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**SOCIO-ECONOMIC AND HEALTH IMPACTS OF VIOLENCE AGAINST WOMEN AND CHILDREN IN KIGALI CITY. A CASE STUDY OF KACYIRU ISANGE ONE STOP CENTRE (2012-2018).**

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## Abstract

Gender based violence contrary to women is linked to gender inequalities, and gender norms according to which the female and the feminine is related with weakness, inferiority and victimization. The problem of this study was to find out how do socio-economic and health impacts of violence against women and children in Kigali City. Methodology of this study used target population of 18 employees from Isange One Stop Center who deal day to day with GBV victims. With universal sampling technique, the sample size was 18 respondents. Data collection instruments were questionnaire, and documentary instruments. Data analysis done using SPSS and descriptive Statistic method. The findings were presented in accordance with the research objectives where there are different health impact of women and children exposed to gender-based violence in Kigali city such as vaginal bleeding or pelvic pain as confirmed by 83.3%; and unwanted pregnancy on 50.0%. There are various socio-economic impacts of women and children victims who affected by gender violence indicated by loss of income; and loss of consumption/welfare as confirmed by 50.0%; out-of-pocket expenditure accessing health/legal services was on 66.7%; and loss of quality of life confirmed by 83.3%. The strategies and actions to counterfeit violence against women and children in Rwanda are promoting gender equality as a critical part of violence prevention and school initiatives are well placed to prevent violence against women as confirmed by 66.7%. As recommendation, we should have to continue awareness raising campaign on different forms of GBV focusing on the least know none, including psychological and emotional violence; and promoting gender equality is a critical part of violence prevention.

**Key Words:** *socio-economic, health impact, and gender based violence.*

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## 1. Introduction

Gender violence is the most extreme expression of unequal gender relations in society. It is first and foremost a violation of human rights, and a worldwide health issue that cuts across limits of economic wealth, culture, religion, age, and sexual alignment. Gender violence occurs, it is a major obstacle for the achievement of gender justice, posing a serious threat to self-governing development and public health, and is a critical barrier to achieving maintainable development, economic growth and peace. If women, girls, men and boys are not safe, they cannot be full people nor fully participate in the expansion of their own society around the world (Promundo, and Sonke, 2014).

The violence has originated to be almost synonymous with violence against women. It is necessary to more precisely define what types of violence should be included within gender violence. A complete types of gender violence include the domestic violence, sexual abuse and rape, trafficking of women, female genital mutilation, dowry violence, and other forms of violence in contradiction of women (WHO/PATH, 2005). Women who are victimized by physical violence whether at the

hands of intimate partners or relatives are more likely to use violence in disciplining their children. Where impacts are found on children's enlightening presentation, they are of an unforeseen way, with children of women victims more likely to attend school and less likely to be behind in age/grade development (Zainab, 2014).

Costs of GBV and the impact on economic growth and poverty reduction are substantial, but the estimates of costs vary substantially based on the data and methodology used, the inclusion or exclusion of different categories, and the monetary value allocated to human life and suffering. Most, of the few studies available, are from high income countries and largely based on crime reports, hospital records and surveys, underestimating the true prevalence and not including the impact of witnessing or being the victim of GBV as a child. The most commonly used approach is the accounting methodology including; direct costs due to expenditures on prevention, health care etc., and indirect costs due to lost productivity, impaired quality of life and cost of time (Morrell, and Jewkes, 2011).

In Rwanda has made tremendous attainments in closing gender gaps in the areas of economic, health, teaching and political progression when compared with 144 countries in the Global Economic Gender Gap Report. Rwanda's location in this global ranking has risen from seventh in 2014 to sixth in 2015 to fifth in 2016. The report looks at how women are faring in contrast to men in financial, health, instructive and political spheres. Rwanda was in the top five countries globally is a major milestone as it signals that gender disparities in these four areas have been significantly abridged and, in the case of instruction and picture of women in the national assembly and at the cabinet level, eliminated (UNHCR, 2017).

Isange One Stop Center, the centre is the first of its kind in Rwanda and has managed to fill a gap in responding to and preventing GBV. Isange is a Kinyarwanda word that means "Feel at home". Isange One Stop Center's initiative to complement existing efforts to prevent, respond to GBV and child. It was established in 2009 by RNP at the Police hospital to provide timely affordable comprehensive support to victims of GBV and child abuse. Isange One Stop Center is intended to complement national efforts in responding to Gender Based Violence (GBV). It is located within Kacyiru Police Hospital, which is a public hospital that provides different types of care medical care. Isange Center is a specialized free-of-charge referral center where survivors of gender based violence can find comprehensive services such as: medical care; psychosocial support; police and legal support, and collection of legal evidence (<https://www.friendsofimbuto.org/about-us/may, 2020>).

### 3. Statement of the Problem

Violence against women and girls (VAWG) is one of the most extensive human rights violations. VAWG is important social, financial and public health problem. No country is resistant to this problem and it impacts all socio-economic groups, societies and ages. This does not mean it is unavoidable; it can be transformed through political will, increased speculation in evidence-based programmes and policies, and public appointment for

## 5. Review of Literature

### 5.1 Gender-Based Violence

Gender-Based Violence happens as a cause and importance of gender inequities. It comprises a range of violent acts mainly committed by males against females, within the setting of females and girls subordinate status in civilization, and often serves to retain this unsatisfactory balance (Human Rights Watch, 1996). GBV includes, but is not limited to (1) Domestic Violence (DV) by an intra-family member and Intimate Partner Violence (IPV) including physical, sexual or psychological harm by a current or former partner or spouse; (2) Sexual Violence (SV) including rape, sexual abuse, forced pregnancies and prostitution; (3) Old-style

normative change. Gender violence takes on many forms and can occur throughout a person's life sequence. Many knowledge multiple episodes of strength that may start in the prenatal period and continue through childhood to adulthood and old age (Morrell, and Jewkes, 2011).

In Rwanda, several events have been put in place for GBV defensive mechanisms which include the business rules and regulations deter guests from bringing female friends into their rooms, even when allowed, some trades have set aside living rooms for discussion between guests and their visitors. Sanctions exist to those that compromise business values including deterrence and non-response to GBV issues. Punitive committees have been set up to settle any misunderstandings of any nature that crop or might crop up amongst business staff. Any form of nuisance is reported to this committee that is comprised of both men and women (Gender monitoring office report, 2018). Costs associated with violence against women and their children that may be expected over a time period if governments and groups do not take action and how the cost reductions, or the potential gains, that could be achieved with discounts in the levels of violence as a result of applying national, coordinated action.

## 2. Objectives of the Study

Generally, this paper assessed the Socio-Economic and Health impacts of violence against women and children in Kigali city. The study achieved the following specific objectives.

- i. To find out the socio-economic impacts of women and children victims who affected by gender violence
- ii. To determine the health impacts of women and children exposed to gender based violence in Kigali city since 2012-2018
- iii. To formulate strategies and actions to counterfeit violence against women and children in Rwanda

harmful practices including female genital mutilation (FGM), honor killing and dowry related violence; and (4) Human trading.

### 5.1.1 Causes of Gender Based Violence

GBV is a multifaceted and multidimensional problematic embedded within the broader socio-economic, political and cultural setting with traditional norms influencing the probability of GBV. The key danger issues for GBV are best described in an environmental model in recognition of the multiple causes of violence and the interaction of risk factors operating at the individual, relationship,

community, and social level. Female enablement might increase GBV temporarily when traditional gender roles are dared, but living in a public where women are authorized and have higher socio-economic status is protective against GBV (Koenig et al, 2003).

### The magnitude of Gender Based Violence

GBV is arguably the most widespread of all human rights violations, a pervasive and systemic public health issue affecting all socio-economic and national groups throughout the world at a high cost to the individual and society. Worldwide, an estimated one in three women are physically or sexually abused; and one in five experience rape or attempted rape in their lifetime (WHO, 1997). The large majority of GBV takes place in the home, where the victim often involvements repeated occurrences (Willman, 2008).

### Gender Based Violence as a major Public Health Problem

A large body of evidence documents the often severe and long lasting impact of GBV on human health including, but not limited to (i) fatal outcomes; (ii) acute and chronic physical injuries and disabilities, (iii) serious mental health problems and behavioral deviations increasing the risk of subsequent victimization and (iii) gynecological disorders, unwanted pregnancies, obstetric complications and HIV/AIDS. GBV has overwhelming significances, not only for the person who experiences it, but also those who witness it, in particular children. Victims of GBV often have severe feelings of guilt and are stigmatized and blamed by family, friends, and society. This often compounds the damaging consequences of GBV (WHO, 2002). GBV challenges the dignity, independence and safety of the victims; and the overall social and economic development of the entire society, hereby often re-enforcing gender in-equalities. GBV has overwhelming consequences, not only for the person who experiences it, but also those who witness it, in particular children. Victims of GBV often have severe feelings of guilt and are branded and blamed by family, friends, and society (WHO, 2002).

#### 5.1.2. Socio-Economic and Health Impact

##### Impacts on people's skills, knowledge, health and ability to work

According to Swaans, et al., (2008) human assets of both perpetrators (mainly men) and survivors (mainly women) of violence). GBV in particular physical, sexual and psychosocial forms including health consequences, including HIV transmission discrimination social stigma & exclusion; loss of life migration, commercial sex for survival purposes; and Reallocation of family resources. Social stigma and exclusion, loss of role and functions in a community society with consequent deficit of income

and increased gender inequalities may as well push the persons affected by GBV into a downward spiral of poverty, preventing them from living a healthy and dignified life. Negative impacts of GBV are particularly devastating for women and girls.

### Networks and Relationships of Trust Impacts

All forms are an insecurity and fear Health consequences, including HIV transmission Discrimination, Social stigma & exclusion Loss of life, and Migration Commercial sex for survival purposes. There are exclusion from social and community activities; loss of support from family and community networks; relationships of trust, reciprocity and exchange undermined, and dropping out of school.

Social capital is critical for farmers' ability to cope with external shocks, recover from their consequences and continue normal life and work. Illness and death, emotional and psychological consequences, as well as stigma and discrimination related to GBV, disrupt people's links to their extended family and the larger community.

### Available and Incomes Impacts

The loss of capital assets results in a loss of financial capital. Income obviously declines as victims/survivors no longer engage in productive activities, investments or off-farm employment. As income decreases, livelihood options are limited and people become more vulnerable to food insecurity and increased poverty. While the most immediate impacts of GBV and its consequences affect individuals victims/survivors and perpetrators and their families directly, these impacts combine to exert effects on the wider community and society.

### Basic Infrastructure and Producer Goods Impacts

For PHC physical capital is critical to their livelihoods, especially basic ones such as hand hoes, axes and shovels. Physical injuries sustained from violence prevent victims from using these tools, and thus from field work and production. Denial of access to such tools to women or other vulnerable categories diminishes their opportunities to produce more and/or to market their products, thus limiting their incomes and food security. Increased expenditure on medical care to treat injuries and illness (e.g. HIV) as a result is among the causes of the loss of household assets through the sale of both productive and non-productive assets. For widows and orphans in the form of property grabbing directly results in the loss of productive resources and even personal belongings and prevents them from providing for themselves and their families.

### 5.2 Empirical Review

RWAMREC, (2013) investigate a study on Sexual and Gender-Based Violence (GBV) Base-Line Study in 13

Districts. This study provides a baseline situation on GBV in 13 selected districts of Rwanda. The study was commissioned by four civil society Organizations, namely RWAMREC, RWN, AJEPRODHO and working on GBV under a financial support of NPA. The study was necessary to inform future interventions in the context of GBV Program. The study resorted to both qualitative and quantitative approaches. The methodology had four attributes. It was participatory, human rights-based, gender sensitive, with appreciative Inquiry as the guiding approach. It used triangulated methods, including literature review, questionnaire, key informant interviews and focused group discussions. The broad key finding is that while Rwanda has made commendable progress in the fight against GBV, the phenomenon is still prevalent in the country. The other key findings are as follows: the awareness on GBV is high: above 78% of all respondents know GBV in its various forms; this awareness is confirmed by the meaning that respondents give to GBV. In their words, GBV encompasses the following: discrimination based on one's sex, power imbalance in decision-making between men and women, unjust labor division between men and women, sexual abuse, beating and other force-based violence and economic deprivation; off all respondents, 72.9% said GBV exists in their respective communities. As regards its magnitude, GBV is described as a «very serious issue». Indeed, 70.9% respondents have witnessed a case of GBV in the last 12 months; among these, sexual abuse and hitting emerged as the top two forms of GBV that respondents heard of or witnessed in the last 12 months (58.6% and 38.5 % respectively).

Felix Asante et al., (2019) study on the prevent Violence: Economic and Social Costs project from Ghana. It also provides an overview of the costs of violence against women and girls (VAWG) to individuals, households, businesses and the economy. Findings show the heavy drag that VAWG imposes on wellbeing and economic productivity, and the need to invest urgently in scaling up efforts to prevent violence. Form and scale of VAWG: Intimate partner violence (IPV) and violence by family members are the most common forms of violence experienced by women in Ghana. Four out of ten Ghanaian women surveyed who were in a current relationship experienced IPV, and one out of two women living with natal or marital families, experienced family violence (FV) in the last 12 months.

Economic impact of VAWG: The scale of VAWG-related losses to the economy is significant. The national loss in productivity in Ghana through missing work and/or being less productive at work due to VAWG was approximately 65 million days annually, equivalent to 4.5% of employed women in effect not working. Taking into account only the time missed in paid work, households across Ghana lost nearly US\$286m annually in income due to VAWG in the last year. Intergenerational impact: It is estimated that 300,000 school days were missed by children per year in Ghana due to their mothers' experience of violence. This missed

schooling has long-term impacts on capabilities and future earnings of the children of women who experience violence. Household poverty: VAWG can deepen household poverty: many women who experience VAWG bear increased costs due to violence, for example for medical care.

### 5.3 Theoretical Framework

**Contemporary socio-biology and neo-Darwinism**- evolution of male aggression/violence to maintain female fidelity and secure reproductive control. Abuse is seen as a 'mate retention tactic'. There is little empirical support for these controversial ideas, which provide no useful suggestions for action. Attempts to predict violence using biological variables require a host of non-biological factors to be added.

**Battered women's syndrome/learned helplessness**, L. Walker (1983) although developed as a feminist explanation to help women understand the dynamics and impact of DA, this theory is now widely seen as reductionist and open to misuse. In the simplest form it does not account for many rational social, economic and cultural choices which may lead to decision to remain in relationship fear of retaliation, stalking, escalated violence, need for financial support, concern for wellbeing of children, desire to stay in own home, lack of social, family, community support networks, various aspects of risk assessment and management of survival.

**Women-blaming explanations**, these are common currency in public domain, and collude with the perpetrator's claims of provocation and denial of responsibility. They usually rely on assumption of gendered roles and expectations of appropriate or 'unacceptable' female behaviour in performance of domestic or sexual duties.

**Male pathologies-DV** as 'deviant' behaviour of psychologically disturbed men. Researchers and practitioners who adopt this perspective often focus on childhood and other experiences/events which shape men to 'become abusers'. Research seeks to compare them with 'normal' control group (NVM). The claim is made that the disturbed/violent men suffer more distress, personality disorders, anger/hostility, and alcohol problems than 'normal'. (Holtzworth-Munroe et al 1997).

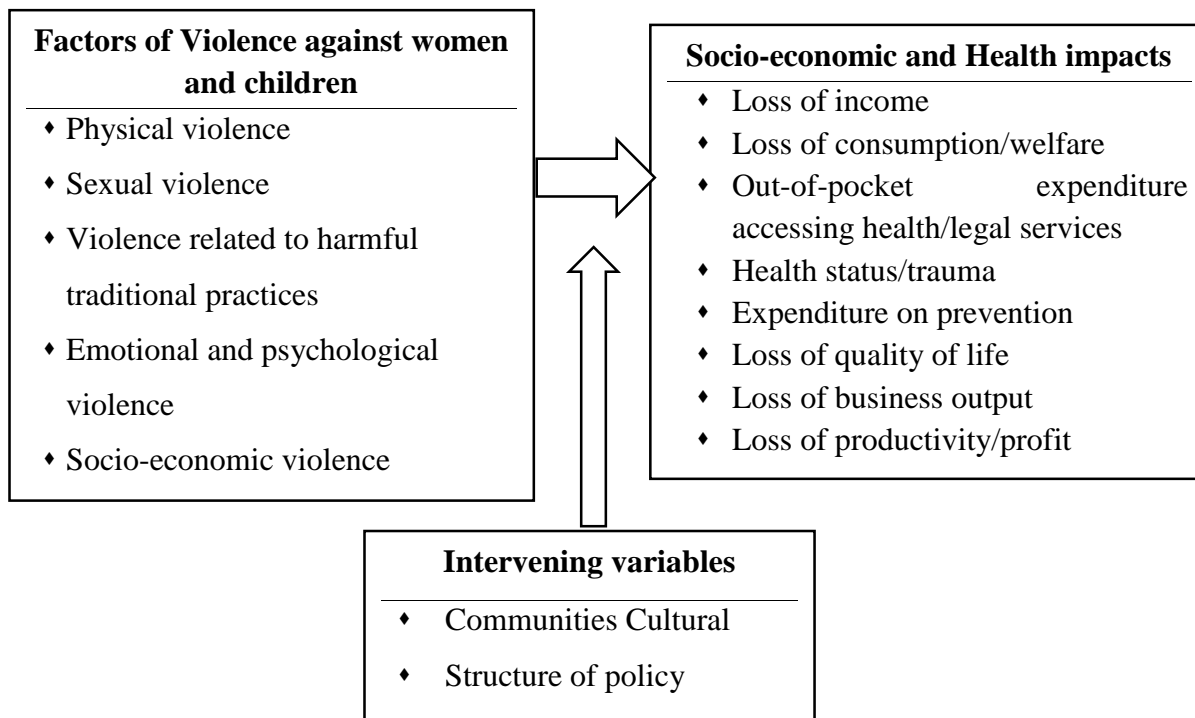
**Cycle of Violence (Generational)**, this set of ideas is contentious, with arguments both for and against in the literature (Kelly 1999; Peled, Jaffe and Edleston 1995) but widespread in popular culture, reporting and belief: based either on biological (that it is genetically inherited) or, more usually, social learning theories.

### 6. Conceptual Framework

This research is guided by a conceptual framework (Figure 1) that details the triple-effects of violence

against women and girls at three levels: Government/National, individual/household, community/business and

**Figure 1: Conceptual framework**



**Source:** Researcher Conceptualization, 2020

## 7. Methodological Framework

The research design is a plan for the study used as a guide in collecting and *analyzing* data. In respect of this study, the qualitative and quantitative approaches *were applied*. The target population was 18 employees from Isange One Stop Centre Kacyiru who deal day to day with GBV victims.

### 7.1 Sample size and Sampling procedure

Universal sampling technique was used to select 18 of respondents as sample size. It was chosen because universal sampling refers to the selection of sample where not all the people in the population have the same probability of being included in the sample and each one of them, the probability of being selected is unknown and number population were small.

### 7.2 Source Data

In respect of this study, the primary and secondary data were collected and they are used to accomplish the research objectives. Primary data was collected through using questionnaires addressed to 18 respondents.

Secondary data was conducted through accessing the published report documents related to GBV from Isange One Stop Centre Kacyiru.

### 7.3 Data Analysis Procedures

This part explains how the data obtain from respondents are edited, coded and made the statistical tables by using various methods of data analysis. Through SPSS (Statistical Packages for Social Sciences), the study used descriptive statistical method in analysis to describe the socio-economic and health impacts on gender based violence victimization of women and children in Rwanda

## 8. Results and Discussions

The findings from the research carried out at Isange One Stop Center/Kacyiru in relation with Socio-Economic and Health impacts of Violence against Women and Children in Kigali City (2012-2018). Data were collected through questionnaires, and documents review. Data were analyzed quantitatively using computer software of SPSS IBM 21.0 version

**Table 1: Social Demographic of Respondents**

	Data	Frequencies	Percentages
<b>Gender</b>	Male	3	16.7
	Female	15	83.3
	<b>Total</b>	<b>18</b>	<b>100.0</b>
<b>Marital Status</b>	Single	6	33.3
	Married	12	66.7
	<b>Total</b>	<b>18</b>	<b>100.0</b>
<b>Ages</b>	21-30 years	6	33.3
	31-40 years	12	66.7
	<b>Total</b>	<b>18</b>	<b>100.0</b>
<b>Education Level</b>	Masters and above	3	16.7
	Bachelor's degree	15	83.3
	<b>Total</b>	<b>18</b>	<b>100.0</b>
<b>Experiences in working with women and children victims</b>	2-4years	9	50.0
	5-6years	3	16.7
	7years and above	6	33.3
	<b>Total</b>	<b>18</b>	<b>100.0</b>

**Source:** *Field Research Survey, 2020*

At Isange One Stop Center-Kacyiru, there are both females than males in receiving and caring gender violence victims. This is justified by 15 (i.e: 83.3%) of females and 3 (i.e: 16.7%) of males participated in this important study on socio-economic and health impacts of violence against women and children in Kigali City. Marital status is very useful especially when it is an area where they are receiving different categories of people like Isange One Stop Center-Kacyiru. During this analysis, findings show that 6 (i.e: 33.3%) of respondents were single. Married participated in this study were 12 (i.e: 66.7%) respondent at Isange One Stop Center-Kacyiru. Ages play a greater impact for caring gender based violence victims like Isange One Stop Center-Kacyiru. This institution plays a great role in hiring mature people where 12 (i.e: 66.7%) of respondents have

between 31-40 years old, while from 21-30 years were occupied by 6 (i.e: 33.3%) of respondents. Education level is very useful when hiring employees to work with an organization, Isange One Stop Center-Kacyiru take care on education level because hiring skilled employees help to achieve goals. The findings confirmed that there is no illiterate respondents participated in this study, 3 (i.e 16.7%) respondents have Masters and above while 15 (i.e 83.3%) respondents have bachelor's Degree. We would like to know experiences in working with women and children victims. The results show 9 (i.e 50.0%) respondents have 2-4years of experience working with those victims from gender violence. The 3 (i.e 16.7%) of respondents have between 5-6years of experience, while 6 (i.e 33.3%) respondents have 7years and above.

### Findings on types of gender violence experienced and received at Isange One Stop Center Kacyiru

Table 2 below shows types of gender violence experienced to receive at Isange One Stop Center Kacyiru as follows.

**Table 2: The types of gender violence experienced to receive at Isange One Stop Center Kacyiru**

Short term physical health effects of violence against women	SA		A		N		D		SD	
	fi	%	fi	%	fi	%	fi	%	fi	%
Selling and/or trading in human beings for sexual exploitation.	6	33.3	9	50.0	0	0.0	3	16.7	0	0.0
Commercial sexual exploitation.	9	50.0	3	16.7	6	33.3	0	0.0	0	0.0
Use of children in illicit activities as well as hazardous child labour.	3	16.7	6	33.3	9	50.0	0	0.0	0	0.0

Short term physical health effects of violence against women	SA		A		N		D		SD	
	fi	%	fi	%	fi	%	fi	%	fi	%
Trafficking of children	9	50.0	0	0.0	3	16.7	0	0.0	6	33.3
Sexual harassment.	9	50.0	3	16.7	3	16.7	3	16.7	0	0.0
Rape and marital rape, defilement.	0	0.0	9	50.0	6	33.3	3	16.7	0	0.0
Child sexual abuse	3	16.7	3	16.7	9	50.0	3	16.7	0	0.0
Female genital mutilation	6	33.3	6	33.3	3	16.7	3	16.7	0	0.0
Forced marriage and early marriages.	0	0.0	6	33.3	9	50.0	3	16.7	0	0.0
Infanticide and/or neglect.	9	50.0	6	33.3	0	0.0	3	16.7	0	0.0
Denial of education for girls or women.	3	16.7	3	16.7	9	50.0	3	16.7	0	0.0
Emotional and psychological violence.	3	16.7	12	66.7	0	0.0	3	16.7	0	0.0
Denial of economic and social benefits and opportunities	3	16.7	3	16.7	9	50.0	3	16.7	0	0.0

**Source:** Field Research Survey, (February, 2020)

According to the perceptions from respondents about the types of gender violence experienced to receive at Isange One Stop Center Kacyiru, there are selling and/or trading in human beings for sexual exploitation which was on 83.3% from confirmation of strongly agree and agree of respondents; commercial sexual exploitation confirmed on 66.7%; use of children in illicit activities as well as hazardous child labour confirmed on 50.0%; trafficking of children was on 66.7%. Sexual harassment confirmed on 66.7%; rape and marital rape, defilement confirmed on 83.3%; child sexual abuse confirmed on rate of 33.3%; female genital mutilation was on 66.7%; forced marriage and early marriages confirmed on 83.3%; infanticide and/or neglect was on 83.3%; denial of education for girls or women confirmed on 33.3%; emotional and psychological violence was on 83.3%; and

denial of economic and social benefits and opportunities confirmed on 33.3%.

### **Socio-economic impacts of women and children victims affected by gender violence**

Socio-economic impact of women and children victims affected by gender violence in Kigali mainly included by the loss of income, loss of consumption/welfare, out-of-pocket expenditure accessing health/legal services, health status/trauma, expenditure on prevention, loss of quality of life, loss of business output, and loss of profit of victims. The results on the socio-economic impact of women and children victims affected by gender violence from data collected at Isange One Stop Center Kacyiru as shown on table 3 as follows.

**Table 3: The socio-economic impact of women and children victims affected by gender violence**

Socio-economic impact for women and children victims	SA		A		N		D		SD	
	fi	%	fi	%	fi	%	fi	%	fi	%
Loss of income.	3	16.7	0	0.0	3	16.7	9	50.0	3	16.7
Loss of consumption/welfare.	3	16.7	6	33.3	9	50.0	0	0.0	0	0.0
Out-of-pocket expenditure accessing health/legal services.	6	33.3	6	33.3	6	33.3	0	0.0	0	0.0
Expenditure on prevention.	0	0.0	3	16.7	12	66.7	3	16.7	0	0.0
Loss of quality of life.	9	50.0	6	33.3	0	0.0	0	0.0	3	16.7
Loss of business output.	0	0.0	3	16.7	12	66.7	3	16.7	0	0.0
Loss of productivity/profit.	9	50.0	6	33.3	0	0.0	3	16.7	0	0.0
Reducing capacity for other priorities.	3	16.7	6	33.3	6	33.3	3	16.7	0	0.0
Significant expenditures on services to	6	33.3	6	33.3	6	33.3	0	0.0	0	0.0

Socio-economic impact for women and children victims	SA		A		N		D		SD	
	fi	%	fi	%	fi	%	fi	%	fi	%
respond to and support victims and survivors of violence.										
Employers hire replacement staff for absenteeism.	0	0.0	3	16.7	3	16.7	12	66.7	0	0.0

**Source:** *Field Research Survey, 2020*

The perceptions from respondents on the socio-economic impact of women and children victims affected by gender violence, where the loss of income refers to the situation in which a victim's source of money for expenses or lifestyle, such as salary from a job or income from a business, is terminated, this means the victims of GBV in Kigali lose their income as confirmed by 33.3% who strongly agreed and agreed about the women and children victims of GBV lose their income. Loss of consumption/welfare refers to the decreased economic well-being caused by GBV for victims. This means through the answers from 50.0% of respondents confirmed that Victims of GBV in Kigali loss of consumption/welfare due to this violence. The expenses that the women or children's family pays directly to the health care provider, without a third-party known as Out of Pocket Expenditure. These expenses could be medical as well as non-medical expenditure like legal services as confirmed by 66.7%. The findings show that there are expenditure used in prevention, and investigation for victims of GBV as confirmed by 16.7%. Quality of life refers to someone's general wellbeing and

ability to enjoy normal life activities, like taking care of someone else or participating in recreational activities. The findings show that GBV is as one factor of loss of joy of living, damage to reputation, and feelings of disgrace also diminish quality of life in the wake of an injury as confirmed on 83.3%. Due to gender based violence to business women victim, there is a loss of business output caused sometimes on absence in the business as confirmed by 16.7% of respondents during this study. More than 83.3% of respondents confirmed using strongly agree and agree that there is a loss of productivity/profit to the victims caused by gender based violence. Because of gender violence, victims mainly are reduced in capacity for other priorities as results of GBV confirmed by 50.0%. During this study at Isange one stop center Kacyiru, more than 66.7% of respondents confirmed using strongly agree and agree that there are significant expenditures on the various services to respond to and support the victims and survivors of violence in Kigali. Due to GBV on employees, some employers can hire the replacement staff for absenteeism of victims as confirmed on 16.7% of respondents.

#### Health Impacts of women and children exposed to gender-based violence in Kigali city

**Table 4: The short-term physical health effects of violence against women and children in Kigali**

Short term physical health effects of GBV	SA		A		N		D		SD	
	Fi	%	fi	%	fi	%	fi	%	fi	%
Vaginal bleeding or pelvic pain	9	50.0	6	33.3	0	0.0	3	16.7	0	0.0
Unwanted pregnancy	3	16.7	6	33.3	6	33.3	3	16.7	0	0.0
Sexually transmitted infections (STIs), including HIV.	15	83.3	3	16.7	0	0.0	0	0.0	0	0.0
Trouble sleeping or nightmares	6	33.3	3	16.7	3	16.7	6	33.3	0	0.0

**Source:** *Field Research Survey, 2020*

The perceptions from respondents on the short term physical health effects of violence against women and children in Kigali. The study findings show that vaginal bleeding or pelvic pain that was on 83.3%; unwanted

pregnancy confirmed on 50.0%; sexually transmitted infections (STIs), including HIV confirmed on 83.3%; and trouble sleeping or nightmares confirmed on 50.0%.

**Table 5: The long term physical health effects of violence against women and children in Kigali**

Long term physical health effects of GBV	SA		A		N		D		SD	
	Fi	%	fi	%	fi	%	fi	%	fi	%
Arthritis	6	33.3	6	33.3	3	16.7	3	16.7	0	0.0
Chronic pain	6	33.3	0	0.0	6	33.3	6	33.3	0	0.0
Digestive problems such as stomach ulcers	6	33.3	9	50.0	3	16.7	0	0.0	0	0.0



Long term physical health effects of GBV	SA		A		N		D		SD	
	Fi	%	fi	%	fi	%	fi	%	fi	%
Heart problems	6	33.3	0	0.0	6	33.3	6	33.3	0	0.0
Irritable bowel syndrome	6	33.3	0	0.0	3	16.7	6	33.3	3	16.7
Nightmares and problems sleeping	3	16.7	3	16.7	12	66.7	0	0.0	0	0.0
Migraine headaches	9	50.0	3	16.7	0	0.0	6	33.3	0	0.0
Sexual problems such as pain during sex	6	33.3	0	0.0	6	33.3	0	0.0	6	33.3
Stress	3	16.7	9	50.0	0	0.0	6	33.3	0	0.0
Problems with the immune system	6	33.3	6	33.3	3	16.7	3	16.7	0	0.0

**Source:** Field Research Survey, 2020

The results show that arthritis was on 66.7%; chronic pain was confirmed on 66.7%; digestive problems such as stomach ulcers was on 83.3%; heart problems was on 66.7%; irritable bowel syndrome was confirmed on 50.0%; nightmares and problems sleeping was on 33.3%;

migraine headaches was on 66.7%; sexual problems such as pain during sex was on 66.7%; stress was on 66.7%; and problems with the immune system confirmed on 66.7%.

**Table 6: The traumatic brain injury health effect related to domestic violence in Kigali**

The traumatic brain injury health related to domestic violence	SA		A		N		D		SD	
	fi	%	Fi	%	fi	%	fi	%	fi	%
Headache or a feeling of pressure	3	16.7	3	16.7	3	16.7	6	33.3	3	16.7
Loss of consciousness	6	33.3	3	16.7	9	50.0	0	0.0	0	0.0
Confusion	6	33.3	3	16.7	6	33.3	3	16.7	0	0.0
Dizziness	3	16.7	3	16.7	6	33.3	6	33.3	0	0.0
Nausea and vomiting	6	33.3	9	50.0	3	16.7	0	0.0	0	0.0
Slurred speech	3	16.7	3	16.7	9	50.0	3	16.7	0	0.0
Memory loss	0	0.0	6	33.3	9	50.0	3	16.7	0	0.0
Trouble concentrating	3	16.7	12	66.7	3	16.7	0	0.0	0	0.0
Sleep loss	6	33.3	3	16.7	6	33.3	3	16.7	0	0.0

**Source:** Field Research Survey, 2020

The perceptions from respondents on the traumatic brain injury health related to domestic violence in Kigali where Isange One Stop Center indicated that headache or a feeling of pressure was on 33.3%. Loss of consciousness confirmed on 50.0%; confusion was on 50.0%; dizziness

was on 33.3%; nausea and vomiting confirmed on 83.3%; Slurred speech was on 33.3%; memory loss was on 83.3%; trouble concentrating was 83.3%; and sleep loss was confirmed on 50.0%.

**Table 7: The mental health effects of violence against women and children in Kigali**

Mental health effects of violence against women and children	SA		A		N		D		SD	
	fi	%	fi	%	fi	%	fi	%	fi	%
Post-traumatic stress disorder.	12	66.7	0	0.0	3	16.7	0	0.0	3	16.7
Depression.	0	0.0	3	16.7	12	66.7	0	0.0	3	16.7
Anxiety.	6	33.3	9	50.0	3	16.7	0	0.0	0	0.0

**Source:** Field Research Survey, 2020

The perceptions of respondents on the mental health effects of violence against women and children in Kigali where post-traumatic stress disorder was confirmed on 66.7%; depression confirmed on 16.7%; and anxiety was on 83.3%.

that can be taken to counterfeit violence against women and children in Kigali which are promoting gender equality is a critical part of violence prevention; school initiatives are well placed to prevent violence against women; community interventions can empower women and engage with men; media interventions can alter gender norms and promote women's rights; programmes must engage males and females; and elaborating laws and policies to promote gender equality.

### Findings on the strategies and actions to fight gender violence for women and children in Kigali

During the study at Isange One Stop Center Kacyiru, findings confirmed that various strategies and actions

**Table 8: The strategies and actions to counterfeit violence against women and children in Kigali**

Strategies and actions to counterfeit violence against women and children	SA		A		N		D		SD	
	fi	%	fi	%	fi	%	fi	%	Fi	%
Promoting gender equality is a critical part of violence prevention	6	33.3	6	33.3	0	0.0	3	16.7	3	16.7
School initiatives are well placed to prevent violence against women.	9	50.0	3	16.7	3	16.7	3	16.7	0	0.0
Community interventions can empower women and engage with men.	3	16.7	9	50.0	3	16.7	3	16.7	0	0.0
Media interventions can alter gender norms and promote women's rights.	6	33.3	3	16.7	9	50.0	0	0.0	0	0.0
Programmes must engage males and females.	0	0.0	12	66.7	6	33.3	0	0.0	0	0.0
Laws and policies to promote gender equality	6	33.3	6	33.3	3	16.7	3	16.7	0	0.0

**Source:** *Field Research Survey, 2020*

The perceptions on the strategies and actions to counterfeit violence against women and children in Kigali. Findings show that promoting gender equality is a critical part of violence prevention was on 66.7%; School initiatives are well placed to prevent violence against women confirmed on 66.7%; Community interventions

can empower women and engage with men confirmed on 66.7%; Media interventions can alter gender norms and promote women's rights was on 50.0%; programmes must engage males and females was on 66.7%; and laws and policies to promote gender equality was 66.7%.

## 9. Conclusion and Recommendations

The consequences of gender-based violence are devastating. Survivors often experience life-long emotional distress, mental health problems and poor reproductive health. Abused women are also at higher risk of acquiring HIV. Women who have been physically or sexually assaulted tend to be intensive long-term users of health services. The impact of violence may also extend to future generations: children who have witnessed abuse, or were victims themselves, often suffer lasting psychological damage. GBV has serious negative health, physical and psychological effects. Women who have been physically or sexually assaulted tend to be intensive long-term users of health services.

The recommendations addressed to gender machineries: Continue awareness raising campaign on different forms of GBV focusing on the least know none, including psychological and emotional violence; Encourage GBV cases reporting whenever they occur; Make sure GBV service providers are responsive and effective; Develop strategies to prevent GBV focusing on the family and community level; Discourage family mediation in cases of sexual violence, involving more specifically rape; Revitalize anti-GBV committees.

To Civil Society Organizations working on GBV and gender field: Continue awareness raising campaign on different forms of GBV focusing on the least known ones, including psychological and emotional violence; Focus on the pervasive consequences of GBV non reporting, and more specifically rape; Effectively engage in (continue) awareness raising campaign on the referral process, especially in case of sexual violence ; Advocate for more effective and community close GBV response services; Informing the population of the available services/organizations to resort to in case of GBV; Engaging children, the youth and parents in the fight against GBV;

To general public for counterfeiting violence against women and children: Promoting gender equality is a critical part of violence prevention; School initiatives are well placed to prevent violence against women; Community interventions can empower women and engage with men; Media interventions can alter gender norms and promote women's rights; Programmes must engage males and females; Laws and policies to promote gender equality

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