Effective Security Planning and Management in Preventing Sexual Gender-Based Violence against Mentally Ill Women in Siaya County

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Abstract: *Women have borne the burden of offensive cultural practices perpetuated through Sexual Gender-Based Violence (SGBV). Recurrent incidents of violence prior to and after the most notable 2007 General Elections in Kenya have, to a large extent, been the predisposing factors to a hype in the defilement and rape of mentally ill women in the country. Significant increase in sexual violation of mentally ill women is rooted in the fact that most of the perpetrators take advantage of the victims' intellectual incapacitation to evade prosecution. Furthermore, this group in the society is often neglected when it comes to resources, laws and security protection hence more vulnerable to sexual gender-based violence than any other group in the society. This research was carried out to assess the current handling of Sexual Gender Based Violence against Mentally ill women in order to identify deficiencies and morph effective security planning and management strategies in Siaya County. The study is a descriptive survey that employed both qualitative and quantitative methods of data collection from primary and secondary sources. Qualitative data was obtained from interviews, medical records and police occurrence books (OBs) while quantitative data was obtained from semi-structured questionnaires. The study comprised of 177 respondents; 71 Siaya County residents and 106 key informants who were selected through stratified and purposive sampling methods. Findings indicated that most residents in Siaya County are ignorant about Sexual Based Gender Violence against mentally challenged women. Further, security planning and management of SGBV against Mentally ill Women (MIW) in the county is marred with challenges like poor police training, bribery, insufficient government support and lack of coordination and joint security planning. The study recommended strategies such as police and care giver training, investigation enhancement, government support, women empowerment and community participation as ways of effective security planning and management against SGBV in Siaya County.*

Keywords: Sexual Gender Based Violence (SGBV), Mentally Ill Women (MIW), Security Planning and Management (SPM) and Siaya County

1. Introduction

Sexual and Gender-based Violence (SGBV) is the most reprehensible manifestation of gender inequality. Over 35% of the world's women population has been victims of gender-based violence, and a reasonable number of men have experienced the impact as well (Abdelnour & Poon, 2013). Sexual and Gender-based Violence (SGBV) is multifaceted and assumes various forms ranging from intimate and domestic spousal violence, workplace harassment, sex-selective abortion, female genital mutilation (FGM), trafficking, and femicide (Kimuna & Djamba, 2008).

Sexual and Gender-Based Violence defines the threat or harm perpetrated against an individual on their basis of gender identity (Cooper & Crockett, 2015). The vice is deeply rooted in unequal power distribution between men and women, hence exposing women more to the violence. The term SGBV is used interchangeably with violence against women: which includes, physical, psychological, economic, and more commonly, sexual abuse. Sexual and gender-based violence, (SGBV) manifests itself in different forms: sexual exploitation; physical, sexual and emotional violence; harassment; and discrimination (Omanyondo, 2005).

Majority of SGBV survivors are the least powerful groups based on societal "power lines". For instance, a mentally ill young girl is more susceptible to sexual molestation in the private corridors of her home than elsewhere. On the other hand, an adult female is more likely to be assaulted sexually and even killed at home by her intimate partner, family member, or friend than anyone else. These groups of individuals face unchallenged vices like SGBV on the facts that they have limited knowledge and access to economic, social, legal rights and power within their respective societies (Khalifeh, Pettit, Greenhead, Drennan, Hart, & Hogg, 2013).

The most egregious form of SGBV is femicide which is estimated to kill 66,000 women globally. A large proportion of femicide occur in contexts of intimate relationships. According to a report presented by the World Health Organization, at least 38% of deaths of women are perpetrated by intimate partners as compared to 6% in men (Westmarland, 2013). Femicide can be attributed to social cleansing when women violate the dominant gender norms (Contreras, Bott, Guedes, & Dartnall, 2010). SGBV occurs

across all cultural and socioeconomic backgrounds, and in many societies, including Siaya County. Mentally ill women are socialized to accept, tolerate, and rationalize sexual harassment and remain silent about the experience (Contreras, Bott, Guedes, & Dartnall, 2010). Commonly, victims of SGBV are abused in the expected-to-be most secure environments – their own homes and communities (Abdelnour & Poon, 2013).

Baker (2009) explains that gender defines socially constructed roles, behavior, attributes, and activities that a specific society categorically considers as being for men or women. Consequently, this distinction between masculine and feminine roles and behavior may result into gender inequalities which further occasion inequities in socio-economic and political status between men and women (Kimuna & Djamba, 2008). This renders the less powerful gender 'weaker', hence vulnerable to domination and exploitation by the so-called 'powerful' group. According to World Health Organization (2012), violence perpetrated against women is the cause of disability and injuries, as well as a leading predisposing risk factor in other mental, emotional, sexual, physical, and reproductive health problems.

In an effort to curb this nemesis, the Kenyan government has enacted the National Gender and Equality Commission 2003 (Das, 2007). The commission aims at coordinating and mainstreaming gender related concerns, including SGBV for national development. In addition, the Children Act of 2001 categorizes children exposed to female mutilation and sexual violence as being in need of care and protection (Westmarland, 2013). Mentally ill women are highly exposed to sexual abuse by targeting perpetrators. A rich set of research has been documented outlining sexual abuse of mental patients in mental institutions as an escalating criminal act in the recent years (Westmarland, 2013).

In Kenya, anyone with access to social media platforms will assert the impact of sexual violence against mentally ill women. However, there is low turnover in reporting the incidences of violation. This according to Peace Initiative Kenya (2014) is attributed to the fact that parents and the survivors are afraid of handling the inherent stigma. The case in Siaya County isn't different with attempts to mobile stakeholders and public condemnation of sexual assault against women with disability (Peace Initiative Kenya, 2014). This research addresses sexual violence perpetrated against mentally ill women in Siaya County in Kenya. The study recognizes that the victims of SGBV can either be men or women. Nevertheless, the study narrows the scope to SGBV against mentally ill females since they are more susceptible to sexual assault.

In Kenya, particularly the formally Nyanza province, cases of Sexual and Gender-based Violence against mentally ill women has been on the rise (Thomas, Masinjila & Bere, 2013). This has resulted into severe health, social and economic problems as affected families lag in terms of development. Increase in SGBV incidences has been attributed to factors such as poverty, intellectual incapacity and economic dependence of most women to men. Further, ineffective security planning and management has been described as the major contributor of SGBV in Kenya (Cooper, & Crockett, 2015). Accordingly, corruption, bribery, inadequate reporting by the victims and research gaps in security planning and management compromises the ability to combat SGBV against mentally ill women.

The purpose of this study was to evaluate and improve the effectiveness of security planning and management in combating SGBV against mentally ill women in Siaya County, Kenya. Particularly, the study sought to determine the nature of SGBV, security planning and management efforts currently being used to handle SGBV, deficiencies in these efforts, if any, and propose a framework to improve mitigation measures against SGBV on mentally ill women.

1.1 Research Objective and Hypothesis

Based on the identified research gap, the objective of this study was to explore how security planning and management can be improved to mitigate sexual gender-based violence against mentally ill women in Siaya County. The corresponding hypothesis stated that there is no association between society attitude and effective security planning and management of SGBV against mentally ill women.

1.2 Significance of the Study

The findings of this research will be beneficial to all stakeholders concerned with combating SGBV as it develops strategies for its effective management. Precisely, the study will benefit:

Policymakers and the Government: The study provides strategies that will guide policy formulation and implementation by respective governments at National and County level to combat SGBV against mentally ill women. Likewise, it serves as a guide for decision making to legal and medical practitioners in handling SGBV cases across the country.

Women: The study represents the often ignored in the society. In this case, mentally ill women whose life is characterised by unreported or compromised evidences of molestation and abuse. It provides an insight into understanding security related issues with an attempt of providing counter strategies.

Scholars: The study bridges a research gap on effective security planning and management in preventing Sexual Gender-Based Violence against mentally ill women in Siaya County. It provides an understanding of the extent to which factors influencing SGBV affect mentally ill women and other women's social economic status. Further, it provides recommendations for effective security planning and management practices in preventing SGBV against mentally ill women.

2. Methods and Materials

2.1 Description of the Study Area

The study was conducted in Siaya County in Kenya. The County comprises of six (6) sub-counties: Alego Usonga, Bondo, Ugenya, Ugunja, Gem, and Rarieda. It is bordered by Busia County to the North, Kakamega and Vihiga Counties to the North Eastern side, and Kisumu County to the South East as shown in figure 1. The total area of the County is approximately 2,596 km² and a population of 842,325 people (Siaya County Spatial Plan, 2018).

2.2 Sampling and Sample Size

Proportionate stratification sampling technique was used to arrive at individual resident respondents in the study. Precisely, the researcher used stratified sampling to group the population into 6 different strata representing sub counties in Siaya County. The population of each sub county was used to extract a representative sample size.
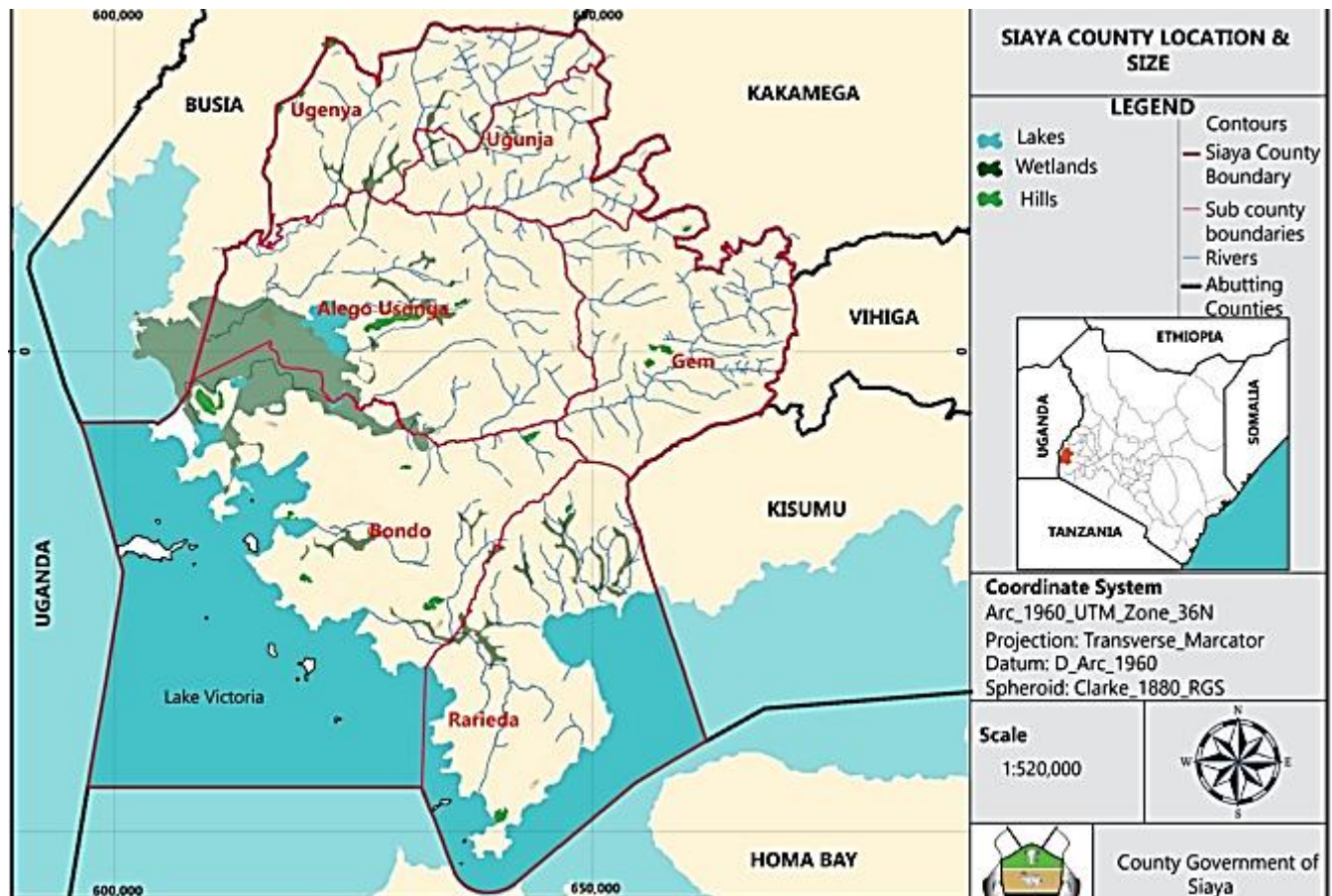
Figure 1: Location map of Siaya County in Kenya and its sub-counties
Source: Siaya County Spatial Plan (2018)

The total respondents in the study was 177. From the medical practitioner's cluster, the researcher selected nurses from Siaya County hospital, health centers and community health workers. In local administration cluster, the researcher selected chiefs and village elders and lastly, in the SGBV against mentally ill women cluster, the researcher selected close relative and parents/guardian. Precisely the sample population of key informants included Siaya county commissioner (1), senior police officers (6); one from each sub County, administration police corporals (22), community health workers (18), parent/ guardian of SGBV against mentally ill women (14), close relatives (10), nurses (10) (5 from County hospitals and 5 from health centers), 12 chiefs (12) and 13 village elders. From the residents cluster, a total of 71 respondents were interviewed.

2.3 Research Design

The study used a descriptive research design to gather information about the current situation of SGBV in the study area. This according to Creswell (2014) helps in describing the current state of a situation at the time of the study and accordingly explore causes inherent for existence of the problem under study.

2.4 Methods of Data Collection and Analysis

The research used mainly primary data obtained from interview, questionnaires and Police Occurrence Books (OBs) and medical reports. The study employed interviews and questionnaires as the main data collection tools. Interviews were scheduled for the Siaya County

commissioner, senior police officers, parents/guardians of the victims of SGBV against mentally ill women, nurses and chiefs. Questionnaires were administered to the residents of Siaya and some of the key informants, namely, administration police officers, community health workers, village elders and close relatives of the SGBV victims.

The study used both quantitative and qualitative methods of data analysis. Qualitative analysis was employed to analyze qualitative data from the interviews, questionnaires, the OBs and medical. Quantitative analysis was used to analyze data obtained from the questionnaires, OB records and medical reports, while qualitative analysis which was majorly content analysis was used to establish respondents answering patterns, trends and opinions in the interviews. In quantitative analysis, the research used descriptive and inferential analysis methods. Chi-square analysis and Pearson Correlation Coefficient was computed to test the hypothesis that that there is no association between society attitude and effective security planning and management of SGBV against mentally ill women.

3. Findings and Discussions

In this section the study sought to establish the current state of security planning and management (SPM) of SGBV against mentally challenged women. Key informants mostly agreed (mean of 4.15) that police take statement of the victim and culprits in a SGBV case. They also agreed (mean 4.09) that enough care is given to SGBV against MIW victims in the hospital. Key informants agreed (mean 2.01) that there is coordination / joint security planning on matters detailing with SGBV against mentally ill women and that police ask for bribes to take up SGBV cases in Siaya County.

Most Siaya residents agreed that police take bribes to take action against perpetrators, However, Key informants disagreed (mean 2.08) that police ask for bribes to take up SGBV cases in Siaya County. This difference in results may be due to the fact that some of the key informants were police officers themselves and could never agree that they take bribes. Additionally, the police may be taking advantage of the low-level literacy and ignorance of Siaya residents to acquire money from them before taking action on the SGBV cases reported to them. It is also clear from the respondents' satisfactory level that police in the County do not mostly find enough evidence to prosecute perpetrators of SGBV against mentally challenged women. This can be attributed to the consensus reached upon by the victims' caregivers/ parents and the accused people in local agreements.

According to a senior police in Ugenya Sub County, most people would report cases of SGBV and later withdraw cases due to local agreements. They conceal evidence and make prosecution of perpetrators difficult. These sentiments align with those of Pavanello, Elhawary and Pantuliano (2010), and Wanyeki (2008) who found that ethnic groups living in rural Kenya find SGBV cases to be cases that are

supposed to be arbitrated at local administration level like chiefs and sub chiefs' offices as opposed to culprits being arraigned in courts. This is manifested in the residents' indifference in reporting SGBV cases to the police. Nevertheless, both residents and key informant indicate that SGBV victims' caregivers/ parents do not give adequate care of the victims. On the other hand, hospitals were lauded for offering better support to mentally ill women.

How security planning and management can be improved to mitigate sexual gender-based violence against mentally ill women.

Findings from a correlation and test of independence analysis indicated that effective planning in Siaya county is strongly related to coordination, joint security planning, resident involvement, adequate training of police/ caregivers, enough police resources and government support, society attitude and senior police supporting security planning implementations at the grass root levels.

Strategy 1: Police coordination/ joint security planning
The study established that ineffectiveness in security planning and management mainly lies within the police and local administration who are in charge of the region's security and governance. Police compliance to procedure was deemed weak and ineffective.

Police Response to SGBV against mentally ill women was rendered poor. According to a parent of an SGBV against mental women in Ugunja Sub County, sexual and gender based violence against mentally ill women is continuously becoming a jeopardy in the region as most crimes have not been taken with seriousness deserved. The respondents added that police responses to crime is one of the major factors that has deterred arrest of culprits, investigation and accumulation of evidence.

Ensuring victim's safety was also a challenge to the police. From the research, mentally challenged women are the most vulnerable persons when it comes to SGBV. Most of them are defenseless and in some cases do not know what is happening to them. These circumstances scare and traumatize them and thus, there is need to accord them and protect their rights as normal persons.

Investigations are poor and ineffectively conducted. The research findings indicated that police investigation on SGBV against mentally challenged women in Siaya County is ineffective. This is due to lack of proper case and evidence management, inadequate specialized units to conduct crimes against women and lastly lack of police coordination with other government units such as courts, and prisons.

Strategy 2: community involvement
Community involvement can be defined as the involvement of people in a community in projects to solve their own problems (Madzivhandila & Caswell, 2014). In security planning and management, community participation can

take place through four stages; need assessment, planning, training and implementation (Republic of Kenya, 2017). Needs assessment expressing opinions about desirable improvements, prioritizing goals and negotiating with different security agencies on the SGBV against mentally ill women. Planning will involve formulating objectives, setting goals and criticizing the existing plans and strategies to morph improved and more appropriate strategies. Mobilizing raising awareness in a community about needs, establishing or supporting organizational structures within the community. The community has been on the forefront in preventing SGBV cases on mentally ill women. Vigilant groups and community watch groups have been formed to act like watchdogs and help in fighting against SGBV. Residential associations, which are normally referred to as community associations, community-development associations, residents' associations or sometimes, landlords' associations, organize and manage SGBV practices in those communities against mentally ill women.

Strategies 3: Providing police with adequate resources
Ninety-eight percent (98%) of the respondents in Siaya County feel that the police officers have limited resources in handling SGBV against the mentally challenged women in Siaya County. Bouffard, & Galiana (2008) asserts that, for the successful curbing of sexual related offences, police should be entitled to sufficient resources in terms of human personnel for arrest, investigation and prosecution and transport to affected areas. These results are justification why SGBV against mentally ill women in Siaya has become a jeopardy. Police need to be provided with adequate resources to help end the menace of SGBV in mentally ill women. In regard to Skou (2018), the police argue that real-world events are not adequately addressed by the stakeholder accounts. Sometimes police do not get enough water through day and night but on other government departments there is adequate water supply. Corruption and inadequate administration of food, water, healthcare and other basic necessities are the most common challenges faced in their camps. According to the senior police officer from Rarieda, most of the police officers lack good and adequate housing facilities. This is a big disadvantage because for the police to effectively conduct arrests and deal with criminals on cases of SGBV, they need to have good shelter that provide them all necessary conditions to rest and prepare for their duties. A key informant added that majority of the police conduct their operations on foot. The government should provide adequate patrol vehicles to help arrest criminals. This will also help the police to have a quick response in case any crime activity on SGBV on mentally ill women has been reported within the area.

Strategy 4: police training
The success of ending the menace of SGBV against the mentally challenged women calls for effective and sufficient training of police as well as adequate exposure to the resources. Results drawn from the respondents in Siaya County shows that police in region are fairly versed and have insufficient exposure to SGBV against MIW resources materials. The competency of police and other security agencies is as a result of adequate training and access to current trends and resources in curbing the vice. Skou (2018), asserts that critical cases call for critical intervention, deep rooted cases need to be solved by competent security agencies who are techno exposed. Okuta (2009) agreed with the findings of Skou (2018), by indicating that not unless police officers are adequately trained and equipped, the mission to fight crime is null and void. Massive police training needs to be implemented in various police camps in Siaya County. Police training is a hard task that requires time, resources, skilled persons and those willing to learn extensively and intensively. In concurrence with Chawiyah and Rebecca (2018), if the police have any questions or doubts, they have been trained that it is their responsibility to keep seeking answers until they understand SGBV cases on mentally ill women. With the help of the ministry of defense and security planning, various ways can be made to make police training more effective.

Strategy 5: government and senior police support implementation
Lahav, Boulanger, Schlaug, and Saltzman (2005) affirms why there is need for government support to curb SGBV. Therefore, government involvement in security planning and management activates the morale of security agencies which is the road map to achieving set goals and objectives. Thus, government support is an effective strategy in ending crimes faced locally, regionally and even globally. Locally, the Siaya County Government has been on the forefront in preventing and controlling crimes related to SGBV on mentally ill women. However, a lot of challenges have been faced that have led to the deterioration of prevention and control of crimes.

3.1 Test of Hypothesis

A correlation and test of independence analysis identified that effective planning in Siaya county is strongly related to coordination, joint security planning, resident involvement, adequate training of police/ caregivers, enough police resources and government support, society attitude and senior police supporting implementation of security strategies at grass root levels. On that juncture, the study morphed strategies to help curb and mitigate SGBV against mentally ill women in Siaya county and other parts of Kenya. These strategies were mainly based on the identified deficiencies and key respondents' suggestions.

Table 1: Effective Security Planning and Management on SGBV against MCW in Siaya County

	Pearson chi-square		
	Value ($_\alpha$)	Df	Asymptotic Significance (2-sided).
Coordination/joint security planning among the police in handling SGBV against MCW	3.813	4	0.001
Residents involvement to SGBV planning in Siaya	3.773	4	0.002
Adequate training for police officers	2.457	4	0.001
Adequate police resources	4.835	4	0.001
Government support	3.647	4	0.004
Senior police support Implementation	4.352	4	0.010
attitude of the society to SGBV	8.201	4	0.049
Note: significant when Asymptotic Significance $\leq$ 0.05			

Test of independence (chi-square) showed a strong and positive association between effective security planning and management on SGBV against MCW in Siaya County and the study variables; coordination/ joint security planning, resident's involvement, adequate training of police, inadequate police resources, government support, as their p values is less than α value 0.05. However, as much as society has an association with SPM (p=0.049) it is weak with effective security planning and management on SGBV against MCW. These results indicate that deficiency in effective SPM is significantly attributed to poor coordination/ joint security planning, no residents' involvement, inadequate training and police resources, poor government support and senior police not supporting implementation. Therefore, effective SPM strategies to curb SGBV against mentally ill women should entitle these variables. The results from chi square analysis rejects the null hypothesis (***Ho: There is no association between society attitude and effective security planning and management of SGBV against mentally ill women***).

Society attitude has a weak and positive relationship (p=0.04) which lies within the significant alpha level 0.05).

Correlation analysis indicates a strong and positive relationship among the study variables; coordination/joint security planning in handling SGBV against MCW, resident's involvement to SGBV planning in Siaya, enough resources police in Siaya to handle SGBV against MCW, adequate police training, government support, and senior police support implementation and society attitude. This implies that all the study variables; coordination, police resources, senior police and government support, adequate training and society attitude should be taken in consideration when creating effective SPM strategies to mitigate SGBV against mentally challenged women. The results from correlations analysis rejects the study null hypothesis that states that (***Ho: there is no relationship between joint security planning and society attitude in effective security planning and management of SGBV against mentally ill women***) as the correlation coefficient 0.714 indicate a strong relationship between the variables

Table 2: Correlation analysis results of the study variables

		Coordination	Residents in involvement	adequate training	Enough resources	Government support	Senior police support	Attitude of the society
Coordination	Pearson Correlation	1	.746**	.260*	.209	.065	.161	.405*
Residents involvement	Pearson Correlation	.746**	1	.250*	.262*	.042	.200	.769*
Adequate police training	Pearson Correlation	.260*	.250*	1	.473**	.356**	.318**	.174
Enough resources	Pearson Correlation	.209	.262*	.473**	1	.329**	.417**	.113
government support	Pearson Correlation	.065	.042	.356**	.329**	1	.356**	.165
senior police support	Pearson Correlation	.161	.200	.318**	.417**	.356**	1	.414**
Society's attitude	Pearson Correlation	.740*	.769*	.174	.113	.165	.414**	1
Note: **correlation is significant at the 0.01 level (2- tailed)								
*correlation is significant at the 0.05 level (2-tailed)								

4. Conclusion

Conclusively, SGBV as a vice is deeply rooted in unequal power distribution between men and women, hence exposing women more to the violence. This has resulted to severe health, social and economic problems. SGBV against mentally ill women in the County is attributed to various factors such as poverty, intellectual incapacity and economic dependence of these vulnerable women to the society. However, the main factor which has caused its versatility in the society is lack of effective security planning and management as it is the primary intervention of SGBV (Cooper, & Crockett, 2015). Accordingly, ignorance, society, inadequate, reporting, police bribery and inadequate resources, poverty and the facts that there is no proper and

working security planning and management strategies in the region has caused inefficiency in combating SGBV against mentally ill women

The research has established that security planning and management is marred with various huddles that all together has led to a huge deficiency of planning and management on SGBV against mentally ill women in Siaya County. One of the major problems is police bribery. Another vivid huddle is lack of adequate resources, poor investigation to find sufficient evidence to prosecute the perpetrators of SGBV and improper prosecution procedures that eventually make culprits of SGBV walk out free. Noteworthy, the study identifies that police and caregivers' training, education and public awareness, community participation and compliance

to the international laws as strategies to effective security planning and management on SGBV against mentally ill women in Siaya County.

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