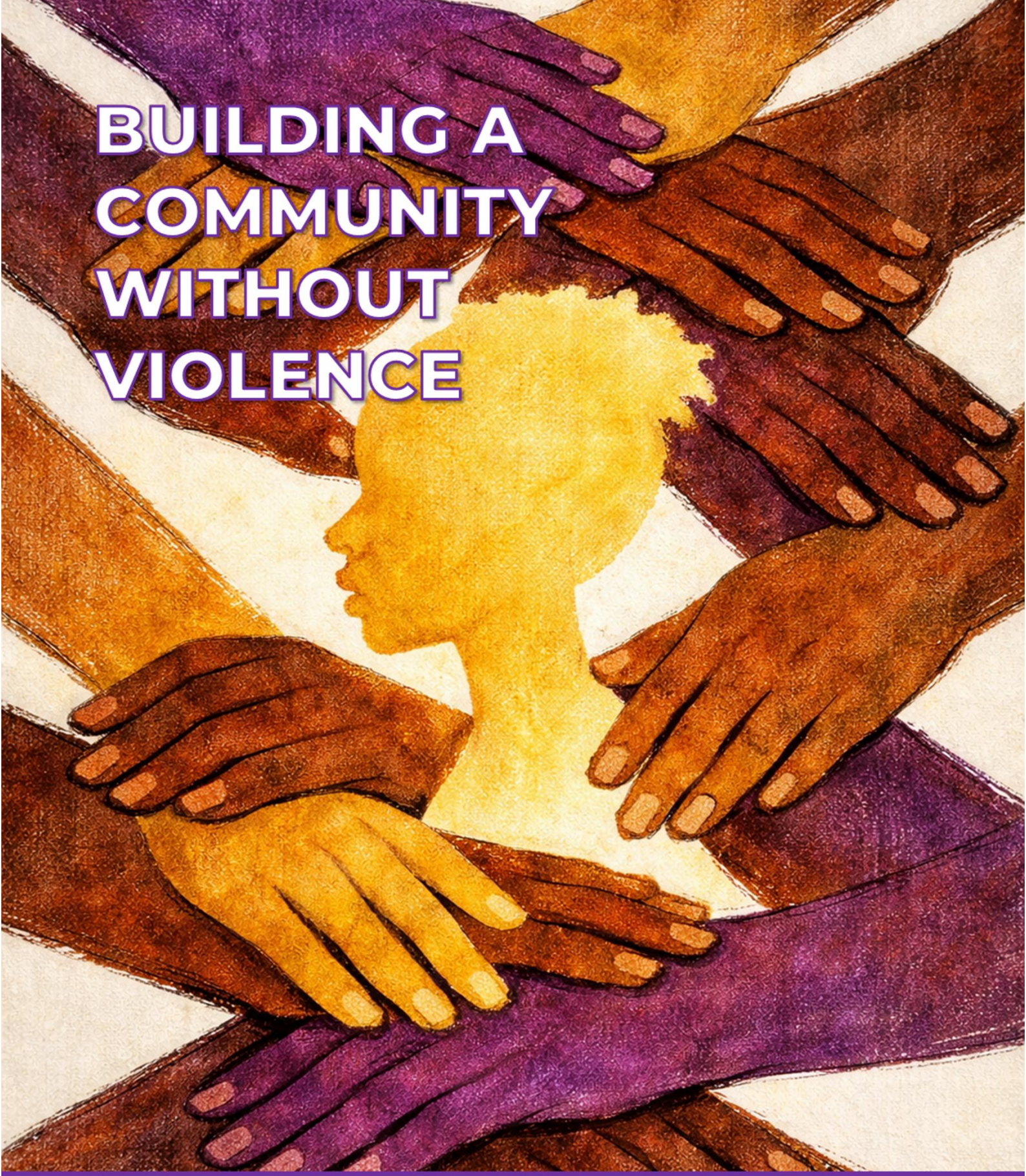

BUILDING A COMMUNITY WITHOUT VIOLENCE

A Toolkit For Community-Based Prevention and Response to Sexual and Gender-Based Violence (SGBV)

Developed by

Teenseed
Nurturing seeds of greatness

Supported by

OXFAM

Foreword

Sexual and Gender-Based Violence (SGBV) remains one of the most persistent and complex challenges affecting adolescent girls and young women in informal settlement contexts. While national policies and institutional frameworks exist, the first point of response is often at community level—among facilitators, community health volunteers, peers, and frontline programme teams.

In these settings, the difference between safety and further harm is often determined by the immediacy, quality, and appropriateness of the first response.

This toolkit has been developed to support that moment.

It is grounded in practical experience and evidence generated through community-based engagements, particularly within informal settlements where risks are shaped by overlapping social, economic, and systemic factors. It recognises that response does not happen in ideal conditions. Instead, it happens in environments where systems may be weak, trust may be limited, and decisions must often be made quickly.

This resource is designed to provide clear, actionable guidance that can be applied in real-world situations—while upholding the principles of safety, consent, confidentiality, and dignity.

Acknowledgements

This toolkit has been developed through the contributions of community facilitators, programme teams, and partners who continue to engage directly with survivors and at-risk populations.

We acknowledge the role of community members who shared their experiences and insights, which have informed the approach and structure of this resource.

We also recognise the support of implementing and technical partners who contribute to strengthening response systems and expanding access to safe services. A special thanks to Oxfam Kenya, for the continued support in the organizational development of Teenseed, and for facilitating this project.

About Teenseed

Teenseed is a women-led organisation working to improve the safety, wellbeing, and life outcomes of adolescent girls and young women. Through our programmes, we focus on prevention, response, and long-term support systems that address Sexual and Gender-Based Violence (SGBV), education access, and empowerment.

We work closely with communities, local actors, and partners to develop context-specific approaches that reflect lived realities. Its interventions prioritise survivor-centred care, safe referral pathways, and strengthening community-level capacity to respond effectively.

This toolkit is part of Teenseed's ongoing effort to translate field experience into practical tools that can be used by frontline actors.

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This toolkit is intended for use by community-based organisations, facilitators, and programme teams working on SGBV prevention and response. It may be adapted for non-commercial use within programmes, provided that the content is not altered in a way that misrepresents its intent and that Teenseed is clearly credited as the original source.

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Table of contents

Introduction 1

Purpose, Scope and Context 1

How to use this toolkit 2

Guiding principles for response 2

The 60-second response 3

Rapid-response guide 3

Step-by-step Response Protocol 3

Step 1: Receiving or identifying a case 3

Step 2: Assessing immediate safety risk 4

Step 3: Obtaining informed consent 5

Step 4: Medical response and urgency 6

Step 5: Psychosocial support 6

Step 6: Safe reporting and referral 7

Step 7: Protecting yourself (responder safety) 8

Step 8: Safety planning 9

Step 9: Documentation and evidence 9

Step 10: Follow-up and continuity of support 10

Special response considerations 11

Long-term support and reintegration 11

Community prevention and risk reduction 12

Alignment with policy and legal frameworks 12

Tools and Templates 13

Introduction

Purpose, Scope and Context

This toolkit provides a structured, practical guide for community-based response to Sexual and Gender-Based Violence (SGBV) among adolescent girls and young women in informal settlement contexts. It is designed for facilitators, community health volunteers, safe house staff, and programme teams who are often the first point of contact when incidents occur.

Our approach is grounded in evidence generated through participatory engagements in Kiambiu, where SGBV is shaped by a combination of social, economic, and systemic factors. Violence occurs across public and private spaces, often following predictable patterns. Cases are frequently diverted away from formal justice systems through informal settlements, particularly at Chief and Nyumba-Kumi level. Survivors delay disclosure due to fear, stigma, and risk of retaliation. Drug-facilitated assault is increasingly used, and high-risk locations such as social gathering points and gang-controlled spaces create environments where violence is normalised.

At the same time, survivors are not passive. Girls make decisions based on survival, protection, and access to resources, even when those decisions expose them to risk. This requires a response approach that recognises agency while addressing vulnerability.

This toolkit therefore combines step-by-step response guidance with contextual explanation. It is intended to support immediate action, strengthen safe referral pathways, and improve consistency in response while remaining adaptable to real-life conditions.

How to use this toolkit

This resource is structured to be used in real-time response situations as well as in training and planning contexts. The step-by-step protocol forms the core of the toolkit and should be followed sequentially in most cases, while recognising that some situations may require adjustment based on urgency and risk.

Each step includes a short explanation of why it matters in this context, followed by clear actions. Where necessary, decision points are included to guide responders through complex situations.

Facilitators and programme teams can also use the toolkit to train community actors, standardise response approaches, and strengthen coordination with trusted service providers.

The toolkit should not be used as a substitute for professional services, but as a guide to ensure that survivors are supported safely and linked to appropriate care.

Guiding principles for response

All response actions are guided by principles that reflect both ethical standards and the realities observed in the field.

Survivor safety is the first consideration at every stage. In contexts where perpetrators may be known, organised, or embedded within the community, even small breaches in confidentiality can lead to harm. Actions should always be assessed in terms of whether they increase or reduce risk.

Confidentiality must be maintained consistently. Information should only be shared with individuals directly involved in providing support, and only with the survivor's consent.

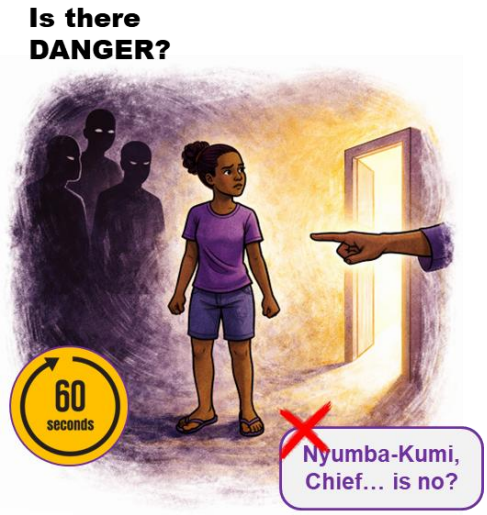
Consent is central to all engagement. Survivors often delay disclosure because they feel they have lost control. Providing clear options and allowing them to decide what happens next is part of restoring that control.

A do-no-harm approach should guide all interactions. This includes avoiding blame, limiting unnecessary questioning, and recognising that pushing for action, including reporting, can lead to withdrawal from support.

Response should **prioritise trusted and effective pathways**. The findings from Kiambiu show that some formal structures at community level may compromise cases, delay justice, or expose survivors to further harm. Decisions should therefore be guided by safety and effectiveness rather than hierarchy.

The 60-second response

Rapid-response guide



Check Safety:

- Is he/she in danger right now? If yes, move them to a safe house or a trusted partner immediately. Do not assume her home is safe.

Check Time:

- Did it happen within the last 72 hours? If yes, get to a clinic NOW for PEP and emergency care.

The "No-Go" Rule:

- Never send a survivor to the Chief or Nyumba Kumi to "settle" a case. They have no role in the pathway. But they can assist you to get to police or medical assistance.

Golden Rule:

- You are a bridge to safety, not a police/DCI officer. Listen more, ask less.

Step-by-step Response Protocol

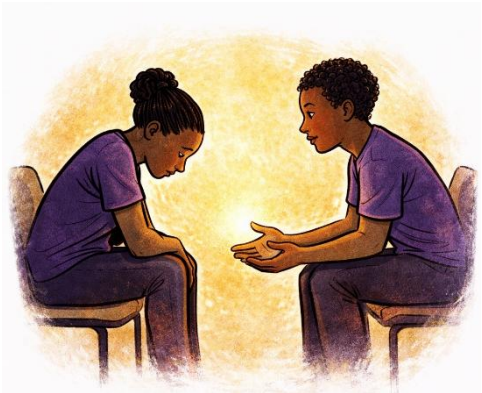
Step 1: Receiving or identifying a case

Survivors rarely disclose in formal settings. In many cases, disclosure happens in informal conversations with peers, CHVs, or trusted adults. The way this moment is handled determines whether the survivor continues to seek support.

The initial response should focus on creating a safe environment and establishing trust. Survivors may be hesitant, unsure, or afraid of consequences, especially where previous cases have been suppressed or mishandled.

Actions:

1. Move to a private and safe space
2. Listen without interruption
3. Allow the survivor to speak at their own pace
4. Reassure the survivor that they are safe and supported



Facilitator Note:
Silence is common at this stage. Avoid filling it with questions. Giving the survivor time to speak helps build trust.

To prevent common mistakes that cause survivors to shut down. Some questions sound like blame. If he/she feels judged, she will stop talking and the chance to help is lost.

What to Say (and Avoid)

Do say:

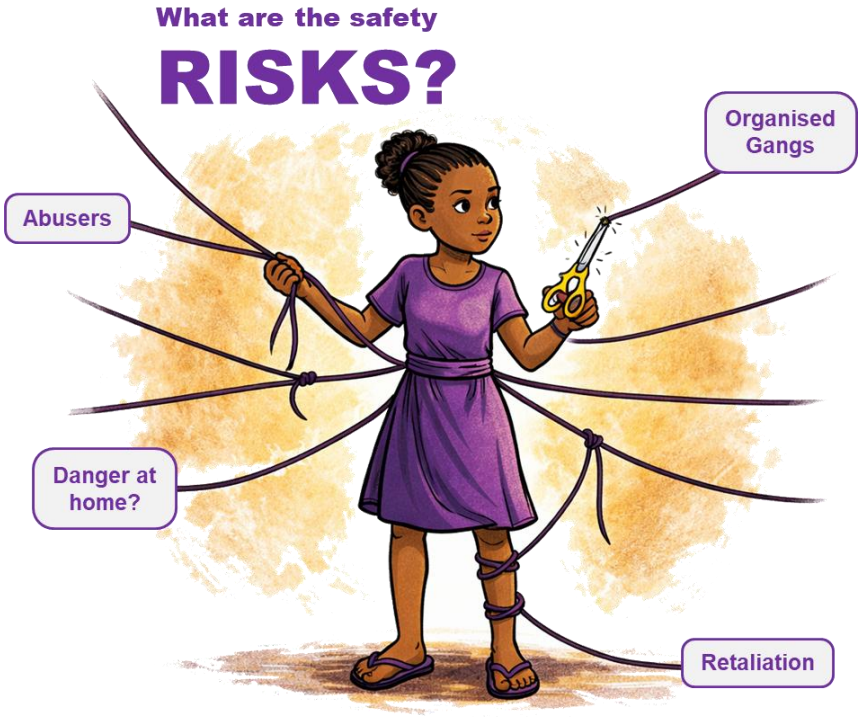
- "I believe you," "This is not your fault," and "You are safe here".

NEVER ask:

- "Why were you there?", "Why didn't you shout?", or "Are you sure?".

Step 2: Assessing immediate safety risk

In Kiambiu, perpetrators are often known and may be part of organised groups, gangs or community networks. Survivors may be at risk of immediate retaliation, particularly if the incident has been witnessed or reported informally.



This step ensures that safety is prioritised before any further action is taken.

Actions:

1. Assess whether the survivor is currently safe
2. Determine if the perpetrator is nearby or has access to the survivor
3. Identify risks of retaliation from individuals or groups

Decision Point:

If there is immediate danger:

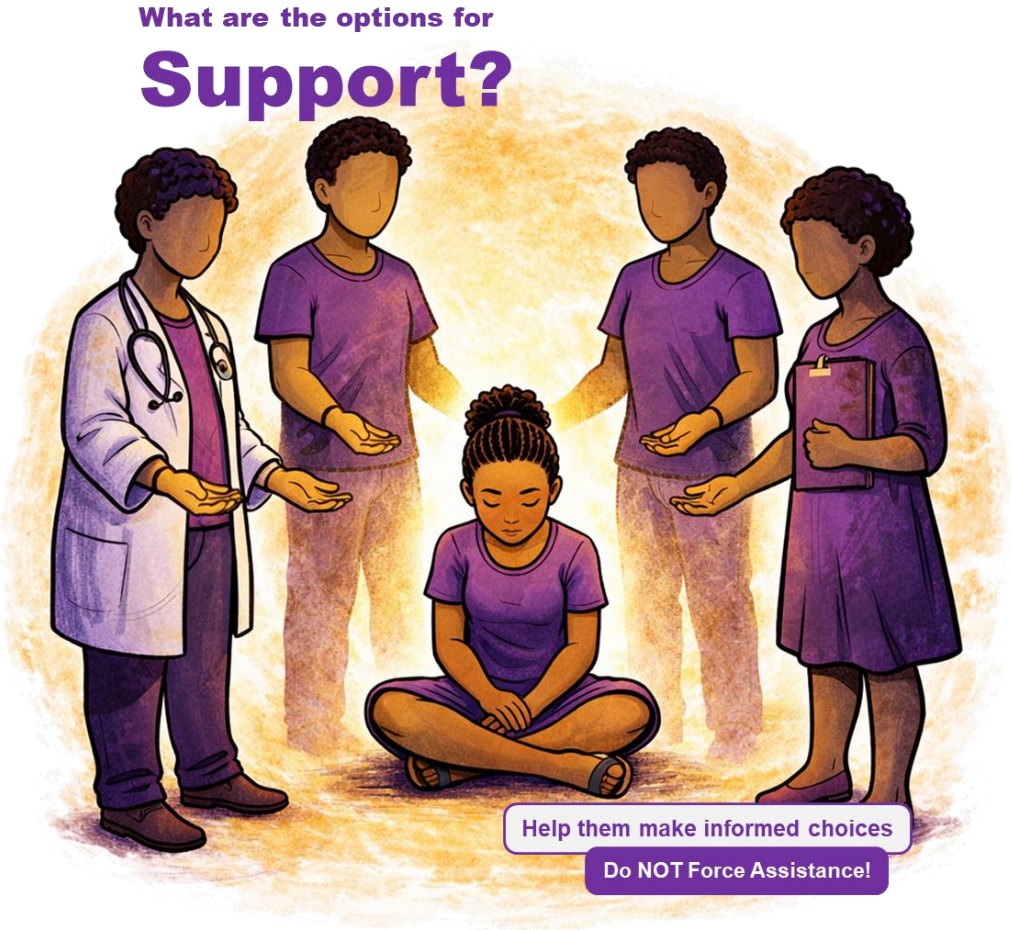
- Remove the survivor from the location immediately
- Relocate to a safe house or trusted safe space
- Engage trusted partners for support

If there is no immediate danger, proceed to the next step

Facilitator Note:
Do not assume the home is a safe place. Our reports show that many cases occur within households, including step-parent abuse. Secondly, if you are unsure what to do, prioritise safety and reach out to a trusted partner before acting.

Step 3: Obtaining informed consent

Survivors often feel that decisions are made for them by families, communities, or authorities. This step restores agency by ensuring that the survivor understands available options and chooses what happens next.



Consent should be ongoing. A survivor may agree to one form of support and decline another, and these decisions should be respected.

Actions:
1. Explain available support options clearly
2. Ask the survivor what they want
3. Respect their decisions, including the decision not to report

Facilitator Note:
Avoid presenting options in a way that pressures the survivor toward a specific choice. The goal is informed decision-making, not persuasion.

Step 4: Medical response and urgency

Our report highlights delayed reporting and frequent loss of evidence to be widespread. In most cases survivors are not aware that medical intervention within 72 hours is critical for both health and legal outcomes.

Drug-facilitated assault further increases urgency, as substances leave the body quickly and survivors may have limited recall.

Actions:

1. Determine when the incident occurred
2. If within 72 hours:
   - Refer immediately to a trusted health facility
   - Support access to PEP, emergency contraception, and STI care
   - Facilitate forensic documentation (P3 form)
3. If beyond 72 hours:
   - Refer for medical check-up and ongoing care

Facilitator Note:
Explain urgency calmly. Avoid creating panic, but ensure the survivor understands why immediate care is important.

Step 5: Psychosocial support

Survivors often experience fear, shame, and isolation. In the Kiambiu context, stigma and community pressure can discourage disclosure and reinforce silence.

Psychosocial support at this stage focuses on stabilisation and reassurance rather than detailed counselling.

Actions:

1. Reassure the survivor that the violence is not their fault
2. Validate their feelings without probing
3. Offer referral to counselling or safe spaces

Facilitator Note:

Avoid asking for detailed descriptions of the incident unless necessary. Recounting events repeatedly can increase distress.

Step 6: Safe reporting and referral

Our findings demonstrates that many cases are diverted through informal systems, particularly at Chief level (or Nyumba-Kumi), where they are settled for cash or suppressed. Survivors and families often distrust formal systems due to previous experiences.

This step focuses on identifying safe and effective pathways rather than defaulting to formal hierarchy.

Actions:

1. Identify trusted service providers (e.g. Teenseed, SHOFCO, MSF, Wangu Kanja Foundation)
2. Avoid reporting through known unsafe or compromised channels
3. Support the survivor in deciding whether to report
4. Provide accompaniment where possible

Decision Point:

If the survivor wants to report:

- Support formal reporting through trusted pathways
- Ensure medical documentation is included

If the survivor does not want to report:

- Respect the decision
- Continue safety planning and support

Facilitator Note:
Do not direct survivors to Chiefs, Nyumba-Kumi or informal settlement systems for SGBV cases. These have been identified as major barriers to justice. They have no part to play in the legal resolution of any incident through the judicial or criminal justice system.

Who to Call & Why
Medical (Emergency - Under 72 Hours):

- Go straight to the nearest hospital or MSF for PEP, pregnancy prevention, and the P3 form.

Safe Shelter:

- Contact Teenseed or SHOFCO if survivor cannot go home safely.

Legal & Police:

- Use KIJIN or Wangu Kanja Foundation for legal aid.
- Go to the Police Gender Desk if a trusted partner is walking with her.

Street Rule:

- The closest clinic isn't always the best. Choose the one you trust to keep her details private.

Trusted Pathways

Name	Contact	Service/Support
Teenseed	0202727540	SRHR, Response, Shelter
SHOFCO	+254 716 132547	SGBV Response
KIJIN	+254 701 558433	Legal
MSF	+254 708 724549	Medical
Biafra Health Centre	+254 722 455861	General Medical
Verified police contacts	Major Sila Kiambiu Police toll-free numbers 999, 112, and 911	

Step 7: Protecting yourself (responder safety)

Informal settlements such as Kiambiu can be dangerous. Don’t let your desire to help put you at risk.

Don't go alone: If moving a survivor from a gang-controlled area, always have a partner.

Keep it quiet: Do not confront perpetrators or post about the case on social media.

Know when to wait: If a situation feels "off" or a gang is involved, call for backup from a senior partner before moving in.

Avoid sharing case details casually, even with colleagues who are not directly involved.

Step 8: Safety planning

Survivors often remain in the same environment where the incident occurred. This increases the risk of repeat violence or retaliation.

Safety planning helps the survivor identify ways to reduce risk and navigate daily life more safely.

Actions:

1. Identify safe places the survivor can go if needed
2. Identify trusted individuals they can contact
3. Develop a plan for avoiding known hotspots and high-risk situations
4. The 'Code word': Agree on a simple word the survivor can text you if the perpetrator shows up at her door.

Facilitator Note:

Hotspots identified in the technical report should inform safety planning. These include social gathering points (ice-cream spots), gang-controlled areas, and locations associated with grooming.

Step 9: Documentation and evidence

Kenya's legal framework places emphasis on evidence, including medical and forensic documentation. The Sexual Offences Act also recognises the importance of preserving evidence and securing crime scenes.

At community level, documentation must balance usefulness with confidentiality.

Actions:

1. Record basic case information (date, location, type of incident)
2. Avoid recording identifying details unless necessary
3. Store records securely

Facilitator Note:

Do not take photos or share information without explicit consent. Documentation should never compromise safety.

DO NOT MESS THIS UP:

- **No WhatsApp:** Never share names or photos of survivors over WhatsApp groups.
- **Clear Your Phone:** Do not store case details on your personal phone where others might see them.
- **Privacy = Life:** In a small community, a leaked name can lead to retaliation.

Step 10: Follow-up and continuity of support

Initial response is only the beginning. Survivors require ongoing support, particularly where risks remain or services are difficult to access.

Follow-up helps ensure that referrals are completed and that the survivor remains safe.

Actions:

1. Follow up within 24–48 hours
2. Conduct regular check-ins
3. Adjust support based on evolving needs

Facilitator Note:

Follow-up should be consistent but not intrusive. Survivors may need space.

Special response considerations

Long-term support and reintegration

Our findings highlight education as a central concern for survivors. Many girls drop out of school due to pregnancy or trauma and express a strong desire to return.

Long-term support should therefore focus on reintegration and stability.

Actions:

1. Support return to school where possible
2. Link survivors to bursaries or sponsorship programmes
3. Connect to economic support where needed

Facilitator Note:
Reintegration reduces long-term vulnerability. Without it, survivors often return to the same risk environment.

Drug Facilitated Assault
Drug-facilitated assault requires urgent referral and careful documentation due to limited recall and rapid loss of evidence. Survivors may be unsure of what happened, and responders should treat such cases as high priority.

Cases involving boys require sensitivity, as stigma often prevents disclosure. Confidential handling is essential to avoid further harm.

Where families are complicit or unsafe, responders should prioritise alternative support structures. In several cases documented in our findings, families silenced survivors or negotiated settlements.

Community prevention and risk reduction

Prevention efforts should focus on patterns identified in the technical report. These include known hotspots, peer influence dynamics, and economic drivers.

Engaging boys and young men is critical. Girls themselves identified the need to involve “ring leaders” and influencers within peer groups. Addressing behaviour at this level can reduce risk across the wider community.

Seasonal risks, particularly during school holidays, should inform planning. Increased travel and reduced supervision create periods of heightened vulnerability.

Community mapping of risk areas and behaviours should be conducted regularly and used to guide interventions.

Alignment with policy and legal frameworks

This toolkit aligns with Kenya’s national policy framework on SGBV, which emphasizes access to comprehensive services, coordination across sectors, and enforcement of laws.

The Sexual Offences Act provides the legal basis for offences and outlines the importance of evidence and survivor protection.

The SGBV Strategy (2023–2030) highlights the need for trauma-responsive systems and improved access to justice.

Community-based response plays a role in strengthening these systems by improving early response, reducing delays, and supporting survivors to access appropriate services.

Tools and Templates

Case Intake Form

No	Location	Type of Incident	Immediate risk? (Y/N)	Actions Taken
1				
2				
3				
4				
5				
6				
7				
8				
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11				
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14				
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Incident Log

No	Case ID	Incident Summary	Date	Follow-up date
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2				
3				
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