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From pilot project to toolkit: using lessons learned from a comprehensive university campus sexual violence activity in Kenya

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Abstract

Sexual- and gender-based violence (SGBV) is a widespread and under-reported international human rights violation. It is more pernicious than other forms of societal violence because it stigmatizes and marginalizes people. Efforts to address SGBV at African universities have been limited and not comprehensive. Like other campuses, Moi University in Kenya has a serious problem of sexual misconduct. With support from a Kenyan nongovernmental organization and an American university, Moi University launched a pilot project, End Violence on Campus (EVOC), to test a comprehensive and low-cost intervention which was mainly student-led. Activities included establishing an EVOC Club to prevent SGBV, setting up support services, surveying second-year students, and holding student-staff policy dialogues. Although the EVOC Club won a university award and achieved gender equality in membership, the project had numerous challenges. Key lessons learned were as follows: (1) Student organizations need structured tools and support; (2) offering active bystander training and warnings to incoming students are essential; (3) while male students were the main perpetrators, food-insecure students are the most vulnerable to harassment from adults, such as lecturers; (4) monitoring via extensive annual surveys was cumbersome; and (5) achieving lasting change in survivor services required oversight and integration into existing structures. These lessons and other best practices informed the development of the Reduce-to-End Violence on Campus (REVOC) Multimedia Toolkit for use at universities in Kenya and elsewhere. The toolkit, a free downloadable resource, provides a step-by-step framework for SGBV project implementation that includes short videos, training curricula, and brief survey instruments.

Keywords Sexual- and gender-based violence, Prevention, Intervention, Survivor services, University campus, Kenya

Background

Sexual- and gender-based violence (SGBV) is a serious, widespread, and largely underreported human rights violation. Despite some progress in introducing laws against SGBV and changing norms, SGBV continues to be a major problem in homes, workplaces, religious institutions, and schools worldwide [1, 2]. The violence starts early, with 24% of female adolescents aged 15–19 years globally reporting that they experienced some form of SGBV [3]. Studies suggest that SGBV tends to be highest in countries with oppressive poverty, gender inequity, and norms sanctioning violence to resolve household conflicts or maintain discipline [3–5]. In sub-Saharan

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Africa, SGBV has been documented at all socioeconomic levels, indicating that poverty reduction alone will not end violence [6].

While all types of violence (political, religious, and social) can have severe short-term and long-term effects, SGBV is more pernicious because it stigmatizes and marginalizes those who experience it [7]. In contrast to other forms of violence, SGBV mostly happens in intimate spaces unseen by the public, and victims are predominantly women or LGBTQI people known to the attacker [8–10]. Despite being pervasive, SGBV is rarely a journalistic topic—it lacks war correspondents—and many Africans consider it a private matter [11–13]. Furthermore, while the victims of other forms of violence are generally considered heroes or martyrs, SGBV victims are often shamed, blamed, and shunned. Some internalize the belief that they were partially or fully responsible for what happened [14]. Another difference relates to the police, who aim to arrest and imprison perpetrators of violent crimes but traditionally avoid getting involved in domestic disputes [15–18] or SGBV on campuses [19–21].

Ultimately, SGBV is a mechanism for the more powerful to maintain the status quo and control the disadvantaged or vulnerable [22]. It is frequently misconstrued as the result of men's inability to manage anger or sexual desires, having been provoked by the victims' attire or behavior [23]. When victim-blaming is rampant, survivors usually suffer in silence, with few consequences for the perpetrators—and so the cycle continues [24, 25].

In this paper, we will first discuss the contributors to SGBV on African university campuses and the paucity of interventions to reduce SGBV at African universities. Next, we will describe a student-led, low-cost pilot project at Moi University in Kenya to end SGBV, including its successes and challenges. Lastly, we will explain how the lessons of the pilot project informed the creation of a multimedia toolkit to reduce violence on university campuses. This toolkit, which is publicly available, has a step-by-step approach that can be used for launching campus SGBV intervention projects in Kenya universities and elsewhere.

SGBV on African university campuses

Globally, SGBV on university campuses is rampant [21, 26]. During their college years, it is estimated worldwide that 10.3% of female and 3.1% of male undergraduates have been sexually assaulted at least once [26]. In sub-Saharan Africa, studies suggest that the rates are far higher. For instance, 36% of female students at Wolaita Sodo University in Ethiopia reported experiencing sexual violence since enrollment [27]. Similarly, 58% of female students from four universities in South Africa reported experiencing SGBV during their time on campus [28].

SGBV proliferates on African university campuses due to numerous factors. At the systems level, a lack of comprehensive and transparent policies and procedures, inadequate training of staff in how to respond to incidents, a culture of victim-blaming, poor reporting and investigatory mechanisms, and university administrators' avoidance of the issue can perpetuate the cycle of violence on campuses [29, 30]. Some university administrators in Africa consider preventing SGBV as peripheral to their academic mission, a taboo subject, or a contentious issue that involves confronting prominent faculty, staff, or student leaders who may be perpetrators [30, 31]. Security personnel at the campus may blame the victim, be dismissive or intimidating, or further harass and assault students [32].

At the individual level, many survivors do not report SGBV because they do not know how and where to report [17, 33], the perpetrator is known to them [34] and they worry about confidentiality [19, 35], they are not sure what constitutes rape [36, 37], they lack evidence or a weapon [38, 39], or they were consuming alcohol or drugs when the abuse occurred [31, 40]. Research conducted at six Kenyan universities found that students felt helpless upon experiencing SGBV because administrators were not supportive [33]. Despite universities' written policies on sexual harassment [31], students had difficulties getting their universities to follow through on investigations and actions to appropriately address and punish perpetrators [31, 41]. When they sought support or guidance, students reported that campus staff were unhelpful or unapproachable [42]. Campus health service providers are often judgmental and not supportive, in part because oversight is scant, contributing to students' fear of institutional betrayal [43].

Unequal power and gender dynamics among students and with university staff are another important contributor to SGBV in African universities [31, 42]. Gender disparities in enrollment contribute to vulnerability, as females generally constitute only 30–40% of African universities' student population [44, 45]. Rigid gender norms of masculinity and victim-blaming impede young people's effective use of sexual healthcare and counseling services, especially after experiencing SGBV [30, 31, 42]. Moreover, it has been found that female students with limited or no financial support are more likely to experience SGBV [28]. Students may feel pressured to give sexual favors in exchange for grades, food, or other necessities [28, 42].

The popular belief in Africa that rape is generally perpetrated by a stranger, rather than by a friend or acquaintance, also can lead to SGBV [46, 47]. Incoming, naïve,

disabled, or impoverished students are often manipulated into unwanted sex through deception, blackmail, and intimidation by people they know—particularly by older students, faculty, and security guards [10, 46, 48]. Prevailing gender norms may prevent individuals from telling anyone about their experiences or understanding them as violent [21, 32].

Overall, it is estimated that SGBV is seriously underreported on most university campuses—throughout Africa and worldwide—which contributes to few prosecutions and many survivors not availing post-assault services [32, 49].

Need for interventions to prevent campus violence

Although SGBV historically has not received much attention by university administrators globally, there is growing recognition that reducing SGBV among young people could prevent long-term negative health outcomes, including the transmission of sexually transmitted infections (STIs), unwanted pregnancies, substance abuse [21, 31], depression [21], post-traumatic stress disorder, and suicide [50, 51]. Moreover, SGBV may contribute to poor academic performance and widen gender disparities in subsequent employment, as shown in studies in various African countries [21, 42]. Survivors may be unable to concentrate on their studies and may skip classes or leave the university altogether to avoid seeing the perpetrator [46, 52]. All students — especially those who have a limited understanding of sexual and reproductive health (including using contraceptives) — need to be able to communicate effectively to be able to elicit and give consent for sexual activity, which in turn reduces the incidence of violence [53]. Implementing a prevention program on a university campus has the potential to disrupt subsequent SGBV and non-intimate partner relationships that may contribute to chronic physical, mental, and reproductive health consequences [35].

To prevent SGBV and assist survivors, researchers have called for comprehensive, multifaceted, student-centered approaches [3, 4, 13, 15]. Ideally, prevention activities would focus on potential perpetrators, bystanders, and university structures which perpetuate victim-blaming and inhibit accountability. Additionally, the provision of quality care and support to survivors is essential for helping survivors to heal, avoid repeat victimization, and get justice if desired [52]. Raising awareness among women without acknowledging that people of all genders face trauma, and not increasing skills to monitor and intervene, is unlikely to be effective [54]. Engaging all genders in preventing violence and promoting gender equity is imperative.

A comprehensive approach to addressing SGBV on university campuses requires the collaboration and engagement of students, faculty, administration, and campus health services. Students generally lack forums to share issues affecting them and to be heard by administrators in key offices, who sometimes are uncaring or unsuitable [35]. Students aged 18–24 in 92 colleges in Tanzania, Zambia, and Eswatini felt that effective SGBV prevention entailed learning about gender equality and human rights, training to be active bystanders to those affected by violence, obtaining help for survivors, and understanding SGBV's effects [4]. Others noted that educational institutions need programs that challenge harmful gender stereotypes, strengthen interpersonal skills, and promote relationships based on equality and consent [46].

Prior interventions in Africa to prevent campus violence

Despite general awareness of the problem of SGBV at African university campuses, very few interventions have been implemented to stem violence. A 2017 review of secondary and tertiary interventions to prevent violence against women in lower-income countries did not find any programs for university campuses [55]. The researchers lamented the weak evidence base in general for SGBV interventions. They did note that targeting alcohol use might have value as both primary and secondary prevention, and psychotherapy for survivors of non-partner sexual violence might serve as tertiary prevention [55]. A 2023 systematic review of all interventions to prevent SGBV in sub-Saharan Africa found none for university campuses, although it did find nine based in primary or secondary schools [56]. Of these programs, three were for female students only, one was for male students only, and five involved both genders. There was a strong focus on building awareness about sexual assault perpetration. All interventions had some impact on SGBV outcomes: three reported improved gender attitudes and six reported some reduction in physical or sexual violence [56]. Overall, interventions that engaged both genders were more likely to reduce SGBV.

While several African universities have assessed the extent of SGBV, few interventions to address SGBV have been documented. One recent effort to reduce SGBV at a South African university was Ntombi Vimbela!, which sought to improve communication between partners, promote gender equity beliefs, reduce rape myth acceptance, and improve students' ability to negotiate intimate relationships [57]. A year after the intervention—comprising 10 educational and skills-building sessions—participants indicated that they felt more empowered to negotiate risky situations and were more likely to support gender equity. Students also reported improved self-esteem and ability to communicate [57]. Another project occurred in Ghana, where researchers from the University of Michigan collaborated with Ghanaian colleagues to adapt a preexisting American university intervention,

Relationship Remix, for use at the University of Cape Coast [35]. Through careful beta testing, the resulting program, Relationship Tidbits, seemed culturally relevant to Ghanaian university students. In view of the dearth of interventions at African universities, the researchers recommended that universities network and share best practices, lessons learned, and resources [35]. The main objective of this paper is to provide lessons learned from an intervention in Kenya, along with a toolkit available to anyone contemplating launching their own program.

Description of pilot project

In 2017, Moi University (MU) in Eldoret, Kenya, made national news when two security guards were charged with raping a first-year student in her university hostel [58]. Despite the university's written policies on sexual misconduct, minimal effort had been made to curb SGBV [59]. The MU Student Council called upon the university administration to ensure student safety, not just in student hostels but also within the institution at large, but little was done. Hence, when MU was approached by the Centre for the Study of Adolescence (CSA) in Nairobi and the University of California at Los Angeles (UCLA) Bixby Program to collaborate on a SGBV project, campus authorities were receptive.

The goal of the pilot project was to develop and test a low-cost, feasible, and student-led model of prevention, monitoring, and survivor services. This project was called *End Violence on Campus (EVOC)*—a gender-neutral term proposed by the UCLA Bixby Program to appeal to all students. Its methodology was collaborative and participatory, involving university students in the development and implementation of strategies, as well as in the pretesting of the baseline assessment instrument. To address SGBV comprehensively, EVOC had three main components: primary prevention, support services for survivors, and monitoring of students' SGBV knowledge and experiences. Once the project was underway, the implementers added policy dialogues, particularly to make campus health services more youth-friendly and the reporting process more transparent. From the beginning, student leaders actively participated in conceptualizing key elements of EVOC.

Prevention

At the core of EVOC was the creation of the EVOC Club, led by female and male students, with a MU sociology professor as its patron (advisor). The club was intended to be a safe space for students to learn, share experiences, and get support. The club's main functions were to organize trainings for MU students, lead a SGBV session at first-year students' orientation, develop support groups for different categories of survivors (e.g., student mothers, LGBTQI), assist in data collection, and engage in other activities to raise awareness and seek solutions.

About 75 students from all 4 academic years joined the EVOC Club, eight of whom (four females and four males) served in various leadership positions. The top two leaders (chairperson and vice chairperson) received small stipends. During its first 18 months, the club raised awareness about SGBV through meetings with campus administrators, participating in campus walkathons, disseminating a brochure about SGBV, and educating incoming students during first-year orientation by collaborating with the university Drama Club to put on skits about the need for consent and how to be an active bystander.

In addition, the EVOC Club organized several 3-h trainings on Saturday afternoons, facilitated by a UCLA faculty member, to learn about various aspects of SGBV and sexual and reproductive health (SRH), build skills on being an effective bystander, and understand how to identify and end toxic relationships. The EVOC Club leadership and the faculty member agreed on the topics. Before commencing each training, the students approved of ground rules which included confidentiality and mutual respect. They were told that participation in any exercise was strictly voluntary. During one of these trainings, students were given slips of paper to record anonymously an SGBV incident that occurred to themselves or a close friend. If they chose to participate, they were told that they should not record any identifying or personal information that they would not want to be shared openly with others. The papers were next shuffled and read aloud, so students could discuss the type of SGBV represented and what could be done to prevent it or mitigate its effects. These SGBV experiences, shared by male and female students, revealed several troubling incidents occurring at or near the MU campus (see Table 1). Students reported afterwards that this exercise helped them to appreciate that anyone (of any gender) could be victimized and increased their interest in SGBV prevention.

Other EVOC Club activities led by the students included creating banners and T-shirts with key slogans drawn from the training of club members (e.g., "See Something, Say Something, Do Something") for walkathons, publishing a student magazine, and participating in a radio program. Although they did not set up support groups, the club leadership (which included upper-level psychology students) sometimes assisted individual students who had been assaulted to get help. The club also organized a "Reproductive Health Week" that included health information, HIV testing, and a "fashion gala" centered on SRH rights. In 2019, the MU administration awarded the EVOC Club "Best New Student Organization of the Year." However, once the project funding

Table 1 Examples of anonymous SGBV experiences university students recorded during EVOC training

A friend was raped in the hostels by a guard just because he asked her for sex and the girl refused. He went to her room and raped her.
A friend was invited to a party with her male friend. She did not know that they were planning something with her friend's brother. On arrival, her friend pushed her into the house, and the brother of her friend raped her with assistance of some other guys.
She invited herself over. I said okay. She suggested watching a movie and later decided to stay over. In the middle of the night, she started acting suggestively. I wasn't for the idea but the man in me could not be held down. In the morning, she told her friends I forced her into sex and I am not even good at it.
In the past, I have witnessed four of my plot-mates [in a rented house] having to engage in sex with the caretaker due to late payment. They ended up having kids and [were told they would be] chased out if they disclose.
[My friend] had drunk too much and had limited options on where to sleep. She agreed to sleep at a friend's place. She asked the [male] friend (who also drank thereafter) not to have sex with her. But when they went back to his place, she got to bed, slept, and woke up to him inside her.
A lecturer was giving candy/money to a female student to impress her.
A friend broke up with a girl, and the girl still texts him. It is getting uncomfortable.
A friend of mine was attacked by some of his classmates on his way home from school.
A friend of mine took a lady to a club and bought her alcohol. Then she became drunk. He took her to his house and demanded sex from her.
This male friend of mine went to a house party. Later in the night, he went to the next room to rest and then was given a shot which sadly was spiked (Viagra included). A group of four females then had sex with him and left.
A female friend, first year, was raped by rugby players in the rugby field after the match, in the name of celebration because they had won a trophy.
Someone created a fake Facebook account to follow up on my stories.
My friend had sex with his partner, and then, afterwards, he realized someone video-recorded them. It went viral on the social media. The lady…hung herself.

ended, the EVOC Club faltered, and activities were not sustained. The main reasons were: the club leadership graduated and was not replaced, COVID-19 led to MU being closed for nearly a year, the administration did not continue to provide support for trainings and activities, and the club lacked tools and guidance.

Survivor services

In planning EVOC, MU student leaders discussed the paucity of support services such as trauma counseling for survivors. University counselors focused solely on academic performance. Health center staff addressed physical and sexual trauma, but not psychological. Student leaders complained about the judgmental treatment of traumatized students at the university health center and the lack of confidentiality and respectful treatment for those seeking SRH services. Students did not like having to pay for transport and fees at outside clinics, which they felt compelled to do rather than risk being denigrated by university health center staff. They proposed having psychology lecturers provide students with trauma counseling, because some students already were asking them for help after class.

EVOC launched two major initiatives to aid students who experienced SGBV to discuss their trauma and learn their options. One initiative was to set up a CARE Counseling Service in an unused laundry room next to the health center. The project leadership team trained and provided stipends to several nurses and psychology lecturers to staff this room several afternoons per week. Unfortunately, despite training eight nurses and lecturers, only one lecturer was willing to serve as a CARE Counselor. The other lecturers and nurses did not explain why they chose not to serve. It was difficult for students to know when one counselor would be at the CARE Counseling Office, and the limited hours made it inconvenient. Also, students were concerned about the stigma of being seen accessing the counseling services.

The other initiative was an effort to make MU health services more youth-friendly, which included being trauma-informed. Even though the services were based on a university campus, there was no oversight or mechanism for student complaints. EVOC was able to secure spots for four MU nurses to participate in a 3-day training in youth-friendly services (YFS) delivery led by CSA. The EVOC team next led an assessment of the youth-friendliness of the health center by convening a focus group of students who had used MU health services, followed by a walk-through of the facility. This approach revealed numerous concerns. First, privacy and confidentiality at the health center were not respected. Students had to wait for SRH services in a specific area and through an open window could hear the nurse counseling students on sensitive matters like contraception. Second, the health center closed at lunchtime and from 5 to 7 PM, which meant that students often had to miss class to get services. Third, students complained that the staff were harsh, with traumatized students. If a female student who had been assaulted arrived in skimpy attire, she was told to come back in more modest clothing. Also, if

an assaulted student arrived with friends, they were not allowed to be with her during the examination and consultation. Lastly, when a student was assaulted and came for treatment, it was campus policy to notify the parents. Many students were terrified of their parents finding out that they had been drinking, sexually active, or were LGBTQI, so this policy discouraged them from getting help.

EVOC established a YFS Champions Committee composed of EVOC students and health services staff to discuss these issues and develop an action plan to improve service quality. One significant accomplishment was to halt the health center's employment of MU students to organize student's health files, which led to a breach in confidentiality. However, despite several meetings to review the action plan, the health center staff did not move forward on key recommendations, such as having a general waiting room (rather than students waiting directly outside specific services like HIV testing, which impeded confidentiality). Although the health services staff received training and supplies from the Ministry of Health, they were largely unsupervised and not motivated to make changes.

Monitoring

Because the MU campus lacked data on student experiences of harassment or assault, EVOC conducted a comprehensive baseline survey of second-year students. Second-year students were selected because incoming students are most vulnerable to abuse, and second-year students would still have strong recall of their entire first year on the campus. The expectation was that MU could rely on a biannual survey of second-year students to serve as an evaluation mechanism to monitor changes due to interventions like EVOC. The questionnaire surveyed students on the following: (1) their knowledge and beliefs regarding SRH, SGBV and campus policies; (2) their experiences of harassment, IPV, and assault; and (3) their experiences with campus health and social services.

The survey questionnaire was adapted from the Association of American Universities Campus Climate Survey on Sexual Assault and Sexual Misconduct [60] and was pre-tested with 18 EVOC members. To identify which students would be considered most vulnerable, EVOC members recommended querying about food insecurity, because students who regularly lacked food could be easily exploited. To capture this concept, the EVOC members suggested asking: "As a student at MU, have you ever gone to bed hungry because you could not afford food?" The response categories they suggested were as follows: (1) No; (2) yes, 1–7 times; (3) yes, 8–30 times; or (4) yes, most of the time. EVOC members believed that a person was food insecure if they answered (3) or (4), since many students on occasion ran out of money for food as they awaited funds from home. In addition, EVOC members were asked whether student living situations could also be an indicator of vulnerability. They stated that "pirating" (couch-surfing) could make someone vulnerable. However, EVOC members felt that this practice was fairly rare, was generally limited to male students, and was time-bound. Those who could not afford hostels or rentals would typically leave the university and return years later when they could afford housing.

Initially, EVOC planned to administer the survey online but found insufficient internet connectivity and computer availability to enable most MU students to access it. So EVOC pivoted to a paper-and-pencil format. EVOC Club leaders visited large classes consisting mainly of second-year students and invited them to take the survey. Those who agreed remained after class and completed the anonymous, self-administered questionnaire, which took 20–30 min. Altogether, 668 students completed the survey in November 2018. After removing those who were not second-year students, did not give information about gender or food insecurity which were needed for analysis of these variables, or only completed the first page of the survey, the final sample was 580 students. Data from the survey was entered into the computer, and bivariate chi-square analysis was conducted using SPSS version 30.

Of these second-year MU students who took the survey, 61% were female, and 39% were male (see Table 2). On average, students were 21 years old, with a range of 18–26. About 18% of students reported being food insecure, with males slightly more likely to be food insecure than females (21% vs. 16%, $p < 0.091$). The survey revealed that there were significant differences by gender and food insecurity. Regarding whether SGBV was a serious problem on campus, female food-insecure students were significantly more likely than other female students to agree (72% vs. 46%, $p < 0.003$). Nearly half of food-insecure female students felt they were very likely to experience sexual assault or misconduct, as compared to about one-quarter of other female students ($p < 0.001$). Lack of awareness about what happens when a student reports sexual misconduct was rife. Regarding SRH beliefs, male students were significantly more likely than female students to harbor the myths that victims usually provoked the sexual assault (38% vs. 20%, $p < 0.001$), and that rape accusations are often false (20% vs. 7%, $p < 0.001$). Misconceptions about contraception were common, with 62% of students believing that hormonal contraceptives can cause infertility or cancer and 39% believing that condoms have holes.

Table 2 University students' beliefs and experiences regarding SGBV and campus health services

	Male: not food insecure ($n=178$) %	Female: not food insecure ($n=298$) %	Male: food insecure ($n=48$) %	Female: food insecure ($n=56$) %	Total ($n=580$) %	χ^2	*p-value*
Beliefs about SGBV at university							
Believe sexual assault and misconduct are very much a problem here at the university	38.3	46.4	42.6	71.7	46.0	*20.1*	***.003***
Believe very likely to experience sexual assault and misconduct while a student here	18.2	26.8	29.8	44.2	26.0	*41.8*	***<.001***
Knows little or nothing about what happens when a student reports an incident of sexual assault or misconduct here	82.0	87.9	79.2	85.7	85.2	*24.6*	***.017***
Beliefs about sexual and reproductive health							
Think victims usually provoked the sexual assault	38.2	18.5	35.4	32.1	27.2	*53.2*	***<.001***
Think about half of rape accusations are false	19.1	7.7	20.8	5.4	12.1	*56.3*	***<.001***
Believe contraceptive pills or injections could cause infertility or cancer	55.8	68.1	52.8	57.5	62.1	*9.5*	*0.150*
Believe unexpired condoms have holes in them which render them ineffective	39.9	39.9	52.8	23.8	39.4	*9.6*	*0.144*
SGBV experiences							
Since arriving here at the university, ever been sexually harassed	28.1 ($n=50$)	36.9 ($n=110$)	51.2 (n = 25)	68.8 ($n=39$)	38.6 ($n=224$)	*29.3*	***<.001***
Of those who had been harassed:							
• Main sexual harasser was student	53.7	63.9	26.1	38.2	53.4	*39.1*	***.003***
• Main sexual harasser was faculty	3.7	10.2	0.0	20.6	9.1		
• Main sexual harasser was bodaboda*	5.6	5.6	4.3	2.9	5.0		
• Main sexual harasser was other adult**	37.0	20.3	69.6	38.3	32.5		
Since arriving here, ever been stalked	32.2	42.4	47.2	70.9	42.4	*20.7*	***<.001***
Since arriving here, ever had any forced or attempted forced sexual penetration	15.0	14.5	29.4	34.1	17.8	*12.9*	***.005***
Campus health services experiences							
Since arriving here, ever been in an intimate relationship	61.3	63.3	50.0	71.7	62.4	*4.4*	*0.226*
Ever visited the university health services for family planning counseling or methods, including condoms	23.0 ($n=41$)	15.3 ($n=46$)	31.6 ($n=15$)	14.0 ($n=8$)	18.9 ($n=110$)	*8.2*	***.041***
• Of those who used family planning services, would rate as fair or poor	51.6	54.3	63.7	80.0	56.1	*7.2*	*0.615*
Ever visited the university health services for STI or HIV test	44.3 ($n=79$)	39.7 ($n=118$)	33.3 ($n=16$)	52.4 ($n=29$)	41.7 ($n=242$)	*3.9*	*0.274*
• Of those who used STI/HIV services, would rate as fair or poor	46.6	45.1	46.2	40.9	45.3	*7.3*	*0.609*

Notes: *Bodaboda is a motorcycle taxi. **Other category includes security guards, cleaners, and strangers. For chi-square analysis, $p<.05$ is significant and bolded in the text

Concerning their SGBV experiences, food-insecure students were considerably more likely to have been harassed, stalked, or assaulted. About 51% of food-insecure male students and 69% of food-insecure female students reported that they had been sexually harassed, compared to 28% of males and 37% of females who were not food insecure ($p< 0.001$). There were striking differences among students about who did the harassing. Whereas students who were not food insecure were mainly harassed by other students (60%), food-insecure students were more likely to be harassed by faculty members or other adults (e.g., security guards, cleaners, and strangers)

(66%, $p < 0.003$)). Food-insecure students were also more likely to have been stalked and forced into sex, with some differences by gender. Food-insecure female students were significantly more likely than other female students to state that they had been stalked (70% vs. 42%, $p < 0.001$) and sexually assaulted (34% vs. 15%, $p < 0.007$), while food-insecure male students were slightly more likely than other male students to report that they had been stalked (47% vs 32%, $p < 0.091$) and considerably more likely to be assaulted (29% vs 15%, $p < 0.040$). Very few students informed anyone official of these experiences and received help they found useful.

Regarding use of campus health services, only 19% of students reported visiting the clinic for family planning even though 63% had been in an intimate relationship since arriving at MU. More than half (56%) rated the campus health services as fair or poor. Considerably, more students had visited the campus health services for an HIV or STI test (42%), of whom 45% rated these services as fair or poor.

In sum, the baseline survey revealed that about one-third of second-year MU students had already experienced some form of SGBV, with food-insecure students being more vulnerable. Students were the leading perpetrators of SGBV; however, food-insecure students were more likely to be harassed or assaulted by adults. Motorcycle taxi drivers, which had been believed to be serial SGBV offenders, were only reported as perpetrators by 5% of the respondents who had been sexually harassed. Students worried about being victimized in the future, but did not know the process for reporting. They also had very limited knowledge of SRH. Of those who had used campus health services, about half were dissatisfied. These results were discussed among EVOC Club members, shared in their newsletter, and became part of campus dialogues. However, the survey was not repeated because of COVID-19 campus closures, the end of project funding, and difficulty of implementing another large survey.

Lessons learned from EVOC pilot project

The EVOC project yielded some important lessons for future campus-based efforts in Kenya and elsewhere to reduce SGBV. To ascertain the lessons learned, the research team observed program activities, conducted a focus-group discussion with EVOC Club members, and conducted in-depth interviews with EVOC student leaders, health center staff, university lecturers who participated in the project, and administrators. Then the team reviewed the findings and agreed on what were the most salient issues that affected the project's performance.

Prevention

- *Importance of gender neutrality*: The EVOC Club appealed to a wide range of students because of its gender-neutral name, its trainings on issues of general interest (e.g., consent, toxic relationships, active bystander), and its leadership opportunities for all genders. In particular, through its marches and YFS champions activities, the club sought to counteract the common view that SGBV is a "female issue" and encouraged everyone to engage in activities that could make the campus safer.
- *Student clubs need structure and support*: While it is essential for university students to be at the center of prevention activities, an EVOC Club needs structure and support from gender experts within the university and an accessible toolkit of guidance and materials to train student activists, identify and launch priority interventions, and address systemic campus problems (like the lack of youth-friendly campus health services). Ideally, a club would have two patrons—from faculty and administration.
- *Students are the main perpetrators*: Although "sex for grades" and assaults by campus security guards make national news, most campus harassment and assault are from fellow students. Hence, activities focusing mainly on lecturers and staff, as has been the case with the Kenya #CampusMeToo movement [48], may be misplaced. Efforts to raise awareness about consent, toxic relationships, common scams, and how to be an active bystander could protect incoming students, who are the most vulnerable [61].
- *Budget for prevention is necessary*: Kenyan universities have strained budgets. Without some ongoing prevention funding, even a resourceful club will falter. A small budget for trainings, awareness activities, shirts and banners, and meeting expenses is necessary to sustain a club. A small stipend for club patrons and student leaders would also ensure that the club continues to get critical support.

Support services

- *Trauma-informed counseling needs to be institutionalized*: While more than one in six second-year MU students reported being forced into sexual acts, trauma-informed counseling was not available. Moreover, 85% did not know how to report sexual misconduct and what happens afterwards. Unfortunately, EVOC's approach of training and relying on psychology lecturers as trauma counselors was not workable or sustainable, so it would be better to build

on administrative staff who are already engaged in some kind of student counseling.

- *Campus health services can re-traumatize survivors*: EVOC learned that campus health services in Kenya are autonomous and largely unsupervised, which meant that unfriendly and outdated practices can prevail. SRH campus services were underutilized by students because confidentiality, privacy, and nonjudgmental treatment were lacking. Also, even trained nurses were reluctant to engage in trauma counseling, because they felt that it was not within the scope of their responsibilities [62, 63]. Offering comprehensive mental health services as part of standard campus health services is a new endeavor currently being pilot tested in two university campus in Kenya [64], and could be considered.
- *Students are eager to improve campus health services but need support*: Many EVOC members were excited to give their input on the campus's health services, to learn about their rights to youth-friendly services, and to participate in the YFS Champions Committee. Students would prefer to get vital services on their own campus instead of having to travel to outside facilities. However, without urging from university administrators or a steering committee, health services reforms were not implemented.

Monitoring

- *Comprehensive surveys are difficult to administer and analyze*: EVOC learned that an online survey for monitoring students was not feasible, so the team shifted to a self-administered paper survey, which was time-consuming to administer, analyze, and disseminate. It was also considered too difficult by administrators to conduct this kind of survey at regular intervals. Brief surveys might be more feasible.
- *A steering committee is needed to review and act on SGBV data*: Data can be analyzed and disseminated to build awareness, as was done in the EVOC Club newsletter. However, without a high-level student-staff committee charged with reviewing data and making policy recommendations to the Deputy Vice-Chancellor, data will not have much impact.
- *Reporting and investigation procedures must be transparent*: Not only did the survey reveal that MU students were unclear about their rights in reporting SGBV and getting justice but also EVOC found that even the Campus Gender Office was not certain about its responsibilities and had never launched an SGBV investigation. Moreover, the MU website had no information about the process for adjudicating results of investigations.

Development of the REVOC Multimedia Toolkit

The pilot project at MU informed the creation of the Reduce-to-End Violence on Campus (REVOC) Multimedia Toolkit [41], which is intended to assist universities in Kenya and elsewhere to engage in SGBV prevention, monitoring, survivor services, and policy reform. The development of the REVOC Toolkit was led by a consultant who compiled materials piloted in EVOC and developed some new content based on the lessons learned (see Table 3). The consultant met extensively via Zoom with EVOC project leaders from CSA and UCLA, EVOC Club student leaders, members of the YFS Champions Committee, and experts who had implemented SGBV university projects in Africa. Drafts of the toolkit were circulated to UCLA, CSA, and EVOC Club project leaders to obtain their input and edits. The goal of REVOC is to offer a low-cost, effective, and sustainable approach for reducing SGBV on university campuses.

The key elements of the REVOC approach are as follows:

- *Establish a REVOC Steering Committee* (including faculty, administration, and student leaders) that is responsible for REVOC implementation, scheduling, and training in accordance with university policies and will report to the Deputy Vice-Chancellor.
- *Set up a student-led REVOC Club* on each campus to engage in prevention activities including training of students, hosting awareness events, and leading support groups for survivors.
- *Train current academic counselors* to also be CARE Counselors, who can give support to traumatized students and help them plan their next steps, such as reporting.
- *Introduce a regular SGBV monitoring system* with very brief Google surveys, introduced every 3–4 months.
- *Improve campus SRH and trauma services* through the establishment of a youth-friendly services (YFS) Champions Committee and YFS checklist.
- *Streamline and make university SGBV policies transparent* through a REVOC Policy Taskforce to assist SGBV survivors to obtain justice and require all students and faculty to sign contracts to indicate they understand the policies.

Table 3 Incorporating EVOC lessons into REVOC Multimedia Toolkit

EVOC lessons	**How were incorporated into the REVOC Toolkit**
1. Prevention	
Importance of gender neutrality	Modified the name of EVOC to REVOC to maintain gender neutrality and distinguish the activities
Student clubs need structure and support	Offered step-by-step guidance to enable a student-led REVOC Club to host trainings, plan effective activities, and raise awareness. Also recommended two patrons advise the club
Students are the main perpetrators of SGBV	Included an orientation video for incoming students on how to detect scams, as well as training curricula on consent, toxic relationships, being active bystanders, and SRH issues
Budget for prevention is necessary	Provided low-cost sample budget for REVOC activities, which would also indicate campus buy-in
2. Survivor services	
Trauma counseling needs to be institutionalized	Rather than create a new counseling mechanism, recommended building the capacity of existing academic counselors to serve also as CARE Counselors, using the training curriculum in the toolkit
Campus health services can re-traumatize survivors	Recognized that YFS health facility training and supervision are essential for SGBV survivors. Included nurses in CARE counseling training to build capacity and encourage "warm handoffs" to academic counselors
Students are eager to improve campus health services	Included tools to assist a YFS Champions Committee to conduct a YFS facility assessment, assess client satisfaction, and develop an action plan. Also recommended creating a REVOC Steering Committee to monitor activities and provide oversight
3. Monitoring	
Comprehensive surveys are difficult to administer and analyze	Rather than biannual paper surveys, offered samples of brief online surveys (10 questions each) that can be delivered over SMS or with Google surveys three times a year and easily analyzed
Need a steering committee to review and act on SGBV data	Provided guidance on how to set up a REVOC Steering Committee and conduct initial campus assessment using sample focus-group guides to determine priority actions
Reporting and investigation procedures must be transparent	Offered example of how to improve and streamline reporting and investigation mechanisms. Also included contracts for students and faculty to sign concerning sexual misconduct

How to use the REVOC Toolkit

The REVOC Toolkit is a free resource available for download from CSA's website at https://csakenya.org/wp-content/uploads/REVOC-TOOLKIT.pdf [41]. It can be used by anyone interested in launching a comprehensive university initiative to reduce SGBV or wishing to adapt some of the resources. The toolkit is a step-by-step activity guide that includes multimedia resources. Each component of the toolkit has a corresponding explanatory video to guide users. The toolkit's appendices include training curricula for students and CARE Counselors, hyperlinks to free YouTube videos to watch and discuss, checklists, action plans, brief monitoring surveys, and numerous other resources, some from interventions in Ghana and South Africa and included with permission.

The REVOC Toolkit recommends that SGBV campus activities be phased in as follows: (1) Identify leadership and assessing needs, (2) start prevention efforts, (3) introduce monitoring, (4) develop services for survivors, and (5) streamline and disseminate reporting and investigation policies. Reproduced below (as Table 4) is a table from the toolkit (p. 15) that shows all the components, videos, and appendices.

One video developed for the toolkit is to be sent out via email to all incoming students from campus administration to warn them about SGBV scams and intimidation. A transcript of the video can be found in Table 5.

Limitations

There were several limitations related to the lessons learned from EVOC, as well as to the REVOC Toolkit itself. First, it is possible that what was learned from implementing EVOC at Moi University would not be generalizable to other university campuses in Africa. However, because Moi University is a large public university with no prior SGBV project, and resembles other large campuses in Kenya in many respects, we believe that the lessons learned would be applicable elsewhere. Second, although the toolkit represents an effort to compile the lessons learned and incorporate best practices, it should be noted that it has not yet been tested and evaluated on a university campus in Kenya. Third, while the toolkit is intended to offer a low-cost, feasible, and adaptable approach for addressing SGBV at universities in Kenya and elsewhere, it does require internal champions who can overcome potential objections from some high-level

Table 4 Main components of REVOC Multimedia Toolkit

1. Identify Leadership .	2. Preventing SGBV	3. Monitoring	4. Survivor Services	5. Reporting and Investigation
VIDEO 1 (INTRO) VIDEO 2 (LAUNCH) Identify university department and point peeople Appendix 1A	VIDEO 3 (ORIENTATION) VIDEO 4 (CLUB) Recruit REVOC Club members & develop plans Appendix 2A	VIDEO 5 (MONITOR) Set up monitoring (Google surveys) Appendix 3A, 3B Appendix 3C	VIDEO 6 (CARE) VIDEO 7 (YFS) Train academic counsellors to be CARE Counsellors Appendix 4A	VIDEO 8 (REPORT) Set up a REVOC Policy Taskforce to streamline reporting & investigation
Identify 2 student leaders (female & male) to set up REVOC Club	Transmit orientation video to new students	Engage students in completing surveys	Establish and publicise CARE Counselling services	Have the Taskforce review existing instruments Appendix 5A, 5B, Appendix 5C, 5D
Brief & gain commitment from Deputy Vice Chancellor	Convene regular meetings of the REVOC Club Appendix 2B	Analyse survey results & share with Steering Committee Appendix 3D	Set up a warm hand-off referral system from health services to CARE Counsellors	Obtain necessary approval from the Deputy Vice Chancellor
Conduct campus assessment/ focus groups Appendix 1B	Conduct 3 training sessions for Club members Appendix 2C, 2D Appendix 2E, 2F	Create annual magazine/ newsletter of findings for the administration	Have REVOC Club set up survivors support groups	Have leaders of the REVOC Taskforce convene a workshop
Conduct stakeholder briefing on results of focus groups	Have Club lead campus activities & Freshers Orientation Appendix 2G		Set up hotline (if funds are available) Appendix 4B	Publicise new procedures on the university website, Club social media, and in emails Appendix 5E
Establish Steering Committee (include staff & students)	Take actions to make campus safer Appendix 2H Appendix 2I		Create "YFS Champions" to improve youth friendliness of health services Appendix 4C, 4D	Send email to campus community to sign brief contract on sexual misconduct Appendix 5F, 5G
Determine budget Appendix 1C	Establish & maintain social media such as Facebook, Instagram		Have "YFS Champions" use YFS checklist to assess services Appendix 4E	
			Introduce and analyse "Student Feedback Cards" at health services Appendix 4F, 4G	**Other appendices:** Appendix 6A (Transcripts of Videos) Appendix 6B (Additional Resources)
Notes: YF=Youth-Friendly YFS=Youth-Friendly Services			Develop action plan to improve health services Appendix 4H	

Table 5 Transcript from orientation video for incoming students, available in the REVOC Toolkit

Welcome to the university! This will be an exciting time in your life
Before you arrive on the campus, we want to alert you to scams or tricks that can lead you to be sexually harassed or assaulted. These scams can happen either to female or male students
In this video, we will share with you some of the most common scams
● First, be careful of anyone who offers to assist you with your suitcases or boxes. This person may carry your luggage into your room but then insist that you "owe" him sex. Or he might block you from leaving your room unless you have sex with him ● Second, older students, particularly student leaders, may invite you to their rooms supposedly to show you something that they have there—such as books, documents, or a new hot plate. However, once you are in the room, you might find it difficult to leave. The older student might turn on some loud music so no one can hear what is occurring. Or he might keep you at his place so late that it becomes night, and you are afraid to walk back to your hostel in the darkness ● Third, you might be invited to a party or local pub. But male students there might add alcohol or drugs to your drink, such as Fanta soda, so that you become drunk. Then they will take advantage of you. Or, even if you are careful not to get drunk, another student could get drunk and use his drunken state as an excuse to force himself on you ● Fourth, a lecturer might invite you to his office to discuss an assignment. But when you arrive, he could lock the door behind you and try to get you to perform sex acts. To avoid these scams, trust your instincts, refuse free help and drinks, and fight back. Also, make sure that you have 1–2 friends with you if you attend parties or meet with a lecturer
Also, if you see something that looks like harassment or abuse, you can be an active bystander and speak up loudly or get help. Do not ignore it, look the other way, or think it is not your concern
If something does happen to you, do not blame yourself. No one deserves to be harassed or assaulted. You have a right to dress as you like and to go where you like, whenever you like. Tell your friends what happened so that they can support you. Seek help from university counselors or university health services. You may also decide to report the abuse to campus security or university administration
Lastly, consider joining the REVOC Student Club to learn more, meet like-minded students, and get training on sexual assault and harassment

administrators. Without a campus gender expert and a basic budget, REVOC may not be operational. Finally, the toolkit does not include training and activities for faculty and staff, because it focuses on building student capacity and training academic counselors. This may present a challenge if the faculty and staff do not feel sufficiently informed to support student leaders and activists. In this situation, prior to launching a REVOC project, faculty or staff may need training from an SGBV-focused NGO or consultant on how to best support REVOC Club student members, as well as on recommended system-level changes.

Conclusions

Lessons learned from pilot interventions are often not documented constructively. In this paper, we assessed what was learned from EVOC and incorporated it into the REVOC Toolkit, a free resource that encapsulates best practices in this nascent area of reducing sexual misconduct on African college campuses. The toolkit was formally launched in Nairobi, Kenya, in August 2023, to students and administrators from six campuses. Already, several campuses in Kenya are planning to launch their own version of REVOC.

Despite laws to address and limit SGBV in most African countries, many young people continue to experience sexual and interpersonal violence at institutions of higher learning. Implementing comprehensive programs like REVOC would constitute a bold, collective effort to reduce-to-end SGBV on university campuses.

Abbreviations

CSA	Centre for the Study of Adolescence, Nairobi, Kenya
DVC	Deputy Vice-Chancellor
EVOC	End Violence on Campus
IPV	Intimate partner violence
LGBTQI	Lesbian, gay, bisexual, transgender, queer, and intersex
MU	Moi University
REVOC	Reduce-to-End Violence on Campus
SGBV	Sexual- and gender-based violence
SRH	Sexual and reproductive health
STI/HIV	Sexually transmitted infections/human immunodeficiency virus
UCLA	University of California, Los Angeles
YFS	Youth-friendly services

Supplementary Information

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Additional file 1. Survey data.

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Authors' contributions

PT: Assisted in conceptualizing EVOC and REVOC Toolkit, drafted some sections of initial manuscript, analyzed data, finalized manuscript, obtained funding. NM: Drafted some sections of initial manuscript, assisted in conceptualizing REVOC Toolkit, reviewed and revised manuscript. HE: Participated in the development of REVOC Toolkit, led REVOC launch, identified potential partners, reviewed manuscript. GK: Assisted in conceptualizing and implementing EVOC, contributed to lessons learned, reviewed manuscript. AO: Assisted in conceptualizing and implementing EVOC, contributed to lessons learned, reviewed manuscript. All authors read and approved the final manuscript.

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Data availability
Data from the survey is available in a supplementary file entitled,"Additional file 1 – Survey data."The REVOC Toolkit, cited in Reference 41, can be accessed freely from: https://csakenya.org/wp-content/uploads/REVOC-TOOLKIT.pdf.

Declarations

Ethics approval and consent to participate
The EVOC study received institutional review board approvals from Moi University (MU/DVC/REP/27B) and UCLA (IRB no. 18–000969) and a research permit from the Kenyan National Commission for Science, Technology and Innovation (NACOSTI/P/18/54529/25435). The research permit was for baseline, monitoring, and evaluative data collection. Prior to taking the EVOC survey, students read an information cover sheet and initialed it if they wanted to proceed to take the survey. No student received compensation for taking the survey. This study conformed to the Declaration of Helsinki — ethical principles for medical research involving human participants.

Consent for publication
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Competing interests
The authors declare no competing interests.

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