

Intimate Partner Violence in Rwanda:

Women's voices

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CONTENTS

SUMMARY	2
INTRODUCTION	3
ABOUT THIS REPORT	3
CONTEXT	3
METHODOLOGY	4
LOCATION AND RECRUITMENT	4
DATA COLLECTION AND ANALYSIS	4
FINDINGS	5
THE NATURE OF VIOLENCE EXPERIENCED BY WOMEN	5
STRUCTURAL CONSTRAINTS ON PREVENTING AND ADDRESSING IPV	6
POVERTY AND FINANCIAL DEPENDENCE	6
THE 'CULTURE OF SILENCE' AROUND VIOLENCE	7
SOCIAL AND CULTURAL NORMS ABOUT GENDER AND VIOLENCE	8
RESPONSES TO INTIMATE PARTNER VIOLENCE AT 3 LEVELS	10
INDIVIDUAL ACTIONS	10
RELATIONAL RESPONSES	11
COLLECTIVE COMMUNITY-LEVEL RESPONSES	11
SERVICES AVAILABLE TO PREVENT AND ADDRESS IPV	12
OUR RECOMMENDATIONS	13
BIBLIOGRAPHY	14

INTIMATE PARTNER VIOLENCE IN RWANDA – SUMMARY

This report was written by researchers belonging to the Health, Community and Development Group at the London School of Economics. The purpose of this report is to help strengthen community responses to intimate partner violence (IPV) and collaboration among non-governmental organisations working in this area.

IPV exists around the world. However, Rwanda has one of the highest levels of IPV, with national estimates showing that 55.6 percent of women have experienced physical violence and 17.5 percent have experienced sexual violence in the past 12 months from their current or most recent husband/partner (National Institute of Statistics Rwanda, 2012). A Gender-Based Violence Bill was passed by Parliament in 2009, which has defined gender-based violence as both physical and sexual forms of violence (including marital rape), and Government-led actions to prevent violence have included educational campaigns and the legal prosecution of perpetrators. In addition to the Government's response, several non-governmental organisations (NGOs) in Rwanda provide services to assist the survivors of violence and to address the social and cultural norms that contribute towards IPV.

In this report we discuss the types of violence occurring in Rwanda, and the various responses or actions available to women experiencing violence. We carried out interviews and focus groups with 47 individuals in Rwanda during September 2013. Interviews were conducted with 15 women who had experienced some form of domestic violence or IPV. Four focus group discussions were held with 24 women from different communities across Kigali. In addition, 10 interviews were held with service providers working to either prevent or provide services for women experiencing IPV.

Our findings show that various forms of violence are experienced by women, including physical, economic, psychological, emotional and sexual forms of violence perpetrated by male intimate partners, including husbands, boyfriends, unmarried partners and the fathers of their children. Women described their own experiences of IPV and also referred to violence that existed in their community. Economic violence was of particular concern for women and communities. The realities of emotional violence were also raised as extremely harmful to women. Barriers to responding to IPV included women's financial dependence on their male partners, the 'culture of silence' around violence in Rwanda, and the social and cultural norms that maintain IPV as accepted within households and by communities.

Participants described three main ways in which women could and did respond to IPV. (1) Women could respond individually, by going to the police or local authorities for help, talking to neighbours, approaching family members, and telling community health workers about the violence. (2) Women sometimes responded through drawing on their relationships with others, either friends and family members or children. Emotional support from friends was mentioned as an important resource for women experiencing violence. (3) Communities were also seen as being able to act in response to IPV, through holding community meetings about the issue or using the GBV committees already in place.

Our primary recommendation is that organisations should consider supporting responses to IPV that take place at all three of these levels (individual, relational and community).

We would like to thank all of those individuals who gave us their valuable time and energy to discuss these issues. We could not have produced this report without you.

INTRODUCTION

This report examines women's responses to situations of intimate partner violence (IPV) in Rwanda. We draw on interviews with women who have experienced violence, focus groups with community members, and interviews with service providers. IPV is broadly defined here, consistent with how participants talked about violence in their own lives. Their definition of IPV included physical, economic, sexual and psychological forms of violence perpetrated by their intimate partners, including married and unmarried partners.

ABOUT THIS REPORT

This report was written by researchers belonging to the Health, Community and Development Group at the London School of Economics. The report is the result of a preliminary set of interviews and focus groups with individuals in Rwanda. It is not a formal research study, but rather an initial investigation carried out for the purposes of strengthening community responses to intimate partner violence and collaboration among non-governmental organisations working in this area.

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CONTEXT

IPV occurs globally, with global rates estimated between 27.8 and 32.2 percent (K. M. Devries et al., 2013). However, Rwanda has one of the highest levels of IPV in the world, with national estimates showing that 55.6 percent of women have experienced physical violence and 17.5 percent have experienced sexual violence in the past 12 months from their current or most recent husband/partner (National Institute of Statistics Rwanda, 2012). A Gender-Based Violence Bill was passed by Parliament in 2009, which has defined gender-based violence as both physical and sexual forms of violence (including marital rape), and Government-led actions to prevent violence have included educational campaigns and the legal prosecution of perpetrators. A United Nations initiative in partnership with the Government of Rwanda implemented the Isange One Stop Centre in Kigali in 2002, which provides medical, psychosocial and police services for survivors of violence.

In addition to the Government's response, several non-governmental organisations in Rwanda provide services to assist the survivors of violence and to address the social and cultural norms that contribute towards IPV.

METHODOLOGY

We were interested in the following questions about IPV in Rwanda: *How do women discuss possible responses to IPV in marginalised contexts? What can the insights generated from these discussions contribute to the public health response to IPV?*

LOCATION AND RECRUITMENT

We conducted semi-structured individual interviews and focus group discussions in Kigali during September 2013. We had a total of 47 participants:

- Interviews with women experiencing IPV and receiving services from Tubahumurize, an organisation which provides micro-enterprise opportunities for women to make an independent income (5 participants);
- Interviews with women experiencing IPV or other forms of violence and receiving services from Hagaruka, an organisation providing legal assistance (10 participants);
- Focus group discussions with women from the local community, who were identified and recruited by a local assistant (24 participants – 4 groups of 6);
- Interviews with women and men working for organisations and government institutions which provide services related to IPV and other forms of violence (10 participants).

DATA COLLECTION AND ANALYSIS

The different perspectives provided by the interviews and focus groups captured both direct experiences of IPV and broader social and community perspectives on the problem of IPV and potential responses.

The following questions were used to guide our interviews:

1. What is the nature of violence experienced by women in Rwanda?
2. What are the structural constraints that prevent responses to intimate partner violence in this context?
3. What types of responses exist to intimate partner violence in Rwanda? What acts as potential barriers to these responses?
4. What services are available to prevent/ respond to intimate partner violence in Rwanda?

Interviews and focus groups were translated and transcribed. The final interviews and focus groups were analysed for common themes arising from the written transcripts.

FINDINGS

THE NATURE OF VIOLENCE EXPERIENCED BY WOMEN

In discussing IPV, participants had experienced physical, economic, psychological, emotional and sexual forms of violence perpetrated by male intimate partners, including husbands, boyfriends, unmarried partners and the fathers of their children. Women described their own experiences of IPV and also referred to violence that existed in their community.

Physical violence, particularly being beaten, was brought up throughout the interviews and focus groups.

There are times you are just home and your husband comes and beats you with no reason. Not giving you food or enough provision for the kids. All this is violence against women. You find a woman begging for food in the road looking like a crazy person, he beats you till you have wounds. [Focus group discussion, 14 September 2013]

Male partners also made threats of physical violence, including explicit threats to kill.

He would threaten me every day saying that he would kill me. We spent 4 years I and him sleeping in different bedrooms. He used to show me knives and machetes saying that one day he would kill me. [Interview 6]

Economic violence was significant for participants, including husbands refusing to provide for their wives, men refusing to financially support children, male partners taking houses or other property that the woman owned, or men selling jointly owned property without the woman's agreement.

He may have money but refuse to give you some so that you may take care of some family needs, or when he gives you he gives you little money that is not enough, and then you hear that he is drunk in a bar. That is a form of abuse. Where he gets drunk and may be at home there is no food to eat. That is abuse. [Interview 3]

Psychological and emotional abuse took place, such as verbal abuse, threats, insulting women in front of other people and rejection. Such emotional violence was particularly hurtful to women.

He keeps abusing you saying that if you don't accept it he will go and get another wife and he makes you think that you are useless. [Focus group discussion 3]

The emotional impacts of other forms of violence could also be severe:

My husband was beating me so much at a point that I felt like I was becoming crazy. And my children are young, they couldn't help me. There was a time I found myself walking in the road not knowing where I was and where I was going... I felt like life didn't have a meaning, if I didn't have kids I was wishing to die. [Interview, September 19, 2013]

In this study, sexual violence and rape were not often mentioned by participants, but were present.

Sexual relationship can also be an issue when for example the woman is tired and the husband wants to do it and for example he is drunk, he will end up by beating her if she doesn't accept. [Focus group discussion 3]

Participants also discussed men 'cheating' and having multiple partners or wives. Alcohol was mentioned as a contributing factor for IPV.

Multiple types of violence occurred together, for example, being beaten and also economically unsupported, or emotional and physical violence.

He started going to other women and comes back home when he wants, and he drinks as he wants and when he comes home he beats me without any reason, he calls me stupid and he says that I refused to leave his house and go. He doesn't want to be near the children. It is too much to handle. *[Interview 4]*

Particular actions, for example, women being chased out of the house, combined multiple forms of abuse into one. The different types of violence need to be understood together in the way that women experience them.

STRUCTURAL CONSTRAINTS ON PREVENTING AND ADDRESSING IPV

Structural constraints refer to social structures or patterns of relationships that influence our actions and behaviours in certain contexts. Social structures may include aspects of gender, race, economic realities, ability, etc.

Participants identified many structural issues that contributed to men's violence against their female partners, constrained women's ability to prevent violence or protect themselves from it, and hampered efforts to address and respond to IPV.

POVERTY AND FINANCIAL DEPENDENCE

The principal structural constraint discussed was women's poverty and their financial dependence on male partners. This was mentioned extensively by women experiencing violence, by service providers and in focus groups. Women faced extreme poverty if they left violent relationships or if they were not supported economically by their husbands.

Sometimes they report but when they get to the police they say no I rest my case, I want my husband back because he's been feeding my family, if you put him into prison how will I survive with my children *[Interview with service provider]*

Poverty made women vulnerable to violence.

Poverty and being alone made me vulnerable. These days when a man sees that you don't have enough means to support yourself he uses what he has to get what he wants *because* poverty. Most of the time I think it is because women are suffering of poverty. If you have a business or something else you do he cannot abuse you. For example if I had something to do like a job, or if I had financial means to raise up my child I wasn't going to the authorities and all that to get help. The reason why he kept on asking to have sex with me was because he wanted to get advantage of me telling me he will help the child. *[Interview 12]*

And this was compounded by their economic dependence on their male partners.

In the village women are 100% dependent on their husbands. If they need salt they need to ask for money, if they need clothes they need to ask for money from their husbands, because husbands are traditionally the ones that are supposed to take care of the family. And still she may for instance have a cow and she sells milk, and she gets money but she has to give the

money to the husband and the husbands are supposed to decide what they use the money for. So the fact that the economic dependency on many so strong you know that makes them more vulnerable. But *also* there's like I say, a saying in Rwanda that people who do not have anything to eat, they have more issues to quarrel about, like if you have this little to feed between 7 kids and you and your husband then you have more reasons to argue because there's so much tension, there's no food and all these things. And so there's that issue where women feel like they are more vulnerable because there's nothing, you know that they can control or own. *[Interview with women's rights activist]*

Women lacked employment or the education, skills and opportunities to get jobs.

He does that because the wife doesn't have a job because he knows she doesn't have any means to leave by her own. He is the one to meet the needs of the family, the wife is not. *[Focus group discussion 4]*

Poverty was also seen as a major cause of IPV:

Mainly it is caused by poverty and greed, or where you find that men want to keep all things to themselves and they don't want to take care of their children, for instance when he has 3,000 francs, and he gives you 1,000 francs, and you don't get to know what they used 2,000 francs for, and when you ask him about it, he beats you up. *Poverty* causes it. But when you have money, and you are able to buy what you used to ask him for, or are able to buy milk for the children. He cannot come and start beating you when he sees that children have eaten and yet he did not leave any money to use. *[Interview 10]*

Economic violence against women interacted with their poverty and financial vulnerability to create dependent situations which were very difficult to leave.

THE 'CULTURE OF SILENCE' AROUND VIOLENCE

The second important structural barrier that participants identified was the 'culture of silence' around IPV. Throughout the interviews and focus groups it was noted that women found it extremely difficult to reveal the violence they were experiencing:

If you look closely you will find that many [women who experience violence] keep it in their hearts. There are times that it becomes too much for them, but they say that they will die with the secret. And when you see them walking you will never know what they are keeping inside. You can see your neighbours walking *around*, smiling and happy, but you don't know what happens at home. She might spend the whole night crying, but when she is about to go out she wipes away the tears and then comes out smiling so that no one will know she has been crying. *[Focus group discussion, September 7, 2013]*

There was social and cultural pressure on women to keep quiet about violence:

Many Rwandese still have the culture of keeping family secrets, they don't understand that they have their rights. They prefer to keep the secret and preserve the *family's* good image. *[Focus group discussion, September 7, 2013]*

This social attitude made it unlikely that women would report IPV.

They are *kind* of reluctant to report especially the IPV because they say no, especially in our culture really it's like ... you are displaying your private life to the public and this is something that can never happen in our culture. [Interview with service provider]

Silence about violence was also maintained through fear. Women were understandably afraid of their partner's response if they told others, especially if she stayed with her partner:

She might tell others and they might get an answer but if this woman is actually reconciled with the husband in this way the husband will not feel free to go among other people...That is why most women are abused like that and they are afraid to say it because they think if they do the husband will do worse next time.... That is when if she decides to come back after the issue is settled you end up hearing that someone killed his wife just because the husband thinks she didn't respect him and other[s] won't too so he does something bad after that like killing her or he beats [her] to the point she becomes disabled. [Focus group discussion 4]

Ultimately, women were expected to keep quiet about men's behaviour. One focus group participant described this using a common Rwandan metaphor: '*the heart of a woman is the coffin of a man's sins*'.

SOCIAL AND CULTURAL NORMS ABOUT GENDER AND VIOLENCE

The third important structural problem mentioned by participants was the set of social norms about gender and violence. Across the interviews with individual women, focus groups with community members and interviews with service providers, participants mentioned social attitudes such as women having few rights and being considered inferior.

I think it came from how before, men were taken as idols. They had that mindset that whatever they say is true and must be done or obeyed if not I will beat her. Things like that, from the past till now they have adopted that. So till now that mindset is *somehow* there, they think they are superior to women. They can't listen to women's advices; they just want them to follow their orders. The way they found the society at their birth, they think that is how it should be. (Focus group discussion, 7 September 2013)

According to these views, violence was seen as normal or justified by men's superior position.

Not long ago committing or a woman experiencing violence was like normal, it was like the *husband's* rights because that's you know the norm, that's something that has been there and people have even come to understand it's part of their life, it's something acceptable to some extent you see...women had in their mind that accepting violence is okay as long as you can keep your household together. [Interview with service provider, RWAMREC]

Participants recognised that similar views were held by some women, attitudes which were reinforced through emotional abuse.

Something that you see a lot is the psychological violence which happens so often that people don't even realise because they have it for years and that's life, that's part of life. And some of them actually they don't think it's okay if the man does not behave *violently*, does not abuse you verbally or does not rape you, something like that. so they think there's something wrong with you because that is how you are taught, that's how your aunties taught you to behave [Interview with women's rights activist]

Women's behaviour was shaped by attitudes that a good mother keeps her family together, despite any problems, including IPV. Attitudes to gender also strengthened the other key structural factors, for example, by encouraging women to remain financially dependent on their partners, and making it difficult for women to break the silence around IPV. Social norms could combine to simultaneously normalise violence, encourage women to endure it and pressure them to keep quiet:

Respondent: Even when you approach someone else for advice there is a saying “that is how the home is built” stay there, you can’t leave your children because the husband beats you and you choose to stay and keep quiet. *[Focus group discussion, September 7, 2013]*

Participants recognised that it was difficult to change these long-held beliefs.

Someone *who* is born in society, this is, that is that way, they grow up in society, married in this society, that’s all they see. All his life in this kind of behaviour that’s for sure. So we can’t change it overnight. *[Interview with service provider, RWAMREC]*

However, participants also mentioned that these norms were changing, and that increasingly, violence was considered to be unacceptable and women were seen as having equal rights.

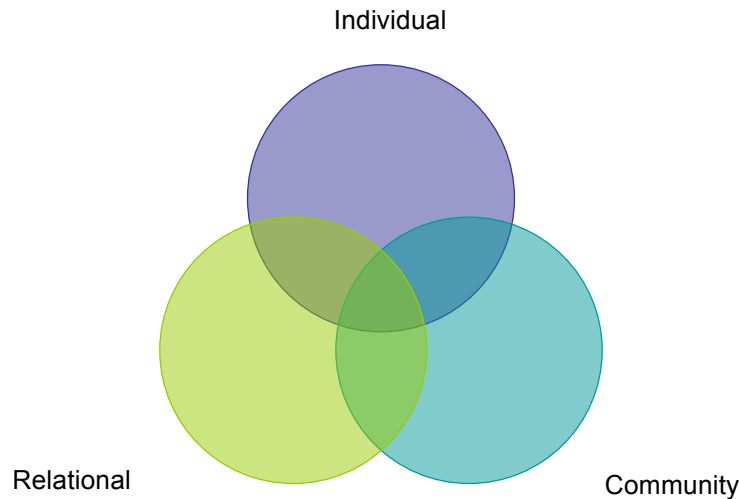
What it has changed is that now women have their rights, before they used to be physically abused and they didn’t have where to go to get justice but now when you have a *problem* with your husband or someone else you have the right to go, say your problem and you receive the help you need. *[Interview 11]*

And the situation was seen by some to be improving.

When you look at now the number of issues of gender based violence cases being reported, when you look at you know women requesting [divorce] because of gender based *violence*, when you look at how women are increasingly participating in development activities then you can tell the situation is changing for the better. *[Interview with service provider, RWAMREC]*

RESPONSES TO INTIMATE PARTNER VIOLENCE AT 3 LEVELS

Responses to IPV by participants took place at three distinct levels: as individual actions; as a response based on relationships with others; and as a collective community-level response.



INDIVIDUAL ACTIONS

Participants discussed a variety of ways that women could respond to IPV through taking individual action. In focus groups, women listed options such as going to the police or local authorities for help, talking to neighbours, approaching family members, and telling community health workers about the violence:

They (the police) will listen to her, and take the husband to the district office and look for the *answer* to the problem together. After the study of the problem, the police tell them what to do: whether to divorce (if the woman wants it) or the husband to change his behaviour. [*Focus group discussion, 7 September 2013*]

Participants felt that there was still a lack of knowledge about support available to women experiencing IPV.

The other reason why most women don't approach the authorities is the lack of knowledge; they *don't* know what the police can do for them. Most women don't [attend] district meetings or training. Those who are not afraid of calling upon the police are those who are aware of what the police can do for them in such situations and they have learned that in those meetings and trainings. [*Focus Group Discussion 1*]

Poverty and other structural factors remained as major obstacles to women using these individual options.

The woman can come here and say she has been a victim for a long period where I have been beaten by the husband...to the police the woman say I don't want my husband to be in jail, he's the only one, he's the breadwinner for the family, what are we going to become...you know he's

the one who is feeding the family. So in the morning ... *she's* going to the police saying that my husband really it was not his intention to do bad to me, it was an accident so I can forgive him and if really you can release him and come back home you know, this is the first time and after two months or two weeks the same case comes back. [Interview with service provider]

RELATIONAL RESPONSES

Participants also discussed responses to IPV that resulted from their relationships with others, including their children or friends. For example, one important relational response proposed was discussing the problem with other people. This was not only a way of breaking the silence about IPV and seeking help, but also a means of healing the emotional consequences of violence:

Another thing is that to keep quiet when you are going through violence it increases the emotional wounds, but when you open up and tell someone about your *problem*... Even if you don't have means to live alone and manage to provide for your children you will have a different way to carry yourself in that situation. And you will even know where you can get more help and more understanding about your rights just because you talked to someone. When you keep quiet, you just die inside. [Focus group discussion 4]

This relational aspect is very important in providing support to women experiencing IPV. The benefits of relating with others provide the rationale for counselling, support groups and other interpersonal services.

Women's relationships with their children provided another important example of relational agency. Children provided a motivation for women to improve their situation and a means by which to do it:

I didn't want to have other children with him while he wasn't even helping me with the first child. I was alone. No one was helping me. I was suffering. I couldn't even *continue* my studies at the university and I didn't have a job. He used to call me and I refuse to talk to him because he just wanted sex and when I refused he refused to help the child, so the child was denied his right and so I came here for help. [Interview 7]

While relationships with children and discussions with others could also pressure women to stay in violent situations, the importance and value of these forms of relational agency for women responding to IPV came through strongly in these discussions.

COLLECTIVE COMMUNITY-LEVEL RESPONSES

Participants mentioned several different community responses to IPV. Monthly community gatherings organised by the government were seen as a forum for IPV to be made public and discussed as a community problem:

Interviewer: Do you think the government plays a role in telling people that intimate partner *violence* exists?

Respondent: Yes they do. When they have heard of cases where men abuse their wives, they *announce* it to the people during different community gatherings without holding back anything, speaking the whole truth, and arresting such people. Yes, so the government does talk about it. (Interview 12)

Public meetings were also seen as a forum where neighbours could report instances of violence on behalf of others, for example, when women's own efforts had been unsuccessful:

At the district level we have leaders, counsellors and others. She has to go to counsellors *and* get the advice...If that doesn't work, the neighbours can take it public. For example, saying it during the district social work meeting. (*Focus group discussion 4*)

When a woman found it difficult to talk at the public meeting or to police about violence she was experiencing, community networks on GBV and anti-GBV committees could help.

Sometimes again she's due to go but she thinks how am I going to do this, to someone strange. So the issue remains in the household...They prefer...maybe a family *member*, a woman family member just to say what is happening to her and all that. It's something that family member or that member or that friend would be the one to go and you know, to inform the police or the officials and then the case would be followed up by the person...But again the good thing is that we are helping those...and they are just nervous and easy to trace and to know what is happening in the next house, or the next household. So it is even though the person won't disclose what is happening to her, at least the network who is in charge can disclose what is happening. [*Interview with service provider, SK RWAMREC*]

Collective responses at the community level were described in the focus groups and interviews as important in helping to break the silence around IPV, changing problematic social and gender norms, and building community capacity to tackle broader structural constraints for women, such as poverty.

SERVICES AVAILABLE TO PREVENT AND ADDRESS IPV

The organisations and institutions which participated in this study provide a range of valuable services on IPV and GBV more broadly. Increasing awareness of these can contribute towards reducing violence and assisting women experiencing IPV.

Tubahumurize provides micro-enterprise opportunities for women experiencing violence, helping them to make their own income. Haguruka provides legal assistance on a range of issues, including to women experiencing violence, and in legal cases for financial support of children. ADJPRODHU provides legal assistance, legal education and counselling to vulnerable women and children and those experiencing violence. It provides legal, social and psychological support in its offices and runs a free telephone advice line. It also runs a community awareness campaign. RWAMREC engage men to end violence against women, and work to involve men in gender promotion more broadly. They are working with Government Ministries on gender and development, and with the police and local government on GBV. They train, provide training manuals and modules and participate in policy consultations on GBV and family policy. They build capacity in organisations and village anti-GBV committees. They run a project engaging men with health services for themselves, women and children. They initiated a project on couples communication in villages, and are now phasing this out and integrating GBV within the Government initiative that organises group meetings of parents at village level. With CARE, RWAMREC run an economic empowerment project which includes work on IPV and communication with couples.

International organisation SURF supports local organisations with capacity building, monitoring and evaluation. They are involved in a counselling project for the mothers of children born from rape. They also support a student organisation of survivors of the genocide that provides a telephone helpline for counselling and legal advice. CARE have a project using community scorecard methodology to bring service users and service providers together to stop GBV. Other projects educate on sexual and reproductive health. CARE also raise awareness on existing GBV laws. Along with other civil society organisations, CARE are involved with a GBV information monitoring system in several districts, where case managers monitor GBV, collect data and do advocacy on cases of GBV. This provides information to feed into the existing police and government

monitoring of GBV and gender issues. Many organisations and activists are involved in national and international campaigns such as the 16 Days of Activism on GBV in November and December each year.

The Rwandan National Police run the One Stop Centres which combine support, care, collection of medical-legal evidence and counselling for those experiencing violence. There are Gender Desks in each police station and a central coordinating office for gender in Kigali. The Police run media and community based awareness campaigns on GBV. They participate in Moganda community gatherings, and also address GBV through the Community Policy Committees and Neighbourhood Watch Programmes. They have increased the number of female officers in the police and are working to increase it further. Under the Kigali Declaration of 2010, the police, military and correctional services are working together to end violence against women and girls. The Police also work with the UN on the role of the security services in ending GBV in UN mission areas in other countries, e.g. Peacekeeping missions.

For women experiencing violence, some of the services provided by Government and organisations support women's relational agency. Counselling, support groups and educational and health projects provide emotional benefits to women as well as helping to break the silence about IPV. Women's relationships with their children also motivate them to access services, especially legal assistance.

Information and awareness-raising campaigns further challenge the culture of silence, increase recognition of IPV as a widespread problem and increase knowledge about laws, policies and services that women can call on. The Government and organisations are strongly involved in community and collective responses to IPV, especially through village meetings, anti-GBV committees and district meetings.

This report has aimed to provide insight into the experiences with violence of women in Rwanda, the types of agency they can and do demonstrate in responding to IPV, and the valuable responses and services being provided by Government and organisations. It is hoped that this can help to strengthen, expand and improve the powerful responses that are needed to address IPV.

OUR RECOMMENDATIONS

- Continue to raise awareness of existing gender and GBV laws and policies, especially at community level in areas where dissemination has not yet happened sufficiently.
- Plan and implement IPV responses and services that support women's decision-making abilities at individual, relational and community levels.
- At the individual level, continue to support women in seeking assistance from the police, while linking this more strongly to additional supports for those in both married and unmarried relationships, and for communities.
- Recognise, expand and increase access to services that improve women's decision-making ability in response to IPV, particularly counselling and support groups that provide benefits through discussion with others.
- Substantially strengthen collective, community-level responses to IPV and GBV, particularly within community and village meetings, GBV committees and district-level meetings, and increase women's meaningful participation in these groups.
- Continue to involve both Government and non-governmental organisations in the response to IPV, and expand the involvement of groups who are also vital to the response, particularly male partners and fathers, men in leadership positions, couples, families and local leaders.
- Expand opportunities for collective discussions about broader gender issues and attitudes that contribute to IPV.

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