes for counselling, but he is still traumatized. Last week I was called by the school. They said he is not focusing in class, and that sometimes he just walks around. He is in Form 3. I haven’t told the school about what happened. I hear he was seen in the company of kids smoking bhang [marijuana]. At home he is online all the time, it’s like he is not sleeping.39

39 Human Rights Watch interview with Neema Abdul, Nairobi, October 6, 2017.
IV. Investigation of Sexual Violence and Access to Support Services for Survivors

Police Abuse and Negative Attitudes as a Barrier to Reporting

Now I fear police so much. When I see a policeman, I run away. They are dangerous. They are cruel. They rape women and small girls, they beat children, old people, sick people, pregnant women, all for nothing. Just because we voted.

—Rachel Owiti, Nairobi, September 29, 2017

Members of Kenya’s security forces have long been accused of human rights abuses, including rape and other sexual violence. The government’s failure to punish abusive officers, including high-ranking officials implicated in abuses, helps perpetuate a lack of trust between the community and police, and contributes to the reluctance of victims to report sexual assaults and rape to the authorities. Kenyan citizens have said that the country’s history of impunity for election-related sexual violence further undermines their confidence in the police.

Most women interviewed by Human Rights Watch said they did not report their sexual assault to the police because they had little faith that the police would investigate their colleagues, they feared retaliation, or thought the police would ask for bribes and not help them. Grace Kungu aptly summarized survivors’ distrust of the police when she said she did not report her assault to the police because: “They are the same people who rape us. Police don’t help; they ignore victims.” Joyce Nduta said she was afraid of retaliation by police: “I feared for my life. You cannot tell what a police officer can do to you.”

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41 Human Rights Watch, “I Just Sit and Wait to Die.”

42 Human Rights Watch interview with Grace Kungu, Nairobi, October 6, 2017.

43 Human Rights Watch interview with Joyce Nduta, Nairobi, October 6, 2017.
Neema Abdul confirmed those sentiments, telling Human Rights Watch: “I never went to the police. If police can do this to us, who will help us to get justice? The men who raped me wore green uniform. They stole my phone and 15,000 shillings (US$146), and broke mirrors in the house and my thermos.”

In cases where women did try to report sexual violence, some police officers sent women back to their homes without taking statements, ridiculed them, verbally abused them, or failed to follow up on complaints. A community health worker told Human Rights Watch about the frustrations she faces helping women to report rape to the police. In one case, police officers refused to record a complaint about a rape in August involving police officers, claiming that only senior officials could take the victim’s statement. She was only able to make the complaint after she contacted another officer she knew.

Several survivors told Human Rights Watch they believed they could not file criminal complaints because they could not identify their aggressors; some police officers actually said so. Purity Onyancha went to the police to report her daughter’s rape: “The police said if I don’t know the rapist, they will not open a file. They asked why I went to hospital before reporting to them. I realized we were not going to get help, so I told my daughter we leave.”

Liz Nzau was gang raped with five other women and described to Human Rights Watch how the police treated them when they went to report the violence:

We told them what happened; we mentioned they were police. They asked, ‘How do you know they were police?’ They said, ‘If you had been raped you would have gone to hospital first. Where is the evidence? How can we believe you?’ They told us we must have enjoyed the rape.

Human Rights Watch documented three cases where police questioned survivors as to why they had gone to hospital before reporting the assault to the police, and refused to take

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44 Human Rights Watch interview with Neema Abdul, Nairobi, October 6, 2017.
45 Human Rights Watch interview with anonymous, Kisumu, October 2017.
their statements. In other instances, police did not refer rape survivors for medical treatment or other support services.\textsuperscript{48}

**Poor Documentation of Sexual Violence**

Although Kenya has enacted important laws and guidelines to fight sexual violence, the problem remains endemic and the number of prosecutions and convictions low. Lack of, and delayed reporting by survivors to either the police or health facilities are a great impediment to the documentation necessary to punish offenders, provide medical and psychosocial care, or pay reparations to survivors.

The National Guidelines on Management of Sexual Violence in Kenya provide detailed information on how sexual violence should be recorded at the health facility level and at the police station.\textsuperscript{49} However, there was no forensic documentation of rape in most cases where victims sought medical and police help. Only 11 women said they had Occurrence Book (OB) numbers – that shows record of crime reported at a police station – or the Kenya Police Medical Examination Form mostly referred to as P3 forms. Our research was not able to confirm whether women had received Post-Rape Care (PRC) forms, a government form for documenting rape and sexual assault.

Health workers and police officers often did not inform women about the importance of having relevant legal documents to prove that rape happened. It is possible that some survivors attended local clinics within their communities that may not be able to document rape. In a few cases in Kisumu and Bungoma, victims were asked to pay for the completion of PRC and P3 medical forms, which should be free.\textsuperscript{50}

\textsuperscript{48} Ministry of Health (MOH), “National Guidelines on Management of Sexual Violence in Kenya,” 2014, pp. 17, 26, on the services that police should offer sexual violence survivors. They include: taking statements and entering the report into the Occurrence Book (OB), issuing the survivor with an OB number and the Kenya Police Medical Examination Form (P3 Form), and referring them for medical treatment, psychosocial support or legal services. An OB number proves that a crime was reported to the police. The Post-Rape Care (PRC) form was introduced by the Ministry of Health in 2013 to improve the clinical management of sexual violence as well as access to justice for survivors. It is an examination documentation form for survivors of rape and sexual assault. It is used by health workers to make clinical notes that they use to fill in a P3 form. The Kenya Police Medical Examination form, popularly known as a P3 form, is a legal document which is produced in court as evidence in cases which involve bodily harm (e.g. rape or assault). It is obtained from a police station, filled in by a police officer, and later a registered government doctor or clinical officer.\textsuperscript{49}

\textsuperscript{49} Ibid.

\textsuperscript{50} Ibid., p. 26.
Lack of Comprehensive Post-Rape Care and Referrals

About half of the women interviewed by Human Rights Watch had not received any medical treatment and psychosocial support, and few got timely post-rape care.\(^{51}\) The main reasons for this were stigma, insecurity, debilitating injuries and trauma, lack of information about the importance of getting treatment quickly after rape or where they could get free treatment, and a nurses’ strike which limited available health personnel and facilities. Some survivors did not seek health care or report to the police because they believed it would cost money they did not have, or because they could not pay for transport to services.

Some victims sought medical treatment at local clinics and hospitals within their communities, but services offered were not always comprehensive. The National Guidelines on Management of Sexual Violence in Kenya define comprehensive post-rape care as management of physical injuries, provision of emergency medication to reduce chances of contracting sexually transmitted infections including HIV, and provision of emergency contraception. It also includes provision of psychosocial support and legal assistance to survivors.\(^{52}\)

Some women were not sure what post-rape treatment they received, and others said they were just given painkillers, antibiotics, emergency contraception, or tested for HIV. Thirty-two women interviewed by Human Rights Watch said they sought care at a health facility following rape. In 15 cases, survivors said they were given Post-Exposure Prophylaxis (PEP), an antiretroviral drug or combination of drugs which reduces the risk of HIV infection if administered within 72 hours of exposure to reduce the risk of HIV, but most could not give details of the treatment they had received. For example, Julie Wambua commented: “I went to a hospital in Area 41 after three days. They counseled me, did tests, and gave me medicine. I am not sure what they were for. They told me to return but I did not.”\(^{53}\) Five women said they bought over-the-counter medicine such as pain killers or took drugs that

\(^{51}\) The period when survivors sought care varied from a few days to weeks. It is recommended that survivors of rape seek medical care within 72 hours, the timeframe in which treatment to prevent HIV infection is most effective.


\(^{53}\) Human Rights Watch interview with Julie Wanja, Nairobi, October 6, 2017.
they had at home. Josephine Anyango told us that after the rape, “I went to the chemist and got painkillers. I had amoxicillin [antibiotics] in the house that I took.”

Very few survivors have received quality post-rape counselling, and many expressed the need for these services, including for their children and other family members who witnessed the violence. Even when women have accessed psychosocial care themselves, many complained that their children had not received any care. Community workers supporting survivors of sexual violence noted the lack of adequate psychosocial support for children who have witnessed violence, including rape.

Government guidelines stipulate that the response to sexual violence, including in times of crisis, should include referral to “social services, psychiatrists and other medical specialists, legal services, the criminal justice system and shelters.” According to the guidelines, “Police should encourage and assist anyone presenting at the police station following rape/sexual violence, to attend the nearest health facility as soon as possible.”

In most cases documented by Human Rights Watch where women sought medical and police help, survivors did not get appropriate referrals for medical treatment and psychosocial care, or to the criminal justice system. Health workers failed to counsel women and girls on the full range of treatment they need after rape, contrary to national guidelines on managing sexual violence. It is important that survivors are told what treatment they have received to facilitate further health services and referrals. Many women who spoke to Human Rights Watch were not aware of the full range of post-rape care health and other services they are entitled to, or where they could find them, and therefore didn’t seek those services.

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54 Human Rights Watch interview with Josephine Anyango, Nairobi, October 5, 2017.
55 MOH, National Guidelines on Management of Sexual Violence in Kenya, p. 27.
56 Ibid., p. 17.
Impact of Stigma and Lack of Information on Seeking Help

I didn’t go to hospital. I feared, I was ashamed. I have never gone to hospital. I feared because if you tell someone, even the doctor, you will hear about it.
—Rose Otieno, Kisumu, October 2, 2017

Fear of stigma and rejection is a main reason why survivors of sexual violence do not seek health services or report the violence to the police. Many women and girls interviewed by Human Rights Watch expressed deep feelings of shame about rape, and fear that speaking to medical staff or police would expose the rape, and bring them shame in the community or rejection by their family. Other survivors said fear of HIV prevented them from going to hospital after rape.

Joy Norah told Human Rights Watch that she was gang raped by three policemen. Although she had serious injuries and was bleeding, she did not go a health facility: “I contemplated going to hospital, but I feared they would ask me about the rape,” she said. “You feel really shameful after rape.”

Victoria Nzioka said she was gang raped by five police officers on the night of August 11: “I stayed for two days then went to a hospital in Phase One (residential area). They gave me painkillers. They advised me to go test for HIV at another hospital. I did not go because I fear I will find I am positive.”

Some women told Human Rights Watch that they sought medical care but did not disclose the rape to health workers, fearing that they would be exposed to ridicule, and therefore did not receive comprehensive post-rape health care. Joyce Nduta has gone to hospital twice but she has never talked about rape:

I went to hospital after two or three days. I did not say I was raped; I said I have an infection. I have been bleeding every day since the rape. I went to another clinic. They gave me family planning drugs. I didn’t tell them about the rape because some things are shameful.

57 Human Rights Watch with Joy Norah, Nairobi, October 6, 2017.
58 Human Rights Watch interview with Victoria Nzioka, Nairobi, October 6, 2017.
59 Human Rights Watch interview with Joyce Nduta, Nairobi, October 6, 2017.
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Kenya’s 2017 elections were marred by violence and serious human rights abuses, including widespread sexual violence against women and girls, and sexual attacks on men, in terms of numbers and locations.

“*They Were Men in Uniform*” is based on interviews with 68 female and three male survivors, and 12 witnesses to the post-election violence in some of Nairobi’s informal settlements, Kisumu, and Bungoma. It documents rape (including vaginal and anal rape), gang rape involving two or more perpetrators, mass rape, attempted rape, rape with an object, putting dirt into a woman’s private parts, unwanted sexual touching, forced nudity, and beatings on genitals, including by members of Kenya’s security forces and militia groups and civilians.

The report highlights devastating physical, mental, social, and economic impacts of the sexual violence, as well as significant barriers that prevent many survivors from accessing even basic medical and psychosocial support services and to seek justice for these crimes.

For far too long, the Kenyan government has ignored election-related sexual crimes and victims’ suffering. Kenyan authorities should take measures to protect women and girls, as well as men and boys, against sexual violence, properly investigate cases and hold perpetrators accountable, and ensure survivors of sexual violence have access to comprehensive, quality and timely post-rape care.

(above) Frida Njeri (not her real name), 27, was raped by a man she said wore “combat trousers” in the presence of her 12-year-old son. Like many women Human Rights Watch interviewed, she did not report the sexual assault to the police because she did not know the attackers and feared retaliation. Many of the women Human Rights Watch interviewed described the perpetrators as mostly police officers or men in green uniform who often carried guns, batons, tear gas canisters, whips, or wore helmets and other anti-riot gear. Some women who reported sexual violence were sent back to their homes without police taking statements, or they ridiculed them, verbally abused them, or failed to follow up on complaints.

(front cover) Judith Wavinya (not her real name), 30, was attacked by two men on the night of August 11, 2017, as she was walking home. They asked if she knew them, threatened her with knives, and took her to an isolated place where they beat her badly and one of them raped her vaginally and anally. She is one of the few survivors who sought medical treatment immediately after the rape, but says she continues to experience chronic and incapacitating health problems including back pain, pain when passing stool and injuries to her left ear—that she says does not hear well since the attack. She stopped working and is struggling to provide for herself and her three young children. Her husband, who had abandoned her before the rape, stopped giving financial support after he learned that she was raped.

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