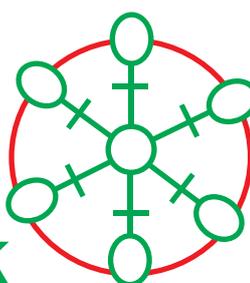


# Exploring Community Perceptions and Women's Experiences of Violence against Women and Use of Services in Bugesera District, Eastern Province, Rwanda.



Exploring Community Perceptions and Women's Experiences of Violence against Women and Use of Services in Bugesera District, Eastern Province, Rwanda.

# Rwanda Women's Network



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**Rwanda Women's Network**

Kicukiro, near World Food Program Headquarters

Hse // G.S.A/G. 0545

P.O BOX 3157

Kigali - Rwanda

Tel/Fax: +250-252-583 662

Email: [rwawnet@rwanda1.com](mailto:rwawnet@rwanda1.com)

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# Abbreviations

<b>AIDS</b>	<b>: Acquired Immuno - Deficiency Syndrome</b>
<b>AVEGA</b>	<b>: Association des Veuves du Genocide d'Avril</b>
<b>CSO</b>	<b>: Civil Society Organizations</b>
<b>DHS</b>	<b>: Demographic and Health Survey</b>
<b>FGD</b>	<b>: Focus Group Discussion</b>
<b>GBV</b>	<b>: Gender Based Violence</b>
<b>HIV</b>	<b>: Human Immune Virus</b>
<b>ICRW</b>	<b>: International Center for Research on Women</b>
<b>IPV</b>	<b>: Intimate Partner Violence</b>
<b>MIGEPROF</b>	<b>: Ministry of Gender and Family Promotion</b>
<b>MRC</b>	<b>: Medical Research Council of South Africa</b>
<b>NGO</b>	<b>: Non Governmental Organization</b>
<b>NISR</b>	<b>: National Institute of Statistics of Rwanda</b>
<b>NUR</b>	<b>: National University of Rwanda</b>
<b>POH</b>	<b>: Polyclinic of Hope</b>
<b>RWF</b>	<b>: Rwandan Francs</b>
<b>RWN</b>	<b>: Rwanda Women Network</b>
<b>STDs</b>	<b>: Sexual Transmitted Diseases</b>
<b>UN</b>	<b>: United Nations</b>
<b>UNAIDS</b>	<b>: United Nations on HIV/AIDS</b>
<b>UNFPA</b>	<b>: United Nations Fund Population Agency</b>
<b>UNIFEM</b>	<b>: United Nations Development Fund for Women</b>
<b>VAW</b>	<b>: Violence against Women</b>
<b>VCT</b>	<b>: Voluntary Counseling and Testing</b>
<b>WHO</b>	<b>: World Health Organization</b>

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**Mary BALIKUNGERI**  
**Director and Founder**  
**Rwanda Women’s Network**

# Executive Summary

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Most studies on gender based violence (GBV) in Rwanda have focused on the sexual violence that happened during the genocide. Research that does exist on violence in intimate relationships after the genocide has shown that the levels are high but good data on how women are assisted and supported is absent. This report presents findings from a study done as part of the Strengthening GBV Research Capacity in Africa project. The main objective of the study was to assist the Rwanda Women's Network (RWN) and other service providers in developing effective services for abused women.

The study was done in the District of Bugesera, an area most affected by the 1994 genocide against the Tutsi in Rwanda. Qualitative methods consisting of semi-structured in-depth interviews and focus group discussions were used. Participants included women survivors of intimate partner violence (IPV), community members, service providers (police, health, community leaders, local authorities, GVB committees, NGOs, and mediators (abunzi)). The data was analyzed using content analysis.

Women experienced the full spectrum of IPV, including physical, sexual, psychological and economic violence. Being abandoned by a partner and struggling to survive was a common theme. Seeking help was not always an option although many women's first call of help was to local leaders. The study revealed that many women were not able to get the assistance they needed and both the financial dependence on husbands and the Rwandan culture of keeping family affairs private were key barriers in seeking assistance. Barriers to providing assistance as described by service providers include: lack of resources such as transport to take victims to the hospital; wide distances between villages and lack of health personnel to attend to survivors. Family support was also limited because of the effect of the genocide. However encouraging was the assistance provided by other community women as well as NGOs and this was of value in providing emotional and financial assistance to women and their children.

The study not only generated more in-depth information about knowledge, attitudes and perceptions on VAW, but it also built RWN research capacity and provided data for use in programmatic and advocacy work among women in Rwanda.



# 1. INTRODUCTION

## 1.1 Background

Violence is a common feature of Rwanda's recent history. A 1996 report by the U.N. Special Rapporteur on Rwanda estimated that at least 250,000 women were raped during the genocide (UNIFEM/Department of Applied Statistics of the National University of Rwanda, 2008). The forms of gender-based and sexual violence were varied and included individual rape; gang-rape; rape with sticks, guns, or other objects; sexual enslavement; forced marriage; forced labor; and sexual mutilation. Sexual violence was one of many violations inflicted upon Rwandan women and girls, who were often abused after having witnessed the torture and murder of their family members and the destruction of their homes. Although the correct figures will never be known, survivors' testimonies confirmed that rape was particularly widespread as was the killing of women.

The sexual violence that dominated the genocide was the focus of a number of studies and this was crucial in raising the issue and bringing it to the world's attention. Only more recently, though, has some consideration been given to intimate partner violence (IPV). The best national data on IPV among women in Rwanda is from the 2005 Demographic and Health survey (Institut National de la Statistique du Rwanda (INSR) and ORC Macro, 2006). A module on domestic violence was included in the broader study and in every 2nd household a woman aged 15 – 49 years was asked about violence experiences (4,066 women included). Overall the study found that 30.7% reported ever experiencing physical violence by an intimate partner while 19% reported such violence within the last year. Among currently married women ever experiences of physical violence were slightly higher (35.3%) while 12.9% reported sexual violence and 12.1% reported emotional abuse. These findings indicate that the prevalence of IPV in Rwanda is somewhat higher than the prevalence rates reported by many of the countries that were part of the WHO multi-country study (Garcia-Moreno et al., 2006) and is a clear indication that IPV is a common feature of the lives of Rwandan women.

Another study found very high levels of IPV among pregnant women. More than a third of the women (35.1%) reported physical violence by an intimate partner in the past year. The study also found a positive association between IPV and HIV (Ntanganira et al., 2008).

A 2008 report informs on work to document the extent of IPV in the country. It draws on discussions with people across Rwanda as to what are the most common types of violence, who are most affected and which areas in the country have the highest number of cases. This was not a national study but reflected peoples' perceptions of the problem. The Eastern Province which includes the Bugesera area was repeatedly identified as a high risk area for violence against women (UNFPA/United Nations Rwanda/Ministry of Gender, 2008)

The above studies provide clear evidence that violence against women (VAW) in Rwanda, whether in peacetime, during conflict or post-conflict periods, is a major problem that impacts the health of the population. VAW undermines women's ability to negotiate safe sex and prevent the transmission of HIV and other STIs; impedes women's access to and use of services including methods of protection thereby jeopardizing informed choice; and burdens overwhelmed health care systems (UNAIDS/UNFPA/UNIFEM, 2005).

While these studies have served to establish the extent of VAW in the country, there has been little qualitative research to better understand community perceptions of and attitudes toward VAW and women's own accounts of their experiences of VAW and use of services. One 2008 study found that women defined VAW as physical only and this implies the acceptance of psychological, sexual and other types of abuse as men's prerogative (UNIFEM/Department of Applied Statistics of the National University of Rwanda, 2008). The authors concluded that socialization processes contribute to women's acceptance of men as superior, stronger and more dominant and therefore certain forms of violence perpetrated by men. Yet women also tended to explain conjugal violence as a result of men's individual characteristics, particularly their use of alcohol. The researchers found no attempts to challenge the societal or family systems that promote acceptance of VAW. Although the study did not examine the use of services by victims of VAW, it called for capacity building on preventing and responding to VAW of all social, medical, legal and police institutions that are directly or indirectly involved with the women who are victims of violence.

Another research gap is the lack of district-specific data to inform program development. The country assessment on VAW (UNFPA/United Nations Rwanda/Ministry of Gender, 2008) explored the forms and incidences of VAW i.e. sexual violence, physical violence, economic violence and psychological violence. The report also touched on the existing policies and laws on VAW as well as the main stakeholders and their interventions. But this report as well as

another by UNIFEM/Department of Applied Statistics of the National University of Rwanda (2008) provided a general picture of Rwanda and did not include details for specific Districts.

This study aimed to fill in these gaps by exploring in-depth the knowledge, attitudes, perceptions and use of services available to women in Bugesera District.

The research therefore gave greater insights that will assist RWN and other stakeholders working in the District in understanding the context of VAW in the area as well as formulating better implementation and coordination mechanisms for prevention and response strategies and initiatives.

## 1.2 Research aim

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The overall aim of the study was to generate information about VAW and survivors' use of services to inform the expansion and strengthening of VAW prevention and response strategies by RWN and others in Bugesera District.

## 1.3 Research objectives

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- To explore the perceptions and experiences of VAW within the community of Bugesera.
- To explore what services women need and whether they use such services.
- To explore the capacity of service providers such as anti-GBV committees, health service providers and the police to respond to the needs identified by the survivors.

## 1.4 Study area

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Rwanda is located in central Africa. About 52% of the populations are women. Rwanda's administrative structure is divided into five Provinces i.e. (Western, Eastern, Northern, Southern Provinces and Kigali city). These are further divided into 30 Districts and 415 Sectors. The sectors are further divided into cells and finally villages (imidugudu).

Bugesera the study area, is part of the Eastern Province close to the Burundian boarder. It is located 40 kilometers from Kigali, the capital of Rwanda with an estimated population of 58,313 people. It includes 15 sectors among which two sectors have been chosen to be part of the study area i.e. Nyamata and Gashora sectors. These are sectors that RWN currently operates in and where the organization carried out another research project, "Securing Women's Land Rights: Assessing Gender gaps in the implementation of existing Laws in Bugesera District, Eastern Province,

Rwanda". This VAW research strengthened and complimented outcomes of the afore-mentioned study and reinforced RWN's presence in these sectors. Bugesera is classified as a rural area with the potential to grow and become a big town especially with a highway recently constructed and a modern and regional airport that is being planned. Nyamata is the main town of Bugesera and hosts the primary socio-economic activities of the whole District while Gashora is a rural setup.

In Rwanda VAW, especially rape and domestic violence, is against the law and women are encouraged to report cases first to the police. However, women can also access services from different institutions e.g. health centers (often referred by the police), local authorities, civil society organizations providing VAW response services, etc. The police stations usually have Gender Desks that cater to the specific needs of victims/survivors of GBV. Nyamata Hospital provides health services including medical tests after rape and the hospital is complimented by other health facilities which are closer to the people. The Polyclinic of Hope, an RWN program in Bugesera, provides the following services for victims of rape and other violent crimes during the 1994 genocide: HIV voluntary counseling and testing (VCT); psycho-social, trauma & HIV/AIDS counseling & support; basic medical care & support; comprehensive ART services and follow-up; education & vocational training support; income generating activities support; sensitization, education and awareness on different issues; medical referral services, etc.

Other civil society organizations present in the area that are involved in GBV responses and prevention are World Vision, IBUKA, AVEGA and Bamporeze. These organizations mainly provide sensitization on GBV, counseling and referral to other institutions especially for health care. Victims are sometimes referred to Haguruka, an organization in Kigali that provides legal services.

## 2 RESEARCH METHODOLOGY

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### 2.1 Study design

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Qualitative participatory methods were applied in this study. These methods were used to encourage participants to talk freely since this study was an exploratory one. Both semi-structured in-depth interviews and focus group discussions were used. The in-depth interviews were held with survivors of violence, leaders of the community and service providers. Focus group discussions including ranking, open ended stories, causal pathways, etc. were utilized to get community members and service providers views. This study followed ethical guidelines laid out in the WHO guidelines on conducting studies on VAW e.g. counseling and referrals provided to survivors of VAW interviewed, seeking consent, ensuring confidentiality and security of interviewees, etc.

### 2.2 Participants

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A list of study participants is shown in Table 1. A total of twelve (12) survivors of VAW were interviewed. These women were identified through the police and from RWN's community work. Women were initially asked if they were interested in participating in the research and only those that agreed had their contact details forwarded to the researchers. Consent was only taken by researchers once they met and informed the women.

Ten (10) interviews were also held with key service providers and stakeholders, including program managers of NGOs, health workers, police station gender desk officers, local leaders and legal service providers, including staff from the Courts.

Ten (10) FGDs were held with community members, local leaders, Abunzi and service providers. The community members were invited to participate at the community monthly meetings and access to the service providers was sought via the required channels.

Informed consent was obtained from those who agreed to participate.

A validation meeting for the study was also conducted in Bugesera District. The meeting brought together more than 45 stakeholders including local leaders, representatives of the health sector, education sector, the army, the Nyamata and Gashora police posts, RWN community paralegals and community women, representative of the joint action development forum, representatives of mediators & GBV committees, opinion leaders, women councilors, etc. to share the research findings, input and endorse the research report.

**Table 1: Study participants**

SURVIVORS		Location/ Institution
01	29 yr old woman, not legally married, 2 children- husband imprisoned	Nyamata Sector
02	28 yr old woman, not legally married, 2 children	Nyamata Sector
03	42 yr old woman, separated, 2 children	Nyamata Sector
04	40 yr old woman, married, works as a paralegal, hasn't sought help for the abuse	Nyamata Sector
05	30 yr old woman, married 4 children	Nyamata Sector
06	30 yr old woman, not legally married, 4 children & has been to court	Gashora Sector office
07	62 yr old woman, not legally married, adult children, disabled	Gashora Sector office
08	40 yr old woman, married, 4 children	Gashora Sector
09	30 yr old woman, not legally married but dowry and church processes followed, 3 children	Gashora Sector
10	34 yr old woman, married, 6 children	Gashora Sector
11	26 yr old woman, separated , 2 children	Buchesera
12	65 yr old woman, process of getting a divorce, 2 children	Buchesera

A dispute mediation body that has its roots in tradition but was formalized by the enactment of Organic Law No. 31 in 2006 which sets out its organization, jurisdiction, competence and functioning. There is however a debate on whether the Abunzi is a formal or informal institution. The latter position appears to be premised on the fact that its rulings must be endorsed by a formal court to be binding.

<b>SERVICE PROVIDER AND STAKEHOLDER INTERVIEWS</b>		
001	Senior representative from Social Affairs	Bugesera District
002	Representative of Association des Veuves du Genocide d'Avril (AVEGA)	AVEGA/Nyamata/Bugesera branch
003	Representative from Women's Council	Women Council at District level
004	Representative from Nyamata Sector Social Affairs	Nyamata Sector office
005	Police officer in charge of gender desk	Nyamata Police station
006	School Teacher from Association pour Promotion de l'Education au Bugesera (APEBU) High school	APEBU High School/ Nyamata Sector
007	School Metron from APEBU High school	APEBU High School/Nyamata Sector
008	Representative from Nyamata Health center	Nyamata Health Center
009	Representative of women council at Cell level-Gashora Sector	Mwendo Cell-Gashora Sector
010	Representative of the legal service from the court	Nyamata Primary Court
<b>FOCUS GROUP DISCUSSIONS</b>		
FGD 1	Men from the community (12 participants)	Gashora Sector
FGD 2	Women from the community (12 participants)	Gashora Sector
FGD 3	Men from the community (12 participants)	Nyamata Sector
FGD 4	Women from the community (12 participants)	Nyamata Sector
FGD 5	Local leaders ( 10 participants)	Gashora Sector
FGD 6	Mediators (Abunzi) (12 participants)	Nyamata Sector
FGD 7	GBV Committee at Cell level (10 participants)	Gashora Sector
FGD 8	Anti-GBV Committee (5 participants)	Gashora Sector
FGD 9	Police (10 participants)	Nyamata Sector
FGD10	Women paralegals (10 participants)	Nyamata Sector
<b>VALIDATION MEETING</b>		
VM 1	Representatives from local government, police, army, women councils, health facilities, school, Women paralegals, ordinary women (45 participants)	Bugesera District

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## **2.3 Data collection and analysis**

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The research team developed Interview guides for collecting data. The interviews and FGDs were conducted in the local language (Kinyarwanda), were audio-taped and transcribed into English for data analysis. The transcribed data was read many times by two of the researchers and Open Code was used for data management and for coding the data into themes.

## **2.4 Limitations of the Study**

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The limitations of this study are twofold; the first is around the small coverage in terms of the numbers of Sectors and people interviewed. The study findings therefore cannot be taken to show a general picture of Rwanda as a country. However, it should be emphasized here that this was a qualitative study more concerned with getting in-depth information about knowledge, attitudes and perceptions as well as services available other than VAW prevalence in Bugesera District. Secondly, as might be noted from this report, though the study was on VAW in general, the survivors and the other participants interviewed shared experiences and information on IPV.

## 3 RESEARCH FINDINGS

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### 3.1 Experiences of violence against women in Bugesera District

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All the participants in the study seemed to understand VAW as a situation where women experience many forms of abuse. According to one woman, VAW is the 'situation where a woman lives in bad conditions.' A term many of the participants used to describe the abuse is '*ihohoterwa*' (violence).

All of the violence reported by the women survivors occurred within the context of marriage, primarily traditional marriage. Most women experienced a combination of different types of abuse including physical, sexual, psychological and economic violence, the latter of which is closely linked to poverty, land ownership and inheritance as well as cheating and abandonment.

A 28 year old woman with two children summarized her experience saying that the violence entailed her husband 'cheating on me, beating me and also staying out of the home for sometime'. Another said 'He refuses to provide food for the family and spends much time drinking and comes back home late and ends up beating me' while a third woman said "*He had started sleeping with a knife claiming that he will kill me*".

The hopelessness of their situation was commonly expressed in the women's stories and it was clear that many did not expect much from marriage or from their husbands as one said, 'Life was not that bad for me, though he also used to beat me every day, no more food at home, he could sell even what I had planted and even other home properties ...' Economic dependence on the husbands appeared to be one of the main reasons why women endured the violence. Another woman explained that because her husband supported her children she had stayed in the relationship even when she considered herself to be in danger. She said 'You know, when someone has means of looking after the children and a house to stay in, *I should leave him because one day he might kill me*'.

- Beatings
- Broken limbs
- Burned with hot water
- Cheated on
- Forbidden to attend meetings and ceremonies
- Forbidden to meet friends
- Denied control, access and ownership of land
- Forced to have sex
- Verbal abusive using degrading words
- Abandoned
- Chased from the home
- Refusal to provide food while using money for alcohol
- Bad treatment by in-laws
- Not valuing work done
- Forbidden to visit children
- Nails thrown at you
- Forced to take care of and feed co-wife
- Agricultural produce destroyed, or stolen and sold

Box 1 summarizes women's reports of the specific acts of violence perpetrated by their husbands.

**Box 1: The acts of violence identified by women during the interviews**

**3.1.1 Physical violence**

Many different types of physical abuse were reported though being beaten was reported by most of the women interviewed. One woman said 'he had

beaten me up and he knocked his head on my face.' Another woman with two children explained what happened after a quarrel with her husband: 'He had spent a week without providing food for the children, then that night I requested him for money to buy some food for the children and he replied that I go and ask for it from my mother. Then the children continued to cry because of hunger and I demanded money from him again and I felt him throw something on my back when I touched - it was a nail'.

Being beaten was a frequent and common occurrence for many of the women survivors, lasting over long periods of time. According to one woman, 'Life was not that bad for me, though he also used to beat me every day'. Another woman explained that being beaten would happen after not much provocation: 'I got married to my husband in 1996 and gave birth to my first-born; we were poor but living peacefully. Later he started to change and he could go and spend some days without telling me and when he came back and I tried to ask where he had gone I would end up being beaten'.

A few women said they feared for their lives. One woman spoke about how her husband tried to kill her. 'We had a conflict...it was in the morning when he told me to prepare hot water for him and I did as requested and I put it on a basin. As I was going out to cook beans he got the whole basin of hot water and poured it on my back and I tore the shirt I was wearing and ran naked to my neighbor'.

Many women said they were beaten when they asked husbands for contributions for food. After one woman made such a request 'he started beating me up until morning and when he left in the morning I was hoping that at least he will leave us with something to prepare but in vain. Life continued like that until he left'.

### **3.1.2 Sexual Violence**

Sexual violence was reported by all the women interviewed and also identified by service providers as a common occurrence. A 62 year old woman with a disability reported how her husband demanded sex every day despite not providing for her: "Another thing that hurts me is that apart from not taking care of me, he also wants to have sex every time. As old as you can see me, he comes and tells me to remove my clothes and "give him." I just decide to give him and do it so that I sleep peaceful that night". A FGD

---

the language men use to demand sex

with women paralegals corroborated survivors' accounts of marital rape as a common occurrence. A 35 year old woman reported that the majority of women have sex when they are not willing: "your husband just finds you wherever you are and tells you to come and have sex. Even if you are not bathed ...".

Women also explained that when a man is drunk 'he doesn't even put you in the mood he just grabs' referring to forced sex. Another explained how the use of threats and intimidation resulted in women consenting to sex: 'he always forced me to have it (sex) and whenever I denied he intimidates me and I get scared then just accept...'. Such acceptance of forced sex even occurred among women knowing their rights. According to one woman, 'I would also tell him that I never signed that I will give you whenever you want (referring here to sex) and even those who signed do it on consent. But because I just accept and he does what he wants so that I get peace,... and as you know when you do it unwillingly you don't enjoy but I just let him do and finish'.

A few women reported that unfamiliar sex styles were a form of sexual violence. These were styles used by men who had been imprisoned for a long time and who had been exposed to anal sex. Women found this alien and unfamiliar. Another not very common form of sexual violence reported by the women was denial of sex. This was raised during the FGD with community paralegals and it was said to be done deliberately to make wives angry but also as a form of punishment. The FGD members agreed that ignoring a wife when she expressed her sexual desires was a form of sexual violence.

### **3.1.3 Psychological Violence**

Psychological violence was reported to be common by all those interviewed, including the women survivors and service providers as well as in FGDs with community members. Much of the emotional abuse was intertwined with other types of violence such as sexual infidelity, abandonment and economic abuse.

As one woman noted "he doesn't beat me but sometimes he comes and starts pouring his anger onto everything like throwing cups or plates on the wall, throwing down food you have prepared for him and so many other crazy actions". Another woman with three children who reported severe and chronic abuse explained "I used to observe signs that he is having other women; like one time we were going to attend a wedding in their family and when I prepared myself to go with him ...he told me that I should not go because I am not presentable. I felt bad and let him go alone and I also

went alone because it would not look good if I did not attend the wedding. When we reached there he could not even show anyone that I am his wife, he was just having fun with some girls who had attended the wedding and that is when I observed that he was cheating on me”

Other forms of psychological abuse were identified such as ‘being denied your rights like going somewhere, visiting a friend, attending meetings, not taking care of the family, a drunk husband who comes home aggressive and abusive’. Another said ‘being blamed for whatever you do even if you have not done anything wrong, being denied the right to your own children ...not valuing the work you have done and even not being given respect as a wife in the home but treated as a house girl... But the good thing with a house girl is that she is paid every month and when she is fed up she can leave and look for another job but a wife cannot’.

A common theme during the FGDs with service providers and with men was that psychological abuse had replaced physical violence as a result of the new Gender Based Violence (GBV) laws initiated by the Government which aim to protect women from abuse. Men in the FGD in Nyamata sector clearly identified the role of the new laws in changing men’s tactics to prevent being reported to police. Similarly in FGDs with men in the Gashora Sector participants said men feared being imprisoned for physical violence and thus used other types of abuse.

The shift to psychological abuse was reported by many service providers as well. Police in charge of the Gender Desk at the District level said that men were becoming aware that they could not beat wives without being reported. As one informant said, “A man went into the garden and removed all the cassava plants just to hurt his wife”. During the FGD with Abunzi, participants emphasized that psychological violence has become more common and seemed to have replaced beating. An FGD with female paralegals revealed that women have been derisively nicknamed by men ‘abagore ba Kagame’ meaning women of President Kagame, referring to the support that the President gives women in Rwanda.

### **3.1.4 Cheating and being abandoned**

A common theme during the interviews and FGDs was men’s infidelity, commonly referred to as ‘cheating’, and resulting abandonment as a form of abuse. This could be taking 2nd or 3rd wives or having other girlfriends which is illegal in Rwanda. Only one woman who had a disability gave permission for her husband to marry a 2nd wife.

A narrative from a 30 year old woman explains the link between cheating and abuse: "He used to go and spend like three months without coming back home without telling me and when he came back and I tried to ask where he had gone I would end up being beaten". Infidelity was a common source of conflict at home and was even more of a concern for women who were not legally married. One of the women interviewed explained how not just the infidelity itself was a hurtful experience, but she was also expected to support and feed the girlfriend who was brought into the home. She explained how the violence escalated and how she was blamed when the girlfriend left: 'After she left that's when things became worse and he started even beating me up without any tangible reason and whenever I would ask him why he is doing that he would say that I am the one who made her leave the house and that he will go to stay with her after she had a son for him yet mine were all girls'.

Another woman with three children who was recognized by the husband's family because they had paid dowry and the marriage was celebrated in the church experienced a murder attempt because of a long standing conflict over her husband taking a 2nd wife, who had been married to the husband's brother. What was very painful for this woman was that after the co-wife had given birth, she was forced by her husband and mother-in-law to give up her new cloth so that it could be given to the co-wife. She refused and this in the end caused conflict which precipitated the husband pouring hot water on her back. The woman believed her husband had tried to kill her. Although he claimed it was an accident he later told her that he was angry at her for not supporting his co-wife. This seriously affected the woman and she was advised by some family members to leave the relationship. Although she had left the relationship at the time of the interview, she remained deeply troubled about leaving her children behind and spoke of the emotional impact on the children.

What was apparent was that cheating was considered a very painful experience in the context of marriage. Most participants said that husbands' bragging about affairs with other women was very hurtful: '...what hurts me most is that he develops love affairs with other people's wives'. The same woman reported that she was also deeply frustrated by her husband who had advised her to use contraception but yet he had children with other women. 'What hurts me is that he convinced me to use family planning claiming that three children are enough but he continued to have children with other women'.

### 3.1.5 Economic violence, poverty and land

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As noted above the different types of violence reported by women were deeply intertwined and trying to isolate each form separately limits understanding of the totality of women's experiences. This is most evident when women recounted how economic dependence on husbands exacerbated the violence they experienced.

The role of poverty, concern for children and dependence on male partners played a huge role in women's decisions to stay in violent relationships. A 40 year old woman in a FGD said "You know, when someone has no means of looking after the children and a house to stay in, there is no way you can leave your husband even if he is that violent. And then most of the time you ask yourself if you cannot die for your children, then who can you die for? There are cases when you find that any time you might be killed by your husband but when you weigh this with leaving your children, you prefer to stay and you leave everything to God".

Abandonment was not always perceived by the women as due to having other relationships. A woman that gave birth to twins wondered if her husband left because he was not able to provide for the children: 'I asked myself various questions like; has he left me because we are poor and I have given birth to twins which we will not manage to take care of?' During the FGD with community paralegals, inability to support families was also cited as one of the major reasons for abandonment.

Women and men both recognized that the harshness of poverty was behind choices to stay in violent relationships. Many of the women reported that many times they attempted to separate and leave their children with their husbands but would often return when they observed how their children were treated and cared for. The return to an abusive relationship occurred even if husbands had not approached their parents/families to plead for forgiveness, in accordance with *gucyura*, a Rwandan practice that is done by husbands when they want their wives back home after a certain period of separation.

Women's limited land access, ownership and control were very apparent in this study and played a role in their experience of violence. This most often occurred when women attempted to claim their *Umunani* on their paternal side. A 62 year disabled woman believed that her loss of inheritance created problems in her marriage. She said "After hearing that I am denied land from my family, my husband became angry and started telling me that he will not

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<sup>3</sup> Pre-heritage gift/share of property from the parents to their children when they attain adulthood.

continue to provide for me, that even my family has abandoned me. Life started to become difficult for me". This woman was also abused by her family members who claimed the land for themselves.

Informants reported that husbands often convinced their wives to go back to their families and get Umunani (mostly land). Some women would get and sell their Umunani and bring the proceeds back to their husbands and families. Women often told of plans that were started from the funds of the Umunani but often husbands would have overall control.

Other land control issues were identified during the FGD with the Abunzi/mediators who reported how men often sold land without the consent of their wives. It was further explained that this happened mainly in polygamous marriages whereby men, after selling the land, leave the current wife and children and look for other wives. One group member shared his experience of the many land challenges caused by the genocide, and that orphan survivors do not know the laws that would support them in retaining their parents' land and addressing conflicts that arise with other family members. One of the women interviewed related her problems with her in-laws when she returned to her husband's land after the war. The issues were exacerbated because a co-wife also laid claim to the land for her children. These are not uncommon stories in the Rwandan landscape after the genocide when the people returned to claim their land but widows appear to have an even greater difficulty to access land for the children.

Legal marriage was considered a crucial factor for establishing a solid position for women in intimate relationships. Men often did not want to legalize their marriage and amongst the reasons mentioned were men wanting to prevent women from claiming assets for themselves (claiming assets for their children was acceptable). However it was not only the husband but also his family that treated common-law (illegal marriage) wives badly. One of the interviewees included a woman being chased from her common-law-husband's land after his death. She said "After some time my mother-in-law sold my plot without telling me. She did it claiming that I was not legally married to her son and she used to tell my children that she will give them their father's share but after some time she also started telling the children that they will never get any share...".

## 3.2 Assistance to Women that Experience Violence in Bugesera District

This section provides data on the type of assistance women survivors received and who gave them assistance. In this study a range of providers of assistance were also interviewed as well as community members to explore the different ways in which women are given assistance.

### Box 2: List of those that provide support and assistance to abused women

- Family members
- Neighbors
- Friends
- Abunzi/ Mediators
- Local leaders
- Police including Community policing officers
- *Inyangamugayo* (people with integrity)
- Hospitals
- Courts personnel
- Civil Society Organizations (CSOs)
- Community paralegals

### Box 2: The list of service providers

#### 3.2.1 The role of family members and neighbors

The data from the women, community members and the service providers showed that families and neighbors are the first people to intervene when family conflict emerges.

Since neighbors are the closest, they are often the first people to know or observe the violence and many stories were told of how women who had been injured were helped by neighbors. Neighbors also provide assistance even if women are not keen to have the abuse revealed as one woman said: “He was imprisoned at the Sector level and I was not the one who reported him, my neighbors did”. Even though this woman was reluctant to reveal the violence and to report her husband, the violence she experienced was very severe and she had no option but to seek help. “I ran naked to the neighbor and she got a bottle of cooking oil and smeared it on my back (she was burned with hot water). Then she (the neighbor) also ran and called the local leaders and other neighbors even my mother-in law came and they asked my husband why he did it and he started explaining that it was an accident”.

Service providers agreed that assistance from neighbors during conflicts that can lead to injury is critical and a Health Center representative explained: “To me, I feel the first person to intervene is the neighbor because he/she is the one whom you will call at night and he comes, he is the one who knows you, the one whom you share everything and also they are the ones who can provide first hand information on what happened”.

Other than providing assistance during crisis as described above, neighbors, particularly older married women, also play a role in providing advice and guidance for conflicting couples. A woman explained “When it would be too much for me, I would again call people to come and reconcile us; then they would come and teach u”. However such attempts at getting a husband to stop the abuse was often not helpful and violence could get even worse as this woman noted: “He pretends to have heard what they advised him and ready to change but as soon as they leave, he would then do worse. Then at times he would get all the things we have and sell them and then go somewhere for like three months and then come back, so life continued like that”. Another woman who did not seek help from local leaders explained how she sought help from a neighbor: “After life became so hard for me, I went and pleaded for him (the neighbor) to give me a house to live since he had two”. However, neighbors sometimes became tired of giving assistance as one woman explained about the food and shelter she received: “others used to say how long do we have to go on assisting her”?

Some women had positive helpful experiences from community women, including emotional support as well as financial assistance. As one woman recounted: “I used to seek advice from some of the women who were my neighbors and they would comfort me telling me that it's life and later they gave me some start-up capital and I started selling some food stuffs in the market”. Another woman said “An old lady who was my neighbor told me that instead of being killed I should come to her and she provided me with a small room to stay in”.

Community members are motivated to provide assistance for two reasons; one is a real concern to help others resolve relationship problems. Another reason has to do with accountability. In the FGDs, most community members said if they do not intervene they could be held accountable for any violence that may transpire. This accountability by community members for what happens in their villages is in line with government policies concerning security issues at the community/village level and community policing. Such policies state that neighbors are supposed to know what is taking place in their respective villages and mechanisms have been developed to report

issues of violence to the responsible structures and other higher levels. These policies of village security emerged as a direct consequence of the 1994 genocide and these measures have been put in place to prevent similar community level violence.

Assistance from families was also reported but much of the assistance from families occurred within the Rwandan family culture when family members of both members of the couples have been informed of disputes. The reporting and intervention by both families are considered crucial and should be the first step before approaching any other form of assistance. FGD participants reported that if a woman ignores this step and goes on to report her husband to police or other authorities, she could be severely reprimanded by the families. In general a couple's problems should not be made public before the family has knowledge of them and sometimes, consent to report the matter to the police must be sought first. A woman explained how her family intervened: "I called some members of the family to come and hear the reason why I am being sent back home. One family member came and they had a discussion on the issue and later they agreed that I should not leave but he continued to harass me on that same issue".

But seeking assistance from family members did not guarantee help and women were often told to bear the violence, as one HIV positive woman said: 'His mother in that discussion consoled me by telling me that all married people experience this. She told me to persevere that with time my husband will change. Though she told me that, nothing changed. As I was experiencing all this abuse, we were also infected. ...there was no doubt as to where I got this AIDS. I got it from him because he used to go to other women and myself, I have never slept with any other person apart from him". Similar advice to endure the violence was commonly given by older women in the community as one survivor explained "... she would advise me on how to behave for example; respect your husband, talk to him nicely, give him food though he used to throw it, etc".

In addition, seeking help from family members is not always an option for the women. Many families in Rwanda and in particular people who are now married or in adult relationships do not have parents or extended family members because of the genocide. In addition more than one woman spoke about not having maintained relationships with their own families when they moved to the urban area and it was thus difficult to call on them for assistance. One woman who was very distressed during the interview mainly because her children were taken from her after her common-law husband chased her away from the house they shared. She said "I feel I should go

back home and tell this to my parents, but I fear to go back there since when I got married I have never gone there. Another thing I fear is my father wanted me to get married to his friend and I refused this. All these are keeping me from going back there". Poverty also prevented parents from being able to help their daughters as a woman said "Yes, but they told me that I should leave the children with the father and come back home because they also do not have means of taking care of them". But the woman could not do this.

### **3.2.2 Assistance from the local leaders, Abunzi and Anti-GBV Committees**

All participants in the study agreed that local leaders in the villages including Abunzi, Anti-GBV committees, Inyangamugayo (these are people the community considers to be of integrity) as well as officials from the sector and cell levels in charge of social affairs played a vital role in assisting survivors. A service provider explained that the local leaders' role was to "intervene because they are the first people who come to help in case of a fight especially at night and also they are the ones who live with the couple in the same village, so they are the ones who can provide first hand information".

A 30 year old woman reported how the local authorities tried to protect her by not giving her husband approval to legally marry a 2nd wife: "He had left with the other wife and went to live in Ngenda and they wanted to legalize their (her husband and the girlfriend) marriage so they [local authorities where he planned to marry the 2nd wife] asked him to come and get a recommendation letter from his village. He came and the local leader refused to give it to him because they knew that he already had a wife and children who were living in critical conditions". However, later in the interview she said her husband did marry the second wife with the assistance of another local authority.

This woman's interview as well as others shows that local leaders tried to help women in various ways. The most common form of assistance was providing counseling and orientation, the specifics of which depend on the nature of the conflict between the couple. Other forms of assistance were also reported such as "they provided me with a small plot to cultivate.... through getting seeds for plantation".

A service provider in charge of social affairs said that women appeared to have confidence in the local authorities because they approached them in large numbers. A senior official in charge of social affairs at the District explained the process of how survivors are helped: "When a woman is for

example beaten or hurt the first people to intervene are the neighbors, local leaders and they call community policing. Together with the lady from the women council they find out what the problem is and when violence is not so serious they try to reconcile them. When it is serious for example beating someone and needs to be taken to the hospital, they take the victim there and also either take the perpetrator or call the police. Normally each level makes a report and sends it to the next level i.e. the village leadership makes a report and sends it to the Cell level to the Sector level then to the Police”.

Interviews with service providers indicated that mediators/Abunzi were also helpful in the community. According to one respondent, “As mediators our role is to mediate between two parties who have a conflict. So most of the cases we receive include land conflicts, family relationships, couples with misunderstandings, etc. Other respondents noted that Anti-GBV committees monitor the GBV situation in their communities and might accompany survivors to other services such as court hearings. However, it was clear from the stories of several women that the advice and assistance from local leaders was limited because they could not enforce the husband's promises and commitments, as one woman explained: “The local leaders asked me whether he provides anything for the family and I said no. Then they requested him to provide for the children and he promised to buy us 2kg of Irish potatoes every day. He didn't do it as promised hence they ordered him to pay the above mentioned amount of money (2,500frw) but he has not yet started to give it”. Another woman also found that the assistance from the local leaders was not effective. The leaders had requested the husband to pay a weekly amount to feed the children or to buy food for the children but he did not: “I used to report him to the leader at village level though they were also observing our relationship and they always requested him to buy food for the kids and he promised but never did it”. A third woman said: “Then we went together and we explained everything and the leaders requested him to sign that he brings back what he had taken from home and even to take care of the children and he signed. But he has never done any of what he signed for up to now”.

Local leaders admitted to not being able to help all women and this recognition was corroborated by some of the women. According to one survivor, “They told me that they have tried to solve our conflicts and failed so they advised me to look for where to stay and leave my husband”. She did leave the relationship and explained how they had tried to help: “They would call him and advise him and he pleaded that he will never do it again. But still no change and after their departure, he could turn around and tell me to continue reporting, after-all ‘I will be back’ and that even the police don't

keep prisoners forever, they take them and later free them. The local leaders also became tired of our conflicts and asked me whether I could take the children to my parents and find other ways of surviving but it was not possible because my parents are also poor; they are not able to look after my children. Therefore, one old woman who is very old gave me a room to stay in".

As noted above, there is a leadership hierarchy that women should follow in seeking assistance (i.e. certain people need to be consulted before others), but many women found this was not always possible or helpful. One woman who later had her leg fractured by her husband explained how she sought higher level assistance at the beginning but was told to go back to the community level: "I told this [abuse] to the former Mayor of Bugesera District and he told me that I have to go and tell my neighbor about this case that if something happens to me then they will be responsible for this". A 30 year old woman tried to report her problem relating to access to her children but she was told to go to a sector where her husband lived. She did not think this would be helpful "because that village leader was a best friend to my husband; they used to share hemp and other drugs. I decided to leave this."

### ***3.2.3 Assistance by police, social services and the hospital***

All service providers mentioned, the primary purpose of intervening in a domestic violence dispute is to negotiate a compromise between partners "the most important service is reconciling the parties".

Most survivors and service providers identified the police as an important source of help. Assistance from both the police and the hospital were sought if lower level officials or community members felt that a survivor needed serious medical attention. These two types of service providers thus worked closely together and also interacted with the local leaders such as when local leaders found that they were not able to resolve a case after many attempts they would refer it to the police. The work of the police was confirmed by the women as one said: "Police are more active than others. Whenever you take your case they follow it up".

Police in their interviews often spoke about the hotline 3512 that is available and which should ensure an immediate response and assistance from them. None of the women in the interviews spoke about using the hotline although some of the local leadership and community members appeared to make use of this direct line to obtain police assistance for abuse cases. At each

police station an officer is allocated to be in charge of GBV cases. Their roles include taking statements, assisting with medical care and arresting the perpetrator. The police recognized the importance of the forensic results from the hospital as the charge depends on the severity of the woman's injuries.

As reported by a 57 year old woman, there is no special priority given to survivors of VAW by health care workers except the rare cases where the police accompany the victim to the hospital. She also reported how treatment was not provided to her at the District Hospital because her transfer from the lower level health facility was not processed in time. She only received assistance when a nurse pleaded for her treatment.

Police noted that female police officers were available at District level and would provide assistance including counseling.

Skepticism of the police service providers in general was evident during the interviews with the women and the reasons varied. One of the reasons mentioned was that perpetrators bribed the police to be released. This was mentioned by several women. One woman said: "I have a neighbor of mine who is always beaten by the husband and whenever she reports and they jail him, he bribes the leaders and is released".

Police also felt that they were abused by women and this was related to women asking for husbands to be released (more discussion on this below). Here the service provider considered the women's action as undermining their services: "... as I said earlier some women misuse them like the husband has been taken to prison and the next morning the wife comes to release him hence undermining the services and efforts put into that action".

Since payment has to be given for all health care services, study participants identified this as a key obstacle in women accessing immediate and follow-up care. A woman whose arm was broken by her husband explained her experience: "Yes he did this, but I reached the village level, the leader there did nothing. I immediately headed to the police where I was told to first go to the hospital. At the hospital I was charged 4,000RWF for the check up. You can imagine in that situation I didn't have money. More to this, the hospital told me that I must bring a transfer from the health center. I had this emergency case and these people were telling me of the transfer. Thank God a certain lady and a nurse came and said that she will be in charge and I was to receive the medicine. As they were checking, they found my arm totally broken. They put a plaster on my arm." As this narrative and others indicate, some service providers help women deal with this obstacle: "what we do is to treat her on a debt and even write her in our book of debtors and

when she is a good person when she gets money she comes and pays the debt". An additional obstacle for women occurs when she tries to get the money from the perpetrator because the Rwandan system stipulates that the "perpetrator is the one responsible to clear the hospital bills".

Service providers also spoke about the challenges they faced in delivering services to abused women. A police officer said: "You know it creates frustration for the service providers because when someone comes your way expecting that you hold a solution for her problem and then you do not deliver that as expected due to lack of means to that. It is terrible! " He shared an experience where he needed to get a rape survivor to the hospital urgently but he found the office did not have transport to take that patient to the Hospital. He also spoke about other challenges as well: "We have a problem of lack of enough transportation for helping emergency cases. Another one is those women who do not have the capacity to go for treatment so that we get evidence and when it exceeds three days we release him as the law states. Another problem is that at the hospital women do not have specific doctors to receive them and it takes long which affects evidence. This is so because these victims are considered as other patients and a doctor cannot leave a dying person to first treat the woman".

### **3.2.4 Assistance from CSOs in Bugesera District**

Assistance from Civil Society Organizations was mentioned by survivors, service providers and community members. The organizations mainly referred to were the Rwanda Women's Network (RWN), AVEGA and the churches. The assistance from the organizations varied and included provision of information, training, legal and financial aid and individual, family and group counseling. One woman explained how she received financial support for her children's education: "I managed to get some organizations to pay for them". Another woman said she received assistance to start a small business: "I just got a small loan from my cooperative and I started a small business which I am now still paying back". Some informants mentioned that survivors approached women's organizations mostly to access the empowerment components of their projects. Another type of assistance came from community paralegals who were trained by RWN in GBV, land and inheritance laws and policies. As described by one of the paralegals: "the first thing we do is to listen and we look for possible ways to reconcile them and if this fails, then we look for other means (other means meant approaching other levels like the police or courts)".

A representative of AVEGA noted that they mainly assist survivors of the genocide and had only assisted a few IPV survivors.

Assistance from religious leaders was common but was not always of value to the women, as one said “I told this to my pastor, but he did nothing in response. As I was approaching him I had confidence in him as a man of God and I was a member of one of the choirs there, so I felt I was talking to someone who could do something for me. But I got disappointed. This had a very negative impact, because it was from then that I felt I would never share my experience with someone.”

### **3.3 Why Women Survivors of VAW do not Find Seeking Assistance as the Best Option**

Seeking assistance is not the first option for many abused women. A service provider in charge of social affairs in Nyamata sector explained: “To tell you the truth, because of our cultural beliefs there are women who do not report violence and they are the ones who are many and most of them are found in rural areas.... women also do not report because of the dependency factor. Most of them depend on their husbands so they fear to take them to prison because they think that “how am I going to survive with these children”. Another service provider said “Most women do not report; there are women who are being beaten in bedrooms and when you see her with a swollen face and you ask her what happened, she deceives and says that she hit herself on the wall. So there are still women who keep quiet.” The stigma of reporting your husband was evident during the FGD with men. One participant in particular said he did not support women reporting their husbands.

Both financial dependence on husbands and the Rwandan culture of keeping family matters private were confirmed by the women interviewed as reasons why survivors do not seek assistance. “It’s not good to reveal your private affairs to anyone”, “I feel like leaving him but feel scared about people’s comments”, and “he will complain that you exposed him, what kind of wife are you who expose home secrets”. A 30 year old woman reported that even though her husband treated her very badly, she still was not keen to report him because she believed her life would be worse. He was one of the few husbands reported in the interviews that consistently paid for food for his children and she said “I do not know how we can survive without him. And also what I know is that they can imprison him and when he is released he repeats the same thing or does worse so I am just determined to live in that life until death”. This husband often taunted her about the uselessness of

reporting him. "I always told him that if he beats me again I will report him and he would tell me 'where are you going to report me? to the police? go ahead and report, they will just jail me for some days and release me'. So I gave up reporting him".

Women often reported an imprisoned husband as a burden and a deterring factor for reporting husbands to police. Women found such imprisonment particularly difficult to deal with. One said "How can you leave your husband in prison even if he hurt you seriously." The financial burden of dealing with a husband in prison was the strongest deterrent i.e. feeding him daily while he is in prison as well as the loss of an income. According to one woman, "I don't want to report him because even looking after him in the prison is another burden added to me". A 42 year old woman shared about how she had to sell their property to support her husband when he was in prison (for an unknown reason) but when he was released he accused her of misappropriating the property and reported her to the local leaders: "One time he called some people with integrity (Inyangamugayo) and told them that when he was in prison, I misused all our properties but I explained to them I used them to look after him in prison and the children all those three years he was not around".

Survivors themselves reported 'begging' for their husbands to be released. The reasons for this are multiple and although the financial dependence was an important factor many other reasons were also reported including fear of what the husband would do to them if he should stay in prison; pressure from the husband to have him released or pressure from the in-laws. One provider said "women are so sympathetic; they were created with soft hearts. The reason behind that is that they feel sorry for their husbands, another thing is that they also fear what other people will say when they hear that she reported her husband, all this is based on our tradition or culture which says that, "niko zubakwa". So in most cases even neighbors and families tend to discourage women to keep quiet or go back to the police claiming that "please release him, it was just an accident, I reported him due to anger, he will never do it again', things like that".

However, police often recognized how desperate women were to report a husband to them and one said "maybe she has been taking the case to the local leaders but the husband has refused to change, so when he is brought to prison he tends to get scared and even his friends teach him and he is ready to change and even begs for the wife to plead on his behalf".

Attending court and pursuing the case were also reported to be burdens as this participant from the court explained: "When someone brings a case in

this court, he or she has to pay some amount so that his/her case should be followed and that amount is 2,000RWF and when that person wins the case, she is given back her money but when the case fails, she doesn't get it back. So when she/he wins the case and gets back the money, then the one who is found guilty pays that amount". However, a woman can bring a letter from their local leader to indicate she is 'very poor' and cannot afford the court payment. Women, however, reported this to be difficult.

## 4 Conclusions and Recommendations

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### 4.1 Conclusions

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This study fills an important gap in the evidence base by documenting women's experiences of violence in Bugesera District and what types of assistance they seek in response to the abuse.

Interviews with survivors demonstrate the wide spectrum of violence women experience: physical violence which was mainly described as beating; economic violence which was commonly related to poverty and lack of access to land; sexual violence where marital rape was the common theme and psychological violence which was characterized by men resorting to abusive words and openly having extra marital affairs.

Poverty, concern for children and dependence on male partners plays a huge role in women's decisions to stay in violent relationships. Women and male participants both recognized that women's dependence on men is behind their choice to remain in an abusive situation. Many of the women described repeated attempts to leave an abusive relationship but would often return for the sake of their children while others did not even consider leaving. Cultural practices such as Gucyura (a Rwandan practice performed by husbands when they want their wives back home after a certain period of separation) was also of limited value.

Women's limited access, ownership and control of land is very apparent in this study and also plays a role in their experiences of violence. This most often occurs when women attempt to claim their 'Umunani' on their paternal side while husbands also convinced their wives to claim their Umunani which they invariably controlled.

The study finds that women seek assistance from a broad range of service providers from the formal and the informal sectors, including families, neighbors, Abunzi (mediators), local leaders, police, courts, hospitals and CSOs, although not all are equally accessed or helpful. Seeking and

receiving support from women's own families is very limited mainly due to the 1994 genocide in which many family members died leaving women without an extended support system. Another reason that prevents women from seeking help is poverty which prevents women from seeking help because their families are also struggling.

Reconciliation of a couple is encouraged by family members, neighbors, local leaders as well as the police and emerges as the principle aim of all services. However, assistance to access police was evident in particular if severe forms of violence occurred or if a community perceived the violence to disrupt the community life. This is done even if the woman is not keen to involve the police.

Despite the many challenges, it is very encouraging to find that women do seek assistance. This assistance consists of emotional support as well as financial assistance. It also includes providing trainings that sensitize and mobilize women about their rights, medical and legal aid and scholastic materials to children whose mothers are clients of women's organizations i.e Polyclinic of Hope (PoH) as well as economic empowerment initiatives. It is surprising that not many women or even service providers identified the church as a support structure for abused women. In fact, several women spoke about the futility of seeking support from the church. Such a poor response from religious institutions is surprising given the strong religious culture within Rwandan society.

Efforts to provide assistance by local leaders, police and hospitals are also encouraging but the financial burden and following the correct case management and care protocols creates barriers for women trying to access assistance. Some linkages between services appear to be working and helpful although the study did not explore this in depth. Nevertheless it seems the sharing of case reports between levels has the potential to decrease much of the repetition of history taking that many women experience as a secondary form of trauma.

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The study reveals that many women are not able to get the assistance they need due to both their financial dependence on husbands and the Rwandan culture of keeping family matters private. The study also finds specific barriers to accessing health services and justice. Supply barriers limiting health services access are lack of transport to take victims to the hospital, wide distances between villages and hospitals that impede the collection of medical legal evidence and lack of doctors to attend to survivors. With regard to women's access to justice, important barriers are the corruption of police who receive bribes to release perpetrators, the police's inability to enforce perpetrators to meet their commitments to stopping the violence and the long and expensive process of gaining access to justice.

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## **4.2 Recommendations**

### **4.2.1 RWN and other Civil Society Organizations**

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- ~ Continue efforts in raising awareness among and training of both men and women around human rights with a specific focus on women's rights at all levels in the communities; Encourage women's spaces for psycho-social support and solidarity groups as a means to provide counseling, promote mutual support and to learn from each other's experiences as well as to foster self help groups to support women's economic independence;
- ~ Strengthen legal aid programs with women's associations as a means to effectively promote a women's empowerment agenda. Public awareness of the content of the laws and procedures to access such protection is important;
- ~ Recognize the potential role of religious institutions in assisting women and families that experience VAW. Training of and working with religious leaders to establish programs that promote and guide a process of change in perceptions about VAW and gender equality is critical;
- ~ Conduct further research to generate information about women's experiences living with husbands that have been in prison for long periods (due to genocide crimes mainly) in order to find out the extent / prevalence of the unfamiliar sex styles and other abuses and challenges that might be prevailing within this context.

### **4.2.2 Government and Developing partners**

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- ~ Periodically review laws to ensure that they provide adequate protection of Rwandan women.
- ~ Train and raise awareness of community leaders in carrying out campaigns at the community level that promote shifts in perceptions and practices that foster VAW.
- ~ Ensure adequate resources to all government structures to ensure women's protection and safety.
- ~ Strengthen dialogue between government and civil society on GBV issues and new complexities around forms of VAW.
- ~ Include psychosocial support and mental health care as a critical aspect in the provision of assistance for survivors of VAW.
- ~ Conduct awareness raising campaigns on women's rights and gender equality to give added value to and ensure the intent of policies and laws

in respecting women's rights and their importance to the overall goal of development.

- ~ Establish safe spaces to provide women victims of VAW with temporary shelter to cater for their immediate needs especially shelter & security.

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## **ANNEXES**

### **Scope of Inquiry**

A scope of inquiry was developed for the semi-structured in-depth interviews and focus group discussions to allow for probing. These were not used as a list of questions but rather to assist the researchers in directing the interviews and discussions. They included the following: -

#### **Annex I: Interview Guide - Service Provider Participants**

Do you think violence against women is a problem here in Bugesera?

What is the nature of the violence?

What do women do when they experience the violence?

What services are available for women that have experienced violence?

Who provides the services?

Do they use the available services?

Which services do they use?

What services do women need most?

What happens to women when they use services?

What do you think of the services for abused women in this area?

What are the challenges in providing services to women?

What training is required to provide services?

Who should ideally be responsible for the services for abuse victims?

## **Annex II: Interview Guide - VAW Victim Participants**

What was the nature of the violence experienced?

Was it the first time it had happened?

What do you think might have caused the violence?

What has it been like after the abuse?

What have been people's reactions to the abuse?

Have people's behaviour towards you changed since the abuse?

Do you talk freely about the abuse?

What made you decide to report the abuse?

Other than reporting did anyone else help you?

Who helped you?

What did they help you with?

Did you ask for help or was it offered?

Why did you decide to ask this person/organization to help you?

What kind of help did you need most?

Was the help useful?

Will you recommend it?

If not useful – why not?

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### **Annex III: FGD Guide - Community Member Participants**

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Does violence against women exist here in Bugesera?

What is the nature of this violence?

What are the causes of the violence?

What biases are attached to violence against women?

What are the effects of violence against women?

Are there any mechanisms at community level for the protection of women against violence against women?

What are the challenges in providing community based assistance to women?

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### **Annex IV: FGD Guide - Service Provider Participants**

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What types of VAW cases are usually handled by the service provider?

What services are available for women that have experienced violence?

Who provides the services?

Which tools are available to (used by) the service provider to guide them in their day to day activities [such as copies of the laws, policies and other relevant documents]?

What are the challenges faced by victims in asserting their rights? Can the challenges faced by women victims be overcome?

What are the challenges faced by the service provider while intervening in VAW related cases reported by women?

How can the challenges faced by the service provider be overcome?

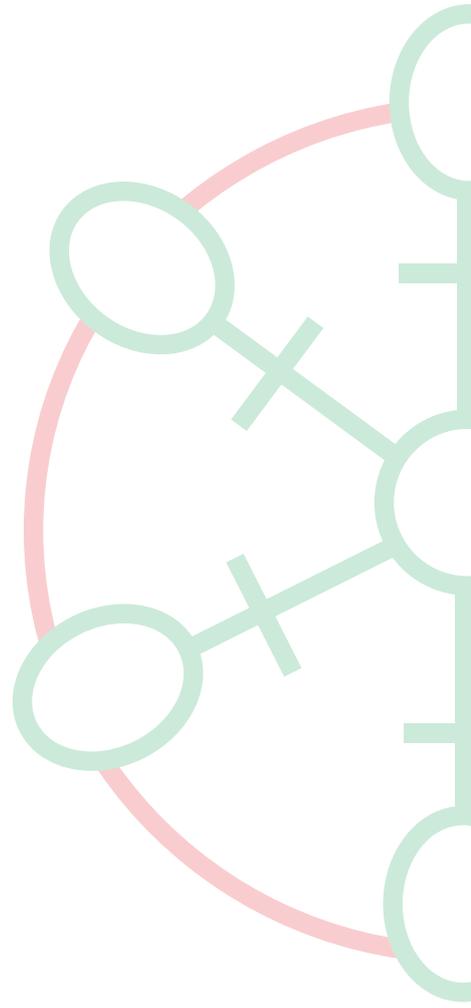
How can the biases and their impact on women's rights be alleviated?

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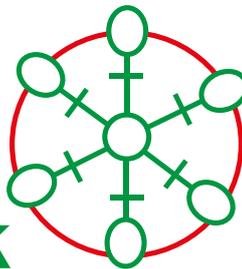
# Notes

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**cover back**



**Rwanda  
Women's  
Network**



**KICUKIRO Next to WFP / PAM  
P.O BOX 3157, KIGALI - RWANDA  
TEL/FAX: +250 252 583 662  
Email: [rwawnet@rwanda1.com](mailto:rwawnet@rwanda1.com)  
Website: [www.rwandawomennetwork.org](http://www.rwandawomennetwork.org)**