Qualitative Assessment of Transformative Change in Lives of SGBV Survivors: Evidence from the Most Significant Change Stories' Technique

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Abstract

Sexual and Gender-Based Violence (SGBV) remains a widespread human rights issue impacting over one-third of women globally, with significant health, social, and economic consequences for survivors. In Kenya, a variety of intervention programs aim to support SGBV survivors by providing counseling, medical and legal assistance, economic empowerment, and capacity-building initiatives. However, there is limited focus on how these interventions drive transformative change, helping survivors rebuild and achieve self-realization beyond recovery. This study employed the Most Significant Change Technique (MSCT), a qualitative approach to capture the personal experiences and impacts of SGBV intervention programs on survivors. Data were collected from two Kenyan facilities: a Gender-Based Violence and Recovery Centre (GBVRC) in Makueni County and the Life Bloom Services International (LBSI) Recovery, Rehabilitation, and Reintegration Program (RRRP) in Naivasha. Findings reveal that these programs foster critical personal transformations in survivors, enhancing self-discovery, resilience, independence, and socio-economic empowerment. The study advocates for expanding the capacity of RRRPs to provide holistic, multi-dimensional support to meet both practical and strategic needs, facilitating survivors' comprehensive recovery and long-term empowerment.

Key words: Sexual and Gender-Based Violence; Economic empowerment; Most Significant Change Stories; Gender-Based Violence Recovery Centres; Recovery, Rehabilitation, and Reintegration Programs

Introduction

Sexual and Gender-based Violence (SGBV) is a prevalent human rights violation affecting more than 35% of women (UN Women, 2021; Bryant et al, 2017). In Africa, the State of Africa Women Report avers that Gender Violence Against Women (GVAW) transcends geographical, race, class, sexuality, ethnicity and religious boundaries (Eerdewijk, et al. 2018). The National Gender and Equality Commission- Kenya reports that one in three women in the country have encountered SGBV (NGEC, 2016). The adverse outcomes of SGBV are extreme for the survivors but often spread to families and societies in a variety of ways. In its various forms, SGBV has multifarious

effects on an individual and causes untold physical and psychological suffering for survivors. Among the most common physical consequences of SGBV include partial, temporal or permanent disability, chronic pain, exacerbation of chronic illness, gastro-intestinal problems and organ failure. Psycho-social and mental consequences include anger, anxiety, fear, shame, self-hate and self-blame as well as post-traumatic stress disorder (PSTD), depression, sleep disorders, substance abuse, social stigma, social rejection and isolation (Sabia et al., 2013. Sexual violence is linked to sexual and reproductive dysfunction through sexual disorders, early sexual debut for those abused in early life, abortions, maternal and neo-natal death, suicide, STIs including HIV, infertility and chronic pain (WHO, 2013). Additionally, Clark et al., (2016) posits that SGBV elevates the risks of acute, long-term, and intergenerational health implications such as cardiovascular defects making it a cyclical and enduring phenomenon. When the primary devastating effects of SGBV are left untreated and unchecked, they lead to severe secondary effects such as failing to report to work, loss of time, income, opportunities and even property (Bacchus et al. 2018; WHO 2013; Duvvury and Minh, 2012). Medium and long-term effects such as impacts on professional development, continuation of education, mobility and upward progression in formal employment, disability, mortality and morbidity, family stability, dependence. Poverty as well prolonged loss of quality life are other severe outcomes (WHO, 2013; Sabia et al., 2013; Crowne1 et al. 2011; Reeves and O'Leary-Kelly 2007).

Over the years, response and interventions programmes in the case of SGBV have been growing. There are a number of state and non-state actors, such as the Gender Violence Recovery Centres set up by Ministry of Health (MoH) as well as Rescue, Recovery and Rehabilitation Programs (RRRPs) by NGOs among other initiatives mounted to address the vice and especially the myriad adverse effects emanating from various forms of SGBV. Notably in Kenya, the first GVRC was established by the Nairobi Women's Hospital (NWH) in 2001 and later replicated in other major public and County hospitals. Over time, there has been a rise in the number of RRRPs in the country with some adopting an integrated model of service delivery focussed not only on rescue and recovery but also on long-term interventions such as economic empowerment. For example, initiatives like awareness campaigns, alternative dispute resolution methods, and mechanisms that encourage survivors to access support services play essential roles in the overall strategy to combat SGBV (Wamue-Ngare et al., 2022). By fostering environments where survivors can safely access

support, these interventions seek to restore dignity and reduce the recurrence of violence. Initiatives to address SGBV thus range from delivery of immediate service to survivors who seek redress in the event of abuse and violence to building long-term resilience and economic empowerment alongside policy frameworks. Recently, attention has shifted to prevention with more emphasis on building women's' capacity to resist and escape violence while alleviating factors that contribute to vulnerability to SGBV. Comprehensive programmes are currently preferred (Stulz et al., 2024). In tandem with SDG5, there is increased overture for governments and researchers to evaluate what works to prevent violence against women and girls (Independent Commission for Aid Impact, 2016). More emphasis is shifting towards measuring impact of interventions aimed at providing more robust evidence of impact (Ellsberg et al., 2015).

Thus, addressing the matter of efficacy and relevance of prevention and response programmes has merit. In Kenya, most RRRPs narrowly focus on their specialist mandates, such as medical, psychosocial, economic, legal needs of survivors yet, SGBV interferes with girls and women's total wellbeing, and for the later, specifically constraints their work, subsequently limiting their economic empowerment (NGEC, 2016). Unfortunately, data to explicitly link GBV recovery with survivors' economic output is scarce. A scan of available services for women survivors in Kenya shows a broad spectrum of services are offered such as counselling, referral and legal services, economic empowerment, community-centred awareness creation, Alternative Dispute Resolution systems (ADR) initiatives, building capacity of vulnerable people to combat SGBV, stepping up reporting mechanisms of incidences of SGBV and encouraging survivors to speak up and to use the existing services. Additionally, the service providers use a number of models for preventative action such as SASA! which stands for Start, Awareness, Support and Action. Further, with support of the UN, mobilization of men to support women's empowerment, and addressing areas of gender equality have become more important (The UN Women, 2020). These programmes aim at involving men to challenge social norms that justify SGBV, monitor and raise awareness, rescue survivors and provide linkages to service providers. Overall, the main purpose of interventions is to bring back meaning to the lives and families of survivors of SGBV.

While much research has focused on the quantitative outcomes of these programs—such as their success in reducing instances of violence or calculating the economic costs associated with GBV (Wamue-Ngare et al., 2023; Sinko et al., 2021)—there remains a gap in understanding how these

programs transform survivors' lives at deeper psychological, social, and economic levels. Most studies adopt quantitative metrics to gauge the impact, yet they often overlook the significant, qualitative transformations in survivors' lives, such as overcoming trauma and achieving self-realization.

This study addresses this gap by utilizing the Most Significant Change Technique (MSCT), a qualitative methodology that allows survivors to share personal narratives of change without pre-defined quantitative measures. By focusing on survivors' own accounts, this technique provides valuable insights into the types and degrees of personal growth fostered by SGBV interventions. Data were collected from two Kenyan organizations: a Gender-Based Violence Recovery Centre (GBVRC) in Makueni County and the Life Bloom Services International (LBSI) Recovery, Rehabilitation, and Reintegration Program (RRRP) in Naivasha, Nakuru County. The study highlights the profound shifts in self-discovery, resilience, economic empowerment, and reintegration experienced by survivors, demonstrating the transformative potential of holistic, survivor-centered support programs (Davies & Dart, 2015).

Objective of the Study

While a few studies pointing to the positive role of interventional programmes are available, the findings are mixed and, in a few cases, inconclusive (see among others Bryant et al., 2017). Moreover, methods used in estimating their efficacy are often quantitative seeking to measure impact and leveraging on specific indicators that are already developed. This study sought to employ the Most Significant Change Technique (MSCT), a qualitative method of collecting and analyzing data in form of stories often used in monitoring and evaluation. The study sought to rely on evidence from stories told by the survivors of SGBV in order to document their reflections and construction of the change they perceived to have undergone after up-taking interventions. The objective of the study was to document from the most significant stories of change among women SGBV survivors, the role RRPs played in facilitating their rehabilitation and economic recovery.

This paper is part of a wider study which evaluated the impact of RRRP programmes on economic empowerment of SGBV survivors drawn from the Gender Violence Recovery Centre (GVRC) located in Nairobi, Life Bloom Services International located at Naivasha and Makueni GBVRC

in the Makueni County. The study applied a qualitative approach to assess and describe the most significant stories of change among women SGBV survivors with the aim of elucidating the role RRRPs had played in facilitating their rehabilitation and economic recovery. This paper utilizes findings arising from the phenomenological methodology part of the research. According to Creswell (2017), phenomenological research poses the expectation that a specific phenomenon will be explained from the perspective of the actors in the situation. In this study, phenomenological research design allowed the assessment of perceptions and experiences of individual respondents' pertaining to SGBV. Additionally, it gave insights into participants' interpretivist views of how change had occurred and the outcomes of that change in their overall life reality.

Data Collection

A total of six significant change stories were gathered from two study sites in Kenya: the Gender-Based Violence Recovery Centre (GBVRC) in Makueni County and the Life Bloom Services International (LBSI) Recovery, Rehabilitation, and Reintegration Program (RRRP) in Naivasha. These stories were selected following structured interviews with survivors, during which respondents who had shown substantial transformation through RRRP interventions were invited to share their experiences. To maintain privacy and confidentiality, ethical measures were applied, including the use of pseudonyms and the removal of personal identifiers.

Study Site Comparison

The two primary study sites, Makueni Gender-Based Violence Recovery Centre (GBVRC) and the Life Bloom Services International (LBSI) Recovery, Rehabilitation, and Reintegration Program (RRRP) in Naivasha, serve different objectives and employ unique procedures to aid SGBV survivors:

1. **Makueni GBVRC** primarily offers immediate support services, including medical and legal assistance, counseling, and psychosocial support, aimed at addressing urgent needs and stabilizing survivors after traumatic experiences. Its procedures focus on crisis intervention and supporting survivors through initial stages of recovery and integration into safe environments.

2. **Life Bloom Services International (LBSI)**, on the other hand, adopts a long-term approach that combines therapeutic support with economic empowerment programs. In addition to counseling, LBSI provides survivors with skill-based training, paralegal education, and business support, empowering them to achieve sustainable independence and reintegration into society. This integrated model seeks to foster economic resilience and social empowerment, addressing both immediate recovery and long-term self-sufficiency.

By comparing these sites, the study explores the varied impacts of short-term versus long-term intervention strategies on survivor recovery and empowerment, adding depth to the conclusions about the effectiveness of different types of support.

Methodology Context

The MSC technique allows assessment of the types and degrees of change that are worth documenting against set goals and objectives (Lennie, 2011). Though the method does not use pre-selected indicators, it is considered flexible in allowing data to emerge as stories are told and can be combined with quantitative procedures of evaluating impact (Davies & Dart, 2005). The collection of significant change stories provides rich evidence of change. According to Potgieter (2023), stories allow survivors of SGBV to make sense of their reality enabling them to convey changes and experiences, values and emotions that reaffirm and validate their identities. Additionally, results obtained can help to re-orient programmes towards explicitly valued outcomes (Davies & Dart, 2015). The MSC technique can be easily combined with other forms of analysis for comprehensive understanding of experiences Lennie, 2011.

The analysis of the most significant change stories was infused with thematic data analysis culminating in reporting using the narrative technique. Specifically, the thematic analysis approach used a six-step structure to analyse the interview transcripts. In keeping with a procedure proposed by Kiger & Varpio (2020), the first step involved a familiarizing with the content of the data through repeated and active reading and listening to the story transcripts to obtain a comprehensive understanding of the raw data. This provided insights into the essential context and orientation to the data. The second stage of the thematic analysis involved generating initial codes which according to Kiger & Varpio (2020) serve as the inaugural analytical step within this framework.

The coding served as a mechanism for a closer detailed view by organizing data from the stories and delving into the granular aspects of the information while separating what was not pertinent to the research objective. It also entailed documenting pertinent data items from the large story transcripts and the relationships between them. At this stage, the primary focus was on the creation of codes which represented the fundamental component of raw data and held meaningful measurement pertaining to the phenomenon under scrutiny rather than the emergent themes. Care was taken to meticulously describe and delineate each code to prevent overlap with others and ensure its alignment within the broader coding framework. The significant aspects within the transcripts were identified and assigned corresponding labels directly linked to emerging themes in the data. In this exercise, the Nvivo software renowned for its effectiveness in organizing, analyzing, and visualizing qualitative data was utilized (McNiff, 2016). Once the entire dataset was coded, it was then grouped using code labels in preparation for the subsequent phase thematic exploration.

The third stage entailed examining the coded and grouped data excerpts in pursuit of overarching themes of broader significance noting that themes do not spontaneously emerge from the data but are developed through analysis, merging, comparison, and graphical mapping based on how codes interrelate. Care was taken to ensure that the themes developed closely aligned with the original data and accurately reflected the entirety of the dataset, thus enhancing the depth and richness of the analysis. The fourth phase involved review of themes, using the two-tiered analytical approach. The first tier involved a meticulous examination of the coded data within each theme to evaluate their appropriateness and backing from the stories to achieve coherence and thematic integrity. This enabled an assessment of how codes within each theme exhibited commonality, while ensuring that distinctions between data in different themes were clear. At this stage, themes were revised to better reflect and substantiate coded data while others were added, removed or divided thereby ensuring that the revised thematic map comprehensively incorporated all coded data.

Thereafter at the fifth stage, descriptions for each theme were provided elucidating their significance in addressing the research objective. Such themes as self-resolve, courage, strength, self-determination, resilience were listed based on what emerged from the stories as the change that mattered most to the respondents. In isolating impacts, the domains of change were further

classified as psychological, social or economic. The theme names were reviewed and refined to ensure conciseness and appropriateness for inclusion in the final narrative. This phase further entailed scrutinizing areas of theme overlap, identifying emerging sub-themes, and establishing clear boundaries for each theme's scope. It also involved distilling the most significant changes emerging from the thematic selection. The sixth and final phase involved forming narratives out of the themes with thick descriptions of emerging patterns backed by respondents' voices.

Study findings

The findings section presents personal stories from SGBV survivors, documenting their journeys through recovery and empowerment following interventions at two study sites: Makueni GBV Recovery Centre (GBVRC) and Life Bloom Services International (LBSI) in Naivasha. These accounts were selected to highlight critical themes in healing and resilience fostered by the programs. For privacy, all names have been altered, and pseudonyms are used to ensure confidentiality. Excerpts from respondents' direct statements appear in *italics*, preserving their voices, while the main text narrates the broader context of each case.

Six key stories are included, three from each site, selected based on significant demonstrated transformation as noted in initial structured interviews. These excerpts allow for an in-depth exploration of themes such as healing, resilience, self-discovery, and empowerment, illustrating the impact of RRRP interventions.

a) Healing, Self-determination and Resilience

GBV disorients survivors, crushing their self-esteem and motivation for self-growth often plunging them into hopelessness and despair and at times leaving them resigned to violence conditions (Stark, 2018; WHO, 2013). Therefore, healing from trauma, self-determination and developing resilience are key indicators of efficacy in interventions (Inter-Agency Standing Committee, 2015). Resilience indicates the capacity of the individual to harness physical and mental resources to potentiate positive development in a context of diversity and to exercise personal agency during their recovery from risk exposure **(**Potgieter, 2023).

Programmes offered by RRRPs such as counseling and psychosocial support have the potential to help survivors exhale from trauma of violence, gain confidence and get back on their feet. From the study, the story of Sabina[1] demonstrates the healing and resilience coupled with a new resolve for self-determination. The story of Sabina emerges as one of enduring extreme forms of violence. It reflects the multi-dimensional changes at individual and community levels. As deduced from her narration, the counselling received from the RRRP enabled her to recover and rebuild her hope. As a consequence, the training enhanced her to develop capacities, which provoked her inspiration to become a para-legal worker and programme manager. Eventually, she acquired employment, a good income and assets. At the community level, she was able to support other SGBV survivors. Developing resilience that gives one power to resist SGBV, and a voice to speak about it is a bold pathway towards healing. Her story clearly shows the effectiveness of counseling as a key component in rehabilitation.

Sabina grew up as an orphan and barely completed primary school. By 19, she was already married to an abusive husband and had two children and a third on the way. This further exacerbated the violence when she declined to have an abortion. Emotional violence coupled with infidelity later followed and the fear of contracting HIV/AIDs became ever so real to her. Her health suffered a blow which further affected her pastry business plunging her into financial crises. Meanwhile, the violence escalated occasionally causing her severe bodily harm. During a violent encounter with her husband where he threatened to kill her, she found herself locked up in jail after he tossed the blame on her flaming her of having intentions to kill him. To secure her release she had to seek help to pay a bond after which she left police custody only to find her three children had been relocated to a children's home which caused her untold hopelessness and despair. It took Sabina more than 6 months to get back her children by which time she felt traumatized, hopeless, angry and depressed without an income and extremely needy. She later had to beg for money for food and shelter. Her reprieve came when she was tested and found not to have HIV or AIDS and she then resolved to start her recovery journey. A friend introduced her to the Life Bloom International centre where she began her therapy. After receiving counselling at the LBI, she began to train as a caterer and trained on business skills at the centre. Later, she joined the peer counsellors at the center and undertook paralegal courses which have enabled her join the centre on full time bases improving her income tremendously. Over time, this has enabled her invest in land and houses and prides in relocating her children from squatter settlement to decent housing. Her three children have acquired quality education up to university level and she has managed to save money and now lives a quality life. She stands as a role model in her community and assists women who have undergone violence to get back on their feet. Describing the change in her own words, Sabina opined "*I continued with the counselling sessions and developing my skills through the finance and business literacy classes…but it is the counselling that gave me hope for the future. I also did not get into sex work like so many women tend to do. The programme inspired me to become a peer counsellor. I therefore enrolled for paralegal courses which propelled me into becoming a counsellor and later programme manager at the Life Bloom centre".*

[1] Not her real name

b) Self-Discovery, Acceptance and Diligence

Self-discovery, acceptance and diligence, are considered as critical components of pathways to healing from the effects of SGBV (Sinko, 2021). Survivors of this violation often experience disorientation, denial and self-hate. In many instances, they are unable to resume normal life and productive activities subsequently becoming susceptible to a vicious cycle of violence. In this context, a survivor who is able to re-discover herself, accept the situation and find determination to move on, is likely to break the cycle. Esther's[2] story demonstrate this reality in a profound way.

> Esther was brought up by a single mother who was engaged in commercial sex work alongside illicit beer trading. At the tender age of 12, her mother died leaving her and her young sister all alone. She dropped out of school and began to trade in illegal beer known locally as "changaa". Due to the extreme poverty and the need to pay for housing and buy food, before long, she was initiated into sex work which ushered in a cycle of abuse. Many times, she was violated and beaten senseless by the same men who came to buy illicit beer at her house. At 16, she became pregnant and became increasingly desperate. It was at this point that Life Bloom International approached her and offered her an alternative. At first, she was reluctant to join their programme but later embarked on trainings offered to violated sex workers. The LBI later supported her to rejoin primary school at class 8, and later to an entrepreneurship and counselling service. She was then offered 35,000 Kshs (about 370 USD) as start-up capital for business. However, she squandered the business capital and did not establish a viable business. This saw her plunge once again into commercial sex work continuing on the path of abuse and violation that had plagued her previously. She was again rescued by LBI and received further counseling and training in various skills including catering, paralegal practice and ICT. The programme linked her to a decent work opportunity enabling her to meet her needs and support her child all the while under monitoring by LBI. Staff. To her, the love, care and support she received from the organization weaned her from not only from sex work but also gave her self-confidence to join a women's catering group that provided catering services in events. Through the group, she learned how to save and invest further gaining more control over her life. She was later to became a counsellor and offer support to sex workers. She recalls bitterly, the kind of abuse she endured from males while in sex work as well as law enforcers who often raided her beer business and remains proud of her transformation and recovery from beer addiction and sex work. In describing her recovery journey, Esther says "*…The difference is that I was now in control of my life…. I am proud of my transformation. My sister and child are in school. I am also planning to sit for my secondary school exams in a year. Currently, I work to empower other women".*

[2] Not her real name

Esther's story depicts a transformation from being a victim of SGBV and hopelessness to one of self-discovery, acceptance and determination. The story shows that through the RRRP intervention, she was able to resume and complete primary school, a starting step towards recovery. She also managed to use skills gained to make a living and reclaim her dignity. Observably, the training equipped her to make informed choices that led her into self- discovery and realization that it is never too late to start again. Of significance is the fact that she has extended this to the community by supporting other commercial sex workers, which in itself demonstrated the inner power to overcome SGBV not only for herself but others too.

c) Regaining Personal Resolve, Capacity and Independence

Regaining capacity and independence is critical to healing from the trauma of GBV (Jackson 2012). A long history of abuse may lead to post-traumatic stress disorder, anxiety, depression and loss of self-esteem all which destroy the survivors' capacity and independence (see Crowne, 2021; Bryant, 2018). Working with survivors, RRRPs promote their physical and emotional wellbeing which in turn helps them to build trust and restore

> Christabel endured SGBV for eight years while married to her husband who would often verbally abuse her for flimsy reasons. As a trader in second-hand clothing, she made very little money but her husband would not offer any monetary help whenever she asked. The violence escalated as her family grew larger which meant higher bills and responsibilities. Her husband often told her to leave and threatened her that he would harm her. On one occasion, the threat was so serious that she carried her five children and left even though she had nowhere to go. Her sister came to her aid and offered her money to pay her house rent which she paid and then used the balance to begin a trading business mainly selling onions. She was doing fine for a while until her son got an injury that meant spending all her savings in treatment. She closed the business and suffered severe lack of livelihood alongside her children. With no ability to feed her children, a friend introduced her to commercial sex work. While working as a sex worker, she was able to meet her family's basic needs but soon realized that she was no match for her fellow sex workers who were more experienced, smart and hardened. In addition, she suffered severe feeling of inferiority and isolation. While at the trade, some clients abused and violated her while others declined to use protection and to pay for sex. She suffered serious sexually transmitted diseases as well as tuberculosis and anemia and had to be hospitalized leaving her children at the care of a neighbours. In desperation, she was introduced to LBI by a friend at the brink of the COVID-19 and became totally dependent on the programme. She found herself receiving all forms of help from LBI including food, counselling and skill training in catering among others. She was able to start a small eatery business with money given by the programme and a friend. With time, the eatery has grown bigger enabling her to care for her children. In addition, she has reclaimed her dignity and managed to educate her children. Her healing journey is captured in her own voice as "… *I got my dignity back, I am grateful that my children do not have to sleep hungry, I now have a decent income and know exactly what I want to achieve".*

personal resolve and control over their lives. That control allows them to begin their journey of regaining lost capacity. Christabel's[3] story was picked to vividly demonstrate this point.

The story is one of escape from domestic violence only to encounter more suffering in commercial sex work. It brings out the struggles that victims of violence undergo particularly when they have to fend for their children in abusive relationships and on the streets. The recovery journey led to an alternative livelihood, stable income, independence, improved capacity for self-reliance and regained dignity.

d) Recovery, Boldness and Self-determination after GBV

Central to recovery and healing are hope, self-management, empowerment and advocacy after a series of SGBV interventions. Survivors of violence become vulnerable and hopeless due to their inability to overcome trauma and stigma associated with SGBV (Sinko et al). A survivor who is able to find even a small glimmer of hope can build boldness and self-determination which can lead an individual to develop aspirations and work towards them. They are then able to define their goals and design their unique paths to achieve those goals. This becomes a strength for self-advocacy. This recovery, boldness and self-determination is epitomized by Katunge's[4] story shared herein.

[3] Not her real name
[4] Not her real name

The story reveals the change that occurred in the subject from being a docile victim of violence to an assertive partner who was able to stand up for her rights while boldly confronting her abuser. Through the GVRC, she acquired the confidence to negotiate for property in favour of her children. She became equipped to make independent decisions that were in her favour and confront the intimidation and threats that characterized the abusive relationship. She was then able to take the upper hand in managing her home and determining her destiny and that of her children.

Katunge a mother of seven children, had been married for over 20 years before facing SGBV. While married, her husband lived away from their rural home but she visited him regularly and obtained provisions for her children. On one occasion in 2018, her husband gave her an ultimatum never to visit him again without notice. Thereafter, he became abusive and she began to investigate his change of behaviour on suspicion that he had another partner. This was confirmed during her next visit where she surprised him on an early morning only to establish that he had a new partner and a baby. When she confronted him, he became physically and verbally abusive and she had to be rescued by neighbours who took her to hospital for her injuries. At the hospital, she was referred to the Makueni-GVRC and treated then counselled and registered for follow-up. She declined to accuse her husband in court and returned to her home. Her husband pursued her there, assaulted and evicted her from her matrimonial rural home alongside her children. She had to walk in darkness for over 30 kilometers through a dangerous forest to her own parents' home leaving her children behind. She continued with counselling at the Centre and after two months returned to her matrimonial home since she was worried that her husband's partner would claim the home as her own. Her parents pushed her to return citing cultural expectations. She visited the GVRC before returning and was cautioned to rescind her decision and stay at the centre as she weighed her options. After a period of counselling and legal advice, she felt strong enough to stand up to the abuser and against the violation. Katunge moved back to her home and stood up to her husband. She made it known to him that she he would face the law should he violate her again. Incidentally, in 2020, he was taken ill and moved back to their rural home with his new partner. By then, she had become independent and was able to fend for her children and pay their school fees. Her husband was later found to have contracted HIV and already had symptoms of AIDS. He became remorseful especially when he began depending on her for food and medication. This caused her to demand that he shares out his property to her and her children which he obliged. Throughout his sickness, she became the decision maker and stood in defence of her children having gained immense confidence and self-determination. She took charge of the home and firmly established her rights. She continues to support her children through her business and has managed to educate most of them while two are on course with their education. Her own words reveal a emboldened overture "*Things changed and I became the decision maker in the home. I stood up for myself and my children. If it were not for the support I got from my counsellors, I would have continued living at my parents' home and feeling sorry for myself"*.

E) Overcoming Trauma and Achieving Self-Empowerment

When survivors receive trauma care and counseling, they begin to heal, become empowered and gain a sense of control over their lives. Since SGBV is often about power and control (WHO, 2013; UNHCR, 2020), many survivors have a dramatically hard time to overcome trauma especially if the conditions of living do not change. With appropriate survivor-centered counseling, survivors find new meaning and purpose in life and even become empowered beyond their expectation. Redemta's[5] story demonstrates this point vividly.

Redemta worked as a commercial sex worker for years where she endured abuse and molestation in the hands of her boyfriend leading to trauma. Her suffering came to the fore when she discovered that she was HIV positive which made her completely withdrawn and contemplate suicide. She became terribly afraid of people and drowned her sorrows in alcohol. She was introduced to LBI at the brink of total despair where even her child had dropped out of school. At the LBI, she began to learn that her first priority was self-care, acceptance of her HIV status and adopting coping strategy. She then began to learn her value as a person, new business skills and saved a little from the money she got from the programme. Eventually, she was able to begin a retail business and continued to expand to other ventures. She now has a thriving business selling firewood. Her experience revealed to her that there were many women who were living their full lives despite HIV infection and she gained essential skills for counselling them which she continues to do. She no longer suffers in silence and has abandoned alcohol and gained self-confidence. She learnt her rights and felt empowered through the exposure to opportunities at LBI. She is proud to have overcome violence, trauma and suicidal thoughts that characterized her life during the abuse. She is a strong believer that self-determination works and advocates for independence and learning ways and means of supporting oneself rather than accepting handouts. In her own words, she opines that " *When a woman is empowered and knows her rights, nothing will stop her. Without such knowledge, even her children will suffer. The main thing Life Bloom did was to empower me and then I did the rest for myself. All women should have such an opportunity to overcome violence, trauma and thoughts of suicide"*

The story reveals a major shift from being suicidal to becoming a beacon of hope for self and others. Through the RRRP counseling, Redempta regained her mental sanctity and accepted her life and even realized that HIV positive status is not a death sentence. She was able to fortify herself to rebuild her life through pursuing business entrepreneurship.

f) Resilience, Re-integration and Self-determination

[5] Not her real name

Resiliency determination and integrating back with her community are signs that a survivor is motivated to overcome SGBV effects and thrive. Many SGBV survivors find overcoming shame and stigma and rebuilding their lives an uphill task. However, with some support they can find their bearing and even develop positive relationships and purpose in life. This is crucial as it supports their reintegration with their communities as demonstrated by Mukonyo's[6] story.

Mukonyo, formerly a sex worker was lured to the trade by the realization that she couldn't find any decent work yet needed to feed and clothe her children. She soon realized that the proceeds from sex work came at a big price on her part. While in sex work, she endured many challenges including beatings and threats by clients some of who declined to pay for services received. During this time, she encountered a group that was providing HIV testing and counselling and upon being tested, realized that she was HIV positive to her utter shock. She was later introduced to LBI where she began to go for counselling. She recalls the messages of encouragement and the great emphasis laid on ones' ability to change their status and cease depending on others. While still under the LBI programme, she met a man who provided her with money but soon became violent subjecting her to loss of teeth during one violent encounter. When she reported the case to the police, she realized no justice as the perpetrator was released only three days after arrest. Once released, he pursued her and again threatened her life using a weapon. Upon reporting him again, he was jailed for nine months. It was at this point that she decided to abandon sex work and sought to utilize skills gained at LBI to earn a living. Mukonyo later joined a women's group with the help of the organization through which she bought land and constructed rental houses. She has greatly improved in her confidence and speaks openly about her needs. She also began to seek avenues for counselling women who had HIV particularly those engaged in sex work and felt confident enough to disclose her status as well. She is now recognized as a social worker and is regarded a great asset by the LBI. As she counsels with the women, she emphases self-care, testing and self-reliance as evident in her voiced appeal "*I was assisted by the skills from Life Bloom. I have even gained the ability to talk about my HIV status with women who are reluctant to accept their situation…. I advise women to begin even small businesses. Women should be educated so they stop staying in violent relationships... they should know that they have options".*

The story portrays a strong case of endurance. Mukonyo was able to accept herself as a first step towards re-building her confidence. Through support from the RRRP, she was able to re-start her life despite her HIV status. The support from RRRP also transformed her into an economically independent woman with commercial property. At the community level, she has taken it upon herself to support and advise other women and is not afraid to speak out. She has evolved from dependency, vulnerability and despair to a confident and skilled woman with a desire to lift others from the trap of poverty and abuse that once characterized her life.

[6] Not her real name

Discussion

The stories captured by this paper reveal that women survivors of SGBV endured violations in myriad forms including physical (beatings and injury), emotional including insults, threats and denial of affection, sexual in various forms such as rape and failure to receive payment for sexual favours. Most of the women were born and brought up in poverty circumstances and some by mothers who suffered violence whereby violence emerges as a cyclic in nature. After violence, the women were in dire need of help and this was tied to supporting their children's basic needs and education.

The findings on the how RRRPs had transformed the survivor's lives reflect the multi-dimensional changes at individual and community levels. It is also emergent that counselling and reaffirmation of self-worth and value were the most important interventions. Counselling enabled women regain their dignity, rebuild lost hope, accept their past and move past it. Additionally, it strengthened their resolve to work on their potential, recover and make informed choices regarding their future. The other most important intervention was the attainment of life skills for self-discovery, determination, standing up against violent spouse /partner, leaving an abusive relationship, boldness to negotiate in their favour, ability to make decisions in their favour, independence, speaking out about their situation without fear or shame, self-determination and fortification against the traumatic past.

Further, some women survivors who opted to utilize legal redress were assisted firstly with sensitization training on their rights and got to understand that SGBV was criminal and a violation of their rights. Secondly, LBI for example assisted women survivors to find legal recourse including providing legal service and making follow-up with law enforcement officers. This including providing financial help for legal services that were required.

On another level, women survivors also gained various trainings in the RRRPs such as handy trades that they could utilize in starting off while others attained formal training in paralegal studies among others. These were backed by training in entrepreneurship and business skills which further enhanced their resilience, abilities and self-dependence. Notably, most of the women in the case studies found it worthwhile to utilize their experiences and gained skills to assist others who were

still experiencing violence. This is remarkable noting that some began to earn a living through counselling, offering para-legal education, rights education and teaching business skills. For most of the survivors, their incomes improved after the intervention, some acquired valuable assets and they were able to support themselves, their families and needy members of their communities.

Overall, the study found women under LBI programme to have had more integrated interventions and the emphasis on development business skills emerges as more impactful and wholesome. The fact that women survivors not only received business skills but also start-up capital shielded them from further violations and ensured that they began the path of earning incomes. The LBI had a strong follow up approach that ensured women lapsing back into abuse and violent situations were brought back for further support until they could stand on their own. The model adopted by the organization emerges as one cognizant of the cycles of violence that characterize most lives of survivors and is sensitive to the key challenges they experience while emerging out of abusive scenarios.

Conclusion

Interventions against SGBV in Kenya have gained traction and a number of players are involved. However, they differ in terms of approach and emphasis and the kind of programmes delivered. Programmes that offer comprehensive care appear to make greater impact among survivors. Additionally, this study has shown that women survivors who have up-taken interventions have rich stories of change and impact that attest to the great value they place on delivered programmes. The changes are both intrinsic and extrinsic and affect not only the survivors but their families and communities. There is need for continuous tracking of programmes' impacts and the great potential they have in transforming lives of those who have encountered violence and gained meaning, capacities and began on a trajectory of improving their lives.

Recommendations

1. There is need for comprehensive care for SGBV survivors ensuring the provision of all aspects and not only medico-legal care but also capacity development and empowerment for optimal outcomes.

2. Policies on preventing and addressing SGBV should provide further clarity to programme providers and support their delivery for maximum impact. This coupled with an effective monitoring strategy will ensure service improvement and incorporate changes in approaches that are found to be more effective.
3. Due to the specialized nature of service providers, there is need to create linkages between players including government, private sector and non-profit entities where survivors can walk from one service point to another and assess different forms of care on a referral basis.
4. More awareness creation continues to be necessary and therefore the need to provide information on SGBV and the pathways for redress to women in the country.
5. There is need for longitudinal studies that can trace women survivors for a longer period of time after intervention to account for long-term impacts of SGBV programmes.

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