

**DOMESTIC VIOLENCE AMONG WOMEN  
AND THEIR SOCIAL DEVELOPMENT  
IN RUBAVU DISTRICT  
RWANDA**

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A Thesis

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IN PARTIAL FILFILLMENT OF THE REQUIREMENTS FOR THE DEGREE

MASTER OF COUNSELLING PSYCHOLOGY

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BY:


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ARPIL, 2012

## DECLARATION A

"This thesis report is my original work and has not been presented for a Degree or any other academic award in any University or Institution of Learning".

MUREKARETE Marie Josiane 

Name and Signature of Candidate

Date

18/09/2012

## DECLARATION B

"I confirm that the work reported in this thesis was carried out by the candidate under my supervision".

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Name and Signature of Supervisor

Date

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## APPROVAL SHEET

This thesis entitled "Domestic violence among women and their social development in Rubavu District Rwanda", prepared and submitted by **MUREKATETE Marie Josiane** in partial fulfillment of the requirements for the degree of Master of Arts in Counseling Psychology has been examined and approved by the panel on oral examination.

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Grade: \_\_\_\_\_

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Name and Sign of Director, SPGSR

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Name and Sign of DVC, SPGSR

## **DEDICATION**

To my loving husband NGOMIJANA Joseph, my child EDDY Axel Bryan, I dedicate this research study. Special dedication to my mother NYIRABARUNDI Judith and my late father BUHIRE Thaddee for his unconditional love and relentless efforts in support for my education; unfortunately he did not live to witness my academic achievements.

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## ACRONYMS AND ABREVIATION

MGC	-	Master of Guidance and Counseling
NGO	-	Non-Governmental Organization
UNDP	-	United Nations Development Program
DRC	-	Democratic Republic of Congo
UNICEF	-	United Nation's International Children emergency Fund
CBO	-	Community Base Organization
CCV	-	Common Couple Violence
ACHR	-	American Convention on Human Rights
OVW	-	Violence Against Women
WHO	-	World Health Organization
SPSS	-	Statistical Package for Social Scientists
ILO	-	International Labor Organization
UNHCHR	-	United Nations High Commission for Refugees
UNVC	-	United Nations Study of Violence against Children
FGM	-	Female Genital Mutilation
SA	-	Strongly Agree
A	-	Agree
U	-	Undecided
D	-	Disagree
SD	-	Strongly Disagree
KIU	-	Kampala International University

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## ABSTRACT

Domestic violence has been defined as "the range of sexually, psychologically and physically coercive acts used against women by current or former male intimate partners (Danson, 2005), it's specific objectives sought to identify the demographic characteristics of the respondents in terms of Age, Educational level and Number of years worked, to determine the level of domestic violence of women in Rubavu District Rwanda, to determine the level of social development in Rubavu District Rwanda and to establish the significant relationship between the levels of domestic violence of women and their social development in Rubavu.

The purpose of this study was to determine the correlates of domestic violence of women and their social development in Rubavu District Rwanda, The study used a descriptive correlation design that employed both qualitative and quantitative methods of data collection. The research tool that was applied in this study was *devised questionnaires* to determine the domestic violence and social development. The findings indicated that domestic violence was generally high with average mean of (2.81), social development generally high (average mean of 2.72) and basing on the results, the null hypothesis was rejected and conclusions made that domestic violence and social development in women in Rubavu District are significantly correlated using pearson where  $r=(.964)$  and significant-value (000), yet the results are insignificant above 0.05 level of significance.

Therefore, the researcher recommended the following: - there is need to introduce new laws concerning women rights, this will reduce on the high levels of domestic violence on women by the men in Rubavu district, women should be sensitized and mobilized to take leadership position so that they can use their leadership position to advance gender equality, which will reduce on the high levels of domestic violence on women in Rubavu district, The researcher still recommends that there is need to create new jobs majorly for women, encouraging gender balance this will improve on the social development of women in Rubavu district, despite of all these challenges, women have been proved to achieve many things through government mobilization in the social development activities. This is because women in Rubavu district are active, hardworking and trustworthy.

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## **CHAPTER ONE**

### **THE PROBLEM AND ITS SCOPE**

#### **Introduction**

This chapter includes the following;-Back ground of the study, statement of the problem, purpose of the study, research objectives, research questions, null hypothesis ,scope of the study and significance of the study,

#### **Background of the study**

Domestic violence has been defined as "the range of sexually, psychologically and physically coercive acts used against women by current or former male intimate partners (Danson, 2005). Domestic violence is a global problem. In Europe, estimates the who, violence in the home is the primary cause of injury and death for women aged 16–44, more lethal than road accidents or cancer. Indeed, "violence against women," said then-UN Secretary-General Kofi Annan in 1999, "knows no boundaries of geography, culture or wealth. It is perhaps the most shameful human rights violation." And, he added, it is "perhaps the most pervasive." Violence against women goes beyond beatings (Calvert,1974).

It includes forced marriage, dowry-related violence, marital rape, sexual harassment, intimidation at work and in educational institutions, forced pregnancy, forced abortion, forced sterilization, trafficking and forced prostitution. Such practices cause trauma, injuries and death. Female genital cutting, for example, is a common cultural practice in parts of Africa (Widiger,2002). Yet it can cause "bleeding and infection, urinary incontinence, difficulties with childbirth and even death." The organization estimates that 130 million girls have undergone the procedure globally and 2 million are at risk each year, despite international agreements banning the practice (Warshaw, 1996).

Sexual violence is another problem. A local organization in Zaria, Nigeria, found that 16 per cent of patients with sexually transmitted diseases (STDs) were girls under the age of five, a sign of sexual assault. In the single year 1990, the Genito-Urinary Centre in Harare, Zimbabwe, treated more than 900 girls under 12

for STDs. Such assaults, observes a who publication, put "African women and girls at higher risk of sexually transmitted diseases [including HIV/AIDS] than men and boys (US Department of justice,2007)"

Pourezza,(2004) says "Violence in Rwanda is of the high degree started during the genocide of 1994". Genocide led to bad acts of destructing human rights as exemplified by rape (sexual abuse). Many women in Rwanda were forced to sex, generally when one refuse was beaten to death.

Emotional abuse includes humiliating the victim privately or publicly, controlling what the victim can and cannot do, withholding information, from the victim to feel diminished or embarrassed (Economic Development and poverty reduction strategies, 2010).

Physical abuse, this has involved the acts of hitting, slapping, punching chocking pushing and other types of contact that resulted in physical injury to the victim. Many of the women in Rwanda were denied social care such as medical care when needed among other (Allan, 2007).

Across connections, domestic violence invades the public and private lives of women men and children, impacting families' friends' coworker and communities. Violence crosses all social –economic and cultural boundaries. It occurs in families for issue and for those their entire lives (Lori, 2002).

## **Statement of the Problem**

In traditional Rwandan society, women are the dependents of males—whether father, husband or sons. A woman is expected to be protected and managed by the males in her family. Her life is centered on her position as mother and wife. There's nowhere more evident than in property rights. Rwandan customary law designates men as the heads of households (Mawhood, 1998). And, even though discriminating against women is prohibited by the Rwandan Constitution, it is customary law that generally holds sway. Under customary law, not only will a woman not inherit property, but she may even count as the husband's "belongings" after he dies. But, what happens when a woman has lost her husband, her sons and her father? What access does she have to her family's property? (Kother, 2004).

Because of the discrimination that women face in Rwandan property law, a woman is likely to find it next to impossible to reclaim her family's property without a male family member. This is particularly tragic when the woman is trying to rebuild her life. As one human rights activist tells it.

Violence against women goes beyond beatings. It includes forced marriage, dowry-related violence, marital rape, sexual harassment, intimidation at work and in educational institutions, forced pregnancy, forced abortion, forced sterilization, trafficking and forced prostitution. Such practices cause trauma, injuries and death. Female genital cutting, for example, is a common cultural practice in parts of Africa. Yet it can cause "bleeding and infection, urinary incontinence, difficulties with childbirth and even death," reports the WHO (2006). The organization estimates that 130 million girls have undergone the procedure globally and two million are at risk each year, despite international agreements banning the practice.

In the light of the scenario, the prevailing problem which this study intended to investigate is how the correlation of domestic violence and social development can affect women by causing sexual abuse, physical abuse, discrimination, alcohol dependence hence violated.

### **Purpose of the study**

This study was to determine the correlates of domestic violence among women and their social development in Rubavu District Rwanda.

### **Research Objectives**

**General:** This study was to determine the correlation between domestic violence among women and their social development in Rubavu District Rwanda.

#### **Specific:**

1. To identify the demographic characteristics of the respondents in terms of:
  - 1.1 Gender
  - 1.2 Age
  - 1.3 Educational level

#### 1.4 Number of years worked

2. To determine the level of domestic violence among women in Rubavu District Rwanda.
3. To determine the level of social development in Rubavu District Rwanda.
4. To establish the significant relationship between the levels of domestic violence among women and their social development in Rubavu District.

### **Research Questions**

This study sought to answer the following research questions:

1. What are the demographic characteristics of the respondents as to:
  - 1.1 Gender?
  - 1.2 Age?
  - 1.3 Educational level?
  - 1.4 Number of years worked?
2. What are the levels of domestic violence among women in Rubavu District Rwanda?
3. What the level of social development in Rubavu District Rwanda?
4. What is the significant relationship between the levels of domestic violence among women and their social development in Rubavu District?

### **Null Hypothesis**

There's a significant relationship between the levels of domestic violence among women and their social development in Rubavu District.

### **Scope**

#### ***Geographical scope***

The study was conducted in Rubavu district covering three sectors namely, Gisenyi, Rugerero, and Nyundo. It covered the period 2005-2010. The reason behind



this period is that the Areas of study were created after the administrative reform in Rwanda which took place in 2005.

### ***Content scope***

The study intended to examine the levels of domestic violence of women, social development and the relationship between domestic violence among women (independent variable) and their social development (Dependent variable).

### **Significance of the Study**

The following disciplines benefited from the findings of the study.

The **women of** Rubavu District learnt their rights hence developing socially, economically and politically.

The study also benefited the **participants** and the **local community** in terms of being aware of their problems and how to solve them hence social development.

The future researchers will utilize the findings of the study to embark on the related study.

## **Operational Definitions of Key Terms**

For the purpose of this study, the following terms are defined as they are used in the study:

**Demographic characteristics** of the respondents are attributes looked for in this study in terms of gender, age, educational level and Number of years worked.

**Emotional abuse** is defined as any behavior that threatens, intimidates, undermines the victim's self-worth or self-esteem, or controls the victim's freedom

**Violence** is the expression of physical force against one or more people, compelling action against one's will on pain of being hurt.

**Manipulation** is an area of concern for law and culture which take attempts to suppress and stop something.

**Social responsibility.** It is a way of living, working and playing that embodies our vision and values, celebrates our diversity and supports a balance of professional and personal needs.

**Domestic violence**, also known as domestic abuse, spousal abuse, family violence, and intimate partner violence

**Mutual violent control (MVC)** is rare type of intimate partner violence occurs when both partners act in a violent manner, battling for control.

**Situational couple violence**, it arises out of conflicts that escalate to arguments and then to violence. It is not connected to a general pattern of control

**Physical abuse** is abuse involving contact intended to cause feelings of intimidation, pain, injury, or other physical suffering or bodily harm

**Sexual abuse** is any situation in which force is used to obtain participation in unwanted sexual activity. Forced sex, even by a spouse or intimate partner with whom consensual sex has occurred, is an act of aggression and violence.

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

#### **Concepts, Opinions, Ideas from Authors/ Experts**

##### **Introduction**

This chapter analyzes how other scholars or experts viewed about the concepts of domestic violence, social development, theoretical perspectives and related studies.

##### **Domestic Violence**

Domestic violence has been defined as "the range of sexually, psychologically and physically coercive acts used against women by current or former male intimate partners (Danson, 2005).

According to Violence Against Women (VAW) campaign, 2010 defined domestic violence as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain intimate partner and control over definition adds that domestic violence can happen to anyone or intention . Religion or gender and that it can take many forms including physical torture and psychological abuse.

Amatyasen (1948) defines violence as expression of more people, force against one or more people, compelling actions against ones will on pain or being hurt by him, world wide violence is used as a tool to manipulation and also is an area of concern for law and culture which take attempts to suppress and stop it.

According to Mellor (1990) violence is defined as domestic abuse, spousal abuse family and intimate partner violet the other by either abusing him or her physically or economically more so when they are in an intimate relationship such as marriage, dating family friends and cohabitation.

##### **Social Development**

Social development refers to an alteration in the social order of a society. It may refer to the notion of social progress or sociocultural evolution, the philosophical

idea that society moves forward by dialectical or evolutionary means (Giddens, A (2006).

It may refer to a paradigmatic development in the socio-economic structure, for instance a shift away from feudalism and towards capitalism (Haralambos, & Holborn, 2004).

Accordingly it may also refer to social revolution, such as the Socialist revolution presented in Marxism, or to other social movements, such as Women's suffrage or the Civil rights movement. Social change may be driven by cultural, religious, economic, scientific or technological forces (Harper, 1993).

### **Theoretical Perspectives**

Henry (2004) believed in social structure theory that suggests that "lower socio-economic groups" as a symptom of frustration over limited life opportunities, lack of education and skills. Violence can therefore be addressed by policies that address poverty, inequality and unemployment.

Family systems approaches (2005) say that "violence" as a symptom of a dysfunctional relationship. The violence is addressed by creating healthier interaction between the parties. Skills training of both parties are seen as a key intervention.

Violence is seen as being expressive "impulsive forces from within." This is explained as an instinctive or genetically inherited trait which is sometimes seen as stronger in males. Alcohol may allow the triggering of violence at a lower tension level so is seen as a contributor but not a cause. The cycle of violence is a tool used to explore the "tension-building," "explosion" and "make up" phases. Triggers of violence are identified and anger management skill building, for example "time-out," is seen as the most effective response (Kother, 2004).

### **Related Studies**

#### **Domestic violence and Social development**

Straus, (1992) "Domestic violence" does not discriminate across lines of race, culture, nationality or gender. It occurs at the same rate in both homosexual and

heterosexual relationships (Mills et al., 2000). The experience of family violence can be among the most disturbing for children because both victims and aggressors are the adults who care for them and who are most closely attached to them. For many of these women, violence interrupts their experience of consistent safety and care, and creates an environment of uncertainty and helplessness.

The World Health Organization defined violence as a public health issue in 1996, noting that it impacted especially on the health of women and children (WHO, 1997). Subsequently, a plan of action on violence against women drawn up by WHO identified areas of work needed in order to prevent violence and reduce violence-related morbidity and mortality among women. This work included the development of multi-country research, the need to document and test the efficacy of existing health interventions, and the need to raise awareness among health professionals of the impact of violence against women (WHO, 1997).

A lack of access to social, economic and political resources undoubtedly feeds into women's vulnerability to domestic violence by perpetuating gender inequality and restricting exit options (Bennett, 1999). This is clear from our discussion, above, relating to the criminal justice system. We were, however, keen to turn this relationship on its head and to consider the ways in which domestic violence can serve to perpetuate underdevelopment, as well as the ways in which developmental interventions could increase the risk of domestic violence.

In respect of the ways in which domestic violence serves to restrict women's choices and therefore inhibit development, the most useful discussion was found in the International Centre for Research on Women's report on domestic violence in India (World Bank, 1993).

Heise (1994) researchers note that 'abuse has been observed to impede the public participation of women, undermine their economic efficiency, because increased health burdens, and impose a drain on scarce resources.

Likewise, Baden 1999: 152) emphasizes the negative effect that violence or the threat of violence has on the nature of women's participation in development processes. Social development assumes positions of authority, and it influences whether they benefit directly from development programs and actually increase their access to resources, or simply act as conduits that direct resources to male members

of the household.

The latest outcome of this action plan is the *World report on violence and health*, a review of world literature and research on violence, including violence against women. This comprehensive report explores all aspects of the health consequences of violence against women, including injuries, pregnancy and reproductive health, chronic physical health issues, and the effects on mental health and wellbeing (Krug et al, 2002).

The 1996 national U.S. survey on violence against women found that in around a third of all rapes and physical assaults against women, the woman was injured. About one in three of those injured needed medical attention. Most of these injuries consisted of relatively minor bruising, scratches and welts (Taden and Thoennes, 1998). However, more severe injuries, including broken bones or fractures, burns and lacerations, are also recorded, particularly in relation to assaults by partners (Guthrie, 1998; McWilliams and McKiernan, 1993; Williamson, 2000).

Rape and sexual assault may result in women acquiring sexually transmitted infections, including HIV and hepatitis (Winn et al, 2003; WHO, 2000). Pregnancy as a result of rape may cause psychological distress to the woman, including having to make decisions about whether to continue with the pregnancy (Lathrop, 1998; Rape Crisis Centre, 2003). If the woman decides to keep the child, there can also be difficulty for both the woman and the child in the long term (Rape Crisis, 1993). Sexual assault is linked to a range of gynecological complications, including vaginal infection, bleeding, recurrent urinary tract infections, and chronic pelvic pain (Golding, 1996). These symptoms are reported by female survivors of both child and adult sexual assault, including women abused through prostitution (Farley and Barkan, 1998; Golding, 1996).

In a sample of 892 women in two London hospitals, 2.5% of women reported experiencing domestic violence in their current pregnancy (Mezey et al, 2001). A recent study in the north of England found that 3.4% of the 475 respondents had experienced domestic violence during their current pregnancy. In both of these studies, the lifetime prevalence stood at 13-17% of the women surveyed. An earlier (1993/94) Canadian study showed slightly higher results, with 5.7% of a sample of 728 women reporting domestic violence during their pregnancy (Muhajarine and

D'Arcy, 1999). Violence against women during pregnancy has been associated with miscarriage, premature birth, low birth weight, fetal injury and maternal death (RCOG, 2001, cited in Johnson et al, 2003).

Women survivors of violence also report a range of chronic health conditions, including gastro-intestinal problems (Goodwin et al, 2003), reproductive health problems, respiratory difficulties, migraine (Goodwin et al, 2003), impaired hearing or sight, joint pain, other chronic pain, and disability (Springer et al, 2003).

Clinical research may focus on discrete populations with clearly defined characteristics, which has implications for the kind of research done in relation to violence against women (Williamson 2000). For example, there are a number of studies which consider the links between domestic abuse, and/or childhood abuse, and gastrointestinal disorders, but an extensive search of the same databases has failed to identify any comparable, or comparative, research with rape or sexual assault survivors.

It may be that gastro-intestinal disorders are not commonly reported by sexual assault survivors. It may also be the case that, in the absence of routine screening, sexual assault survivors who do have gastro-intestinal disorders are less likely to disclose their assault history. A recent study looked at the relationship between women's history of abuse and subsequent (non-acute) surgical interventions. The study found that the number of surgeries undergone by women survivors of childhood abuse or domestic violence was significantly higher than for women with no reported history of abuse - 88.9% of women survivors of childhood abuse and 95% of survivors of domestic violence, compared with 67.3% of the control group (Hastings and Kaufman Kantor, 2003).

Women who have experienced violence report significant mental health difficulties (Carlson et al, 2003; Thomson, 1998; Women's Health Team, GGNHSB, 2003; Thompson et al 2002; Williamson, 2000). The mental health impact of child abuse and neglect has been relatively well documented, although research findings are not always consistent. A 1999 study of women attending GP surgeries in north London looked at the correlation between women's reported experiences of physical

and sexual abuse at different points in the life cycle, and their mental health status. The study found that childhood experiences of physical abuse were associated with several mental health indicators, including depression, anxiety and self-harm. The study found that women reporting childhood experiences of sexual abuse were five times more likely to suffer from post-traumatic stress disorder (Coid et al, 2003).

However, it found no association between childhood experiences of sexual abuse and other adverse mental health outcomes. This is at odds with findings in other studies, which have identified a correlation between sexual abuse in childhood and adult experiences of mental health difficulty, including depression and anxiety (Fleming et al, 1999).

Follette et al, (1996) acknowledge, the difference in outcome between their study and others, and suggest it may be due in part to differences in methodology and in part to a different 'starting position', i.e. they made no assumptions about sexual abuse being "the primary abusive experience associated with the psychopathological symptoms measured in adulthood" (Coid et al, 2003: 336). An invited response to this study strenuously refutes the findings in relation to women sexual abuse and psychiatric morbidity, while acknowledging the value of looking at child sexual abuse in the context of other forms of abuse (Mullen, 2003).

The north London study also reported associations between sexual assault in adulthood and substance misuse, and between rape and anxiety, depression and PTSD. Domestic violence had the strongest links across all of the mental health measures used in the study, with the exception of self-injury (Coid et al, 2003).

Rates of PTSD in women survivors of violence are high (Farley and Barkan, 1998; Ullman and Brecklin, 2003). Other recent research has established an association between early onset sexual abuse and both borderline personality disorder and complex PTSD, with the possibility that some women should be considered under the latter diagnosis rather than the former (McLean and Gallop, 2003). There is also some evidence that repeated experiences of violence or abuse have a cumulative effect, resulting in higher rates of PTSD, and more intense reactions (see Farley and Barkan, 1998, on PTSD in women working in prostitution; Ferguson (publication pending) on Complex PTSD in survivors of domestic abuse and



child sexual abuse; Follette et al, 1996; Herman, 1992). Large numbers of women in acute mental health settings have histories of women sexual abuse (Nelson & Phillips, 2001).

The Adverse Childhood Experiences (ACE) Study, carried out in a large primary health care organization in the U.S. in 1995/96, is a large scale study of the health impact of a range of experiences, including physical and sexual abuse. The study gives a very clear, if depressing, picture of the degree to which adverse childhood experiences - including sexual abuse, physical abuse, and witnessing violence towards mothers - are related to some of the leading causes of death in adults - including alcoholism, drug abuse, depression and suicide attempts, ischemic heart disease, cancer, chronic lung disease, skeletal fractures and liver disease (Felitti et al, 1998).

Much of the chronic ill health reported by survivors of women sexual abuse has traditionally been identified as somatic. Relatively little research has been done to establish how much of what was considered 'somatic' is actually rooted in women's experiences of violence and the impact of this on their bodies. Nelson (2002) explores some of the connections between the nature of the abuse experienced in childhood and the physical health difficulties experienced subsequently. She concludes that an increased awareness of what actually happens to children who are being abused may shed light on a range of "medically unexplained symptoms" (Nelson, 2002:51).

The consequences of violence against women for women's health can be severe. However, acknowledging the potential impact on women's health must be balanced against the danger of pathologising both the causes and the consequences of violence against women.

Women living with ongoing abuse lose work days and earnings as a result of being injured (Browne et al, 1999; Lloyd and Taluc, 1999). Similarly, women may lose time at work, and sometimes be forced to leave jobs, as a result of sexual assault. Poverty can be seen as both a causal factor and a consequence of violence against women; findings from the U.S. National Comorbidity Study suggest that women living below poverty levels appear to be more vulnerable to assault, but also that women living above poverty levels at the time of an assault are twice as likely

to lose income as a result (Byrne, Resnick et al, 1999).

That women become homeless as a result of domestic abuse is perhaps self-evident. Recent Scottish research has demonstrated that as a consequence of leaving a violent partner, women may go through a lengthy period of disruption before settling in a new permanent home (Edgar et al, 2003; Fitzpatrick et al, 2003). The difficulties they have been left with as a result of the violence they have experienced may be compounded by the disruption and trauma of living in temporary accommodation, perhaps moving many times before achieving safety.

The relationship between other forms of violence against women and homelessness is less well documented. Burgess and Holmstrom noted as far back as 1974 that 44 of the 92 women who took part in their landmark study on rape trauma syndrome moved house shortly after the assault. However, little has been done since then to examine the effects that relocation might have on women in this situation. Similarly, while support organizations are aware of adult survivors of child sexual abuse who move repeatedly in an effort to stay safe, it appears only peripherally in the research literature.

Farley and Kelly (2000) identified safe housing as a priority for women and girls trying to exit prostitution. For women working in prostitution, there are other compounding factors. Often precipitated into prostitution by poverty and/or abuse, women may then find themselves unable to leave if they incur fines as a result of being arrested for soliciting (Routes Out of Prostitution, 2003).

Crisp and Stanko (2000) observe that relatively little research had been done into the financial implications of domestic violence, particularly within the U.K., and that within the body of research which had been done, there are wide variations in the methodologies adopted. They raise questions about the lack of accurate baseline data on which to base such research, and argue the need to move beyond awareness raising of the impact of domestic violence, and to develop effective monitoring systems which allow the cost and the benefits of different interventions to be measured. They also suggest that studies carried out in one part of the country can have relevance in another, that extrapolating and contextualizing data can help to avoid needless duplication - "a broken arm is a broken arm in the city as

well as in the country" (Crisp and Stanko in Taylor-Browne (ed.) 2001: 354).

Subsequently, the Women and Equality Unit commissioned research into the economic costs of domestic violence. The research aims to put a monetary value on the 'cost' of domestic violence. Methodologically, the research draws on the Home Office approach to costing crime, and applies this to data drawn from the 2001 British Crime Survey report on domestic violence. Although the full report is not yet available, an interim report estimates that the cost of each 'female domestic homicide' is £1.1 million, based on lost economic output, the use of public services, and 'the human and emotional impact' (Walby, 2002).

If there is little on the economic impact of domestic violence, there is even less on sexual violence. An extensive database search yielded only one article specifically on the costs of rape. Post et al, writing in response to a Supreme Court ruling that rape was a "noneconomic violent crime", estimated the financial costs of sexual violence, including 'sex offense homicides' in the state of Michigan for 1996 to be \$6.5 billion. This was based on an estimated 61,581 rapes and sexual assaults for that year, and estimates of \$87,000 as the cost of a single incident of rape/sexual assault, and more than \$3 million as the cost of a single 'sex-offense homicide'. The higher cost of homicide is attributed to the greater costs of health care, loss of productivity and lost quality of life (Post et al, 2002).

The impact of violence against women on society is about more than financial costs. Riger et al (2002) describe the "radiating impact" of domestic violence, based on an ecological approach to the issue. Using the image of a wheel, they identify the 'first order' effects, i.e. the effects on the woman, as the centre of the wheel. Second order effects, the spokes, represent the impact of violence on a woman's relationships with others, including her ability to function socially, educationally and economically. The outer rim of the wheel they identify as the third order effects, and this relates to the impact on other people in a woman's life, including her children and other family members (Riger et al, 2002). All layers in the wheel are connected. The authors use the example of how intimidation of family members (on the rim) is used by abusers to continue to control the woman. If the woman is reliant on family members for childcare to allow her to work, their reactions to intimidation by her

abuser may have more than one effect on her, i.e. the fear such intimidation may engender in her, but also the threat to her livelihood (Riger et al, 2002: 196-198).

Hughes, et al (2001) women who are exposed to domestic violence, especially repeated incidents of violence, are at risk for many difficulties, both immediately and in the future. These include problems with sleeping, eating and other basic bodily functions; depression, aggressiveness, anxiety and other problems in regulating emotions; difficulties with family and peer relationships; and problems with attention, concentration and social development.

Research also shows that parents who are violent with one another are at a higher risk for physically abusing their children.(Straus, 1992) An alarming fact is that domestic violence has been found to be the single most common precursor to child death in the United States. (Mills et al., 2000) women exposed to domestic violence are also at risk to repeat their experience in the next generation, either as victims or perpetrators of violence in their own intimate relationships. Despite these serious risks, a small percentage of children exposed to family violence are not as severely affected later on in life. It is important to remember that individual children's responses are dependent on many factors within the child, the family and the environment (Hughes & Gruber, 2001).

In order to minimize the risk of long-term damage, child witnesses to domestic violence need the safety and security of their environment to be restored. Children exposed to domestic violence also need support from the adults around them, most importantly their own parents or other primary caregivers (Mills, et al 2000).

Interventions that help women are usually those that help men to increase their own safety and to increase the resources available to provide safety for their children. Child abuse, youth violence and domestic violence are inextricably interwoven. The presence of domestic violence in a woman's life not only hurts the child, it has reaching effects on all of society. Community based interventions may be the best hope for families in our society struggling with violence in their homes.

Early education on the subject can help prevent the cycle of domestic violence from continuing (Straus, 1992).

Health care workers, law enforcement officers, educators, domestic abuse and woman welfare organization workers all play overlapping roles in the prevention and intervention of cases of harmful domestic violence (Jaffer & et al, 2004). If you know a woman that has been exposed to domestic violence or if you are living with domestic violence, there is help available. People from nearly all parts of the country have access to domestic violence crisis hotlines, shelters and counseling. Please see below for links to organizations committed to preventing domestic violence.

Within the South African context of gross poverty Bennett (1999) warns that 'gender-based violence must be seen as at best – a challenge; at worst, a complete barrier to developmental success.' As such, her concern that gender-based violence 'continues to remain marginal to broader development and peace-building initiatives and research in South Africa' and that research on gender-based violence seldom engages with the literature and experiences of these fields, requires urgent attention.

Narayan, (1999), notes that 'poverty interventions directly or indirectly affect and are affected by the household and gender relations, and hence the importance of exploring intra-household gender dynamics. The writers speak of 'gender anxiety' within the household, an institution they describe as 'strained and in flux' They see gender roles as shifting under increased economic pressure, 'touching core values about gender identity, gender power, and gender relations within poor households'. Anxiety about what is a 'good woman' or a 'good man' is seen as pervasive. In particular Values and relations are being broken, tested, contested, and renegotiated in silence, pain and violence (Narayan, 1999: 135).

Human Rights Watch (HRW, 2004: 1). Describes the murder of a female family member because she is believed to have brought shame on the family. Maintaining the honors of a family is seen as the responsibility of its female members, and killings may be carried out, for example, because a girl/woman has been raped, assaulted, because she is suspected of losing her virginity, or because she has refused to marry a person of the family's choosing. Honor killings frequently

attract the attention of human rights groups, as well as the international media. Says that it is "the most extreme form of domestic violence, a crime based on male privilege and prerogative and women's subordinate social status. Although the absolute number of murders is not high (though the numbers are very likely underreported), the effects are felt throughout society."

Neglect, with respect to parents or guardians, has been defined as "a type of maltreatment that refers to the failure by the caregiver to provide needed, age-appropriate care although financially able to do so or offered financial or other means to do so". There is no universal definition of State neglect, and it could theoretically be applied to a range of circumstances, for example a failure to provide adequate education, or a refusal to provide adequate housing.

According to the report of the Independent Expert for the United Nations Study on Violence against Children 2004, Article 19 of the Convention on the Rights of the women requires States to protect the woman against "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse."

According to the American Convention on Human Rights (Article 4) 2004, imposing the death penalty on people under the age of 18 is forbidden by international law. Article 37 of the Convention on the Rights of the Child says States Parties must ensure that: "Neither capital punishment nor life imprisonment without possibility of release shall be imposed for offences committed by persons below 18 years of age."

Moreover, Article 6 of the International Covenant on Civil and Political Rights (ICCPR) also states that the sentence of death shall not be imposed for crimes committed by persons below 18 years of age. With respect to regional treaties, the African Charter on the Rights and Welfare of the Child (Article 5), the American Convention on Human Rights (Article 4), and Protocol No. 13 to the European Convention for the Protection of Human Rights and Fundamental Freedoms all prohibit the death penalty for juveniles.

According to a World Health Organization (WHO) estimate, between 100 and 140 million girls and women in the world have undergone some form of FGM (UNVC, 2006). Girls from very young ages up to their mid or late teens undergo this form of

genital excision, normally including the clitoris, as a precursor to marriage. The UN Study explains that: "FGM is seen as a protection of virginity, a beautification process, and in a number of cultures is regarded as an essential precondition of marriage" (UNVC, 2006: 61).

According to UN Study on Violence against women reports (2004) Extra-judicial executions of women are reported in a number of States. For example, the UN Study on Violence against women reports that, in Honduras, a total of 59 children and young people under the age of 23 died in detention centre's between May 2002 and March 2004. Local NGOs said that 41 of these victims were extra-judicially executed by agents of the State. Following her visit to Brazil in 2004, Asma Jahangir, at the time UN Special Reporter on extrajudicial, summary or arbitrary executions, reported that victims of police violence and summary executions tended to be young Afro-Brazilian males between the ages of 15–19 years, who were often involved in criminal gangs (UNVC, 2006).

According to the Office for the UN High Commissioner for Human Rights (OHCHR, 2002) defined slavery as "the status or condition of a person over whom any or all of the powers attaching to the right of ownership are exercised. It further defined the slave trade as "all acts involved in the capture, acquisition or disposal of a person with intent to reduce him to slavery; all acts involved in the acquisition of a slave with a view to selling or exchanging him; all acts of disposal by sale or exchange of a slave acquired with a view to being sold or exchanged, and, in general, every act of trade or transport in slaves.

The environment where a person grows up plays a major factor in his/her participation with violence. From this a young man or woman can be directly influenced to do violent acts if he/she has witnessed or experienced it on a personal level. If a child grows up in an environment where violence seems to be a normal part of daily life, then it is almost certain that the child will adapt the same tendency to engage in violent acts. For example, if a boy often sees his father hurting his mother, this could lead to two things. Either the child will adapt the same attitude of cruelty towards women, or he will develop a strong anger against men who hurt women (Mawhood, 1998).

According to AlethaSolter's book, *Tears and Tantrums*, copyright © 1998 by AlethaSolter stipulated that there are two problems keeping us from knowing which factor really matters as a cause of violence and which is irrelevant. One problem is that each factor relates not only to violence but to other sociological factors as well. Call this the "ball of wax" problem. Poverty and race, for example, are related not just to violence but also to each other. If poverty is taken into account, the effect of race on violence decreases drastically, and in some studies, disappears entirely.

According to Rodney Walter 1978, the extent that violent actions are learned, a range of prevention and control responses can interrupt this learning process. First in line are strategies to reduce the perceived or actual positive consequences of violence. These may involve changing peer group and parent norms, providing nonviolent and positive means to achieve desired goals such as status and money, and training parents and other socialization agents to reward cooperative and prosocial behaviors. Under some conditions, punishment can also reduce aggression. A child who is sent to his room after hitting his brother should be less likely to hit his brother the next day. In isolation, under crowded conditions, socializing only with other violent or antisocial peers, with treatment for accompanying mental health or addiction problems the exception rather than the rule. Prisons also come into play far too late in the game, when brain patterns and cognitions are well formed.

Today, Rwanda, joins the rest of the world to commemorate International Women's Day 2011 – an important day on the global calendar, where women are acknowledged for their economic, political and social achievements (Laing, L. 2000)

The Rwandan Parliament has the largest number of women in parliament worldwide, which is a major achievement. They have achieved this through national policies aimed at gender equity, ensuring that women play an integral part in the reconciliation and peace process on the country's road to development, thus illustrating that gender empowerment really works (Batebi, 2004).

At the local level, women are creating or re-constituting self-help groups, or cooperatives, to assist survivors, widows or returned refugees, or simply to meet the everyday needs of providing for their families. There are over one hundred of these groups in each commune, and they maybe informal or formally registered with the



government (Batebi, 2004).

In the midst of worldwide criticism and debate, women of Rwanda have stood up from the shadows of their spouses and families to act as the central pillar to Rwanda's reconstruction. Today, Rwandan women are taking on new roles and responsibilities in restoring the social, economic and political fabric of their nation. Despite numerous challenges, the public space for women's participation has actually expanded in the past ten years (Henry, 2006). A report by the Catholic Church Worldwide says that fifty-seven percent of the adult working population aged 20 to 44 is female, and women produce up to 70 per cent of the country's agricultural output.

In the social realm, the war and genocide had a disproportionately strong impact on women, as rape and genocide survivors, widows, heads of households, and caretakers of orphans, more than five women's organizations that work for the promotion of women's rights, development or peace have organized themselves into a collective called Pro-Femmes Twesehamwe (Pro-Women All Together, 2010)

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### Introduction

This chapter consists of research design, population, and sample size, sampling procedures, instruments, validity and reliability of the instruments, data gathering procedures, data analysis, ethical considerations and limitations of the study.

#### Research Design

The study used a descriptive correlation design that used both qualitative and quantitative methods of data collection. It is Quantitative in the sense that it was based on methodological principles of description, and use of statistical measurements. Qualitative data was presented on tables (Wildler, 2002).

#### Research Population

This refers to the group that the researcher targeted that was resourceful for the study.

#### *Sample Size*

The Sloven's formula was used to determine the minimum sample size. Target population was five hundred and twelve (512) respondents, which comprised of women of Rubavu district.

$$n = \frac{N}{1 + N \alpha^2}$$

N= Target population

n = Sample size

$\alpha^2=0.05\%$  (level of significance)

## **Sampling Procedures**

The purposive sampling was utilized to select the respondents. From the list qualified respondents were chosen was based on the inclusion criteria, the systematic random sampling was used and finally selected the respondents with consideration to the computed minimum sample size.

## **Research Instruments**

The research tool that was used in this study includes the following: (1) *face sheet* to gather data on the respondents' profile; - (gender, age, marital status, education qualification and administrative responsibility); (2) *researcher devised questionnaires* to determine the domestic violence and social development. The response modes and scoring are as follows: *for domestic violence and social development* - 1) strongly disagree (2); disagree (3); agree (4); strongly agree.

## **Validity and Reliability of the Instruments**

To ensure the validity and reliability of the instrument, the research employed the expert judgement method. After constructing the questionnaire, the researcher contacted experts in the study are to go through it to ensure that it measured what it was designed to measure and necessary adjustments were made after consultation and this ensured that the instrument was clear, relevant, specific and logically arranged. Secondly, a pre-test was conducted in order to test and improve on the reliability of the questionnaire. Alternatively, the reliability and validity of the instrument was established by corn-bachs co-efficient alpha variable. Variables with corn-bachs. Co-efficient alpha test value for less than 0.5 was not used. The content validity index (CVI) was calculated using the formula;  $CVI = n/N$ . where CVI= Content Validity Index, N= Total number of items in the questionnaire, n=number of relevant items in the questionnaire. Since the CVI of the research instrument (0.91) was greater than 0.7, then the instrument was declared Valid.

$CVI = \text{No. of items declared valid (N)} / \text{Total no. of items (n)}$

Where:

CVI = Content Validity Index

$CVI = .9 + .92/2$

CVI = .91

## **Data Gathering Procedures**

### **Before the Administration of the Questionnaires**

An introduction letter was obtained from the College of Higher Degrees and Research for the researcher to solicit approval to conduct the study from respective officials and institutions, the respondents were explained to about the study and requested to sign the Informed Consent Form (Appendix 3).

The respondents were requested to answer completely and not to leave any part of the questionnaires unanswered, the researcher and assistants emphasized getting back of the questionnaires within five (5) days from the date of distribution. The data gathered was collated, encoded into the computer and statistically treated using the Statistical Package for Social Sciences (SPSS).

## **Data Analysis**

The frequency and percentage distribution were used to determine the profile of the respondents.

The means and interpretations were applied for the levels of domestic violence and social development

The following mean ranges were used to arrive at the mean of the individual indicators and interpretation:

***A. For the level of Staffing situation and Organizational performance.***

Mean Range	Response Mode	Interpretation
3.26-4.00	strongly agree	very high
2.51-3.25	Agree	high
1.76-2.50	Disagree	low
1.00-1.75	strongly disagree	very low

To determine whether there is a significant relationship between domestic violence and social development, Pearson linear correlation coefficient (PLCC) was used to compute the influence of the independent variable to dependent variable.

**Ethical Considerations**

To ensure confidentiality of the information provided by the respondents and to ascertain the practice of ethics in this study, the following activities were implemented by the researcher:

1. Sought permission to adopt the standardized questionnaire on domestic violence and social development through a written communication to the author.
2. The respondents were coded instead of reflecting the names.
3. Solicited permission through a written request to the concerned officials domestic violence and social development of Rubavu District.
4. Requested the respondents to sign in the Informed Consent Form (Appendix 3)
5. Acknowledged the authors quoted in this study and the author of the standardized instrument through citations and referencing.
6. Presented the findings in a generalized manner.

## **Limitations of the Study**

In view of the following threats to validity, the researcher claimed an allowable 5% margin of error at 0.05 level of significance. Measures are also indicated in order to minimize if not to eradicate the threats to the validity of the findings of this study.

*Extraneous variables* which were beyond the researcher's control such as respondents' honesty, personal biases and uncontrolled setting of the study

*Attrition:* Not all questionnaires were returned completely answered some were retrieved back due to circumstances on the part of the respondents such as travels, sickness, hospitalization or and refusal/withdrawal to participate. In anticipation to this, the researcher reserved more respondents by exceeding the minimum sample size.

## **CHAPTER FOUR**

### **DATA PRESENTATION ANALYSIS AND INTERPRETATION**

#### **Introduction**

This chapter shows the profile of respondents, the relationship between the level of domestic violence and the level of Social development of women in Rubavu District. The presentation here is based on data as collected from the field and as analyzed by the researcher.

#### **Profile of Respondents**

Respondents in this study was women in Rubavu District Rwanda. The researcher was interested in understanding their profile characteristics on age, highest academic level, number of years worked with the organisation. Their responses were analyzed using frequencies and percentage distributions as indicated in table 4.1;

**Table**  
**Profile of respondents**

<b>Respondents profile</b>	<b>Frequency</b>	<b>Percent</b>
<b>Age</b>		
20-24	55	24.4
25-29	35	15.6
30-34	45	20.0
35-39	50	22.2
40 and above	40	17.8
<b>Total</b>	<b>225</b>	<b>100</b>
<b>Highest academic level</b>		
Doctorate	25	11.1
Masters	40	17.8
Bachelors	55	24.4
Diploma	55	24.4
Certificate	50	22.2
<b>Total</b>	<b>225</b>	<b>100</b>
<b>Number of years worked</b>		
below 1	25	11.1
1-3	65	28.9
4-6	45	20.0
7-9	45	20.0
10 and above	45	20.0

**Source:** Primary data Researcher Computation, 2012

The results in Table 4.1 showed that most respondents in Rubavu District Rwanda. Were between the age bracket of 20-24 years (55), followed by those between 35 - 39 (50). This implies that most workers in Rubavu District-Rwanda are 24 years old and above. Respondents were also asked about their highest academic level for which the results in Table 4.1 indicated that most of them (55) were Bachelors and Diploma holders, followed by those with Certificate (50), while those with Doctorate lagged behind (25). This implies that Rubavu District-Rwanda is dominated by mainly Bachelors and Diploma holders. Finally, concerning years worked with Rubavu District-Rwanda, results indicated that majority of the workers on the District



(65) have worked for 1-3 years. This implies that there is a relatively high level of retaining workers in Rubavu District-Rwanda.

### Level of Domestic Violence on Women in Rubavu District

The Level of domestic violence on women was the dependent variable in this study, domestic violence on women was measured qualitatively using several questions to which respondents (Rubavu District Rwanda) were asked to rate their organization on each by indicating the extent to which they agree or disagree with each statement, where 1=strongly disagree, 2=disagree, 3=agree and 4=strongly agree. Their responses were analyzed using descriptive statistics such as means in table 4.2;

### Level of Domestic Violence on Women in Rubavu District

Sexual relationship power scale	Mean	Interpretation	Rank
My partner does what he wants, even if I do not want him to.	3.84	Very high	1
My partner might be having sex with someone else	3.40	High	2
I am more committed to our relationship than my partner is.	2.84	High	3
If I asked my partner to use a condom, he would get violent	2.80	High	4
My partner gets more out of our relationship than I do.	2.71	High	5
I feel trapped or stuck in our relationship	2.47	Low	6
If I asked my partner to use a condom, he would think I'm having sex with other people.	2.36	Low	7
If I asked my partner to use a condom, he would get angry	2.05	Low	8
<b>Average mean</b>	<b>2.81</b>	<b>High</b>	

*Source: Primary data Researcher Computation, 2012*

Mean range	Reponse mode	Interpretation
3.26-4.00	Strongly agree	Very high
2.51-3.25	Agree	High
1.76-2.50	Disagree	Low
1.00-1.75	Strongly disagree	Very low

The results in Table 4.2 indicated majority of the respondents agreed that their partners do what they want, even if they do not want them too, corresponding with strongly agree on the Likert scale. This implies that domestic violence on women in Rubavu District was rated high on this aspect. On whether their partners might be having sex with others, majority (mean=3.40) agreed. This implies that high levels of misunderstandings exist between married people and this causes a lot of domestic violence on women in Rubavu District-Rwanda. On whether they are more committed to their relationship than their partners, majority of the respondents agreed (mean=2.84), corresponding with agree on the Likert scale. This implies that women are more committed to their relationships than their husbands. Still the results show that most of the respondents agreed that if their partners are asked to use condoms, they would get violent (mean=2.80), and this corresponds with agree on the Likert scale. And this implies that majority of men do not want to use condoms which causes a lot of domestic violence on women in Rubavu District-Rwanda. Concerning if partners get more out of their relationship than others, majority of the respondents agreed (mean=2.71) and this corresponds with agree on the Likert scale. Suggesting that most of the partners gain a lot from the relationship as compared to their counterparts. Concerning if they feel trapped or stuck in their relationship, majority of the respondents disagreed on this item (mean=2.47) and this corresponds with low on the Likert scale. This implies that majority of the respondents have no doubt with whatever they are doing in their marriages.

As they were asked if their partners use condoms, they would think they were having sex with other people, most of the respondents disagreed (mean=2.36) which corresponds with low on a likert scale. Implying that majority of married people know the advantages of using a condom.

On whether If they asked their partners to use a condom, they would get angry, most of the respondents disagreed (mean=2.05) which corresponds with low on a likert scale. Implying that majority of married people agree on which methods of family planning are to be used.

## **Level of Social Development of Women in Rubavu District**

The dependent variable in this study was the Social development of women in Rubavu District. Social development of women was broken into two parts, Decision making dominance (with 7 closed questions) and Alcohol dependence (with 8 closed questions). Respondents (Rubavu District) were asked to rate their organization on each by indicating the extent to which they agree or disagree with each statement, where 1=strongly disagree, 2=disagree, 3=agree and 4=strongly agree. Their responses were analyzed using descriptive statistics such as means as summarized in table 4.3;

## Level of Social Development of Women in Rubavu District

<b>Decision making dominance</b>	<b>Mean</b>	<b>Interpretation</b>	<b>Rank</b>
Who usually has more say about whose friends to go out with?	2.36	Low	1
Who usually has more say about what you do together?	1.91	Low	2
Who usually has more say about whether you have sex?	1.82	Low	3
Who usually has more say about how often you see one another?	1.71	Very low	4
Who usually has more say about when you talk about serious things?	1.67	Very low	5
In general, who do you think has more power in your relationship?	1.62	Very low	6
Who usually has more say about whether you use condoms?	1.56	Very low	7
<b>Sub-Total</b>	<b>1.81</b>	<b>Low</b>	
<b>Alcohol dependence</b>			
Has your partner ever threatened to kill either her or you when she is drunk?	3.49	Very high	1
Do you quarrel much about financial matters?	3.31	Very high	2
Does your partner strike you with her hands or feet when he/she is drunk?	3.02	High	3
Does your partner ever strike you with an object when he/she is drunk?	2.98	High	4
Does your partner take alcohol?	2.71	High	5
Does your partner ever threaten you with an object or weapon when he/she is drunk?	2.58	High	6
Does your partner become more easily angry if he/she drinks?	1.87	Low	7
Do you quarrel much about having children or raising them?	1.84	Low	8
<b>Overall-Total</b>	<b>2.72</b>	<b>High</b>	

*Source: Primary data Researcher Computation, 2012*

Mean range	Response mode	Interpretation
3.26-4.00	Strongly agree	Very high
2.51-3.25	Agree	High
1.76-2.50	Disagree	Low
1.00-1.75	Strongly disagree	Very low

Results in Table 4.3 Level of Social development of women were generally high and this is indicated by the overall average mean of 2.72. The results indicate that the highest aspect was; **has your partner ever threatened to kill either him/her or you when he/she is drunk?** (Mean= 3.49);

- **Followed by, do you quarrel much about financial matters?** Where majority of the respondents agreed (mean =3.31) and this corresponds with high on a likert scale. This implies that there is much miss use of financial resources by men since women do not have more say on such resources.
- **On whether who usually has more say about whose friends to go out with?** Decision making dominance on this aspect was rated low (mean= 2.36), and this corresponds with disagree on a four likert scale. Implying that majority of men dictate on which friends should their women go out with.
- **Concerning who usually has more say about what you do together?** Decision making dominance on this aspect was rated low (mean= 1.91), and this corresponds with disagree on a likert scale. Confirming that majority of men has more said about everything being done in the home compared to the women. Concerning who usually has more say about whether you have sex? Decision making dominance on this aspect was rated low (mean= 1.82), and this corresponds with disagree on a likert scale. This implies that majority of women are commanded sex by their husbands.

→ **On whether who usually has more say about how often you see one another?** Majority of the respondents strongly disagreed (mean=1.71), meaning that decision making on this aspect was rated very low and which corresponds with very low on a likert scale. Suggesting that most of women do not trust their husbands most especially when they go out side for work.

→ **On whether who usually has more say about when you talk about serious things?** Decision making dominance on this aspect was rated Very low (mean= 1.67), and this corresponds with strongly disagree on a likert scale. This implies that majority of women are denied a chance to raise their views on matters concerning family during decision making. Concerning in general, who do you think has more power in your relationship? Decision making dominance on this aspect still was rated Very low (mean= 1.62), and also this corresponds with strongly disagree on a likert scale. Confirming that majority of men always dictate to their wives on family matters. On whether who usually has more say about whether you use condoms? Majority of respondents disagreed (mean= 1.56), therefore decision making on this aspect was rated extremely very low and corresponding with very low on a likert scale. Confirming that most of the always recommend to their wives not to use condoms.

→ **On whether does your partner strike you with his/her hands or feet when he/she is drunk?**

Alcohol dependence on this aspect was rated high (mean=3.02), this corresponding with high on a likert scale. Implying that majority of men mistreat their wives most especially when they are drunk.

→ **On whether does your partner ever strike you with an object when he/she is drunk?** Majority of respondents agreed (mean=2.98), therefore alcohol dependence on this aspect was rated high and this corresponds with high on a likert scale. Confirming that

majority of men always strike their women with objects most especially when they are drunk. Concerning whether their partners take alcohol? Alcohol dependence on this aspect was rated high (mean= 2.71) and this corresponds with agree on a likert scale. Confirming that majority of married men take alcohol. On whether their partners ever threatened them with an object or weapon when he/she is drunk? Majority of respondents agreed (mean=2.58) and this corresponds with high on a likert scale. Implying that majority of women are being injured by their husbands due to the use of weapons especially when they are drunk.

- **On whether their partners become more easily angry if he/she drinks?** Alcohol dependence on this aspect was rated low (Mean=1.87), and this corresponds with disagree on a likert scale. Confirming that majority of men becomes more difficult towards their wives especially when they are drunk. On whether do you quarrel much about having children or raising them? Majority of the respondents disagreed (mean=1.84) and this corresponds with low on a likert scale. Suggesting that majority of the married people agree on whether having children or raising them and this doesn't need them to quarrel.

### **Relationship between Domestic Violence and Social Development in Rubavu District**

The last objective in this study was to establish whether there is a significant relationship between domestic violence and Social development of women in Rubavu District, for which it was hypothesized that domestic violence and Social development in women are significantly correlated.

To test this null hypothesis, the researcher correlated the mean indices on domestic violence and those on Social development of women using the Pearson's linear correlation Coefficient (PLCC), results of which are indicated in table 4.4.

**Table: Relationship between Domestic Violence and Social Development in Rubavu Districts**

variables correlated	R-value	Sig.	Interpretation	Decision on Ho
Domestic violence Vs Social development	.964	.000	Positive significant correlation	Rejected
SRPS Vs ADEPENDENCE	.985	.000	Positive significant correlation	Rejected

**Source:** Primary data Researcher Computation, 2012

The PLCC results in Table 4.4, indicated that there is no significant correlation between Domestic violence and Social development in women (sig >0.05). For example, results indicated a positive significant correlation between Domestic violence and Social development in women, ( $r = 0.964$ , sig. = 0.000). SRPS and Adependence ( $r = 0.985$ , sig. = 0.000) respectively.

Basing on the results, the null hypothesis was rejected and conclusions made that domestic violence and social development in women in Rubavu District are significantly correlated yet the results are insignificant above 0.05 level of significance. This is so because married people do agree on matters concerning the family, also this is due to after having more said on family issues by the women.



## **CHAPTER FIVE**

### **DISCUSSIONS OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **Introduction**

#### **Discussion of findings**

This chapter presents a summary of major findings, conclusions and recommendations plus the suggested areas that need further research. The purpose of this study was to establish whether there is a significant relationship between domestic violence and social development of women in Rubavu District.

The study had four specific objectives, which included: i) determination of demographic characteristics of respondents in terms of age, Highest academic level and working experience, ii) to determine the level of domestic violence on women; iii) Social development of women in Rubavu District, iv) and to establish the relationship between Level of domestic violence and Social development of women in Rubavu District.

The findings indicated that most respondents were between 20-24 years of age, over 24% were Bachelors and Diploma holders, and over 29% had a working experience of 1-3 years, this shows that most women in Rubavu District few of them hold bachelors and diplomas and have the working experience meaning they have just joined the working class between 1-3 years.

The level of domestic violence is generally high and this was indicated by the average mean of 2.81. The lowest aspect of domestic violence was (If I asked my partner to use a condom, he would get angry) with a mean of 2.05, while the highest aspect of domestic violence was (My partner does what he wants, even if I do not want him too) with a mean of 3.84.

The level of social development of women was also found to be generally high with the overall mean of 2.72. This was so because today majority of women in Rubavu District are found to be participating in most of financial activities, which is also accompanied by high level of education performance by women. The findings also indicated a positive significant relationship and a positive significant correlation

between domestic violence and social development of women in Rubavu District, since all the significant. values were less than or equal to 0.05, which is the level of significance required to declare a relationship insignificant. This is shown by the fact that the significant. value was less than the significant. value of 0.05 considered in social sciences. These findings were in agreement with (Hastings & Kaufam,2003). This indicates that there is a significant relationship between the level of domestic violence and social development of women in Rubavu District.

## **Conclusions**

From the findings of the study, the researcher concluded that most respondents in selected areas of Rubavu district were male, between 20-24 years of age, majority are Bachelors and Diploma holders in education and most of respondents had worked for 1-3 years.

The level of domestic violence is generally high (Overall mean=2.81) in Rubavu district, which implied that women are violated by their partners as a researcher women should be sensitized in Rubavu district. The level of domestic violence found to be generally high in Rubavu district, and the level of social development of women here gender equality should be emphasized and the relationship had a positive significant correlation, implying that the higher the social development of women the higher the level of domestic violence on women in Rubavu district.

## **Recommendations**

From the findings and the conclusions of the study, the researcher recommends that there is need to introduce new laws concerning women rights, this will reduce on the high levels of domestic violence on women by the men in Rubavu district. Women should be sensitized and mobilized to take leadership position so that they can use their leadership position to advance gender equality, which will also reduce on the high levels of domestic violence on women in Rubavu district.

The researcher still recommends that there is need to create new jobs majorly for women, this will improve on the social development of women in Rubavu district.

Despite of all these challenges, women have been proved to achieve many things through government mobilization in the social development activities. This is because women in Rubavu district are active, hardworking and trustworthy. They are the active human resources and donors or sponsors of most of the resources needed for the implementation of the project, especially in the religious based projects.

The researcher also recommended that women should acquire self awareness, life skills from their institutions that are women right's office.

### **Areas for Further Research**

The researcher suggests areas for further research on domestic violence among families, domestic violence and it's impact on children's development, consequences and characteristics of family violence.

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**APPENDICES**  
**APPENDIX 1 A**  
**TRANSMITTAL LETTER**

**OFFICE OF THE DEPUTY VICE CHANCELLOR (DVC)**  
**SCHOOL OF POSTGRADUATE STUDIES AND RESEARCH (SPGSR)**

---

Dear Sir/Madam,

**RE: INTRODUCTION LETTER FOR Ms. MUREKATETE Marie Josiane**

**REG. NO. MCP/33374/111/DF, TO CONDUCT RESEARCH IN  
YOUR INSTITUTION**

The above mentioned candidate is a bonafide student of Kampala International University pursuing a Master's of Guidance and Counseling.

She is currently conducting a field research for her dissertation entitled, **Domestic violence among women and their social development in Rubavu District, Rwanda.**

Your institution has been identified as a valuable source of information pertaining to her research project. The purpose of this letter then is to request you to avail her with the pertinent information she may need.

Any data shared with her will be used for academic purposes only and shall be kept with utmost confidentiality.

Any assistance rendered to her will be highly appreciated.

Yours truly,

---

Novembrieta R. Sumil, Ph.D.

Deputy Vice Chancellor, SPGSR

## APPENDIX 1B

### TRANSMITTAL LETTER FOR THE RESPONDENTS

---

Dear Sir/ Madam,

Greetings!

I am a master student in Counseling Psychology candidate of Kampala International University. My study is entitled, **Domestic violence among women and their Social development in Rubavu District, Rwanda**. Within this context, may I request you to participate in this study by answering the questionnaires. Kindly do not leave any option unanswered. Any data you will provide shall be for academic purposes only and no information of such kind shall be disclosed to others.

May I retrieve the questionnaire within two Weeks (14) days

Thank you very much in advance.

Yours faithfully,

Ms. MUREKATETE Marie Josiane

## APPENDIX 11

### CLEARANCE FROM ETHICS COMMITTEE

Date\_\_\_\_\_

#### Candidate's Data

Name\_\_\_\_\_

Reg. # \_\_\_\_\_

Course \_\_\_\_\_

Title of Study \_\_\_\_\_

---

#### Ethical Review Checklist

##### The study reviewed considered the following:

- ☐ Physical Safety of Human Subjects
- ☐ Psychological Safety
- ☐ Emotional Security
- ☐ Privacy
- ☐ Written Request for Author of Standardized Instrument
- ☐ Coding of Questionnaires/Anonymity/Confidentiality
- ☐ Permission to Conduct the Study
- ☐ Informed Consent
- ☐ Citations/Authors Recognized



## Results of Ethical Review

\_\_\_ Approved

\_\_\_ Conditional (to provide the Ethics Committee with corrections)

\_\_\_ Disapproved/ Resubmit Proposal

## Ethics Committee (Name and Signature)

Chairperson \_\_\_\_\_

Members \_\_\_\_\_

**APPENDIX III**  
**INFORMED CONSENT**

I am giving my consent to be part of the research study of Ms. MUREKATETE Marie Josiane that will focus on Domestic violence and Social development.

I shall be assured of privacy and confidentiality and I will be given the option to refuse participation or withdraw my participation at any time.

I have been informed that the research is voluntary and that the results that will be given to me if I request for it.

Initials: .....

Date: .....

## **APPENDIX IV A**

### **SECTION I. Face sheet to determine the profile of respondents**

#### **1) Gender**

☐ Male

☐ Female

#### **2) Age**      ☐ 20 - 24

☐ 25 – 29

☐ 30 – 34

☐ 35 – 39

☐ 40 - above

#### **3) Highest academic level**

☐ Doctorate level

☐ Masters degree

☐ Bachelors degree

☐ Diploma

☐ Certificate

#### **5) Number of years worked with Rubavu District:**

☐ Below 1 year

☐ 1-3 years

☐ 4-6 years

☐ 7-9 years

☐ 10 years and above

## APPENDIX IV B: OBJECTIVES OF THE STUDY

### A. Questionnaire on domestic violence among women in Rubavu District

Sexual Relationship Power Scale	Respondents' responses			
	SA	A	D	SD
If I asked my partner to use a condom, he would get violent				
If I asked my partner to use a condom, he would get angry				
If I asked my partner to use a condom, he would think I'm having sex with other people.				
I feel trapped or stuck in our relationship.				
My partner does what he wants, even if I do not want him to.				
I am more committed to our relationship than my partner is.				
My partner might be having sex with someone else.				
My partner gets more out of our relationship than I do.				

### B. Questionnaire on Social Development

Decision-Making Dominance	Respondents' responses		
	My Partner	Both of us	Me
Who usually has more say about whose friends to go out with?			
Who usually has more say about whether you have			

sex?			
Who usually has more say about what you do together?			
Who usually has more say about how often you see one another?			
Who usually has more say about when you talk about serious things?			
In general, who do you think has more power in your relationship?			
Who usually has more say about whether you use condoms?			

Alcohol dependence	Respondents' responses			
	SA	A	D	SD
Does your partner take Alcohol?				
Does your partner become more easily angry if he/she drinks?				
Does your partner ever strike you with an object when he/she is drunk?				
Does your partner strike you with his/her hands or feet when he/she is drunk?				
Does your partner ever threaten you with an object or weapon when he/she is drunk?				
Has your partner ever threatened to kill either himself/herself or you when he/she is drunk?				
Do you quarrel much about having children or raising them?				
Do you quarrel much about financial matters?				

#### Appendix IV: Content Validity Index

Sexual Relationship Power Scale	Respondents' responses			
	SA	A	D	SD
If I asked my partner to use a condom, he would get violent				
If I asked my partner to use a condom, he would get angry				
If I asked my partner to use a condom, he would think I'm having sex with other people.				
I feel trapped or stuck in our relationship.				
My partner does what he wants, even if I do not want him to.				
I am more committed to our relationship than my partner is.				
My partner might be having sex with someone else.				
My partner gets more out of our relationship than I do.				

## APPENDIX V: TIME FRAME (JAN 2011-APRIL 2012)

	Apr 2011	Ma y	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2012	Feb	Mar	Apr
Approval of title													
Proposal writing													
Design questionnaire													
Data analysis													
Report writing													
Submission of dissert.													

## APPENDIX VI: BUDGETING FOR RESEARCH

ITEMS	TOTAL COST UGX	USD	RWF
Subsistence	69,300	33	20,089
Research assistance	10,500	5	2,950
Traveling	467,000	200	118,000
Secretly services	116,750	50	29,500
Equipment and stationeries	52,500	25	19,500
Data analysis	21,000	10	9,500
Data access to binding	18,900	9	5,240
Sub- total	755,950	332	194,279
Contingents 10%	75,59	25	16,415
<b>Total</b>	<b>763.509</b>	<b>357</b>	<b>210.694</b>



## RESEARCHER CURRICULUM VITAE

<b>1. Personal details</b>			
Family Name: MUREKATETE		Nationality :Rwanda	
First Name: Marie Josiane		District of Residence: RUBAVU	
Place and Date of birth: 25/12/1980  Rubavu		Province: western	
Father's Name: BUHIRE		E-mail address: mutetejosy@ymail.com	
Mother's Name: NYIRABARUNDI		Telephone ( Mobile):+250788501175  0773369233	
<b>2. Higher Education</b>			
Name and address of University:  <i>Université Libre de Kigali (ULK), Campus de Gisenyi Rwanda</i>	Attended From	Attended To	MAIN COURSE OF STUDY:  <i>Sociology</i>
	2006	2010	
	DEGREE OBTAINED: <i>Bachelor's Degree</i>		
Name and address of University:  <i>Kampala International University (KIU), Kampala, Uganda</i>	Attended From	Attended To	MAIN COURSE OF STUDY:  <i>Master of Arts in Counseling Psychology</i>
	2011	2012	
	DEGREE BEING PURSUED <i>Master Degree</i>		
<b>3. Secondary Education</b>			

Advanced Level				
School	From	To	Certificate or diploma obtained	Main courses of study
Ecole Secondaire de Rubavu, Rwanda	1997	2003	Professional Certificate of Secondary Education Level A2	Secretariat
Ordinary Level				
School Name	From	To	Main course of study	
Primary School				
Ecole Primaire d'Application, KANAMA, Rwanda	1990	1996		

#### 4. Languages

1. Kinyarwanda (Mother Tongue)
2. French (Good)
3. English (Good)
4. Swahili (Good)

#### 5. Hobbies and Interests

1. Watching soccer and international news
2. Travelling in foreign countries during holidays/leaves
3. Using computer to design and surf over the internet
4. Reading books

## **6. Computer knowledge:**

1. Microsoft Word
2. Microsoft Excel
3. Internet
4. Power Point

I hereby certify that the information given in this CV is correct and complete to the best of my knowledge and beliefs. I thereby grant anybody a permission to conduct any reference checks and/or contact institutions mentioned herein to verify the correctness

Sincerely Yours

**MUREKATETE Marie Josiane**

REPUBLIC OF RWANDA



WESTERN PROVINCE

RUBAVU DISTRICT

P.O. BOX 173 GISENYI

April, 30<sup>th</sup> 2012

TO: Marie Josiane MUREKATETE

№ 1562

Dear Madam,

**RE: Research conducted in Rubavu District**

Reference made to your letter of December, 10<sup>th</sup> 2011 requesting to conduct a research in Rubavu District, and a letter of February, 10<sup>th</sup> 2012 from Rubavu District allowing you conducting that research;

Happily, we would like to inform you that the period of research was from February, 10<sup>th</sup> 2012 to February, 25<sup>th</sup> 2012.

Faithfully

Sheikh BAHAME Hassan

Rubvu District Mayor

CC.

Rubavu District Executive Secretary

Administration Unit Director

Kampala International University/UGANDA

