



SGBV *Policy Brief*



SGBV POLICY BRIEF

**ECONOMIC EMPOWERMENT AS
A NECESSITY IN TACKLING SGBV**

EXECUTIVE SUMMARY

The prevalence of SGBV in Kenya stands at over 35% especially among women and girls aged 15-49 (KDHS, 2014). This raises questions on the efficacy and relevance of response and prevention frameworks. The Kenyatta University Women's Economic Empowerment Hub SGBV team, under the aegis of the Bill and Melinda Gates Foundation Initiative, conducted a pilot study on 32 women survivors from three non-state RRRPs/GVRCs to establish the types of SGBV experienced, assistance sought and received and the economic status of the survivors.

The findings show that: 81.2% of the SGBV survivors were aged between 26 and 45; 62.2% of the women depended on informal sources of livelihood; majority of the survivors had experienced multiple types of violence concurrently; husbands and boyfriends were identified as the primary perpetrators of SGBV; 96.9% of the survivors sought psychological counselling followed by medical help (75%) and legal assistance (46.9%); the survivors incurred direct and indirect costs as a result of the violation; the RRRPs/GVRCs did not have economic empowerment programmes but

the experiences gained from their services facilitated survivors to reflect on their status and energised them to become self-reliant and less vulnerable. The services sought and those offered tallied closely. Based on this, the study concludes that: SGBV mainly occurs during the economically productive age of the individual's life cycle; intimate partner violence is the leading manifestation of SGBV; and psychological and medical care form the core of services SGBV survivors need. It recommends inclusion of an economic aspect in the services offered by the RRRPs/GVRCs; a strong referral network of critical service providers spanning the needs of survivors; a strong interface between the SGBV programmes and the household and community.

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INTRODUCTION

This policy brief presents findings from a pilot study on the nexus between SGBV and women's economic empowerment, and relevant policy implications for future programming.

Global estimates show that one out of every three women in romantic relationships is subjected to physical and sexual violence, or both by a partner (WHO, 2013). In Kenya, the prevalence of SGBV stands at over 35% especially among women and girls aged 15-49 (KDHS, 2014). Upto 72% of the cases go unreported with survivors reluctant to pursue justice (Orlale, 2015). This raises questions on the efficacy and relevance of response and prevention frameworks such as state and non-state Rescue, Recovery and Rehabilitation Programmes (RRRPs) and Gender Violence Recovery Centres GVRCS. Available data

indicates that there are about 51 shelters/safe houses in Kenya (Center for Domestic Training and Development, 2020). Most are owned/managed by non-state actors while only one (1) is owned by the County Government of Makueni.

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RESEARCH OVERVIEW

The Kenyatta University Women's Economic Empowerment Hub SGBV team, under the aegis of the Bill and Melinda Gates Foundation Initiative, conducted a pilot study on 32 women survivors from the Nairobi Women's Hospital GVRG (Hurlingham and Rongai branches), Women's Empowerment Link (WEL) and Talia Agler to establish the types of SGBV experienced, assistance sought and received, the economic status of the survivors and the costs of SGBV.

It adopted the mixed method design combining both qualitative and quantitative approaches. Aspects of exploratory and evaluation design were combined to allow an open inductive inquiry and to gauge the psychological and socio-economic impacts of the selected programmes. In addition, the accounting approach was used to quantify direct and indirect costs of SGBV on survivors and programmes in line with the study objectives. The study utilized a key interview guide in collecting data from managers of the GVRG/RRRPs and a questionnaire to interview SGBV survivors.



RESEARCH RESULTS

Finding 1: Demographic Characteristics of Survivors

Majority (81.2%) of the SGBV survivors were aged 26 to 45. More than half (62.5%) had attained only primary and secondary levels of education while 28.1 % had middle level college and university education. 90 % got married or started living with a partner when they were aged 18-25 (75%).

Finding 2: Income And Employment

Majority (62.2%) of the survivors depended on informal sources of livelihood which did not translate into substantial income. Only 25% were in formal salaried employment.

Finding 3: Types of violence experienced and their perpetrators

90.6% of survivors had suffered physical followed by psychological/emotional violence (78.1%). Economic and sexual violence were reported by 59.4% and 46.9% of survivors respectively. Husbands and boyfriends were identified as the primary perpetrators of SGBV by 84.4% and 9.4% of the survivors respectively.

Finding 4: Services sought, received and their impacts

Majority (96.9%) of the survivors sought psychological counselling followed by medical help (75%) and legal assistance (46.9%). Only 25% needed a safe place to stay and therefore

required shelters.

In terms of services received at the Nairobi Women's Hospital GVRC, 78.1% of survivors reported medical treatment with 21.9% indicating psychological support. Those that needed shelter/temporary safe house and other forms of help were referred to other service providers such as Talia Agler and WEL. The services accessed upon referral included business training (12.5%), legal information and referral (6.3%), psychological support (71.9) and rescue/shelter/housing (3.1%).

To establish nexus between SGBV and economic empowerment, the study investigated what the survivors earned before and after the RRRP/GVRC programs. Majority (68.8%) reported monthly incomes ranging between Kenya Shillings 1000 (~10 USD) and 10,000 (~100 USD) before seeking help from the RRRP/GVRCs. For the majority, the incomes were inadequate to meet their economic needs hence their dependence on partners.

The study further sought to ascertain whether participation in the RRRP/GVRC had any economic impact on the respondents. A majority of survivors (78.13%) indicated that their income levels had improved after going through RRRP/GVRC programs. They attributed this to personal initiative to be self-reliant, encouragement from the service providers and business capital advanced.

ANALYSIS OF THE RESEARCH FINDINGS

Finding 1: Demographic characteristics of survivors

That majority of the SGBV survivors were aged 26 to 45 means that SGBV mainly occurs during the economically productive age of the individual's life cycle. That the majority got married or started living with a partner when they were aged 18-25 (75%) suggests a life of dependency on the partners, a fact that explains the lengthy periods they tolerated the vice before seeking help.

Finding 2: Income and employment

Economic self-reliance can enhance women's autonomy and reduce the stresses that culminate in violence, such as inability to contribute to the household income hence enable them to prevent and escape from violent relationships (Jatfors, A-K, 2017). The findings that majority of the women depended on informal sources of livelihood implies low levels of income and limited economic resources and opportunities, which translated into high levels of dependency on partners, a plausible explanation for the 35% who stayed in abusive relationships for more than seven (7) years.

Finding 3: Types of violence experienced and their perpetrators

From the findings, it is clear that majority of the survivors had experienced multiple types of violence concurrently, meaning a multiplicity of consequences. That husbands and boyfriends were identified as the primary perpetrators of

SGBV indicates that intimate partner violence is the leading manifestation of SGBV and that the household is central for both prevention of and response to the vice.

Finding 4: Services sought, received and their impacts

The findings show a close tally between the services sought by SGBV survivors and those offered by the RRRPs/GVRCs. The study notes that psychological and medical care are the priority forms of assistance sought by SGBV survivors, given by the GVRC and, therefore, central in the continuum of services SGBV survivors needed in the journey to recovery. This notwithstanding, legal services, business training, start-up capital and shelter/safe houses are adjunct services needed.

Reports on the economic impact of the programmes on the survivors show that there was marked improvement on survivors' income after the programs regardless of whether they had an economic empowerment component or not. Specifically, experiences gained from the program facilitated survivors to reflect on their status and how they could survive without the violent partners, a factor that energised them to become self-reliant and less vulnerable.

CONCLUSIONS AND RECOMMENDATIONS

The combination of young age at marriage and low levels of education predisposed the survivors to dependency on partners hence high threshold for tolerating GBV before taking action. The violation begins early and persists within the marital cycle. This indicates an accumulated suffering that could have lifelong consequences.

Limited economic resources and opportunities translated into high levels of dependency on partners, which may explain high thresholds of toleration of the vice. This suggests that women's economic self-reliance would substantially enable survivors to avoid violent relationships, break the cycle of violence, sustain themselves and recover from the violation.

The fact that survivors experienced multiple forms of SGBV concurrently implies that programmes on the vice must be holistic while the phenomenon of husbands and boyfriends being the primary perpetrators of SGBV points to intimate partners as the central loci for both prevention of and response to the vice.

Correspondence of services sought by survivors and those offered by the RRRPs/GVRCs indicates that the services are responsive. Although psychological and medical care are the priority forms of assistance sought by SGBV survivors and offered by the GVRC, legal services, business training, start-up capital and shelter/safe houses are adjunct services needed. This is buttressed by the finding that the programmes had an indirect economic impact on the survivors arising from the socialisation to be self-reliant, encouragement from the service providers and business capital advanced.

Based on the above, the study recommends the

following:

1. SGBV programmes should be aligned with the developmental needs of survivors in relation to their age and low levels of formal education.

2. Arising from the economic dependency of survivors and its relation to SGBV, programmes offered in the RRRP/ GVRC should include an economic aspect directly or through referral.

3. Management approaches to SGBV should be multifaceted and versatile so as to address the multiple forms of violence experienced and their effects on survivors. Since no one programme can possibly do this, it is necessary to establish a strong referral network of critical service providers spanning the needs of survivors.

4. Given that intimate partner violence was the leading manifestation of SGBV, there is need for a strong interface between the SGBV programmes and the household. Focus should not only be on those seeking help but also on members of households and communities through awareness and mobilization targeting both women and men to form a formidable alliance against the vice.

5. Psychological and medical care are the priority forms of assistance that should be central to all programmes offered by RRRPs/GVRCs.

6. RRRPs and GVRCs should, beyond the technical services offered, be sites for needs assessment and referrals so as to enable survivors benefit from a comprehensive range of services to make their recovery wholesome.

KEY REFERENCES

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