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## Facing domestic violence for mental health in Rwanda: opportunities and Challenges

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### Abstract

Three Focus Group Discussion of participants from the population and ten individual interviews with key Informants were conducted in the Southern and in the Western Provinces of Rwanda. The research presented here was to investigate the opportunities and challenges in facing domestic violence. The opportunities, as they were identified by the participants, include listening to the victims, providing counselling and orienting them depending on the specificity of the case to be managed. For reported cases, victims receive medical treatment and HIV/AIDS test in case of sexual abuse. Mediation leading to eradication of violence by perpetrators is sometimes used. Other cases are legally dealt with using criminal code. Educative action to people in the community and sensitization sessions makes the victims aware of the interest of reporting. There exists collaboration of institutions dealing with domestic violence. Challenges perceived by participants include the magnitude of domestic violence in its level and in its negative consequences on children, suicide, murder and traumatism. Failure to report domestic violence is influenced by culture, type of domestic violence under question, psycho-social issues, fear of shame, and economic dependency of women. Failure to report is also influenced by the category of domestic violence and gender. The existing laws on domestic violence are not known or understood by the citizens. There is a lack of care givers in quality and in quantity. Domestic violence needs more assessment to know why it is continuously increasing so that it can be efficiently managed.

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### 1. Introduction

Domestic violence is a pattern of abusive behaviours by one or both partners in an intimate relationship such as in marriage, in family, among friends [1]. Ganley & Schechter [2] define domestic violence as a pattern of coercive

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and assaultive behaviours that include physical, sexual, verbal and psychological attacks and economic coercion that adults or adolescents use against their intimate partner. Domestic violence is a health problem and the World Health Organization [3] divides domestic violence into three categories which are psychological, physical and sexual violence. Neglect on dependant family such as children is also qualified as a form of behavioural abuse [4]. Bagg [5] calls domestic violence tactics the behaviours that include physicals, sexual, threats and intimidation, economic coercion, and entitlement behaviours. Domestic violence is a public health problem and is present in all societies [3]. In western countries, domestic violence rates are estimated to be about 25% of women experiencing partner violence over their lifetime [6]; [7].

In Rwanda, the number of women constituted twenty percent of the respondents in the survey and 35% to nearly 50% of them say that they have experienced domestic violence in the last twelve months [8]; [9]. From the data of the survey, more than half of the women participants said they had experienced partner violence and thirty eight percent of men respondents said they had been perpetrators of domestic violence [10]. In Rwanda, 22% of women in the reproductive age range reported ever experiencing sexual violence in particular [11]. According to the report of the Rwanda National Police for the period between 2009 and 2010, a total of 818 women were battered by their husbands and 188 men were battered by their wives. In terms of death, 121 women were murdered by their husbands and 91 men were murdered by their wives. Regarding suicide, 29 women committed suicide because of the violence perpetrated against them by their husbands and 49 men committed suicide because of the violence by their wives [12]. Conflict between spouses are said to be one of the causes of domestic violence [1]. In Rwanda, marital conflict is said by professionals to be increasingly worsening in Rwanda and that phenomenon is perceived as an extended and serious problem in Rwanda [13]. As domestic violence is a devastating social problem that affects every category of the population [5], it should be reported and treated. The present research explores the overall views of participants on the opportunities and the challenges about facing domestic violence in Rwanda.

## **2. Methods**

### *2.1. Participants*

Participants in the present study were chosen for focus group discussions and for individual interviews. Each focus group was composed of the following at the district level: a representative of access to justice bureau, a representative of national women's council, a community health worker, a staff member responsible for civil status, a land officer, a staff member in charge of good governance, gender focal points, faith based organizations representatives, guardian angels' representatives, a representative of Haguruka, a representative of Pro-Femme Twese hamwe. Data were collected in Huye and Nyamagabe Districts of the Southern Province and in Nyamasheke District of the Western Province of Rwanda. Individual interviews were conducted with representatives of stakeholders of the Rwanda Gender Monitoring Office and other public and civil society organizations which deal with domestic violence, gender issues, child protection and human rights affairs in their daily activities. Participants were representative of the following institutions: the Ministry of Gender and Family Promotion, the National Police, the Gender Monitoring Office, the Community- based Organizations, the Faith -based Organizations, the National Human Rights Commission, the National Women's Council, the National Public Prosecution Authority, and the Access to Justice Bureau.

### *2.2. Research approach*

Data were collected in May 2013 using focus group discussions and individual interviews. Three focus group discussions (i.e. one in each mentioned District) were conducted. Focus group discussions were conducted at the Headquarters of the Districts. Ten individual interviews were conducted. Participants in individual interviews were met at their respective offices. Guiding questions were used for both interviews and focus group discussions. Ethical considerations were complied with; participation was free and confidentiality was respected. A moderator and a note taker were always together. Focus group discursions and individual interviews were recorded with the permission of the participants.

### *2.3. Analysis Techniques*

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