

Ibuka Institution and Group Therapy Curative Factors in Healing Psychological Problems of Women Sexually Violated During 1994 Genocide Against Tutsi in Rwanda

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Abstract: All along women had untold suffering as a result of sexual violence due to the shame and stigma associated with it. When 1994 genocide against Tutsi happened in Rwanda, sexual violence became a weapon of war where young girls and women were a target that led to death, incurable diseases, unwanted pregnancies, children with neglect, destruction of families-wives and husbands separated and girls and women sexually violated became hopeless to get husbands and remarry, respectively, to mention but few. Ibuka Institution created in 1995 was to provide psychosocioeconomic and legal assistance to survivors of 1994 genocide but still women sexually violated couldn't open up and seek psychological assistance because of the stigma associated to sexual violence. Ibuka thought and initiated group therapy in 2009 to try help women sexually violated. It was in this line that the current study was to find out if women sexually violated achieved the curative factors in group therapy initiated by Ibuka. Testified by 40 women sexually violated through interviews and focus group discussions from Busogo, Kinigi and Muhoza Sectors of Musanze District in Northern Province where group therapy was being used to approach their psychological problems, curative factors were identified in group therapy and indicated positively the remedy in terms of biological, socio-economical, spiritual and psychological spheres according to the findings. The silence was broken to curb shame and humiliation through information giving, they fought isolation through improved interpersonal relationships, they benefited group cohesiveness, by offering a sense of belonging, acceptance and approval, there was reunification with families, further education for those who wanted to study, treatment in the country was availed in different hospitals and abroad for those with incurable diseases was planned, income generating activities for some were initiated and inclusion in families to combat stigma was improved. It was in this line therefore that the research findings built on identifying curative factors that proved essential to the healing of psychological problems of women sexually violated in Rwanda is recommended to other people who experience emotional pain but find it difficult to open up and seek help.

Key words: Genocide, Gacaca Courts, group therapy, Ibuka, sexual violence, FARG, CNLG

INTRODUCTION

Genocide that happened in Rwanda in 1994 left many orphans, properties were destroyed, destruction and separation of families, widows and widowers, to mention but a few. Beyond the multiple barbarisms that marked genocide, rape had been used as weapon of war. Rape and other forms of sexual violence were committed against women in Rwanda (HRW., 1996).

The fact that Rwandans had suffered the blow socially, economically, spiritually and psychologically, there was need to setup initiatives to their assistance. Many institutions supported by the government were established with aims of helping the Rwandans in general

and survivors in particular. Such institutions put in place were Gacaca courts, FARG, Ibuka, CNLG and other services in different government ministries.

In particular, the women sexually violated in the 1994 genocide against Tutsi were left with unprecedented sufferings that instigated Rwanda government and Ibuka Institution to get concerned. Despite the assistance given together with the rest of the Rwandans, It was unfortunate that women sexually violated could not open up and talk about their sufferings related to sexual violence their experienced. It was in this line that in the year 2009, group therapy was started in Ibuka to help them. They were socially isolated, stigmatized and generally still traumatized. Ibuka managers and

administrators had professional knowledge about group therapy. However, it was not clear if the sexually violated women joined the group with clear conceptualization of what they wanted to gain. From the theoretical perspective, counseling irrespective of the model is supposed to be voluntary. Therefore, this study sought to find out the effect of group therapy in restoring psychological wellbeing of women sexually violated during 1994 genocide against Tutsi in Rwanda. The study had many objectives, however, the concern of this part/article is the objective two about curative factors perceived in Ibuka group therapy by women sexually violated. The purpose was to identify the perceived curative factors of group therapy in healing psychological problems of women sexually violated during 1994 Tutsi genocide in Rwanda. What were the perceived curative factors identified by women sexually violated in Ibuka group therapy? Why did they join Ibuka group therapy? What were their expectations in group therapy? The responses were to get from them in accordance with the themes of interviews and in focus group discussions (Ward and Marsh, 2006).

Operational definitions of key terms

Genocide: In this study, genocide refers to the event of 1994 in Rwanda where the extremist Hutus deliberately intended to eliminate the whole ethnic Tutsi.

Sexual violence: This is defined as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed, against a person's sexuality using coercion by any person regardless of their relationship to the victim. In the context of 1994 genocide in Rwanda, it refers to a situation where unknown or known perpetrators used their penises or other objects to penetrate the anus, mouths or vagina of those women.

Group therapy: This is a form of psychotherapy in which a small, carefully selected group of individuals meet regularly with a therapist with the purpose of assisting each individual in emotional growth and personal problem solving.

Ibuka: Is an umbrella organization of survivors with a mission of providing survivors with advocacy and monitoring all the problem solving activities engaged in addressing the challenges faced by survivors.

CNLG: National Commission for the Fight against Genocide.

FARG: Genocide Survivors Assistance Fund.

Gacaca courts: These are traditional methods of conflict resolution that were established after genocide to judge the crimes related to the genocide. Gacaca court's aims were the reestablishment of the unity and reconciliation of Rwandan people, the reconstruction of history to the memory of the country and the punishment of the crimes of genocide but in the context of restorative justice where the victims and perpetrators can find a place in society and live together peacefully.

MATERIALS AND METHODS

As mentioned in introduction, this study is an excerpt from the broad research of 80 women sexually violated (total number) who was the object of the whole research. In that research questionnaire, interviews and focus group discussions were used as instruments of collecting data. It was a mixed method where quantitative and qualitative methods were used. Out of 80 participants, 60 were randomly selected for the questionnaire. The 20 of the 60 were as well picked randomly for focus group discussions while the 20 who didn't participate either in responding to the questionnaire or focus group discussions participated in interviews only. A separate group was necessary due to the possibility of test effects and demand effects. Having a separate group ensured that the participants were fresh and did not have expectations arising from previous data collection that would make the participants respond in what they perceived to be expected.

Regarding this study and in accordance with the objective two, the concern of this part, qualitative method was used. Since, issues related to sexual abuse were heavily emotional, this study, sought to establish the reason why women joined Ibuka group therapy through focus group discussion and interviews. According to Berg (2007), through focus group discussion, researchers learn about conscious, subconscious and unconscious psychological and socio-cultural process among various groups. Focus group is a small and essential group discussion focused on a single theme that addresses issues in depth about the selected topic of the study (Krueger, 1998). Focus group discussion was selected as a method of data collection in this study because they created accurate conversations based on a theme discussed between members. Focus group discussions were organized in order to get in-depth information

and relevant affects. Two focus groups each with 10 members as proposed by Morgan (1997) were conducted. According to Morgan focus members of a group discussions vary from 6-10 or less or slightly larger.

Another instrument used was a semi-structured interview schedules. Semi-structured interview was used on five staff leaders of group therapy and on twenty women sexually violated participants because they (the interviews) gave detailed and full information about the topic under discussion. In addition the interviews have an advantage of follow up questions that can make a research gain detailed information about the subject under discussion.

The whole process of focus group discussions and interviews was conducted in Kinyarwanda which is a language used by all Rwandese and thereafter translated into English by someone who is accurate, accepted in scientific translation and who knows both Kinyarwanda and English.

Data analysis and presentation: Lewis-Beck (1995) explained that data analysis is the process in which collected data are chosen, evaluated and expressed as meaningful content. The empirical data from focus group discussions and interviews was analyzed thematically. The themes emerging from qualitative data and in line with the concerned research objective were picked and analyzed.

Process of data analysis started with intensive involvement of the researcher repeatedly reading and reviewing the transcribed tapes from interviews and elements of group discussion with participants.

The researcher identified categories and themes that arose from discussions and interviews and how these categories and themes linked together. Thereafter these data were combined along the same topic or theme in order to get a coherent meaning. These allowed the presentation and interpretation of the findings by using quotes from the interview texts, discussions in conjunction with theories from previous researchers on the same field to give detailed and meaningful explanation.

RESULTS AND DISCUSSION

In this study, focus group discussions and interviews were used to learn about the reasons why the sexually violated women in the genocide joined group therapy. What they found in group therapy that

positively transformed their lives. Asked why they joined Ibuka group therapy one woman sexually violated from Kinigi Sector explained:

“Mbere yo kujya muri iri tsinda nahoraga nihebye ntekereza kontawe unkunda, ngahora nigonze kubera ibyambayeho. Nagiye mu itsinda nshaka nibura umuntu twasabana ku ko ntawe nagiraga”

Literally translated as:

“Before joining group therapy I always felt in despair, unlovable, lonely and isolated due to what I went through as a result of 1994 Tutsi genocide. I wanted to have a company with whom I could socialize”

She said: from this quotation, this woman felt that joining group therapy would provide her company and togetherness that she lacked from the individuals in the community that she thought hated her. The provision of company and togetherness can be seen under universality which is one of curative factors identified in Ibuka group therapy. From the literature review, relief from loneliness can improve someone’s psychological wellbeing by meeting others of the same problem (Forsyth, 1983).

Sexual violation had also led to loss of their families. It will be recalled from the introductory chapter that women who are sexual abused irrespective of the circumstances were considered dirty and culturally unfit to live in the Rwandese society. Towards this end many had lost their families. Therefore, some women joined group therapy to acquire a new family to replace their previous biological families that neglected/rejected them as exemplified in the quote below:

“Naje muri iri tsinda ku ko umuryango wange wari waranteranyeye, ntarukundo umfitiye, waranshyize mukato. Nashakaga umuryango nakwisangamo, ukanyumva mu bibazo nahuye nabyo “a woman from Busogo Sector group”

This literally translated as:

“I came to this group because my family had neglected and quarantined me, leaving me with no love and help. I wanted a family that I could lean on and be listened to in case I narrated the ordeal I experienced”

While another had this to say:

“Nyuma yo gusambanywa kungufu muri genocide nasigaye nta muryango mfite kuko bahise banca mu muryango kugira ngo batagaragara nabi mubandi kubera ibyambayeho. Ndibuka ko nabeshye umujyanama w’ ihungabana wamfashaga ko narokotse jyeniyine ariko niko nabyumvaga. Nari nkibuye ntabumuntu. Ndashimira iri tsinda ryacu ku ko nabonye umuryango mushya kandi nkaba narashoboye kuvuga ibyambayeho kuva genocide yaba”

This literally translated as:

“After having been sexually violated I was with no family as they rejected me to avoid bad reputation because of what happened to me. I remember I lied to the Ibuka counselor during individual therapy when they contacted me that I was the only survivor as I felt like that. I was like a lying stone with no feelings. I wanted somewhere to break my silence from the time genocide happened”

From the above information, women sexually violated before joining Ibuka group therapy suffered rejection. They needed to be recognized as human beings again to express their feelings in favorable environment.

It appears that some women sexually violated who experienced detachment from their relatives were able to gain new relations with people of similar background. Ibuka group therapy thus appeared to be a safe place where the women felt accepted thus replacing the previous state which was marked by negative relations with their families. As indicated in the quotes they felt a sense of belonging an important need for psychological well being. By Maslow *et al.* (1970) a leading humanistic psychologist suggested that belonging was the third most important need for psychological wellbeing of human beings. In his hierarchy of needs a sense of belonging comes after the biological and security needs but it is below esteem needs. This has the implication that for people and specifically the women who were sexually violated to develop self esteem they needed to experience a sense of belonging. This, they appeared to get from Ibuka group therapy. Acceptance, belonging and opportunity to release conscious and unconscious feelings in group therapy contribute to psychological wellbeing (Forsyth, 1983; Sophia and Yalom, 1989). From the biopsychosociaspiritual theory that informed this study, a sense of belonging not only serves as a psychological aspect but also as a social condition

necessary for healing. It is therefore possible to say that from Ibuka group therapy, the sexually violated women expected holistic healing.

It was not only a sense of belonging that women who were sexually violated expected to get from group therapy. The women who were sexually violated joined group therapy because they were in despair and felt that they did not have a direction in life. They needed motivation and inspirations of others within the group to live a better life as one woman from Muhoza Sector states:

“Mbere y’uko nza muri iritsinda nafataga ibyo abapasitori n’ abapadiri bajyaga banyigisha nk’ ibinyoma, nararetse kujya mu rusengero. Ese ubwo narikuvuga iki? Nari gukoresha ayahe magambo nsenga? ahantu hiciwe abantu? Ntakwemera no kwizera nari ngifite, byari byararangiranye na genocide. Ariko ngeze hano, muri iritsinda, nasubiye kugira ukwemera, namenye ko ku Mana byose birashoboka, ko ari nayo yandinze”

This literally means:

“Before joining group therapy, I had taken whatever priests and pastors used to preach to me as lies and I had become fed up with going to church. Which words I could use when praying? And in a place where people had been massacred? I had become defiant to faith and trust which I knew had ended with genocide. I joined the group to restore my spiritual faith for a better relationship with God, after all it is God who made me survive the genocide”

Respondents continued showing that they wanted to regain the trust for a better future. Supporting ideas about installation of hope are still declared by respondents. One woman from Muhoza Sector had this to say:

“Iyo naryamaga sinashoboraga kwizera ko ejo nzabyuka. Naje muri iri tsinda nifuza ko nange nahinduka nkagira ikizere muri jye cy’ ejo hazaza”

Literally translated as:

“Whenever I slept I could not hope to wake up the next day. I wished to join Ibuka group therapy to change my mind set and get motivation for life”

From these quotes, it seems that women sexually violated had negative thinking about their future life and they needed a place where they could build hope for their future life. Joining the group was a way in which they sought to invest and receive social support, so that, they would be able to revitalize their lives. According to Kawachi and Berkman (2001), social support is an important aspect for psychological well-being.

Sexually violated women also sought to regain their spirituality as exemplified by their narrations. A woman from Kinigi sector expressed:

“Kuva genocide yo mu mwaka wa 1994 iba sinigeze ngira icyifuzo cyo kujya mu rusengeru. Gukora iki yo?naje muri iritsinda ngo numve ko nakongera kwemera Imana kandi babimfashijemo. Iritsinda ryatumye nsubirakumva umushumba (pasitori) wange. Yaransengeye aranyigisha aranampumuriza mu bibazo nari mfite”

This literally means:

“From the time of 1994 genocide, I did not have the desire to go to church. To do what there? I came to this group to see if I could increase my relations with God as I felt perturbed before to get spiritual healing. I need to listen and follow my pastor’s preaching and his spiritual guidance like praying for me in a way of consolation through the sufferings I went through”

Interpretively, group therapy has helped to revive the spiritual life of the sexually violated women. Spirituality is an important factor in the quality of life of people. According to Koenig *et al.* (1998), spirituality is a personal quest to understand aspects of life, its meaning and the relationship with the sacred, which may or may not involve religious practices or formation of religious groups. Spirituality is a potential resource in relation to mental health and is a coping mechanism for stressful experiences (Yang *et al.*, 2008). According to Muller *et al.* (2004) spiritual belongingness provides social structure and access to the latent benefits such as structured time, social contact, collective purpose, personal identity and activity that contribute to the psychological well being of a person.

The researchers argue that spirituality assists individuals to cope better with life disruptions and allows them to view life more positively. Therefore restoration of spiritual life of the sexually violated women is an indication of a healing process. From the religious

institutions the sexually abused women are likely to get support and acceptance that will enhance their psychological wellbeing.

Women sexually violated declared as well that they seemed to be in psychological captivity with no idea about what was in their surroundings. They wanted to hear and exchange information from others. One woman from Muhoza sector said:

“Narokokanye n’ abana bange babiri, abandi bane bapfanye na se. Naze gusambanywa kungufu muri genocide nkanandura agakoko gatera sida, narihebye, natekerezaga ko nzapfa vuba ntanuwo mfite wo kuzamenyera abana. Ndashimira iri tsinda kuko kubwaryo namenye uko nifata n’uko mbana n’uburwayi bwange, nkurikiza inama za muganga. Nizeye kubaho igihe kirekire nkabeshaho abana bange mbaha ibyo bakeneye”

Witch is literally translated as:

“I survived with my two children, other four had been killed with their father. After having been sexually violated and contracted HIV/AIDS, I was in despair knowing I was going to die leaving nobody behind to take care of my children. I joined the group to get what to do in that confusing situation I was in. I knew from the group how to manage and get treatment of the disease and I understood how to live positively following doctor’s instructions. I now hope to live longer and provide my kids with life necessities”

In reference to this woman’s quotation, group therapy’s curative factor of information giving was identified. She lacked information about what she suffered and she was told how to find solutions to her problems from group therapy. The information sharing from other group members brings about problem solving (Corey and Corey, 1992; Gurman and Messer, 2003, Forsyth, 1983). As shown in the quote, A woman sexually violated and living with HIV/AIDS appears to be revitalized and has hope to live longer because of information got from her group members. She has accepted her status and embraced taking medicine like ARVs to take care of her health.

Women sexually violated said that they joined group therapy because they believed that it would inspire them to gain resilience and self control of their lives as they lost hope during 1994 Tutsi genocide. One woman from Kinigi sector said:

“Mbere yo kugana iri tsinda rya Ibuka, numvaga nkashobora gusohoka mubibazo byinshi narinarahuye nabyo nkanatekereza ko nka kintu nakimwe cyatuma nkira umubabaro nahoranaga. Niyemeje kujya muri iri tsinda kugirango ndebe uko abandi babyitwaramo bakagaragara neza mu mibereho yabo, maze ngo nange mbarebereho”

Translated literally as:

“I knew I could not get out of the suffering I had experienced. I had suffered too much and thought that nothing could make me recover from my suffering. However, I joined the group to see how others managed to look better in their problems, so that, I could get inspired from them”

From the above quotes, women joined group therapy to learn from other group members how they coped with their situations. They hoped to be modeled by some women who had been able to overcome the stigma of sexual violation. Imitative behavior and interpersonal learning were identified in Ibuka group therapy as aspects that brought positive outcomes. These curative factors are seen to have benefits to group members with similar problems as patients get to learn better behaviors that changed them positively (Corey and Corey, 1992, Corey, 2011).

In addition, women sexually violated told the researcher that they joined group therapy because they were overwhelmed by numerous problems in the society in which they lived and wanted to be assisted in overcoming such difficulties. One woman from Kinigi Sector narrated during interview:

“Naje muri iri tsinda ntekereza ko ibyambayeho ari indengakamere, ku ko nasambanyijwe ku ngufu n’ abantu benshi. Sinashoboraga gusinzira ahubwo nararaga ndeba amafoto y’ ibyo bankoreye. Naje mu itsinda nshaka ko bamfasha muri ibyo bibazo, nkabasha gusinzira. Mpageze mpasanga umukobwa uhora ava ku ko bamutwitse mu gitsina bakoresheje amakara. Hari n’undi mugore basambanyije kungufu kugeza n’aho bakoresha ubuhiri buriho imisumari n’ imitumba y’ insina, bizakumuviramo uburwayi bwa kanseri yo munda ibyara. Nahise mbona ko hari abandusha umubabaro, numva ndakize ngira ishyaka ryo kubaba hafi no kubafasha ukonshoboye kose”

This literally means:

“I came in this group with a feeling that what happened to me was beyond imagination and needed help from group members. I had been gang raped and could not sleep well because of nightmares. In the group I found a girl whom the violators had burnt in the vagina using burning charcoal. She is always bleeding. Another lady here was violated until they dangled in her vagina using the sticks crowned by nails and banana stalks. From that she got uterus cancer. I came to realize that my suffering was not as worse and I felt concerned. Henceforth, I forgot about my sufferings and found it my responsibility to help, support and console them as I could”

This information shows the power of altruism, another curative factor that was perceived by group members within Ibuka group therapy. With altruism curative factor, members shared information unselfishly hence those who seemed to be with more suffering were helped by those with more strength. In the process, those who shared to help others grow strong and become better. It has been proved that altruism enhances self-esteem and self-worth among the members in helping others and that it is a powerful therapeutic tool (Sophia and Yalom, 1989).

During discussions woman sexually violated continued to express that they came to group therapy to get freedom for they had always been stigmatized. One woman from Muhoza Sector, during focus group discussions had this to say:

“Naje muri iritsinda kuko numvaga ijuru ryarangwiriye. Ntabwo nashoboraga gutekereza icyo nakora bitewe n’ ibyambayeho by’ indengakamere. Naje muri iri tsinda nshaka aho nihisha mu bandi duhuje ibibazo. Nagezeyo tunganira n’ abandi ibyatubayeho, umukuru w’ itsinda ryacu atubwirako ibyatubayeho byashoboraga no kuba k’ umuntu uwo ariwe wese mu Rwanda nk’ uko byagiye biba n’ ahandi. Namenyeko ibyambayeho ntamahitamo nari mfite. Kubera ubufatanye bwacu nkabagize iritsinda twarabyakiriye twiyemeza kubaho kandi neza kuri iyi si”

This is literally translated as:

“I joined the group because I felt that the heaven had fallen on me. I did not have capacity to think of what to do in life due to the intolerable sexual violence event I suffered. I went to the group thinking of where to hide myself in a group of people with similar problem. While in the group we shared our experiences and got some clarifications that what happened to us could have happened to others in Rwanda, as it happened in different areas of the world. I knew I did not have any choice and with help from each others we accepted our situation and decided to live a better life in this world”

From the quotation women sexually violated were aware of realities and decided on how to live accordingly. This is essential and crucial element in coping to the same realities in the process of healing (Cooper, 2003).

In this study, women sexually violated testified that they felt inhuman as they had a problem of relating with others within the community. They needed to be helped by other group members on how they could improve social skills, thus resolve this problem of relating with others. One woman from Muhoza Sector expressed this during interview. She said:

“Mbere yo kugana iri tsinda rya Ibuka, numvaga mfite ikimwaro, ntamuntu navugana nawe. Nari narahisemo kwibera jyeniyine mu bibazo byange, bityo ntihagire unseka kubera ibyambayeho. Naje muri Iri tsinda ngo nshobore guhindura imyitwarire yange, kugira ngo mbashe kubana n’ abandi neza ntakibazo mfite”

Translated literally as:

“Before joining Ibuka group therapy I could not talk to anyone. I preferred being alone with my shame, digesting my own problems, so that, no one could laugh at me because of what I experienced as a result of sexual violence. I joined group therapy to divert my behavior in order to talk and relate with other people without complexities”

The above woman’s quotation confirms the reason why women sexually violated joined ibuka group therapy and what they really needed.

They have been lonely and expected to find solution in as far as relating with others was concerned. Relating with others and avoiding loneliness is a step in psychological problem solving (Wright, 2012). Therefore,

the improved social relations as expressed in the quote above, asserts social support as a curative factor of group therapy.

Some women sexually violated suffered negligence from their biological family members and the community at large. They testified to have entered the group with the desire to be valued within the group members’ new family. They wished to find a place where they can feel at home as one woman sexually violated explained:

“Nagize amahirwe yo kurokokana na mama n’ abavandimwe babiri ariko baranyihakanye bamfata nk’ urukoza soni kubera ko nasambanyijwe ku ngufu. Bampaye akato ntawashoboraga kunvugisha. Naje muri iri tsinda kugira ngo mbone undu muryango. Narijemo igihe kigeze kuko numvaga ntekereza no kwiyahura. Narahindutse bitewe n’ inyigisho twahawe no kuganira n’ abandi nkamenya ko hari n’ abandi batereranywe bakanangwa n’ imiryango yabo nkanjye. Byaramfashije kuburyo imibanire n’ imivuganire n’ umuryango wange nabyo bigenda birushaho kuba byiza umunsi kuwundi”

Translated literally as:

“I had the chance to survive with my mum and my two other siblings but I was neglected and taken like a shame within the family due to the sexual violence I suffered. No one could communicate to me, I was quarantined. I came to this group to get a new family of mine where I could find other siblings and a mum. It was at the right time for me because I had even thought of committing suicide. In the group I changed in many ways through teachings and exchange of experiences because I heard and found others who had been rejected by their families just like me. This helped me in turn to understand my biological family and now our communication is becoming better day by day”. One woman from Busogo Sector declared

From the above quotation women sexually violated experienced family rejection that brought more frustrations to them. Instead of receiving consolations and support, they were seen as a curse by their family members. Finding new families which accepted them in place of their biological ones was a favorable rescue to them. As Sophia and Yalom (1989) state, patients cope and change positively in their relations and their

reintegration in the society in general due to corrective recapitulation of the primary family curative factor of group therapy.

CONCLUSION

As evidenced by the quotes from the respondents, the women sexually violated perceived curative factors in group therapy employed by Ibuka institution. Although, these women expressed the benefits of group therapy in their own words, curative factors identified are not different from the ones proposed by Yalom (1989). In his book, the theory and practice of group therapy where he identified 11 curative factors that are the primary agents of change in group therapy. These are: Installation of hope, universality, information giving, altruism, corrective recapitulation of the primary family, improved social skills, imitative behavior, interpersonal learning, group cohesiveness, catharsis and existential factors. All these were reflected in the experiences of women in the Ibuka group therapy where they got help psychologically, biologically, spiritually, economically and socially. The findings in this study therefore support the theory of group therapy.

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