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Combating gender based violence in Rwanda

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Abstract

Gender Based Violence (GBV) exists in Rwanda as in many other African societies. Efforts are being made by Governments and NGOs to curb the menace and help its victims. This study examines these efforts with particular reference to the city of Kigali in Rwanda. The study reveals the prevalence and various strategies used by government and other organisations in combating the practice of GBV. According to the study effective response to the plight of GBV victims depends on the competence and expertise of various individuals and organisations involved in giving assistance to victims. The establishment of a one-stop assistance centre for GBV services in Kigali has successfully given much needed aid to victims. The study recommends that in order to eradicate GBV all the stakeholders should utilize available resources. Logistical, economic and socio-cultural constraints should be dealt with accordingly. Above all, the judiciary has a crucial role to play. An effective judicial system is needed to curb the practice**.**

Keywords: Gender based violence, Combating GBV, support to GBV victims through various providers, One stop centre

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1. Introduction

The Government of Rwanda and its partners have deployed considerable efforts to address gender based violence (GBV) challenges. Some commendable success has been registered in GBV awareness and eventually contributed to reducing GBV cases. However, this scourge is yet to be eradicated; GBV cases are being reported, some stakeholders are not yet aware, and communities' perceptions of victims are not fully supportive.

Against this background a qualitative and quantitative research was undertaken to measure the magnitude of GBV and quality of care provided to GBV victims. The research covered Kacyiru police Hospital and other surrounding health centres like Gahanga and Kicukiro, hospitals like CHUK, Muhima, Kibagabaga, and other care givers for GBV survivors including Haguruka Association, "Avocats sans frontières". The data for this research was gathered by means of questionnaires, interviews and observations.

This paper is essentially divided into major sections, namely objectives, methodology, literature review, discussion of findings, limitations, conclusion and recommendations.

2. Objectives

The overall objective of the study was to provide relevant quantitative and qualitative data from "Kacyiru Hospital", other surrounding health centres, hospitals and other services providers for GBV victims. The data covered the four areas of care and intervention that would be co-located in the One Stop Centre. These four areas are:

- Medical care and protection
- Medico-legal care and protection
- Psychosocial care and reinsertion activities
- Legal support

3. Methodology

In a bid to answer to the broad research question "What is the current situation of care and services given to Gender Based Violence and child abuse victims in Kigali?" The research mostly gathered qualitative data but has some quantitative aspects. The following instruments were used to gather the data:

- *Interviews* were used to gather data from 7 GBV victims met in different places. Interview was held with donors, and their partner organizations;
- *Observations* were used to see the state they were in after undergoing GBV. Moreover, some GBV scenes were witnessed by the researcher;

- *A structured questionnaire* was used to gather quantitative data on GBV cases from 7 health service providers including 4 hospitals (Kibagabaga, CHUK, Muhima and Kanombe) and 3 health centers (Kimironko, Gahanga, kicukiro); the police gender desk; the judiciary and other service providers like Haguruka Association and Avocats sans Frontieres.

4. Literature review

Ban Ki-Moon (The board of the parliamentary forum, 16 May, 2009) stated that:

> "*Violence against women and girls continues unabated in every continent, country and culture. It takes a devastating toll on women's lives, on their families, and on society as a whole. Most societies prohibit such violence — yet the reality is that too often, it is covered up or tacitly condoned*".

Statistics on GBV around the world are alarming. According to UN Women;

> *"At least one out of every three women around the world has been beaten, coerced into sex, or otherwise abused in her lifetime — with the abuser usually someone known to her"*

The above observation from the UN Secretary General summarizes everything, it is however, important to define that scourge.

4.1. What is GBV?

UN Declaration on the Elimination of Violence against Women is credited for the official definition of Gender Based Violence. It is defined as:

> *"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life."*

4.2. Types of GBV

According to Commonwealth Secretariat (2003) there are five types of GBV:

1. Sexual violence – e.g. sexual harassment, incest, rape, forced prostitution and sexual slavery;
2. Physical violence – e.g. wife battering and assault, 'honour' killings, female infanticide, child assault by teachers and gay bashing;
3. Emotional and psychological violence – e.g. threats of violence, insults and name calling, humiliation in front of others, blackmail and the threat of abandonment;

4. Harmful traditional practices – e.g. female genital mutilation (FGM), denial of certain foods and forced and/or early marriage;
5. Socio-economic violence – e.g. discriminatory access to basic health care, low levels of literacy and educational attainment, inadequate shelter and food, economic deprivation, armed conflict and acts of terrorism (Commonwealth Secretariat, 2003)

4.3. Causes of GBV

According to Christine (2001) some of the factors that foster an environment of violence against women include:

- Attitudes in society where there is belief that women are inferior to men, for example;
- Some families prefer baby boys instead of baby girls;
- Men believe they can punish women;
- Alcohol abuse;
- Culture: in Rwanda some people perceive violence against women as a confidential matter not communicated outside the family;
- Tradition tends to prime over the law;
- the fact that women can be forced to leave the marital home if their husbands no longer want to live with them;
- The perception of the victim as 'bad' or 'tainted'.

4.4. How to address GBV

To address GBV, there is the need for a "*coordinated, inter-agency, and multi-sectoral strategies that aim for prevention through policy reform and implementation of protective mechanisms and building the capacity of health, social welfare, legal and security systems to recognize, monitor, and respond to GBV; in addition to ensure rapid and respectful services to victims*" (Ward and Marsh, 2005).

5. Discussion of findings

5.1. Number and profile of care providers involved in GBV services

This section discusses the results got from a study of stakeholders involved in the provision of services to GBV survivors. The services that are provided are different as per specialisation of providers. This study gives a concise report on four areas of intervention which are given by different providers.

- Stakeholders involved in providing medical legal services are all hospitals in Kigali including, Kacyiru police hospital, CHUK, Muhima, Kanombe, and Kibagabaga Hospitals.
- Stakeholders involved in medical care are the above mentioned hospitals and health centers like Kicukiro, Gahanga and Kimironko.

- Legal and paralegal support service providers are the Police gender desk, Public Prosecutor's department, courts, Avocats sans frontières (Attorneys Without Borders), Haguruka association, local communities, CBOs and GBV committees. The police are trained in this matter. They intervene in prevention by means of sensitisation. Courts and public prosecutor's departments provide legal support. Besides, there are paralegal organizations like Haguruka which provide paralegal support (advocates for both crime parties), besides, they offer accompaniment in terms of administrative procedures. Avocats sans frontières are in legal support business; however, their interventions are upon request by the public prosecutor's departments. Their specialisation is limited to sexual abuse. Local communities, CBOs and GBV Committees are supportive in this process. When well sensitised, they serve as witnesses and can declare cases which have not been reported by victims.
- As for psychosocial care, there is no one specialised in this service better than Kacyiru Hospital. Some hospitals use the department of VCT counselling which can be seen at all hospitals covered by this study. In many cases, GBV victims are received by people without any academic or professional training. They just have to help but do not exactly know how to help and thus rely on their common sense.
- However, service providers support one another; this can be illustrated by a chain as described in the following diagram:

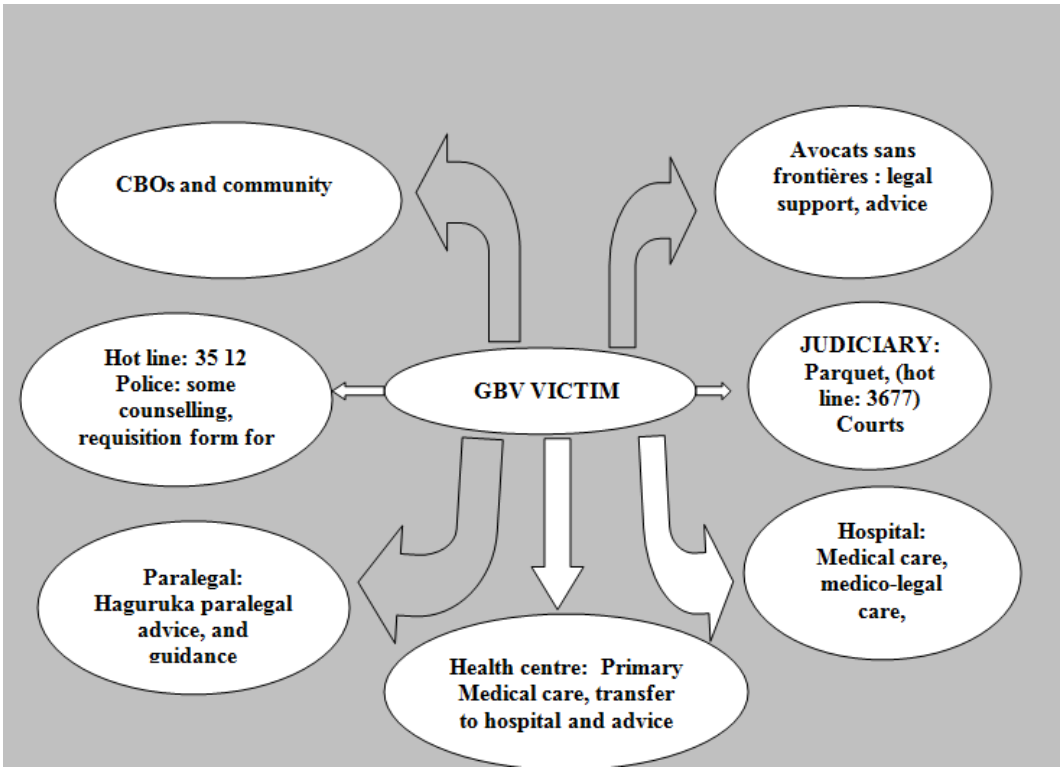

Figure 1: GBV service providers

The starting point depends on the victim. In case of violence of one's rights, some may straight away rush to the nearest provider while some may prefer to keep quiet. For those who "cry out" for help, some call on hotline for the police 3512, others use 36 77 for the Prosecutor's office while others go directly to the nearest police station. At this step, whichever provider one rushes to will immediately refer the victim to the nearest hospital or health centre for test taking and primary medical care.

It is worth detailing the kinds of interventions of each provider depending on specialisations:

- Scenario # 1: Victim goes directly to police station

The police will provide some counselling and provide a requisition for the victim to be brought to the health service providers. Thereafter, results will be brought to the judiciary by the police. It is worth noting that most victims do not follow up their cases after receiving medical treatment. They assume the police will do its job including taking results from medical the providers and bringing them to the judiciary.

- Scenario # 2: Victim goes to hospital or health centre

The medical care provider will give primary medical care. They will forward the patient to the nearest police station or they will accompany the victim to bring the requisition form for medical exam. In some cases, however, there may be a police officer working at the hospital. Then, a victim will first go to the police office.

In our study we founded that the medical care and medico-legal support to GBV victims is not given free of charge by all healthcare providers. If, for example, the victim goes to whichever nearest medical practitioner, care will be given, but the patient will have to pay. For the victim to get proper care free of charge he/she has to go to healthcare units that are recognized by the law to provide such service. However, it is a "forensic expert" only who is qualified to provide expert opinion valid in the eyes of the other operators in this chain (police, judiciary, and psycho-social support providers).

- Scenario # 3: Victim goes to the judiciary

If a victim calls the judiciary hotline, there will be guidance. The patient will be forwarded to the nearest police station, which will collaborate with the nearest referral hospital.

- Scenario # 4: Victim goes to paralegals like HAGURUKA Association

When a victim is suffering from serious injuries, HAGURUKA will take care of that. They will also provide legal advice, and then legal briefs and conclusions will be forwarded to the judiciary. They will also accompany the victim in the administrative and judicial instances. All this is free of charge.

From police to hospital: The survivor presents him/herself to the police. The victim will bring the requisition form from the police to the hospital. The gynecologist will attend to him / her. Medical care is administered to the victim accordingly. There will be tests as requisitioned by the police. Tests are free. It is worth noting that when a specialist diagnoses that there is another illness which has nothing to do with the victim's current claims, the patient will pay for the treatment. The speed with which a victim will be received depends on how many people are on the queue.

Note that there is no standard way of recording GBV Cases; Some nurses do not keep specific records for GBV whereas others do it albeit informally for ease of referencing, just in case.

After the consultation with the doctor, the victim is asked to go to the hospital's laboratory for the tests.

When there is a need for counselling or other psychosocial treatment, the attending doctor can refer the victims to the psychosocial department. As this department is in Kacyiru Police Hospital only, other hospitals rather call on their VCT (Voluntary Counseling and Testing) services to assist with the psychosocial care of these victims. According to the informants, the cases of GBV victims getting psychosocial care are not recorded, and thus, the statics thereof are not available.

However, some victims can fail to get to the hospital because of lack transportation fares. The example below illustrates this:

One child was raped in Jabana village. When the evidence was still live, the dad brought the kid to GASATA police station. The police referred the case to Muhima hospital. Unfortunately, the dad was with no means, he managed to do it using RwF 500 collected from a generous police woman. They spent 200 Rwfs to reach Nyabugogo. With 300 Rwfs, the dad convinced the kid to go on foot with an intention of using it for home food.

Reaching Muhima, one may obviously understand that the victim was worse off. After medical care was administered, some tests were taken at Muhima, the remaining tests were to be taken from CHUK, there was another distance to cover. As time to go back home came, means were no where. The hospital's director's driver took them to GASATA sector office. But still there was a big mountain "Jabana" to climb (estimated distance of 16 kilometers remaining to reach home). One can guess what followed in as far as buying medicines and following up this case are concerned.

From hospital to police: After tests have been taken, the victim does not generally have access to the results, with the exception in Kanombe military hospital. These results are for evidence purposes to the judiciary.

Since it is not possible to do all the necessary medical tests in some referral hospitals, they have to be taken to more than one hospital, which brings about delays in the chain. For example, MUHIMA hospital tests only VS (Vaginal Sign), SRV (Serology Retroviral), and pregnancy test, the rest of tests like TPHA (Tripaunema Partum Human Agritunation), VDRL (Venereal Disease Research Laboratory) are referred to CHUK (Centre of University Hospital of Kigali).

From police to the judiciary: Results from the police will be submitted to the prosecutor in charge of gender at the district level. This prosecutor will work on the file and forward it to the court.

Follow up in this chain is an issue. The police may delay collecting the test results. Considering the fact that the victim may initiate the process to the court, results may be needed before they are collected by the police. The police officers we talked to reported some logistical problems. It may unnecessarily take some extra days before the justice process can reach its conclusion due to lack of evidence.

In some cases, there is a need to test the perpetrator. The challenge is that it is often difficult to reach him/her. Actually, we have never seen anywhere in records where the perpetrator has been tested.

5.2. kinds of services given to GBV victims

5.2.1. Medical-legal and quality

Table 1. Child abuse and GBV cases received by medical care providers

Total Score		18 and more		5-18 years		- 5 years		Age range		TOTAL
		M	F	M	F	M	F		Kibagabaga Hospital	
Maternity department	73		25		36		12	**Suspected sexual abuse**		
	NR	NR	NR	NR	NR	NR	NR	**Physical abuse**		
	NR	NR	NR	NR	NR	NR	NR	***Murder***		
	NR	NR	NR	NR	NR	NR	NR	***Abortion***		
Maternity department	91	0	19	1	50	2	19	**Suspected sexual abuse**	**CHUK**	
	NR	NR	NR	NR	NR	NR	NR	**Physical abuse**		
	1	0	0	0	0	0	1	***Murder***		
	NR	NR	NR	NR	NR	NR	NR	***abortion***		
Police and maternity department	65	0	6	0	44	0	15	**Suspected sexual abuse**	**MUHIMA Hospital**	
	6	3	3	0	0	0	0	**Physical abuse**		
	0	0	0	0	0	0	0	***Murder***		
	6		4		2		0	***abortion***		
Medico-Legal department	8	0	0	0	8	0	0	**Suspected sexual abuse**	**KACYIRU Police Hospital**	
	19	0	0	0	19	0	0	**Physical abuse**		
	0	0	0	0	0	0	0	***Murder***		
	0		0		0		0	***abortion***		
Maternity department	79		9	2	52	1	15	**Suspected sexual abuse**	**KANOMBE Military Hospital**	
	NR	NR	NR	NR	NR	NR	NR	**Physical abuse**		
	NR	NR	NR	NR	NR	NR	NR	***Murder***		
	0		0		0			***abortion***		
Register of admission	1	0	0	0	1	0	0	**Suspected sexual abuse**	**KICUKIRO Health Centre**	
	12	0	0	0	12	0	0	**Physical abuse**		
	NR	NR	NR	NR	NR	NR	NR	***Murder***		
	3		3		0			***abortion***		
Register of admission	NR	NR	NR	NR	NR	NR	NR	**Suspected sexual abuse**	**GAHANGA Health Centre**	
	36	0	31	2	2		0	**Physical abuse**		
	NR	NR	NR	NR	NR	NR	NR	***Murder***		
	NR	NR	NR	NR	NR	NR	NR	***abortion***		
	400	3	112	5	214	3	63			

With the exception of Kacyiru hospital, other hospitals covered by our study record GBV cases under the maternity department. For other departments the recording is such general that one cannot identify GBV cases. Our informants do agree that GBV cases may have been encountered but it is not possible to know from records. In some cases, women who may have experienced physical traumatism may be GBV victims.

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A. Kibagabaga Hospital

GBV Victims who come to the hospital during the working hours are received and treated in the dispensary service of the hospital. Most of the cases that are received in the night are treated by "night shift medical team". Most of those victims are brought by the police during night hours. Therefore, they are received and treated by the maternity service because the dispensary doesn't work at night.

Normally, the maternity department is overloaded. To overcome this, we learnt from the head of the maternity department who suggested that GBV training should be given to nurses and that there should be a separate room reserved for this specific group.

In Table 1, only sexual abuses were identified because it is not easy to recognize other GBV cases. The big number of victims received in Kibababaga Hospital is from Remera and Kinyinya Sector. The reasons given by the informants for this big number in those sectors include the following:

- The big number of bars and hotels available in Remera employ lots of young ladies who are exposed to sexual abuse because they leave their jobs very late.
- People like sex workers, street boys and girls live in some suburbs like Kinyinya, Nyabisindu and Nyagatovu (Kimironko) and Migina (Remera) and they are among the most exposed to sexual abuse.

It was further observed that:

- There is no special service for GBV because there is no police reception in Kibagabaga hospital, consequently the victim has to go to Remera Police Station to take the requisition form before having any medical care. This requisition form helps them to get free medical care like medical expertise and consultation.
- When the GBV victim needs any psychosocial care, he/she is transferred to VCT counseling services.
- Kibagabaga hospital receives many transfers from all health centers of Gasabo District. Consequently, there are delays in giving care in general and the facilities are overstretched. The delays in care giving are likely to affect the GBV cases in particular as the some of the symptoms may disappear if such cases are not treated in time.

B. Muhima Hospital

There are 77 cases in total, and 65 of them are victims of sexual abuse according the records kept by the hospital police. In this hospital, it is only a part of the service which can be given. The majority of victims received in this hospital come from Nyarugenge district.

According to the information from the police, the causes for the above cases have been noted to be the following:

- Young people in neighbourhoods and next-door tenants who give sham gifts like sweets, biscuits, etc. to young girls for sexual favours in return. Most of the times, those neighbours don't have a precise and well known address.
- The abortion and killing of babies result from unplanned and unexpected pregnancies of house girls. The employers of these house girls are responsible for the majority of such pregnancies. This comes after the employers threaten them of losing their jobs. It is worth noting that, unfortunately, the wrongdoers are usually kept anonymous.

After the police and government agencies like Districts have identified those abuses, an investigator from the Police (OPJ) comes to collect the medical test results. Afterwards, the OPJ submits those documents to the Prosecutor in charge of GBV. The prosecutor is responsible for protecting the victims. Therefore, it is important that the victims have the complete dossiers for the purpose of having justice done properly.

The most challenging issue facing the Prosecutor is to get the missing information in order to complete the documents required by the judiciary. Sometimes, victims do not come back to complete their dossiers; they change their minds and thus what was gathered in the first investigation does not appear to be consistent with the victims say later on, or they fail to complete their dossiers because of ignorance.

According to the Police information, it is very bad for house girls and houseboys to keep silent when they know any case of sexual abuse because house girls get pregnant and suffer the consequences alone.

GBV victims face serious problems including:

a) Sometimes Victims referred to Muhima and CHUK do not come back because of financial problems,
b) Muhima Hospital has pioneered receiving and treating GBV cases compared to other hospitals. Therefore, it is the most preferred by GBV victims.
c) Transport services used by the police are not sufficient to allow them to provide required services in time.

C. Chuk Hospital

Among the GBV cases recorded at CHUK hospital, the most frequent age range of sexual abuse is 5-18 for women. These cases include those referred from MUHIMA hospital. However, no case of people infected with HIV has been recorded.

D. Kacyiru Hospital

It can be read from the Table above that, unlike other hospitals, Kacyiru records fewer sexual abuse cases are than slapping and blowing cases.

Each department keeps its files and register. A victim may have as many dossiers as the number of departments visited. As in other hospitals, the police recommend a victim to the hospital for medical test. They come with a requisition form. This is useful before accessing free service and it is used for identification purposes. The hospital receives other cases from all over the country.

The doctor recommends tests to the laboratory department. All medicines are given free of charge to GBV patients. Two laboratory operators have been trained on GBV. They do their work and give report to the head of medico-legal department for analysis and comments if necessary before sending it to the Doctor who had prescribed the exam.

The test related to slapping and blowing is done by radiography, ultrasound scan or scanner.

E. Kanombe Military Hospital

All the cases are from the maternity department; this is why they are suspected not confirmed cases of GBV. We did not come across any final report about the confirmation of a GBV case. It was found that some cases are challenging. At times the doctor recommends that the suspected wrongdoer be tested as well. Unfortunately, the follow up is an issue because it has not been documented anywhere that those tests were taken.

Unlike other hospitals, Kanombe Military Hospital leaves to the victims the responsibility of bringing the requisition form to the hospital and following up the results that they have to submit to the judiciary. This may subject results to manipulation or misplacement.

It was observed that the majority of cases were from Gahanga and Kicukiro sectors. This may be caused by the fact that these sectors have many suburbs and pubs. Linked to this is that those sectors have many cases of slapping and blowing.

5.2.2. Medical care and protection

Almost of the data used in this research were collected by the maternity department. And the medical care is specific in this area. Some curative treatments are usually administered.

For example, in Kibagabaga hospital, there were 73 suspected sexual abuse cases. For those cases, there was no case on ARV treatment. The medical treatment given to these cases was anti-biotherapy (antibiotic called Helimicine). It is the same for other hospitals.

GBV cases are usually treated by hospitals. All what health centers are allowed to do is just to receive and treat GBV cases like other patient not considered specifically as those that have been abused. They do not, therefore, have proper records of GBV cases. However, when one consults the records of patients, it is possible to come across GBV cases such as instances of women who have been beaten by their husbands and suffered sexual abuse. To discover those records, one has to examine the history of the patient and the medical care provider needs to be sensitive to this issue.

As a sample, the research looked into the records from Kicukiro and Gahanga health centres. Kicukiro health centre is a faith-based health center. When we were conducting this research, we came across one GBV case. She was under “pregnancy medical follows up” after she was sexually abused. She was benefiting from free medical care (as it is the case for any GBV victim). Unfortunately, she gave birth to a stillborn baby in June 2009. She had dropped out of school when she was still in 4th year of secondary school. She is currently benefiting from some counseling services. She is staying with an old woman who offered to look after her.

For the case of slapping and blowing, 10 women were slapped and beaten by their husbands. One of them was hurt on her face and had bruises on the right arm.

The remaining cases give us an illustration of how husbands beat their wives on the legs, cheeks, ankles, while others experienced some abdominal problems because of their husbands' abuse.

In general, the cases attended to are those of GBV victims who come to the healthcare giver for primary medical care. In other words, for a case to be brought to the judiciary, the victim has first to go to the police for a requisition form or recommendation to the referral hospital.

Gahanga health centre is a public health center. Table 1 contains data about GBV and child rights abuse. Some GBV cases affect children's rights. For example, in June, a 3.5 years old girl turned up at Gahanga health center after having been raped two days before. Obviously, some symptoms / signs of the abuse had already disappeared. However, the nurse suspected this to be a GBV case. The nurse treated the child and advised the mother to take the case to Gahanga police station for a requisition letter and reference to Kanombe Hospital for other medical tests.

97% of GBV cases received at this health center are victims of slapping and blowing. The general treatment consists of pain killers or sedative drugs. There were 3 cases treated by suture. The victims were women blown. It is tricky to find out the causes of these cases.

Besides, there were two cases of child abuse whereby young boys aged 13 and 14 were beaten by family members (aunt and father respectively).

5.2.3. Psychosocial care and reinsertion activities

Throughout the service chain, there is no documented information about psychosocial and reinsertion services. The hospitals use their VCT counselling when it is necessary. That is available in Kibagabaga, Kanombe, Muhima, CHUK and health centers visited. This applies in one way or another to other service providers. They just do it informally; no single service provider specialises in this service except Kacyiru hospital where this department is already operational.

Psychosocial care targets victims. The care extends to victim's social surroundings like parents, and other family members when the victim is under 5 years. Table 2 depicts that, 7 out of 13 cases received were treated by means of Cognitive Behavioral Therapy (CBT). The consequences of GBV are experienced in the daily life of a victim and his/her relatives. Transfers to the right service providers are not being followed up. There is no way of ensuring whether the victim has gone or not. Because of the stigma related to mental illnesses, some patients, for example, do not want to go to Ndera as a mental health centre, they think it is meant for the "mad".

5.2.4. Legal support, quality and follow up

a) Police gender desk

Police Gender desk is a department of the police that deals with the problems of GBV in order to prevent and respond to GBV and violence against children. Their intervention is legal and preventive. In all cases reported to the Gender Desk, the police give requisition forms to the victims who can either go to Kacyiru police hospital or to other hospitals for the tests. They do also investigation for evidence to the perpetrators of these crimes. The Gender desk has registered a number of cases most of which are in the category of suspected sexual abuse which amounts to 237. Table shows that 196 of the victims of suspected sexual abuse are below 18 years of age. This range of age is most targeted by sexual abuse. There is no distinction between female and male in recoding cases. The next category with many cases is that if physical abuses with 62 cases. It is worth noting that all these cases of physical abuses are above 18 years of age.

b) Paralegal (Haguruka)

Paralegal entities, like HAGURUKA Association, are not judiciary organs as such. However, they offer legal advice, aid and accompaniment in legal and administrative procedures. They provide advocates to victims free of charge.

Their intervention is mostly preventive in nature. They provide education and sensitisation regarding economic and human rights. They are busy in research and advocacy regarding women and children's rights.

These paralegal services are given to various categories of people including GBV cases. For example, the cases handled by HAGURUKA association suffer from either a combination of physical, sexual, economic, moral and psychological abuses or any of them.

c) Avocats sans frontières

The data in the Table above are from all over the country. However, there is no information on Kigali. ASF runs a project which support children in paternity rights. It covers the entire country of Rwanda, but the pilot project is based in Gisenyi.

Accompaniments are done through advocates who follow up cases introduced to the judiciary. Support in following up such cases is free of charge, not only the defender but also the plaintiff.

Projects are elaborated by ASF and supported by donors, namely the Canadian Cooperation, Belgian Government, USAID, UNICEF, and European Union.

Note that in GBV, their only area of intervention is sexual abuse. Most of their interventions are requested by the « parquets », they do not deal with patients directly. ASF, thereafter arranges for advocates who will stand in the judiciary to claim « damages and interests ».

ASF will then evaluate the process, quality of the advocate's job and « damages and interests » of the victim.

d) Public prosecutor's department and first instance courts

The cases brought to the attention of the courts by the parquets are as mentioned in Table above. There are only 2 parquets in Kigali city to serve 3 districts (Nyarugenge, Gasabo and Kicukiro). In each parquet

there is a prosecutor in charge of GBV. Both of them are women. They are the ones who introduce cases to the courts and stand for victims hand in hand with advocates. Prosecutors cannot claim damages and interests since this is civil and therefore comes under the competences of the advocate or a victim. Prosecutors stand for victims regardless of the fact that the latter are around or not. There is no distinction between female and male in recoding cases.

Other violence cases categorised under physical abuse are referred to basic courts, namely Kacyiru and Rusororo in Gasabo ; Nyarugunga, Kicukiro, Kagarama in Kicukiro ; Nyarugenge, Nyamirambo in Nyarugenge. We do not have numerical data of such cases. In the process of handling such cases, basic courts collaborate with CBOs and the community in general. Some serious cases like homicide are referred to the high court.

Table 2. Psycho-social care and protection at Kacyiru Police Hospital

Enuresis (Bedwetting) et anxiety	<5 years F	5_12 F	13-18 F	19 above M	19 above F	Total	Treatment
Intense Fear	1		0	0	0	1	Transfer to Ndera hospital(kundwa center)
Mutism (mute)	1	0	0	0	0	1	Cognitive behavior therapy (for a short time)
Affective disorder	0	1	0	0	0	1	Cognitive behavior therapy
+ convulsions Agitated depression	0	1	0	0	0	1	
Chronic Headache + Intense Fear	0	0	1	0	0	1	Person Centered Therapy of KARL ROGERS
Claustrophobia	0	0	3	0	0	3	
Fear and anxiety histrionic personality Disorder	0	0	3	0	0	3	Cognitive Behavior Therapy
Enuresis (Bedwetting) and anxiety	0	0	0	1	1	2	Psychoanalytic Therapy
Total	2	3	7	1	1	13	

Source: Kacyiru hospital, psycho-social department

Table 3. Child Domestic and GBV Cases received under legal support, and follow up (January – June 2009)

Age range		Police Gender desk					Paralegal Haguruka				Avocats sans frontières				Parquet and Courts				
		suspected sexual abuse	Physical abuse	*Murder*	*Abortion*	*Abandoned children*	Suspected sexual abuse	Physical abuse	*Murder*	*Abortion*	Suspected sexual abuse	Physical abuse	*Murder*	*abortion*	Suspected sexual abuse		Physical abuse	*Murder*	*abortion*
															Gasabo	Nyarugenge			
- 5 years	F	196	0	6	-	5	7		Nr	Nr	Nr	Nr	Nr	Nr	73	97	Nr	Nr	Nr
	M				-		0		Nr	Nr	Nr	Nr	Nr	Nr			Nr	Nr	Nr
5-18 years	F			0	0		0		Nr	Nr	15	Nr	Nr	Nr			Nr	Nr	Nr
	M				-		1		Nr	Nr	Nr	Nr	Nr	Nr			Nr	Nr	Nr
18 and above	F	41	62		5		9	14	Nr	Nr	Nr	Nr	Nr	Nr			Nr	Nr	Nr
	M				-		0		Nr	Nr	Nr	Nr	Nr	Nr			Nr	Nr	Nr
Total		237	62	6	5	5	17	15	Nr	Nr	15	Nr	Nr	nr			nr	nr	nr
Source		Gender desk secretariat					Haguruka Archives				A.S.F Secretariat				Prosecutor for GBV Gasabo and Nyarugenge parquets				

5.3. CBOs and survivors testimonies

Case A: In the process of this research, we came across a case whereby a 23 - year - old woman, who used to be legally married, came to see a former husband. With a child on her back, both crying, the woman was coming to see the husband for food support. She had allegations that the child was experiencing lack of sleep. In the compound of the former husband, she was beaten and her clothes were torn in parts.

The women representative informed us that there is a regular meeting on Wednesdays to hear and mediate such cases. The ones which are beyond their capacity are the ones which are referred to the police. The local community has got a label that cases referred to the police are « hard headed »

When this woman was coming with her former husband, brought by the 2 local defense forces, such an incidence was public. All the neighbors were coming to attend. Unfortunately, the « fans » were supportive of the former husband. No intimate place where victims can intimately voice their concerns. Victims cannot speak their minds because they do not want everybody to know what is wrong.

Case B: In 1997, one 12 – old girl was raped by 2 soldiers. She unfortunately did not know them. They were later caught by the Military Police. They were taken to Kibungo for hearing and judgment. No resolutions were made public. The rape resulted in a son.

She never went for medical test, indeed, there was no clear law to protect her. Among other consequences, she was harassed by her mother. She eventually married an old man who had other children. She went with her son. He is currently 14.

The son does not know his father. She is still concerned. She wants to know the courts resolution and the son's father. It was noted that she needs trauma counseling. There is, indeed, need for training on rights of children targeting local communities.

Case C: A woman was raped when she was 15 years old. She is currently 22. As an orphan, she was schooling in Nyamata. She begot a baby girl. She knows the wrongdoer but never sought judicial assistance.

Case D: A 49 old woman was raped 2 years ago. It was around 5 am when she was seeing her children off as they were going to a far away market. The perpetrator was armed with a knife and a machete. The wrongdoer is known. She cried for help and the local leader came for her rescue. The rescued woman was brought to the CBOs, her case was referred to the Masaka police station who gave him a requisition form to be brought to Muhima hospital.

She was not received the same day. The following day, she was attended to around 8. Hungry, thirsty and dirty, she had to go to CHUK the afternoon. She had to sell off her beans for some transport money as she was coming to see medical test results.

Currently, the perpetrator is freed, the victim does not know about judgment. The victim is suffering of this impunity. She needs counseling and court resolutions. She needs justice to be done so that her losses can be compensated.

Case E: A 45 year – old- woman was raped 3 years ago. Her husband is in prison. The scenario is quite strange! A man came to ask her a manual job opportunity to cultivate her land. As she was taking him around

so that they could have basis for labor price discussion. As they were down in the field, she was raped! She had a physical trauma. Her right arm is broken.

In 2004, the offender was freed, just after 2 months in jail. The victim does not know about any court resolutions. She must pay her bills and she is suffering from backache. Unfortunately, the man's own wife was an eye witness. Later, she was influenced by the neighbors not to « betray» her own husband. She is very unhappy seeing a man free with no consequences.

Case F: One girl was raped when she was 17 years old. She was studying in a certain high school. Raped by a school driver who misled her and eventually slept at his home, she begot a son. She dropped school since then.

The man came to see a baby some time ago. Though she knows him physically, she does not know any specific address. As she tried to bring the case to the attention of the relevant authorities, her sisters convinced her to let it fall down so as not to call for more problems. She is just there with her son and has dropped schooling since then.

6. Limitation

Firstly, this research was meant to assess the prevailing situation in as far as GBV is concerned. Its purpose was to assess the needs of GBV victims. It did not focus on detecting causes.

Secondly, some health centers had no consistent records on GBV cases. This may have hidden the reality on the ground

Thirdly, the study dealt essentially with the urban population. Though some rural cases were seen in the urban health facilities, the sample of rural GBV victims does not allow the findings to be generalized to the entire Rwandan population.

Lastly, cases of socio economic GBV has not been treated in this study since such cases are reported the judiciary and paralegal institutions instead of health service providers.

7. Conclusions and recommendations

This section discusses conclusion, challenges and recommendations. These were reached after the findings in the previous section.

7.1. Conclusions

From our findings, we can make the following conclusions:

GBV is a serious challenge to the Rwandan society. This study has mobilized a number of stakeholders and service providers, namely, the police whose role is the coordination, as well as hospitals and health centers

although the latter's role is still very negligible, and the judiciary which has a key role to play. A number of issues have transpired in this study including those related to data recording and management, reported cases sometimes that are sometimes inconsistent, issues of medical services which are spread out and at times not complete, and psychosocial care not given by all stakeholders.

a) Data recording and management

The data collection and management are not consistent throughout the service chain because, sometimes, there are leakages. The victim can decide to pull off the process anywhere in the process. Data under police gender desk are all the cases received by the police in Kigali city. GBV cases that have been recorded in the judiciary only consist of sexual abuse, and physical abuse cases.

b) Inconsistency of reported cases

Since the formats for data entry are not uniform, there is a possibility of mistakes as one tries to make judgments and comparisons. The number of cases in hospitals is abnormally bigger than that of cases recorded at the police gender desk because victims just receive medical care and pay fees and do not go to the police. Another reason may be that some cases may be suspected to fall under GBV and later they are not confirmed like that after medical examinations. The number of cases in medical services is higher than the number of cases in the judiciary because of two reasons:

Some cases are suspected to be under GBV but medical results prove the contrary although the number of such cases is not known. Naturally, there are other victims whose cases are confirmed to fall under GBV but victims do not proceed to the judiciary because of different reasons that may be financial or socio - cultural.

1) Medical Services are spread out and not usually complete

Medical service providers in Kigali that are officially allowed to provide care to GBV victims are hospitals only, including, Kibagabaga, CHUK, Muhima, Kanombe Military and Kacyiru Police hospitals. Note, however, that all cases from MUHIMA have to be transferred to CHUK because not all the test can be taken there. This usually causes delays in the process of following up GBV cases because getting the test results takes time.

2) Psycho-social care not provided in all hospitals

The psycho-social care department is found in Kacyiru Police Hospital only. As for other hospitals they usually use their VCT services to give psycho-social care. However, since this VCT staffs who are asked to provide psycho-social care to GBV victims have not been specifically to give this type of care, the help they give is very limited. Besides, the help they provide to GBV victims is additional to their everyday duties of giving counseling to those who for HIV testing, which is likely to be perceived as overburdening them which can in turn in pact on the quality of the care they provide.

7.2. Recommendations

After key challenges were identified, this subsection comes to suggest possible measures to overcome them.

- *Recommendation to challenge #1*

There should be reliable transportation facilities for the police involved in GBV.

- *Recommendation to challenge #2*

I. There should be a uniform way of dealing with such cases. Indeed, we recommend that for information security purposes, the police be the ones to channel the medical test results.
II. Primary evidence gathered by health centers should be treated with validity by referral hospitals, otherwise some relevant information would be lost and thus difficulty in courts evidences. Therefore, GBV cases treated by health centers should not be paid by victims. Moreover, training should be given to all health centers key personnel on GBV. There should be identification of other competent health centers and clinics which should be involved in the process and whose integrity will be respected by the judiciary.
III. Health centers should be sensitised to take with due consideration such cases and thus record them separately.
IV. There should be appropriate arrangements like meals, safe rooms for some cases which need to be admitted.
V. There should be monitoring / follow up mechanism with the victim after medical care (victims contacts, visit, information exchange among different service providers, …)
VI. There is a need of more specialized child services regarding their psychosocial care.
VII. More efforts need to be put on family counselling for the sake of their insertion in the society.

- *Recommendation to challenge # 3*

To work out this challenge assumes that all stakeholders involved in initial stages of the process are performing well. Proper analysis of root causes should be done for proper remedial. Moreover, to cut down on the workload, there should be increase in a number of legal aid service providers.

- *Recommendation to challenge # 4*

The above challenges can be addressed as follows:

- There should be psychosocial care and reinsertion services amongst all service providers. However, there should be one service provider specialising in this service which would be referred to in case of some serious cases. Eventually, training should be granted to the personnel involved in handling such cases.
- There should be a software or uniform template for data management by all relevant stakeholders
- Program of reduction the poverty by the stakeholders
- Collaboration amongst all stakeholders is required
- The collaboration with the GBV committees for every provider is recommended
- Sensitization is the key, laws should be taught to all stakeholders, especially the CBOs and the community. These should be publicised so that people know to cooperate with them. Besides, impunity should be avoided at all costs. Efforts should be made to make sure that all victims are accorded proper care so as to avoid worsening the case.
- Organisation for the survivors by group to facilitate the follow up and support care if necessary. The supervision will be done by the GBV committees.

- In order to address all the above challenges, a One-Stop Centre is highly recommended as it would be focussing on all categories of care that are needed by people suffering from GBV. The centre would have all the statistics and do the necessary follow-up. It would also have people with expertise in GBV treatment throughout the whole flaw chart whether from the law enforcement, medical care/medico-legal care, psycho-social care providers and the judiciary for the GBV cases to be given all the due attention.

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