

**EFFECT OF GROUP THERAPY IN RESTORING PSYCHOLOGICAL
WELLBEING OF SEXUALLY VIOLATED WOMEN OF 1994 TUTSI
GENOCIDE IN RWANDA**

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EPIGRAPH

`` C'est un soulagement de pouvoir pleurer. La tristesse est emportée par le flot des larmes``.

`` It is a relief to be able to cry. The sadness is carried away by the stream of tears``

(Manu Keirse, 2000).

DECLARATION

This thesis is my original work and has not been presented for a degree in any other University or any other award.



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DEDICATION

This thesis is dedicated to my dear husband, Mr. Joseph Museruka, for indelible and meticulous care to our blessed children while I was away. “Your support, love, inspiration and encouragement made me climb the highest academic echelon. You have been the light to my determination”. To my children, Ikirezi K. Parfaite, Mpinganzima Josette and Munezero Yakine, your patience, affection and continuous discipline are a stronger reason of appreciation.

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ABBREVIATION AND ACRONYMS

| | |
|------------|--|
| AIDS | : Acquired Immune Deficiency Syndrome |
| ARV- Drugs | : Antiretroviral drugs |
| AVEGA | : Association of Widows of the Genocide of April |
| CBT | : Cognitive Behavioral Therapy |
| CMDA | : Christians Medical and Dental Association |
| CNLG | : National Commission for the Fight against Genocide |
| DRC | : Democratic Republic of Congo |
| FARG | : Genocide Survivors Assistance Fund |
| FIDR | : International Federation of Human Rights |
| HIV | : Human Immunodeficiency Virus |
| IAWG | : Inter-Agency Working Group |
| IRC | : International Rescue Committee |
| IVF | : In Vitro Fertilization. |
| NGO | : Non governmental organization |
| % | : Percentage |
| PTSD | : Post Traumatic Stress Disorder |
| RPF | : Rwandan Patriotic Front |
| RTS | : Rape Trauma Syndrome |
| STDs | : Sexually Transmitted Diseases |
| STIs | : Sexual Transmitted Infections |

| | |
|--------|--|
| UN | : United Nations |
| UNAMIR | : United Nations Assistance Mission in Rwanda |
| UNFPA | : United Nations Population Fund |
| UNHCR | : United Nations High Commission for Refugees |
| UNIFEM | : United Nations Development Fund for Women |
| US | : United States |
| WHO | : World Health Organization |
| UNDWA | : United Nations Division for the Advancement of Women |
| UNECE | : United Nations Economic Commission for Europe |
| UNSD | : United Nations Statistical Division |

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.

Psychological well-being: In line with this study, it is defined as a multi-sectoral construct in which human beings are in full responsibility of how they can live their lives to the fullest. These sectors include: psychological, social, physical and spiritual.

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.

Restoration: In the context of this research, the concept of 'restoration' is understood as the positive transformation of psychological status of women that were sexually violated during the genocide in Rwanda.

Effectiveness: In this study, effectiveness is understood as the positive outcomes of group therapy in handling holistic problems of sexually violated victims of the 1994

genocide in Rwanda under Ibuka group therapy, to enable them regain psychological wellbeing.

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.

ABSTRACT

Sexual violation of women has been found to leave permanent scars on the victims, affecting all spheres of life, therefore, compromising their psychological wellbeing. However, sexual violation is a vice shrouded with social instigated shame and guilt that leaves many victims stigmatized, thus making it difficult for them to seek help. Group therapy has been found to be characterized with curative factors that could circumvent the shame and guilt associated with sexual violation thereby bringing about healing. Ibuka organization has employed group therapy in helping the sexually violated women of the 1994 Tutsi genocide regain their psychological wellbeing in the year 2009. However, since inception of group therapy in Ibuka, there is limited empirical evidence on the effectiveness of the group therapy towards restoring the psychological wellbeing of the women who were sexually violated. Using a biopsychosociospiritual theory and group therapy model, this study evaluated the effectiveness of Ibuka group therapy in restoring the psychological well being of the sexually violated women during the 1994 Tutsi genocide. The main design used for the study was a descriptive survey. The targeted population were the sexually violated women who were members of Ibuka group therapy. A sample size of 80 participants in Musanze District drawn from Busogo, Kinigi and Muhoza Sectors under Ibuka group therapy participated in this study. The questionnaire, face to face interviews and focus group discussions were used as methods of data collection. Quantitative data was analyzed using descriptive statistics while qualitative data was analyzed thematically. The findings show that Ibuka group therapy uses integrated group therapy model to address various needs of the sexually violated women. Through these approaches, group therapy has been effective in helping women overcome their shame and work through trauma experienced during the genocide to foster personal growth, with 87.5 % saying they have experienced personal growth, 82.9 % have improved relationship with others while 84.4 % said they have purpose in life and make plans for their future. Of the sexually violated women under Ibuka group therapy, 76.3 % feel that they experience autonomy while 75.1 % said they cope well with their environment. In general, 80.4 % of the women sexually violated said that they have regained their freedom. These findings were corroborated with the qualitative findings in which women identified several curative factors that have worked for them. Based on these findings, the study concluded that group therapy model is effective in addressing the psychological conditions that are shrouded with shame and guilt that often prevent victims from seeking help. The study therefore recommends that group therapy model should be adopted by other organizations and groups that work with people who experience emotional pain but find it difficult to talk about it due to societal stigma, to help bring about their psychological wellbeing.

CHAPTER ONE

INTRODUCTION

1.0 : Introduction

This chapter embodies the background of the study, statement of the problem, purpose of the study, specific objectives, research questions, justification and significance of the study, scope of the study and assumptions of the study respectively.

1.1: Background of the study

Sexual violence is common in war zone countries as it is often a weapon of war that exposes women to dangers that violate their sexual freedom and cause immense psychological harm. Yet it is not clear whether the women who are sexually violated regain their psychological wellbeing, because in many societies women suffer in silence due to the shame and stigma associated to this vice. The growing information from the wars of the last decade raises concerns of one of history's great silences of sexual violence and torture of civilian women and girls during wars (Ward & Marsh, 2006). In any war affected zone worldwide, women and girls are found prey and vulnerable to conflicting groups. This has been witnessed in Europe, America, Asia and Africa. A report by World Health Organization (2013) observes that the rate of sexual violation against women in the whole world has increased, where 45% in Africa, Asia 40% and in Europe and America 27% of women have experienced sexual violation. These percentages are high and indicate that sexual violence is rampant worldwide. However, there is usually little reflection on the psychological impact this has on the women victims and there is even less information on the treatment the women receive in order to regain their psychological wellbeing.

Sexual violence is defined by the World Health Organisation (1999) 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 any setting including but not limited to home and work.” In the context of the 1994 genocide in Rwanda, Mukamana (2004) defined rape as sexual violence committed against Rwandan women survivors of genocide, where unknown or known men used their penises or other objects to penetrate the anus, mouths or vagina of those women. Perpetrators also used acid to mutilate the genitals of women. These are heinous acts that left the sexually violated survivors of the 1994 Rwanda genocide traumatized and with serious emotional hurt that affected their psychological wellbeing. It was estimated that at least one million people were killed within three months, between April and July 1994. Beyond the multiple barbarisms that marked genocide, rape had been used as a weapon of war. Rape and other forms of sexual violence were committed against women in Rwanda (Human Rights Watch, 1996). According to the 1997 report of the International Federation of Human Rights (FIDH), the rape was too much and everywhere. Women were raped individually or in groups, held in sexual slavery, and were objects of sexual mutilations. In most cases, it was after they had witnessed torture or/and the murder of their families and destruction of their houses. Some were obliged to kill their own children before or after rape (FIDH, 1997). In their research on survivors and post- genocide justice in Rwanda, African Rights and Redress (2008) reported that “the very young and old women were raped or gang raped in front of their husbands, fathers in-law and daughters ...many subsequently died and others became wives of perpetrators of genocide.” In essence, the

victims of sexual violence lost what constitutes the type of life and positive psychology that leads to the greatest sense of psychological wellbeing (Compton, 2005).

Psychological wellbeing has six variables as identified by Myers (1992) and Diener (1999), which are important to the well being of individuals. These are: positive self-esteem, sense of perceived control, extroversion, optimism, positive social relationships and sense of meaning and purpose to life. Ryff (1989) also identified six dimensions expressing psychological wellbeing that are not different from what Myers (1992) and Diener (1999) found out. Ryff's (1989) dimensions are: self acceptance, personal growth, positive relations with other people, autonomy, purpose in life and environmental mastery. All these aspects are ruptured in the event of rape and there is likelihood that those who are sexually violated remain psychologically unstable throughout their lives (Ryff & Keyes, 1995).

The impact of sexual violence was experienced in all areas of life of the women; that is physical, family/social/community and psychological (African Right, 2004) and even spiritually. These spheres have direct implication on the psychological wellbeing of the women. Physically, sexually violated women suffered from tissue tears of the vagina, bladder and rectum, prolapsed uterus, incontinence, infertility, chronic pain in the lower abdomen, and irregular menstrual cycle, as pointed out by Davis et al, 1997. Davis et al., (1997) observed that the consequences of physical problems associated with sexual violence are compounded because individuals avoid medical treatment due to feelings of shame or humiliation, a thing that happened to sexually violated women. They suffered persistent health problems such as sexually transmitted diseases including

HIV/AIDS. In family/social/community, the victims suffered shame as they are viewed as social outcasts or 'damaged goods'. According to Lievore (2003), in many cultural marriages, fertility and motherhood are significant aspects of a woman's life; women who have experienced sexual violence may face stigma and a loss of marital prospects. A pregnancy as a result of sexual violence may result in an unsafe abortion or a child born may be stigmatized as a 'problem child'. Lievore continued saying that women may choose to hide their experience to protect their children. This also happened to sexually violated women in the Tutsi genocide as they suffered isolation, curse and stigmatization as a result of losing virginity, unwanted pregnancies and children termed as "bastards". These aspects have a direct effect on their psychological wellbeing. For example, guilt and withdrawal compromises the ability of women to explore and master their environment, while depression or suicidal ideations hampers growth and development of an individual.

Although sexual violation is a criminal act and is condemned by nearly all societies of the world including Rwanda, the victims of sexual violation are mostly stigmatized making it hard for women to open up or share about the harm they experienced. Consequently, many women suffer in silence fearing the shame and the stigma arising from the society. For this reason psychological intervention may be complex leading to prolonged suffering. For example in Rwanda, although the genocide took place in 1994 and many intervention mechanisms were put in place, most women still suffered in silence (African Rights 2004). Towards this end, Ibuka organization, upon realizing the difficulties that women experienced in opening up about their sexual violation experiences, started group therapy in 2009. Ibuka has embraced group therapy approach

based on the understanding that sexual assault is associated with stigma that makes many suffer in silence. Ibuka – literally meaning “remember” – was started as an independent and non-profit oriented organization to help in preserving the memory of the 1994 genocide against Tutsi in Rwanda and support survivors in overcoming effects of the genocide.

Group therapy is a form of psychotherapy in which a small, carefully selected group of individuals meets regularly with a therapist with the purpose to assist each individual in emotional growth and personal problem solving (Kendra & Bell, 2009). Group therapy encompasses many different kinds of groups with varying theoretical orientations that exist for varying purposes. However, in general, therapy groups exist to help individuals grow emotionally and solve personal problems. All utilize the power of the group, as well as the therapist who leads it, in this process. Unlike the simple two-person relationship between patient and therapist in individual therapy, group therapy offers multiple relationships to assist the individual in growth and problem solving. There are different group models; however, they all have common factors that are associated with their power in healing. Psychiatrist Yalom (1985) in his book, *The Theory and Practice of Group Therapy*, identified eleven (11) “curative factors” that are the “primary agents of change” in group therapy. These include (1) instillation of hope through watching others cope with and overcome similar problems successfully (2) Universality, through recognizing that they are not alone (3) Information giving by sharing knowledge which increases members’ knowledge and understanding of a common problem (4) Altruism, which provides them with the unique opportunity of helping others that enhances members’ self-esteem and feeling of self-worth (5) Corrective recapitulation of the

primary family that gives members a chance to correct dysfunctional interpersonal relationships in a way that can have a powerful therapeutic impact (6) Improved social skills that occurs when group members offer feedback to one another about the appropriateness of the others' behavior (7) Imitative behavior through group members modeling certain behaviors of other members (8) Interpersonal learning through providing opportunity for members to improve their ability to relate to others and live far more satisfying lives (9) Group cohesiveness by offering a sense of belonging, acceptance, and approval (10) Catharsis, which provides the opportunity for group members to release their conscious or unconscious feelings (11) Existential factors that provide a forum through which members can explore fundamental issues of existence such as death, isolation, freedom, and meaninglessness. These curative factors are viewed as powerful in helping in the healing process of those undergoing psychological challenges. They are thought to offer group members the opportunity to open up, learn and work on their healing as they assist others.

Ibuka group therapy was initiated to offer sexually violated women an opportunity to open up, share and heal in the process to regain their psychological wellbeing. Group therapy was expected to help the women overcome these acts of isolation and guilt to regain their psychological wellbeing. However, since inception, little is known about the effectiveness of group therapy in restoring the psychological wellness of women.

The studies that have been conducted have looked at other aspects of the organization. For example, a study by Allan (2007) focused on the media and Rwanda genocide. The study suggested that international justice could build peace after the genocide and

restore wellbeing among Rwandan people. Another study on activities within Ibuka conducted by Denborough, Freedman & White (2007) was on the use of narrative practices in working with genocide survivors. The study employed narrative approaches to respond to individual and collective trauma in Ibuka. The study findings showed that counselors and practitioners in general would make continuous effort to encourage and help people to tell their traumatic stories in order to regain hope and become stronger. However, the study did not look into the effectiveness of group therapy in restoring the psychological well being of the sexually violated women.

Another study conducted by Ibuka, Kanyarwanda, DED/ZFD (2007) titled Gacaca and Trauma focused on the effectiveness of psychosocial guidance for trauma victims in confronting the past at the Gacaca hearings. They found that psychosocial guidance for trauma victims at the Gacaca hearings worked on the preparation of the witnesses to deal with issues such as fear, insecurity, lack of trust, hatred, sorrow and loneliness among witnesses and survivors. However, the study did not look at the effectiveness of group therapy in Ibuka. This study, therefore, sought to establish the effectiveness of group therapy in restoring psychological wellbeing of the sexually violated women.

1.2: Statement of the problem

Ibuka group therapy was initiated to help in restoration of psychological wellbeing of women who had been sexually violated during the Rwandan genocide of 1994. Sexual violation is shrouded with shame, guilt and social stigma that leads to isolation and makes it difficult for women to open up and work towards their healing process to regain their psychological wellbeing. Group therapy is credited with various curative

aspects that are known to circumvent issues related to shame and guilt thus giving the victims opportunity to work towards restoration of psychological wellbeing. Ibuka, which is an organization that uses group therapy to help the victims of sexual violence in the aftermath of the 1994 genocide in Rwanda, has employed the group therapy to help restore the psychological health of the sexually violated women.

However, few studies have been conducted to assess the effectiveness of group therapy in restoring psychological wellbeing of the women. Studies that have been conducted have focused on general genocide in Rwanda; for example, Allan (2007) focused on the media and Rwanda genocide, DED/ZFD (2007) focused on the effectiveness of psychosocial guidance for trauma victims in confronting the past at the Gacaca hearings, while Denborough, Freedman and White (2007) employed narrative approaches to study response to individual and collective trauma in Ibuka. Little has been done to assess the effectiveness of Ibuka group therapy.

Thus the problem that underpinned this study was that, although Ibuka has employed group therapy since 2009 to assist the women that were sexually violated during the genocide in Rwanda, few studies have examined the effectiveness of the model in restoring psychological wellbeing of sexually violated women. This study, therefore, aimed at establishing the effectiveness of group therapy employed by Ibuka in restoring the psychological wellbeing of the sexually violated women in the 1994 Tutsi genocide in Rwanda.

1.3: Purpose of the study

The purpose of this study was to establish the effectiveness of group therapy in restoring psychological wellbeing of sexually violated women during the 1994 Tutsi genocide in Rwanda, with an aim of establishing how these strategies could be improved.

1.4: Specific objectives

The specific objectives of the study were:

1. To establish the group therapy models employed in Ibuka's interventions for the women who were sexually violated during the 1994 genocide in Rwanda
2. To identify the perceived curative factors of group therapy in Ibuka Institution.
3. To assess whether the perceived curative factors in Ibuka group therapy have been effective in restoring psychological wellbeing of sexually violated women.
4. To find out challenges experienced in group therapy in Ibuka
5. To examine possible measures that can be put in place to improve Ibuka group therapy for women who were sexually violated during the 1994 Tutsi genocide in Rwanda.

1.5: Research questions

The study addressed the following questions:

1. What modes of group therapy are employed by Ibuka to help women who were sexually violated during the 1994 Tutsi genocide in Rwanda?
2. What were the perceived curative factors identified in the group therapy?
3. In what ways have the perceived curative factors in Ibuka group therapy been effective in restoring psychological wellbeing of women sexually violated?
4. What are the challenges associated with group therapy in Ibuka?
5. What measures can be put in place to improve the outcomes of Ibuka group therapy in restoring the psychological wellbeing of women who were sexually violated during the 1994 Tutsi genocide in Rwanda?

1.6: Justification and significance of the study

Sexual violation is associated with much psychological pain that has the capacity to make it difficult for one to open up and work through their problems. The trauma suffered under sexual violence can numb people and rapture the ego resources of an individual leading to negative self perception. In addition, there is social stigma that makes it hard for people to talk about their psychological problems. Group therapy is thought to have curative factors that can help victims of sexual violence to deal with shame that is associated with social stigma and also in helping people to open up as a way of healing. However, group therapy is only capable of bringing healing if it is effective. Although Ibuka employed group therapy for women that were sexually

violated over the years, it was not clear how effective this approach was in facilitating the psychological healing of the sexually violated women. Understanding if group therapy was effective in restoring psychological wellbeing could only be achieved through evaluation of the group therapy offered, hence this study was justified.

The study could benefit the government in improving measures of restoring psychological wellbeing of victims of genocide in Rwanda via government policies.

The study could also be useful to the civil society in informing their development of first line response and best practices towards victims of sexual violence and those of genocide in general.

Study findings are believed to be useful in helping victims of sexual violence to deal with emotional and sexual related matters in their lives.

In addition, Ibuka institution could use the findings to modify and improve the methods of group therapy used to be more efficient in helping those women suffering from psychological problems.

Lastly, to the practitioners, the study findings would add value by highlighting how best to roll out group therapy technique in dealing with victims of various social evils. Additionally, the findings of the study would contribute to improving their skills in helping people in need.

1.7: Scope and limitations

Although women are sexually abused worldwide and regionally during wars, this study was concerned with psychological wellbeing of women who were sexually violated

during the 1994 Tutsi genocide in Rwanda and were participants of Ibuka. The study also specifically focused on the role of group therapy in restoration of their psychological wellbeing. In this regard, the study focused and delimited itself to Rwandese women survivors of the 1994 genocide in Rwanda, who were sexually violated, voluntarily participated and were members of group therapy within Ibuka.

The study was conducted in Musanze District of the Northern Province of Rwanda, which is not the only place where women were sexually violated during the 1994 Tutsi genocide. The findings of the study are therefore limited in the sense that many women were victims and suffered sexual violence but might not be members of Ibuka group therapy; hence the result could not be generalized. In addition, given that the study did not explore other methods that are used in restoring psychological wellbeing of sexually violated women, it is limited in understanding the effectiveness of group therapy model to their psychological wellbeing. The results of this study should thus be applied with caution.

1.8: Assumptions

The study assumed that:

1. Ibuka group therapy has curative factors that can help women who were sexually violated during the genocide to heal.
2. Different members of group therapy have different perceptions about group therapy.
3. Women participants are willing to express the impact of curative factors of group therapy.

4. The Ibuka organization is to improve its group therapy to effect healing among members.
5. There are models of group therapy which work better than others.
6. Sexually violated women share traumatic information more easily in groups than individually.

CHAPTER TWO

LITERATURE REVIEW

2.1: Introduction

This chapter includes related literature reviewed on the effect of group therapy to sexually violated women and the theoretical frame work that guided the study. The chapter begins by looking at the theoretical framework that informed this study. This is followed by review of related studies, summary of literature review and theoretical framework, as well as conceptual framework.

2.2: Theoretical framework

This study was informed by Biopsychosociospiritual and the group therapy models. Group therapy represents an appropriate intervention through intensive supportive care for those with similar problems (Yalom and Sophia, 1989). Biopsychosociospiritual model is an integrative and appreciated approach in handling psychological, biological, social and spiritual aspects of life (Sampson, 2010). Bearing in mind the objective of the study is to assess the effectiveness of group therapy in bringing about psychological well being, biopsychociospiritual and group therapy models were thought to be appropriate.

2.2.1: Biopsychosocial and spiritual model.

Biopsychosocial and spiritual model is traced back to biopsychosocial model of health care as proposed and applied by Engel (1977). Engel considered patients' subjective experiences to respond simultaneously to biological, psychological and social

dimensions of illness. He therefore advocated for a holistic treatment in which biological, psychological and social issues would be addressed. Later, this model was extended to include the spiritual aspects. The spiritual aspect enhanced its effectiveness, by raising further attention to the need for a holistic approach to health care by considering the patients as beings -in relationships and relational existence as reflected in their physical, psychological, social and spiritual aspects of life (King, 2000; Mckee & Chappel, 1992).

This integrative model is found as a universal principle that deals with both primary and specialty practices on chronic sicknesses like diabetes, migraine headaches, asthma, functional bowel disorders, hepatitis C, to mention but a few, as well as other existential problems that affect human beings. Accordingly, the harms experienced by various patients are treated through four levels- biological, social, psychological and spiritual (James et al., 2004).

Accordingly, in helping the patients, physicians/ nurse practitioners have the responsibility to treat physical harm. In the second level, a nurse case manager whose responsibility was to monitor doctors' protocol guidelines, acted as a case finder or support counselor employing talk therapy in a private setting to maximize patient's concentration and comprehension, as a patient-centered model. While in third level, a Christian psychologist/ counselor who may be a pastor or a priest gave additional psychological and spiritual assistance to the patients. In case of suicidal ideations, the patient was referred to a psychiatrist. In relation to this view of treatment, Sulmasy as cited by Maqsood et al., (2013), confirmed that as the illness disrupts the biological

functioning of the human body system and in turn affects all other relational aspects of a person, for the effective healing, all aspects of human life must be addressed.

In relation to this study, sexual violation led to physical injuries due to forced penetration, psychosocial issues such as being traumatized, development of shame, social stigmatization and rejection from the society, spiritual harm that led to negative beliefs and loss of faith in life, and more importantly negatively affecting the psychological wellbeing of the victims. There is need for a holistic approach to help women to restore their psychological wellbeing. The victims needed to heal socially, psychologically, biologically and spiritually.

The model was therefore relevant as it informed this study on the different aspects of sexual harm that group therapy needed to address to ensure holistic healing of the sexually violated women of the 1994 genocide in Rwanda. Examining how group therapy addressed the biological/ physical, social, psychological and spiritual aspects of sexually violated victims who were members of Ibuka, group models used were tested to reveal whether they were effective in restoring the psychological wellbeing of sexually violated women.

2.2.2: Group therapy model

Group context and group process constitute the treatment intervention (Huebner, 2004). Ettin (2000), points out that group therapy is a step closer to the real world than the privacy of individual therapy/ counseling, and hence, the thoughts, feelings, attitudes and behaviors of each individual are likely to be elicited and exhibited more readily. The interactive, interpersonal nature of group therapy provides a unique and powerful

mechanism of change. This particularly is true for individuals with problems or conditions that can be isolating, stigmatizing, chronic, or recurring (Huebner, 2004). A patient obtains a clearer picture of how he/she comes across to others, has an opportunity to express some feelings and not to hold them inside, feels less lonely and isolated from others, and learns to be more assertive. Group therapy has the capacity to offer a forum and opportunity for sexually violated victims to express themselves.

Psychiatrist Yalom (1985), in his book titled *The Theory and Practice of Group Therapy*, identified eleven (11) “curative factors” that are the “primary agents of change” in group therapy. These include: -

- (1) Installation of hope through watching others coping with and overcome similar problems successfully.
- (2) Universality, through recognizing that they are not alone.
- (3) Information giving by sharing knowledge which increases members’ knowledge and understanding of a common problem.
- (4) Altruism, which provides them with unique opportunity of helping others that enhances members’ self- esteem and feeling of self- worth.
- (5) Corrective recapitulation of the primary family that gives members a chance to correct dysfunctional interpersonal relationships in a way that can have a powerful therapeutic impact.
- (6) Improved social skills, that occurs when group members offer feedback to one another about the appropriateness of the others’ behavior.
- (7) Imitative behavior through group members by modeling certain behaviors.

(8) Interpersonal learning which provides opportunity for members to improve their ability to relate to others and live far more satisfying lives.

(9) Group cohesiveness, by offering a sense of belonging, acceptance and approval.

(10) Catharsis through providing opportunity for group members to release of conscious or unconscious feelings.

(11) Existential factors by providing a forum through which members can explore fundamental issues of existence such as death, isolation, freedom and meaninglessness.

These curative aspects of group therapy target biopsychosocial and spiritual aspects of individuals. As already highlighted, sexually violated women were harmed physically, socially, spiritually and psychologically and benefited from the curative aspects of group therapy.

In summary, while Biopsychosociospiritual model points out the biological, psychological, social and spiritual harms that could be experienced by sexually violated women, the group therapy outlines different aspects that could help cure the biopsychosocial and spiritual aspects. The victims of the 1994 genocide in Rwanda suffered different problems. Handling such harms to restore psychological wellbeing of the victims called for a holistic approach and a model that would offer opportunities, through circumventing the stigma and shame associated with sexual violation. Hence, group therapy informed by biopsychosociospiritual model was found appropriate for the study.

2.3: Literature review and related studies

This study was about the usefulness of group therapy in restoring the psychological well being of sexually violated women of the 1994 Tutsi genocide in Rwanda. Literature considered other researches done in other conflict-affected zones in relation to sexual violence.

2.3.1: Conflicts and sexual violation

Historically, sexual violence to women and girls was taken not to be a serious crime in ancient Greek, Roman and Hebrew wars until of recent when politicians, historians and the world at large gave it a consideration (Ward & Marsh, 2006). It is apparent that in war torn countries, sexual violence is rampant and is taken as a weapon of war. Women, young girls and children are sexually abused; an act that leaves a great impact on their physical, psychological, social and economic dimensions (Ward & Marsh 2006). Many studies report sexual violation of women in conflict zones. For example, an estimated 103 armed conflicts culminating from regional ethnic, racial and religious lines are thought to have led to conflicts in 69 countries across the world just between 1989 and 1997, and in these conflicts, the majority of casualties were women and girls (UN, 2002). This was witnessed in Rwanda, DRC Congo, Uganda, Liberia, Darfur/Sudan, Kenya, Sierra Leone, Burundi, Indonesia, Kosovo, Burma and Chechnya.

During the Timor Leste civil conflict in Indonesia, men raped women as a message to send to their enemies (Amnesty International, 2005), while in Kosovo, an estimated 100 babies were born as a result of rape during the conflict (IRC, 2000). In Burma and Chechnya, Burmese and Chechen fighters raped and violated women during the

suppression of Russian rebels, as instigation to frighten or expel rivalries in 1990 and 2000 respectively (Vlachova & Baison, 2005). In DRC, although data on sexually violated women was not compiled, findings showed that women were sexually violated in large numbers during conflicts that have continued even up to date. A total number of 1150 women in DR Congo were sexually abused every day (Bass et al., 2013). This has led to great sufferings of traumatic fistula and other long and short term negative health consequences including infertility, miscarriages and STD's like HIV/AIDS (Grandly, 2013). In Uganda, during the Lord's Resistance army, women were raped by the rebels in protest against the ruling government. An estimated number of 73% of women soldiers who had voluntarily joined the army were reported to have been violated sexually (IRC, 2004).

In Rwanda, where this study was conducted, sexual violation was rampant in the 1994 Tutsi genocide. The targeted Tutsi women who were raped during the 1994 Tutsi genocide were estimated to be 500,000 (Parliamentary Hearing at UN-NY, 2008), confirming that in 2001, AVEGA (Association of Widows of the Genocide of April) reported that 80.9% of its members were severely traumatized psychologically as a result of sexual violence during the 1994 genocide in Rwanda. In addition, 70% of them tested HIV positive (African Rights, 2004). Victims suffered differently from various problems including PTSD, STI's, loss of virginity, stigmatization, isolation, prolapsed vagina, dysfunction, to mention but a few (Mbabazi, 2004).

Such barbaric acts against women caused unprecedented impact on survivors, communities, families and the nation at large. To a large extent, this had serious implications to the psychological wellbeing of the victims.

In addition to sexual violation of women during wars, the conflicts lead to displacement, which further makes women very vulnerable to sexual violation. For example, it is estimated that 34 million people were displaced in 2004 alone worldwide (UNHCR, 2004). Among these, about 9 million were refugees from neighboring countries and 25 million were internally displaced from their home countries. It can be argued that displacement makes women vulnerable and exposes them to various sexual malpractices.

All these examples represent war cases that exposed women to psychological torture as they were sexually abused. As highlighted in the theory; the biogenic experiences have the capacity to trigger the psychosocial and spiritual effect that may negatively affect the psychological well being of an individual.

Unfortunately, the shame, and decreased self esteem make the affected women suffer in silence. Socially and psychologically, the survivors may suffer stigma, isolation, humiliation, sorrow, misery, shame, guilt, and other behavioral and emotional problems that make it difficult for the victims to talk about. In addition, sexual violence is shrouded with cultural and relational issues that isolate the victims. Victims may require social support such as group activities. The trauma experienced in the process of sexual violation could be handled by group therapy in restoring the well being of those victims of trauma.

From a spiritual perspective, the survivors may suffer emotional blow, loss of faith, dignity and all burdens of pain. Sexual violation could lead to deterioration in religious faith even for ardent believers. Although not everyone finds consolation in religion, it helps in reestablishing the dignity, beliefs and faith of people suffering. This is because

spiritual aspect is important to sustain the values of a person in pain for those who believe (Seybold, 2007).

Regarding Rwanda, where the study took place, the multi- sectoral model has been applied, although there were some challenges due to particular conditions of the aftermath of the genocide. Traditional Gacaca courts were applied to give justice to the Rwandese. However, the judicial interventions fell short of addressing other dimensions that contribute to the psychological wellbeing of sexually violated women. It is from this perspective that Ibuka, which is a non-governmental organization for genocide survivors in Rwanda, was formed with the responsibility of assisting the rape victims to regain their psychological wellbeing.

2.3.2: Psychological wellbeing and sexual violation

Psychological wellbeing is an overarching concept regarding the quality of people's lives; wellbeing is described as a dynamic process, emerging from the way in which people interact with the world around them (Rees et al., 2010a). Psychological wellbeing has six variables as identified by Myers (1992) and Diener (1999), which are important to the well being of individuals. These are: positive self –esteem, sense of perceived control, extroversion, optimism, positive social relationships, and sense of meaning and purpose to life. Ryff (1989) also identified six dimensions expressing psychological wellbeing that are not different from what Myers (1992) and Diener (1999) found out. Ryff's (1989) dimensions are: self acceptance, personal growth, positive relations with other people, autonomy, purpose in life, and environmental mastery. All these aspects are ruptured in the event of rape and there is likelihood that

those who are sexually violated remain psychologically unstable throughout their lives (Ryff & Keyes, 1995). Ryff's (1989) dimensions of psychological wellbeing were adopted in this study.

The American Psychological Association (APA) (2000) indicated that posttraumatic stress disorder is one of the most common psychiatric consequences experienced by victims of sexual violence. In the same breath, Steel et al., (2009) confirmed that posttraumatic stress disorder (PTSD) and major depression are two of the most widely identified psychological disorders following war trauma. Individuals experiencing PTSD or any other mental illness are unlikely to experience psychological wellbeing. This has an implication on the individual's wellbeing because sexual violation is inversely correlated with psychological wellbeing.

In addition, Herman (1992) said that an individual with complex PTSD will often exhibit impulse dysregulation, dissociation, somatization, and altered beliefs about identity and relationships to others. Other mental health outcomes in the aftermath of organized violence include alcohol abuse (Roberts et al., 2011) and suicidal ideation (Ovuga et al., 2005).

Further, as mentioned earlier, many survivors of sexual violation experience difficulties in social domains, such as their relationships with significant others (Bohan, 1997). The author reported that sexually abused women ranked personal values such as inner harmony, self-respect, wisdom and health as most important to them, while the non-abused women ranked the outer values of equality, a world of peace, national security and world of beauty as most important, which may indicate greater psychological

maturity. In this sense, victims of sexual violence lacked the important values for their psychological maturity. This may impact on their ability to master their environment as they lack inner harmony and experience low self esteem that denies them the opportunity to explore their environment.

Parker and Lee (2002) found that a history of abuse was one of the aspects of a woman's life that impacts on her general well-being. In their definition of general well-being, the authors defined it as the subjective feeling of contentment, happiness, and satisfaction with one's life experiences. A person who experiences satisfaction in interpersonal relationships is likely to be happy and to enjoy a better quality of life. Interpretively, failure to have inner harmony, self-respect, wisdom and health affect psychological wellbeing of the victims of sexual violence (Parker and Lee 2002).

Gleason et al., (1993) added that sexual and/or physical assaults within and outside of domestic relationships, have been associated repeatedly with increased anxiety and depression. Likewise, Janoff-Bullman (1992) stated that sexual violence is linked to cognitive disturbance such as hopelessness and low self-esteem. Evidence from literature thus shows psychological problems that are connected to sexual violence. It is, therefore, possible to argue that sexual violation of women in the 1994 Tutsi genocide, had great negative effect on the victims in as far as their psychological wellbeing is concerned. As highlighted earlier, sexual violation has biopsychosociospiritual effect on the victims. From a social perspective, the victims of sexual violation were stigmatized to the extent that they were not able to open up to facilitate their healing. It is from this perspective that Ibuka organization assumed the responsibility of establishing group

therapy to help in restoring the psychological well being of women that were sexually violated during the 1994 Rwandan genocide. However, there is limited empirical knowledge of the effectiveness of this model of therapy in restoring psychological well being of the sexually violated women.

2.3.3: Ibuka and psychological wellbeing of sexually violated women

Ibuka is a non-governmental organization for genocide survivors in Rwanda. It is an independent non-profit oriented organization and legally recognized by the government of Rwanda. “Ibuka”, which literally means to ‘remember’, is the peak, or umbrella organization for genocide survivor associations in Rwanda. Ibuka was created in 1995, one year after the genocide in Rwanda, and represents survivors across the country (Ibuka, 2007). Ibuka established international centers in Canada, France, Belgium, USA, Switzerland and Netherlands. The structure of Ibuka is captured in full in appendix five of this thesis. Ibuka was created with intention to reflect on the past conflict and help the generations to come to live in continuous peace. Ibuka’s main work focuses on four main themes: justice, memory, peace building and supporting genocide survivors.

Ibuka provides advocacy for survivors and raises international awareness for genocide survivors in general. On justice and socio-economic support, Ibuka gives assistance and courage to survivors to report the perpetrators to court, builds houses, started small scale income generating activities for survivors, and provides them with educational support for their children. This plays a role in restoring the psychological wellbeing of survivors. Health care facilities are also provided to survivors through health care schemes. However, the organization realized that assisting victims economically,

socially and legally without addressing their psychological needs was defeatist (Ibuka, 2007).

2.3.4: Ibuka and group therapy for sexually violated women.

Gacaca trials brought mental exhaustion within the survivors and the accused during the court hearing process. This aroused overwhelming emotions that caused the population to experience deep psychological suffering (Ibuka, 2007). It was in this line that psychosocial guidance for trauma victims in Rwanda by Ibuka, Kanyarwanda, DED/ZFD in 2007 was thought of to help, prepare and take care of survivors and the accused that were thrown back into the suffering of the past during the court hearings. This program created a refuge Camp where witnesses found trust and opened up opportunity for them to talk, reflect and cope with the consequences of what happened to them during the genocide (Ibuka, 2007).

In 2009, when the Gacaca court hearings addressing sexual violence started in Rwanda, it was realized that sexually violated women could not break the silence about what happened to them. The government of Rwanda, through the National Commission of Gacaca Court, together with Ibuka organization, sensitized the Rwandese about the usefulness of getting justice against sexual violence. The organization of the Gacaca court hearings during the time it addressed sexual violence crimes, was handled in a special way with restrictive privacy whereby the judging team was surrounded by a group called psychological task force (Ibuka & Al, 2007). The group was composed of a therapist and two counselors, who would help survivors that were called on as

witnesses, by giving them psychological support to rebuild themselves even after the Gacaca court hearings (Ibuka & Al, 2007).

Reflecting on the observations made during the Gacaca hearings, and in line with restoring psychological wellbeing, Ibuka introduced group therapy for sexually violated victims, to help them overcome the psychological problems they encountered from the time of genocide to date. However, since the introduction of group therapy in Ibuka in 2009, little was known about its usefulness in restoring psychological wellbeing of sexually violated women.

2.4: General perspective of group therapy

Group therapy is a form of psychotherapy in which a small, carefully selected group of individuals meets regularly with a therapist with the purpose of assisting each individual in emotional growth and personal problem solving (Eric, 1966; Gruman & Messer, 2003; Corey & Corey, 2012). It is a therapeutic model, which aims at accomplishing goals and purpose that enable the members of the group to achieve innovative and productive mutual benefits (Mc Clure, 1990; Gruman & Meser, 2003).

There are different stages when forming a group (Yalom & Sophia, 1989). These are: Forming, Storming, Norming and Performing. Though there are four stages mentioned, Shulman (2011) discovered the fifth stage of Adjourning. Forming is when groups of individuals come together; Storming is formation of subgroups that tend to produce a conflict over a task. Norming is after a conflict has been solved then the group develops cultures and norms on how to start activities governed by those rules. Then the group begins the stage of performing when it actually works on the task at hand. Adjourning the group is “letting go” of the group, which is approved, so that the group is recognized

by its members as capable of providing solutions to problems of the members for mutual benefits under the guidance of its leader.

These mutual benefits from group therapy have been expressed by various authors such as: Eric (1966), Roger (1970), Egan (1973), Donelson (1983), Sophia&Yalom (1989), Corey & Corey (1992, 2012), and Lawrence, (2011). Group work emphasizes interpersonal communication of conscious thoughts, feelings, and behavior within a here-and-now time frame. Group counseling tends to be growth oriented in that the emphasis is on discovering internal resources of strength (Corey & Corey, 2012). Accordingly, participants may be facing situational crises and temporary conflicts, struggling with personal or interpersonal problems of living, experiencing difficulties with life transitions, or trying to change self-defeating behaviors. Corey & Corey (2012) observe that the group provides the empathy and support necessary to create the atmosphere of trust that leads to sharing and exploring these concerns. Group members are assisted in developing their existing skills in dealing with interpersonal problems so that they will be better able to handle future problems of similar nature.

Consequently, group counseling is an approach that encourages interdependence, which is task oriented or basically therapeutic. For groups to be effective, the group leader must be aware of the power and potential within the group. Equipped with this awareness and skills, leaders help their groups to develop fully (Gladding, 1994). Group members are expected to experience curative aspects of a group that lead to the positive impact ranging from information sharing, to learning new skills to help address the

challenges faced, to final positive behavior change. This has been outlined by several theorists. Below are the curative factors as outlined by Yalom and Sophia (1989).

Information giving

An essential component of many therapy groups is increasing members' knowledge and understanding of a common problem (Donelson, 1983; Corey & Corey, 2012). Explicit instruction about the nature of their shared experiences such as bipolar disorders, depression, panic disorders, or sexual abuse, is often a key part of the therapy. For example, sexually violated women need knowledge on sexually transmitted diseases and how to share information about their problems, as well as follow advice with regards to treatment. Most patients leave the group far more knowledgeable about their specific condition than when they entered. This makes them increasingly able to help others with the same or similar problems.

Instillation of hope

All patients come into therapy hoping to decrease their suffering and improve their lives (Yalom & Sophia, 1989). Given that each member in a therapy group is inevitably at a different point on the coping continuum and grows at a different rate, watching others cope with and overcome similar problems successfully instills hope and inspiration. New members or those in despair may be particularly encouraged by others' positive outcomes. In relation to this study, sexually abused women socially suffered stigma, which hindered the victims from certain activities and public places that put them in continuous isolation with no hope for the future. Through group therapy, sexually violated women could demystify their situation with a prospect for a better future.

Universality

A common feeling among group therapy members, especially when a group is just starting, is that of being isolated, unique, and apart from others (Yalom & Sophia, 1989). Many who enter group therapy have great difficulty sustaining interpersonal relationships, and feel unlikable and unlovable. Group therapy provides a powerful antidote to these feelings. For many, it may be the first time they feel understood and similar to others. Enormous relief often accompanies the recognition that they are not alone; this is a special benefit of group therapy. It was expected that women that were sexually violated during the 1994 genocide in Rwanda, who at first felt isolated in such problems, would benefit from group therapy, a space of relief and rebuild new interpersonal relationships.

Altruism

Group therapy offers its members a unique opportunity: the chance to help others (Eric, 1966; Corey & Corey, 2012). Often, patients with psychiatric problems believe they have very little to offer others because they they need so much help themselves; this can make them feel inadequate. The process of helping others is a powerful therapeutic tool that greatly enhances members' self-esteem and feeling of self-worth.

In line with this study, group therapy could promote altruism, which encourages the members in a group to reach out to others by providing for the needs of those who were more affected by the same problem. This could help the victims of sexual violence to redirect their attention away from their own problems and give them a feeling of satisfaction and fulfillment to helping others.

Corrective recapitulation of the primary family

Many people who enter group therapy had troubled family lives during their formative years. The group becomes a substitute family that resembles—and improves upon—the family of origin in significant ways (Yalom & Sophia, 1989; Corey & Corey, 2012). Like a family, a therapy group consists of a leader (or co-leaders), and an authority figure that evokes feelings similar to those felt toward parents. Other group members substitute for siblings, vying for attention and affection from the leader/parent, and forming subgroups and coalitions with other members. This recasting of the family of origin gives members a chance to correct dysfunctional interpersonal relationships in a way that can have a powerful therapeutic impact. In accordance with this study, sexually violated victims whose cultural norms and traditions from their families labeled them as misfits, could compensate their need for a family from group members at the first time, and later, gain the facilities to reintegrate their previous families.

Improved social skills

According to Lawrence (2011), social learning, or the development of basic social skills, is a therapeutic factor that occurs in all therapy groups. Group members offer feedback to one another about the appropriateness of the others' behavior. The group offers understanding and support, which foster the members' willingness to explore problems they have brought with them to the group. In addition, the group counselor uses verbal and nonverbal techniques, as well as structured exercises, to help members learn social skills. According to Corey & Corey (2012), the role of the group counselor is to facilitate interaction among the members, help them learn from one another, assist them in establishing personal goals, and encourage them to translate their insights into

concrete plans that involve taking action outside of the group. While this may be painful, the directness and honesty with which it is offered can provide much-needed behavioral correction, and thus improve relationships both within and outside the group. This was deemed crucial for sexually violated victims within the group because they needed to learn both from each other and from the feedback from the group leaders, in order to sustain positive behavioral changes.

Imitative behavior

Yalom & Sophia (1989) explain that therapists exert a powerful influence on the communication patterns of group members by modeling certain behaviors. For example, therapists model active listening, giving non-judgmental feedback, and offering support. Over time, members pick up these behaviors and incorporate them (Corey & Corey, 2012). This earns them increasingly positive feedback from others, enhancing their self-esteem and emotional growth.

Under Ibuka group therapy, sexually violated victims had an opportunity to meet good role models who provided them with good behaviors to copy from, and in the end, helped them succeed in their lives.

Interpersonal learning

Our lives are characterized by intense and persistent relationships, and much of our self-esteem is developed via feedback and reflection from important others (Egan, 1973; Cooper, 2003; Nelson-Jones, 2013). Therapy groups provide an opportunity for members to improve their ability to relate to others and live far more satisfying lives because of it. With this well structured relationship, the sexually violated victims, therefore, can develop relationships and gain a lot through their participation in Ibuka

group therapy. Accordingly, women who were sexually violated could share their problems through positive examples that can impact positive behavior change in each other.

Group cohesiveness

Belonging, acceptance, and approval are among the most important and universal of human needs (Donelson, 1983; Ewn, 1990; McLeod, 2003; Cooper, 2003; Nelson-Jones 2013). Fitting in with our peers or other social group is beneficial to our basic human needs. Sexually violated victims suffered emotional problems. Group therapy would make sexually violated women feel truly accepted and valued. This is a powerful healing factor as individuals replace their feelings of isolation and separateness with a sense of belonging.

Catharsis

Catharsis is a powerful emotional experience—the release of conscious or unconscious feelings—followed by a feeling of great relief. Catharsis is a factor in most therapies, including group therapy (Yalom & Sophia, 1989; McLeod, 2003). From this, sexually violated victims under Ibuka could learn how to get rid of painful emotions from the group environment, which provided an opportunity to its members to have long-lasting change.

Existential factors

Existential factors are certain realities of life including death, isolation, freedom, and meaninglessness (Carl, 1970; Cooper, 2003; Gruman & Messer, 2003; Nelson-Jones, 2013). These are some of the realities experienced by sexually violated women. However, the trust and openness that develops among members of a group therapy can

permit exploration of these fundamental issues to enable members develop an acceptance of difficult realities (Nelson-Jones, 2013).

The above mentioned factors were curative factors that were expected to help in the healing and recovery of psychological wellbeing of members of Ibuka group therapy. However, since the inception of Ibuka group therapy, few studies have been carried out to find out the effectiveness. This was a task that this study undertook.

2.4.1: Modes of group therapy

There are different types of group therapy that could be used to bring about healing. Kurtus (2012) recognized different kinds of group therapies that would be applied in various cases. These include: Cognitive/Behavioral Therapy (CBT) Groups, Behavioral Therapy Groups, Psychodynamic/Interpersonal Therapy Groups, Psychoeducational Groups, Addiction-Oriented and Self-Help Groups; each with a different focus, orientation, activities and format. In Cognitive/ Behavioral Therapy Groups, the aim is modifying underlying schemata in order to break the self-perpetuating cycle of associated problems (Kurtus, 2012). For example, according to the current study, sexually violated women could be blaming themselves for not having died like others or for not having prevented themselves from being sexually violated. This could make them have a low self esteem and negative self perception that could compromise their psychological well being. Through cognitive/behavioral therapy groups they could learn how to monitor their thinking and beliefs about the problem at hand. Accordingly, the therapists could teach them how to monitor and record their thoughts, which will be examined during therapy meetings.

The Behavioral Therapy Groups focus on identification of behavior patterns and developing strategies for behavior change. Disturbing thoughts, for the case of sexually violated women under Ibuka group therapy, could be analyzed and patients taught techniques such as self-monitoring, relaxation, and others to change those disturbing thoughts. CBT groups are designed primarily to increase the client's degree of control and freedom in specific aspects of daily life. A basic assumption of the cognitive behavioral perspective is that most problematic behaviors, cognitions, and emotions have been learned and can be unlearned (Corey & Corey, 2012). Accordingly, the main focus of the CBT group therapy is educating the members; hence members are involved in both learning from each other as they also teach others. This way they learn new ways of dealing with the challenges they face. In relation to this study, CBT could be applied to learn new perspectives and correct the negative thoughts that accrue from societal values that stigmatize those violated sexually. They could also learn new behavior that could help in their psychological wellbeing. Sexually violated women could also be educated on the physical problems associated with sexual violation through behavior, cognitive or educational therapy. They could learn to take care of themselves irrespective of their conditions.

Under psychodynamic/interpersonal therapy groups, the therapist does not pay much attention to the symptoms of current problems, but more on interpersonal relationships (Kurtus, 2012). Accordingly, group therapy provides opportunity for transference, which involves the unconscious repetition of the past in the present that could facilitate healing. According to Corey & Corey (2012), transference refers to the member unconsciously shifting feelings, attitudes, and fantasies (both positive and negative) that

stem from reactions to significant persons from the past, onto the therapist (or other group members). In relation to this study, negative feelings experienced as a result of sexual violation could be shifted to the therapist or group members. Although this may appear misplaced, the member is able to release this negative feeling thus experiencing some relief. Groups therefore offer many opportunities for the exploration of these transference reactions that have roots in prior relationships (that could lead to restoration of psychological wellness of the victims).

During group therapy, members are able to relate in a way that mirrors their previous relationship, hence experiencing a sense of support that can enhance their psychological wellbeing. Accordingly, Corey & Corey (2012), observe that group participants have many opportunities to experience transference feelings toward other members and the leader; they can identify them, and with these feelings, increase their self-understanding (Nelson-Jones, 2013). In addition, the psychoanalytic principle of defense mechanisms can also be useful in group therapy (McLeod, 2003). Consequently, participants can gain a clear sense of how their defenses and resistances are manifested as they receive feedback from other members of the group. This can enhance the healing process of the members.

Psychoeducational groups aim at achieving biological and psychological stability by emphasizing interpersonal and emotional issues, assertiveness and coping styles (Schlundt & Johnson, 1990). In line with this study, themes for discussion on issues concerning sexually violated women could be raised and each member in the group could give ideas, through guidance of the group leaders, on how to live a better life. In general, there are many group therapy models that can be used in therapeutic process,

either independently or integrated. However, it is not clear which group therapy models is/are utilized in Ibuka.

From a general perspective, both group and individual therapies are used in handling psychological problems. However, several other authors have applauded group therapy to have been found to be more effective in restoring psychological wellbeing of the sexually violated women and people experiencing stigmatization and isolation, compared to individual counseling. For example, a team of researchers from Johns Hopkins University as cited by Denise, G. (2013), carried out a comparative study applying cognitive processing therapy in DR Congo. The participants in the study included women who were sexually violated from 15 rural villages in eastern Congo. Seven villages with 157 women were picked at random to receive a group therapy. Eight other villages with 248 sexually violated women were picked but were offered individual support.

The therapists focused on teaching them to think rationally about the troubled thoughts, feelings and beliefs that came after the attack. The group therapy consisted of one individual session with a counselor and eleven weekly-two-hour group meetings. The women's symptoms were assessed and graded three times over a period of six months. In the individual counseling, similarly, women were assessed and graded three times as well. In their findings, 65% of the women in group therapy completed all the three assessments as compared to 52% of those who got individual support.

This has the implication that support from members helped retain victims in group therapy. In addition, the improvement from group therapy was very high. Accordingly, six months after the treatment, only 9% of the women who received group therapy still

had symptoms of anxiety, depression or PTSD, compared to 42% of women who received individual support. From the teachings given to sexually violated women by therapists about thinking rationally, the sexually violated women in group therapy got motivated by support from group members and completed the assessments successfully. From this research, group therapy was found to be more effective to sexually violated victims in DR Congo by a team of researchers from John Hopkins University, USA. However, in this research, only one mode of group therapy, which was cognitive processing therapy, was tested. It was unclear whether Ibuka used the CBT and how effective it was, hence the need to conduct a research and find out the usefulness of group therapy used by Ibuka.

Yalom (1983) in the study about chronic inpatient groups in a large institution of Veterans Administration hospital, a correctional facility of mental hospital in London, used group psychotherapy to study schizophrenics. Prior to this, a psychotic medication had been used and shown some positive change in the psychotic illness. However, application of group psychotherapy proved to be more effective on schizophrenia that was suffered by inpatients.

Yalom (1983) observed that schizophrenic patients who received group psychotherapy plus antipsychotic medication improved greatly in social effectiveness and behavior than those who received antipsychotic medication and individual psychotherapy. The researcher concluded that group psychotherapy provides the only real, continuous, consistent social experience for the majority of its members. Group psychotherapy reduces some of the day to day friction that results when grafting patients' emotional needs for friendship and interpersonal relating. Yalom (1983) confirmed that group

psychotherapy promotes patients learning to relate with others, cope more effectively with problems, share information about treatment facilities and plan discharge. This was realized from the inpatients of Veteran Administration hospital; however, this study did not examine the effectiveness of group therapy for sexually violated women. This leaves a gap that the current study attempted to fill.

The usefulness of group therapy has as well been observed in the New York University Fertility Center, USA. In her article titled: “Group Support as an Antidote to the Isolation of Infertility”,

Helen (2011) explained about the effectiveness of group therapy through testimonies of her group members, who had this to say, “...when someone is given a chance to just say everything, and their fears, frustrations and devastating disappointments are verbalized, heard and understood ...miracles can occur and families are made” (Helen, 2011). Interpretively, through group members’ support and information, members are able to address the problems that confront them. However, the study examined two aspects, which are isolation and infertility. In the current study, the focus was on many realities that face sexually violated women.

In general, all the studies discussed above provide important information that informs this study, however, they are limited in explaining the effectiveness of group therapy in restoring psychological wellbeing of sexually violated women. In addition, most studies reported were carried out in countries that have different cultures from Rwanda, where women were sexually violated during the 1994 genocide.

2.5: Summary of theoretical framework and related literature

Group therapy and biopsychosociospiritual models demonstrate the likely psychological challenges and the curative aspects that help to restore the psychological wellbeing of sexually violated women that underwent Ibuka group therapy. However, usefulness depends on the models and the organization of the therapy.

Reviewed literature indicates that group therapy has been effective in finding resolution to biological, psychological, social and spiritual issues / harms that are experienced by victims of conditions such as eating disorders, infertility, schizophrenia and sexual violence in other countries. Those patients experienced social stigma, isolation, and shame, similar to experiences of women that were sexually violated during the 1994 Tutsi's genocide. Literature also shows that the skills of the group leader in organization and management of group therapy are crucial in modeling group members to bring about positive change. On the other hand, group members' participation and willingness to cooperate led to success of group therapy; hence restoration of psychological wellbeing. The theoretical framework and literature reviewed thus provide important insights upon which the conceptual framework can be based on. This is captured diagrammatically below.

2.6 Conceptual Framework

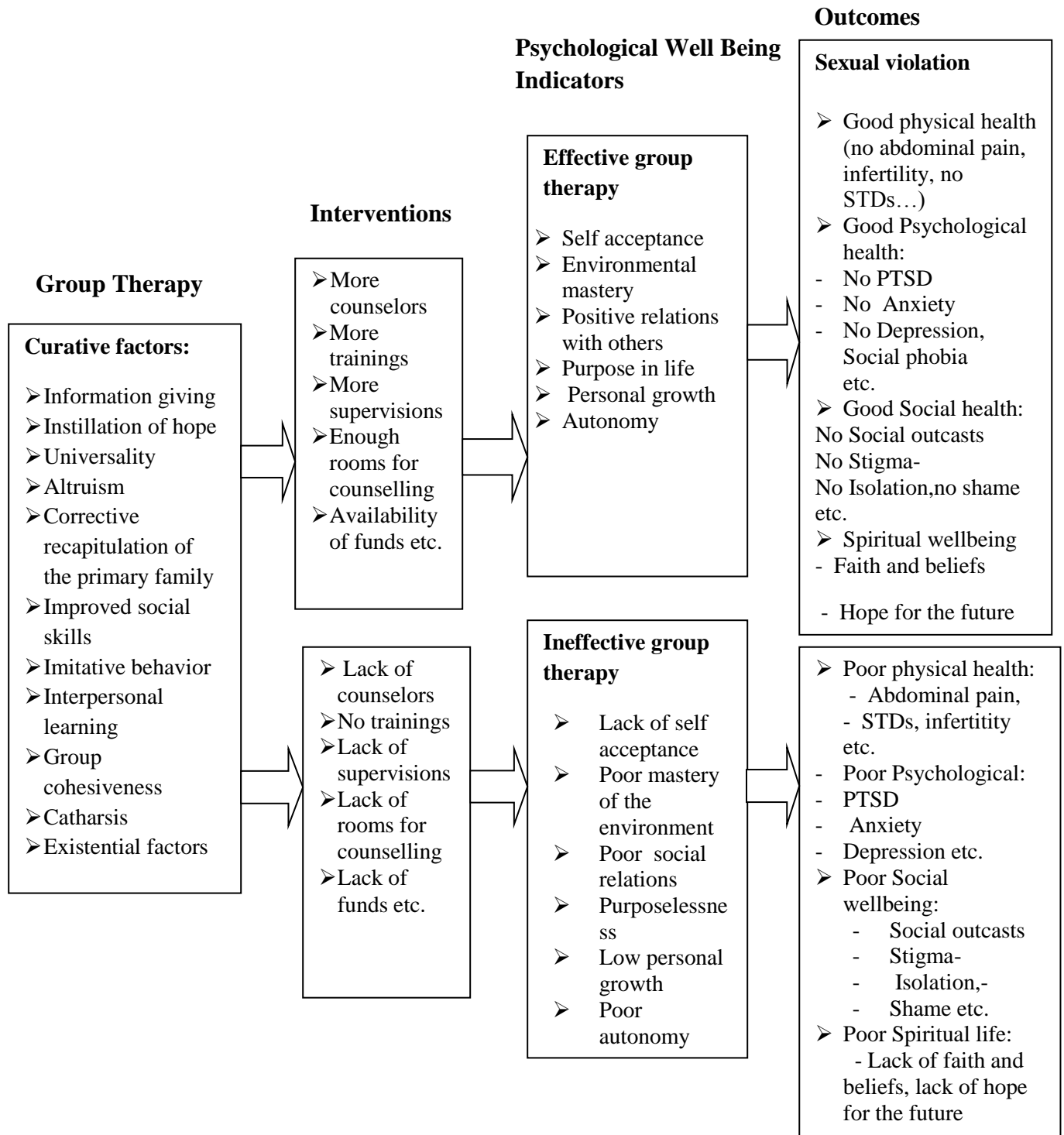


Figure 2.1 Conceptual Framework

The conceptual framework represents the interplay of the variables in this study. As captured diagrammatically, sexual violation affects the biopsychosociospiritual aspects, that is, biological, psychological, social and spiritual, causing harm that affects the psychological well being of victims of sexual violence. Group therapy has curative aspects, which are vital in handling such problems of the victims. If the methods applied by Ibuka in group therapy on victims of sexual violence of the 1994 Tutsi genocide in Rwanda are effective, the results will be realized through psychological well being indicators, which are: self acceptance, environmental mastery, positive relations, purpose in life, personal growth and autonomy. While ineffective group therapy would result in lack of self acceptance, poor mastery of the environment, poor social relations, purposelessness, low personal growth and lack of autonomy.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1: Introduction

The third chapter embodies and discusses several subheadings including research design, study variables, site of the study, target population, sample size and sampling technique, research instruments used, validity and reliability, pilot study, data collection procedures employed, data analysis and presentation together with ethical considerations and data management.

3.2: Research design

The study used a case study research design. A case study research design helps the researcher to answer the questions of interest using evidence gotten from a specific case in depth (de Vaus, 2001). In this study, the focus was on Ibuka, which is the only organization of its type in Rwanda. Based on the purpose of the research, which was to achieve a deeper understanding of the usefulness of group therapy in restoring the psychological wellbeing to women that were sexually violated during the 1994 Tutsi genocide in Rwanda, a case study was deemed appropriate. A case study design enabled the researcher to delve through issues related to group therapy and its curative aspects that were thought to bring about healing among sexually violated women in Ibuka, hence a critical evaluation of its usefulness.

3.3: Study variables

A variable is a measurable characteristic found in subjects according to the researcher conducting the study (Mugenda & Mugenda, 1999). In accordance with this study, the researcher evaluated the effect of group therapy used in Ibuka in restoring the psychological wellbeing of women that were sexually violated during the genocide in Rwanda. Therefore, the independent variable was group therapy while the dependent variable was psychological wellbeing of sexually violated women.

3.4: Site of the study

The place where the research gathered primary data in relation to parameters chosen was in Musanze District in Rwanda. Rwanda was selected because it is the country where the Tutsi genocide of 1994 took place, hence sexual violation of the women related to genocide. It was also selected because it is the country that has Ibuka as an organization that employs group therapy in supporting women who were sexually violated. Musanze District was chosen because it is one of the places where Ibuka group therapy started. Thus, it was purposively selected because it was likely to have more of the targeted population of women victims of sexual violence who were also members of Ibuka.

3.5: Target population

Target population is an entire group of individuals that have a common observable characteristic that conforms to a given specification (Silverman, 2005). In this research, all the women who were sexually violated during 1994 Tutsi genocide in Musanze district and were members of group therapy in Ibuka were targeted. This was because

they were the victims who suffered the violence and were the ones on whom group therapy was employed. They were, therefore, better placed to tell whether the group therapy was effective in addressing their psychological problems. The other group that was targeted was the providers of counseling services within the organization. This group worked with the victims. They assessed the victims as they joined the groups in Ibuka and also monitored their progress. They were, therefore, able to make accurate judgment as to whether the group therapy was effective in addressing the psychological well being of the victims.

3.6: Sample size and sampling technique

Sample size is the small number of participants selected out of a big group of the population concerning the study. It can be defined as the people who actually participate in a study (McLeod, 2003). The researcher in this study collected data from 80 women that faced sexual violation and who were members of group therapy within Ibuka in Musanze District.

From the eighty (80), sixty (60) participants were randomly selected to respond to the questionnaire. These participants were obtained from Musanze District in three Sectors, namely; Busogo, Kinigi and Muhoza, with 8, 18 and 34 female victims of sexual violence respectively under Ibuka group therapy.

Out of the sixty (60) female victims of sexual violence, twenty (20) were as well randomly chosen to be part of the focus group.

Twenty (20) other women; 4 from Busogo, 6 from Kinigi and 10 from Muhoza were randomly selected as the sample size for interviews. Purposive and simple random

sampling techniques were used to select the sexually violated women who had experienced group therapy and had information about how group therapy worked for them. Through these techniques, women sexually violated and who voluntarily participated in this research were able to give detailed information about what happened to them and about the functionality of the model applied by Ibuka to them.

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. Spontaneity, which was associated with genuineness in responding to questions, was achieved.

The main technique used to select the sample was purposive sampling. This technique was selected because it allowed the researcher to identify and select the sexually violated women from the Ibuka organization who participated in group therapy. This was because not all members of Ibuka were sexually violated, yet the focus of this research was on sexually violated women, hence the need for purposive sampling technique. The method also ensured representation of the three Sectors of Musanze District in Rwanda that were the focus of this study. In addition, five staff members who offered psychological assessment in Ibuka were randomly selected for interview. Random sampling was chosen because it gave all group members equal chance of participating, thus avoiding bias.

3.6.1: Inclusion criteria

For this study, the researcher included women that were sexually violated during the 1994 Tutsi genocide in Rwanda, were members of Ibuka group therapy, and who consented to participate in the research. Additionally, they lived in Muhoza, Busogo and Kinigi Sectors in Musanze District, Northern Province of Rwanda. Leaders of Ibuka group therapy with participation consent were also part of the research.

3.6.2: Exclusion criteria

The researcher excluded from the study women who were sexually violated during the 1994 Tutsi genocide but did not consent to participate in the study, and those who were sexually violated during the 1994 Tutsis genocide but were not under Ibuka group therapy.

3.7: Research instruments

Research instruments are termed tools used by a researcher to collect primary data from the sample (Mugenda & Mugenda, 1999). This was mainly a qualitative study. However, a questionnaire based on psychological wellbeing as proposed by Ryff (1995) was administered to 60 sexually violated women to gather data on how Ibuka group therapy worked for them in achieving their psychological wellbeing. The use of a questionnaire was selected because of its power to elicit general information. This was deemed necessary in order to gather information about the general overview of the effectiveness of Ibuka group therapy. It was also important to elicit the objective effects of group therapy. The questionnaire was also used to help the researcher to gather

information from a large sample that could not be reached through face to face interview thus increasing the validity and reliability of the data.

The questionnaire was designed to provide information regarding the psychological wellbeing of women sexually violated during the 1994 genocide in Rwanda. It was elaborated based on the psychological well being indicators by Ryff (1989) and was adapted by the researcher. All six (6) indicators of psychological wellbeing, which are: Self Acceptance (SA), Environmental Mastery (EM), Positive Relations (PR), Purpose in Life (PL), Personal Growth (PG) and Autonomy (A), were evaluated. The questionnaire had sixty four (64) questions, in which four (4) expressed demographic data while sixty (60) called for the psychological wellbeing basing on the aforementioned six (6) indicators. In order to reduce response bias, the adapted scale had equal numbers of items per indicators of psychological wellbeing (10 items), and both positive and negative statements for each. The questionnaire was administered to 60 women from Busogo, Kinigi and Muhoza Sectors of Musanze District to find out their perceptions of group therapy within Ibuka and its curative factors in as far as their psychological well being was concerned.

The response format was Agree/Disagree scale with five numbers of categories. Participants were asked to respond to each statement by putting a tick (✓) after each statement, corresponding to the following codes: **SD** = Strongly Disagree with the statement; **D** = Disagree with the statement; **N** = Neutral; **A** = Agree with the statement; **SA** = Strongly Agree with the statement.

For scoring purposes, each point was assigned a value, thus: SD=1; D=2; N=3; A=4 and SA=5.

For negatively worded statements, the above values were reversed.

Trained research assistants with background in psychology assisted the researcher in distribution of the questionnaires to 60 women respondents. These respondents, in agreement with the researchers, were given a duration of two to three hours to respond to the questionnaire.

Another instrument used was a semi-structured interview schedule. Semi-structured interview was used on five staff leaders of group therapy and on twenty sexually violated female 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 enable the researcher to gain detailed information about the subject under discussion. Information gathered from the three instruments was triangulated to enhance robustness in the findings.

The research also used a focus group discussion in which guiding open ended questions were used. 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 (Kreuger, 1998). Focus group discussion was selected as a method of data collection in this study because it 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 ten (10) members as proposed by Morgan (1997), were conducted. According to Morgan (1997), members of a focus group discussion vary from six to ten, or less or slightly larger.

3.8: Validity and reliability

According to Mugenda & Mugenda (1999), validity is the accuracy and meaningfulness of inferences, which are based on research results. It refers to the closeness of fit between data and reality.

Reliability is defined as the degree to which the indicator or test is consistently measured over time. It shows that repeated questions to the same respondents will give consistent results (Silverman, 2005). Content validity was achieved through ensuring that all the domains of group therapy were covered. In addition, the researcher ensured that all the objectives of the study were well covered in the tools for testing. For construct validity, the key variables in the study were accurately operationalized to avoid ambiguity and overlapping of the items in the questionnaire. In addition, the instruments were rooted in wide literature research and the theoretical framework that guided the study to gain deeper meaning of the variables under investigation. Again, a team of experts and colleagues assisted in validating the tool.

This study being majorly a qualitative research, in order to determine the reliability, the researcher relied on stability of the instruments used in relation to the variables under investigation. The stability of the results showed reliability on test-retest methods. The results of the findings from the three instruments, which are questionnaire, interviews and focus group discussions, were triangulated to achieve a thick description.

Further, the validity and reliability of the findings were established through use of different instruments. The data from the questionnaire, interviews and focus group discussion was triangulated. This allowed robust findings that enhanced validity and reliability of the study.

3.9: Pilot study

A pilot study was done in Eastern Province, Bugesera District in Nyamata sector on 15 persons, which is the total number of sexually violated women under Ibuka group therapy in that region. The findings from the pilot study were used to refine the instruments to increase validity and reliability. They were also used to improve on the language and structure of the questions for better clarity. The pilot study also helped gauge how long the participants would take to respond to the questionnaire. Appropriate adjustments were done to increase the response rate.

3.10: Data collection procedures

The researcher used a questionnaire, focus group discussions, and interviews to collect data. After receiving the authorization to carry out the research in Ibuka, the Executive Secretary of Ibuka sent the researcher to the coordinator of the groups at National level. The coordinator informed the researcher about the groups that were still functioning and introduced the researcher to the leaders of those groups. The Coordinator then informed the group leaders on the phone details about the researcher and booked appointments for the researcher to meet group leaders at their places of work. The researcher was also given the phone number of the group leaders to call and confirm the timings of the meeting.

The researcher went ahead to meet the group leaders at the time agreed, introduced herself and showed the letters of authorization, and explained the purpose of the research. The researcher and group leaders agreed on the date of commencing work with participants. On the agreed date, the researcher and the research assistants

presented themselves at the agreed venues. They were briefly introduced to the group members by the group leaders and the researcher took time to introduce both herself and the research assistants, as well as explained in details the purpose and objectives of the research, the significant of the study, the rights of the participants, main risk for the participants, before asking them to sign the consent form.

With the help of research assistants, the questionnaires were distributed and work of data collection began. The researcher and the research assistants stayed on until the participants finished filling and collected the questionnaires. Those participants who were unable to read were assisted by the research assistants. The research assistants read to them aloud the questions and asked them to choose an answer and filled in the preferred answers for them.

A separate group of twenty (20) sexually violated women in Ibuka participated in the interviews on a later date, precisely a month after the date of questionnaire data collection. This is because the interview schedules were designed based on preliminary analysis of the questionnaire. The interviews were conducted by the researcher. Twenty (20) face to face interviews were conducted in a secure room availed by the group leaders at the centres. The interviews were recorded after the researcher sought consent for recording. The interviews took about forty-five (45) minutes to one hour.

Focus group discussions were organized later on, with twenty (20) sexually violated women randomly selected out of the sixty (60) who responded to the questionnaire. They were divided into two groups of ten each; hence two focus group discussions were conducted. The researcher moderated the interview as the research assistant assisted in

taking down some important points that emerged from the discussion. The discussion was recorded after seeking consent from participants. The discussion was conducted in Kinyarwanda. The group discussions took about one and a half hours.

The whole process of questionnaire, 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.

3.11: Data analysis and presentation

Lewis-Beck & Michael (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 research objectives were picked and analyzed.

The 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 and discussions in conjunction with theories from previous researchers on the same field, to give detailed and meaningful explanation.

Concerning data gathered from questionnaire, statistical methods, mainly descriptive statistics such as mean and frequency distributions, were used to condense the mass of the data into numerical measures helped by the Statistical Package for Social Scientists (SPSS) program. This helped to quantify the data in order to present the results in tables and charts. The descriptive statistics that showed percentages and frequencies helped to describe the entire population in accordance with research objectives.

3.12: Ethical considerations and data management

In research, researchers are required to create a safe guard that protects the rights and security of the respondents and the researcher; otherwise they are bound to not get and give information appropriately.

The researcher obtained a permit from Kenyatta University ethical board to go ahead with the research by allowing the researcher permission to go to the field for data collection. The researcher also sought and got permission from Ibuka authorities to allow the research on their staff and on women from provinces participating in their group therapy. The researcher as well obtained permission from the Director General of Science, Technology and Research within the Ministry of Education of Rwanda, to carry out research on Ibuka group therapy centers. .

The researcher also sought a written consent from participants. Participation was voluntary and confidentiality was ensured by use of pseudonyms. The participants were informed that they could withdraw from the study if they did not feel comfortable to continue in the participation of the study. This research involved investigation of emotionally charged issues. For this reason, debriefing was conducted for those who were affected, due to recalling of what they went through.

Consequently, those who required counseling on the same problem they went through were referred/given appointment to see trained counselors.

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND DISCUSSION OF FINDINGS

4.1: Introduction

Chapter four presented the findings of the study as guided by research objectives in connection to the research questions below:

1. What modes of group therapy are employed by Ibuka to help women who were sexually violated during the 1994 Tutsi genocide in Rwanda?
2. What were the perceived curative factors identified in the group therapy?
3. In what ways have the perceived curative factors in Ibuka group therapy been effective in restoring psychological wellbeing of women sexually violated?
4. What are the challenges associated with group therapy in Ibuka?
5. What measures can be put in place to improve the outcomes of Ibuka group therapy in restoring the psychological wellbeing of women who were sexually violated during the 1994 Tutsi genocide in Rwanda?

The chapter begins with presentation of demographic data, followed by the findings of specific research objectives.

4.2: Demographic data

The study examined several demographic aspects of the participants. These included age, level of education, marital status and occupation. This is because demographic factors have been found to mediate in the psychological well being of participants,

hence the need for studying the participants. This information is presented in this section.

Table 4.1 Distribution of women by age group

| Age group | Frequency | Percentage |
|---------------------|------------------|-------------------|
| 31-35 | 4 | 6.7 |
| 36-40 | 9 | 15.0 |
| 41-45 | 10 | 16.7 |
| 46-50 | 12 | 20.0 |
| 51-55 | 11 | 18.3 |
| 56-60 | 7 | 11.7 |
| 61 and above | 7 | 11.7 |
| Total | 60 | 100.0 |

As the above table shows, the participants from whom the researcher collected data were in the age bracket of between 31 years and 65 years. Aggregatively, the majority are in the age bracket of between 31-50 years. This is the age bracket in which many women are sexually active, and in the lower ages, productive, hence sexual relations are important for them. It is also the time they treasure sexual intimacy, hence being sexually violated can be very painful emotionally and might affect their psychological well being. In addition, this study has been conducted 21 years after the genocide, which means that some women were sexually violated when they were only children. From existing literature, women who were sexually violated when they were young have been found to suffer from PTSD even in their adulthood if it was not addressed. Some adult survivors of childhood sexual abuses are acutely distressed, anxious, depressed, suicidal and/or experiencing flashbacks. Many fulfill diagnostic criterion for post traumatic stress disorder (PTSD) syndrome (Mammen & Olsen, 1996). Trauma

from sexual violence has been associated with difficulties in intimate relationships. Hall & Hall (2011) observed that childhood sexual abuse has been correlated with sexual problems and relationship problems in adulthood.

It was therefore necessary to find out the relational status of women in the Ibuka group. The results are shown in table 4.2 below

Table 4.2 Distribution of women by marital status

| Marital status | Frequency | Percentage |
|-----------------------|------------------|-------------------|
| Single | 11 | 18.3 |
| Married | 16 | 26.7 |
| Separated | 12 | 20.0 |
| Divorced | 1 | 1.7 |
| Widow | 20 | 33.3 |
| Total | 60 | 100.0 |

As table 4.2 indicates, 20 participants are widows, 16 are married, 11 are single, and 12 are separated while 1 is divorced. The majority, as represented by 26.7%, are married. From the traditional beliefs, women who are sexually violated do not enjoy intimate relations with their husbands (Bergen, 1996). It is also possible that sexual violation contributed to either separation or divorce among the women. For example, one participant had this to say:

``Umunsi umwe nagiyeye muri gacaca ndikumwe nuwahoze ari umugabo wange, umwe mubari aho avugako bansambanyije mugihe cya genocide. Uwari umugabo arabyumva, mbona arahindutse ariko araceceka. Dusubiye mu rugo ntiyasubiye kumvugisha ahubwo twahuzaga amaso nkabona afite iseseme. Ntiyasubiye kunyegera kugeza ubwo antaye n' abana bacu babiri.``

Literally translated as:

“One day I attended Gacaca court with my ex husband and one of the participants said that they had gang raped me during the genocide. When my husband heard, he was so shocked. He kept quiet. When we went back home he remained quiet and always felt nauseated every time he saw me. He could not touch me and after a while he deserted me with our two children.” [A woman from Busogo Sector.]

As it can be seen from the above quote, many years after genocide, sexual violation continues to affect the lives of victims of sexual abuse in ways that can lead to psychological problems. Women who are deserted may feel lonely, desperate, isolated, quarantined and ashamed as it was said by one of the respondents.

“ Umugabo yamaze kunsiga kuberako bansambanyije muri genocide, ubwigunge burantaha, natambuka bakanryanira inzara. Nahoranaga ikimwaro nkumva nakwipfira ntakindi maze ku isi. ”

Which literally means:

“The time my husband learnt that I had been sexually violated in genocide, he left me and I stayed in loneliness. Whenever I passed by people, they talked behind my back. I was always ashamed and felt I could die as I was useless in the world.” (A woman from Busogo Sector narrated.)

Group therapy provides a forum where women who were sexually violated can share their psychological tribulations and have relief from the support of each other. This is expected to bring about healing and restore their psychological wellbeing.

The study also sought to find out the academic level of participants. This was deemed necessary because education has been found to influence psychological wellbeing of people, through equipping people with knowledge that helps mediate their behaviors and beliefs. The results are shown in the table below:

Table 4.3 Distribution of women by level of education

| Level of education | Frequency | Percentage |
|---------------------------|------------------|-------------------|
| Illiterate | 6 | 10.0 |
| Primary | 39 | 65.0 |
| Secondary | 10 | 16.7 |
| Vocational | 3 | 5.0 |
| University | 2 | 3.3 |
| Total | 60 | 100.0 |

Table 4.3 shows that the education level of the study participants was varied. Thirty nine (39) participants finished primary school, six (6) did not attend school at all, ten (10) finished secondary school; three (3) finished vocational training, while two (2) are university graduates. The majority of sexually violated women were either illiterate or had only attained up to primary level of education, which means that they may not have had the understanding of how to address social, health, economic, and legal problems that affected them psychologically. Those with some higher education (secondary, vocational, and university) could access information from books, news papers and the internet on how to take care of themselves and could at least be aware and understand what they could do about what happened to them and to others, possibly leading to ways of handling the aftermath of sexual violence. They may also have had the understanding of how group therapy works as captured in the quote below;

One woman from Muhoza Sector explained:

Nasomye ku gihe ko ibitaro bya polisi y' u Rwanda bivura neza kandi kubuntu abanduye agakoko gatera sida, ariko ntinya kujyayo ku ko numvaga bamenya ko nayanduye kubera gusambanywa kungufu muri genocide. Iritsinda ryacu niryo ryanteye imbaraga zo kujya kwivuza ntapfunwe mfite.

Literally meaning that:

“I read one article in Igihe news website that the police hospital of Rwanda treats nicely and freely the HIV/AIDS victims but I was afraid to go there since I knew they would know that I got the virus from sexual violence. From the group I got the courage to go for treatment without shame”.

Another woman from Kinigi Sector also had this to say:

“ Ntabwo narinziko nshobora kubyara umwana utanduye agakoko ka sida igihe jyewe nanduye. Nabimenye ngeze muri iritsinda ryacu, ubwo ababyize badusobanuriraga ko bishoboka banadukangurira gukurikiza amabwiriza y’abaganga. Ubu mfite ibyishimo ku ko mfite umwana udafite sida”.

“I did not know I could have a normal kid because I am HIV positive. I learnt from the group members who had the knowledge about having a child born negative by the infected mother. They explained to me and other group members how possible it is and to follow instructions from doctors. Now I am happy, I have a baby born free of HIV/AIDS”.

From the information above, group therapy has been useful to women from all levels of education in that they share their experiences and benefit from each others understanding. The sexually violated women appeared to be benefiting from the interactions in the group therapy, but the effectiveness of the group in restoration of their psychological well being was still to be established.

The occupation of the women in Ibuka was also measured. This was important because psychological wellbeing and economic status are positively correlated. In addition, the two share a symbiotic relationship. Arguably, economic status can influence psychological wellbeing and psychological wellbeing will influence how individuals engage in economic activities. Therefore, the study found it important to measure the women’s occupation. The results are shown in table 4.4 below:

Table 4.4 Distribution of women by occupation

| Occupation | Frequency | Percentage |
|--------------------------|------------------|-------------------|
| Employed | 8 | 13.3 |
| Self employed | 43 | 71.7 |
| Other/house wives | 9 | 15.0 |
| Total | 60 | 100.0 |

Concerning their socio-economic status, 8 respondents were employed as teachers, genocide memory site workers and others in microfinance institutions, nine (9) are house wives, while forty three (43) are self employed in small scale income generating activities (these include small businesses like selling fruits and clothes in local markets and small restaurants). The majority of the participants are low income earners. Their involvement in income generating activities could be indicative that the women are regaining their psychological wellbeing. According to Bradshaw J. (2011), wellbeing is the dynamic process that gives people a sense of how their lives are going, through the interaction between their circumstances, activities and psychological resources or ‘mental capital’. Interpretively, therefore, the women in Ibuka group therapy are positively interacting with their circumstances and the psychological resources. This made it somehow easy to be able to get some of the necessities needed for their upkeep and their families. This could be the result of joining Ibuka group therapy, which helped them to get the courage and the motivation for life.

One participant from Kinigi sector said:

Kuba narasambanyijwe muri genocide byanteye kwiheba nkumva ntegereje urupfu gusa ngo runtware. Sinashoboraga kubona amafaranga ankemurira ibibazo kandi nari narakiriye ubwo buzima bwo kwiheba, kugeza ubwo iritsinda rinteye umuhate n'imbaraga zo kugira akarimo nkora ngo mbeho neza. Ubu ncuruza imbuto mu isoka kandi icyo nifuje ndakiha.

This literally means:

`` Being a victim of sexual violence put me in despair and only waited for death to come. I could not get what I needed to support me financially and I accepted those conditions until I got motivation from the group to create a small business of selling fruits on the market. My life got better as I can now get for myself what I need``.

Group therapy provides ideas that could change the negative thinking of its members to positive ones, hence ameliorating the psychological situation.

Regarding the way the group was organized and functioning, the group was a closed one in that it specified the maximum number of members to be twenty (20). Once this number was reached, no one else could join the group and instead a new group could be formed. Before starting the group, regulations such as confidentiality, respect of each others' opinions and cooperation, to mention but a few, were stipulated to be adhered to by the group members. The duration of each group therapy session was two hours, but the group members said it could exceed depending on when the emotional issues would be addressed.

From the demographic factors, the study sought to answer the major research questions in line with objectives of the study. The first objective was on group therapy models used by Ibuka group therapy.

4.3 Research objectives in relation to research questions

Objective 4.3.1. Group therapy models employed in Ibuka

There are different group therapy models that could be employed in healing. Most of them are dictated by the need and have different healing capacity. According to Kurtus (2012), there are different group therapies that would be applied in different cases.

These include cognitive behavioral therapy model, behavioral therapy model, psychodynamic/interpersonal therapy model, psycho educational therapy model, addiction-oriented therapy model and self- help therapy model. It was, therefore, important to find out what models were used in Ibuka organization. To establish the models employed, the group therapy administrators as well as participants in the group therapy were asked to explain the models that are used in Ibuka.

Although the administrators of the group therapy were not explicit about the group models used, they explained how the group therapy worked and that pointed to the models used. From the feedback received from the group administrators of Ibuka group therapy, it was evident that different models are applied depending on the case and stage in the healing process. For example, the leader of the groups explained to the researcher that participants were self-blaming at first. Therefore, the group therapy model used at the entry level was one that targeted the beliefs and behavior, which pointed at cognitive/ behavioral model as exemplified in the quote below of a woman from Muhoza Sector:

`` Ni ukuri numvaga naragize uruhare mu byambayeho. Nashoboraga gukoresha icyo aricyo cyose nkabakubita mbere y' uko bansambanya. Nashoboraga no gukata ibitsina byabo ntibashobore kunsambanya. Ariko ntabwo nirwanyeho banyangiza uko bishakiye. ``

This literally is translated as:

“I really blame myself. I could have used any tool to hit them before they violated me. I should even have cut off their sexual organs to stop them from sexually violating me. But look at me I just stood there helpless allowing them to sexually abuse me``. A woman from Muhoza Sector narrated to the leader of the group.

Such quote reflected distorted thoughts that needed to be corrected.

“On such a case we use cognitive behavior therapy model to help them in monitoring and modifying their negative thinking and beliefs in order to break their self-perpetuating blame”, the leader of the group explained to the researcher as well.

According to Kurtus (2012), cognitive behavior therapy focuses on thoughts and behavior of the victims. Through cognitive restructuring the victims are helped to learn to monitor their thoughts and beliefs to achieve a positive way of thinking.

The participants had the view that the model used brought some positive changes to their ways of thinking as explained below by one of the respondents:

Naje muri iri tsinda mu mwaka wa 2010 ubwo numvaga ndashobora kubankiriho ngo ngeze magingo aya mu mwaka wa 2015. Kubera ubufasha nabonye muri iri tsinda ryacu, nabonyeko ukwiheba narimfite kwari ibikangisho bya shitani. Ubu rwose mpamanya n’ umutima wange ko nshobora kubaho igihe kirekire. Translated literally as:

“I joined this group in 2010 when I never imagined being alive up to this time in 2015. With the help of the group members and the leader, I realized that my distorted thinking was just satanic temptations. Now I am convinced that I can live longer”. (A woman from Kinigi Sector said.)

As can be seen from the quotes above, the women appeared to have negative thoughts about themselves prior to joining the group. However, through group therapy, they were able to change from negative thinking to positive thinking. Research shows that women who have been sexually assaulted have a negative self concept, which affects their psychological wellbeing. However, through cognitive restructuring, people can be made to change their negative thoughts to positive thinking that is associated with psychological well being. According to Nelson-Jones (2013), cognitive behavior model targets the beliefs of the client with an aim of restructuring their cognition. It therefore appears that the cognitive therapy is helping the sexually abused women in the process of healing.

Another group therapy model used in Ibuka group therapy is behavioral therapy model. The administrators of Ibuka group therapy explained to the researcher that some group members seemed to neglect themselves in relation to their personal up keep. According to the administrators, the women could attend sessions without washing their bodies, clothes and even not combing their hair. Some others felt bored about life and many of them expressed hatred of themselves. Below is the statement of a woman from Busogo Sector as recited to the researcher by the leader of the group:

“Umubiri wange ntagaciro ufite, kuri jye ni ubusa, ntinkitorosho umuntu yajugunya mu buraya.
Means literally,

“My body is unvalued body, it is nothing to me, just like a rag to be thrown to prostitution”. A woman sexually violated from Busogo Sector said.

“With this kind of group members’ behavior, we taught them some techniques like self-monitoring, relaxation and body care in order to change negative behavioral patterns,” Ibuka group therapy leader told the researcher.

The cognitive behavior therapy was used to help the women. Accordingly, those techniques have been useful with women that have been sexually violated to enable them get a positive change towards their negative behaviors. Kurtus (2012) also pointed that with behavioral therapy; group members’ focus on identification of behavior patterns and develop strategies for behavior change.

Ibuka group therapy also uses psychodynamic/interpersonal therapy. With this, group members worked through internal and interpersonal difficulties faced. The usefulness of this type of group therapy model was reflected through interviews and discussions with women that had been sexually violated as one of the respondents expressed:

``Byonyine kubona ko atari jye jyenyine wasambanyijwe ku ngufu muri genocide no kumva nkanamenya ko ntaruhare nabigizemo, naratuje numva ndaruhutse. Mbere yo kuza muri iri tsinda numvaga ijuru ryarangwiriye.``

This literally means,

``Only to find that I was not the only one to have been violated and to hear that it was not my fault, this made me calm and felt relieved. Otherwise, before group therapy I felt the heavens had fallen on me.'' Woman sexually violated from Muhoza Sector said during focus group discussions.

Another woman from Busogo sector narrated as well:

`` Nahoraga nicira urubanza ko mfite uruhare mubyambayeho. Ngeze muri ririya tsinda ryacu namenyeke hari n' abandi baje batekereza nka nge kandi ubu bameze neza, nange bituma ndeka kwiheba``.

`` I used to blame myself about what happened to me. I learnt from the group that there were even others who came with similar feeling but are happy today and this made me get rid of despair``.

From this quote, women who have been sexually violated exchange and share their experience of being sexually violated and they help each other in the problems faced.

Members interacted in a social way whereby individuals exhibited adaptive mode of relating to others. For example, one of the respondents said:

``Mbere y'uko nza muri iritsinda, Nari mubwigunge, ntamuntu twashoboraga kuganira ngo mubwire akababaro narimfite. Ngeze muri iritsinda, nahuye na bagenzi bange duhuje ibibazo tukabiganira twisanzuye. Nkunda iritsinda ku ko ryambereye umuryango umpumuriza ukanamfasha.`` Which can be literally translated as:

``Before joining this group, I was lonely, did not have anybody to talk to and express my suffering. When I arrived here, I met women with the same problem whom we shared and we were able to freely interact. I love this group for it has become a consoling and supportive family``. A woman from Kinigi Sector

The leader of the group stated that group members listened and discussed amongst themselves the issues raised by one of them and tried to find solutions. This internal and interpersonal relationship brings about corrective emotional experiences, which lead to improvement of group members in dealing with self-regulation, identity and personal empowerment (Corey & Corey, 1992).

Ibuka group therapy also uses psychoeducational therapy during group therapy sessions. Group members hold discussions on themes proposed by members and some by leaders. These themes arouse the curiosity of group members about the problems they face in life. To every theme or topic on agenda, information is given by members of the group and leaders give more information and advice. Some homework can be given to enhance information about the theme. All this aims at helping the group members to achieve coping styles (Schlundt & Johnson, 1990). The following are some of the examples of themes / topics they discussed:

1. Body management
2. HIV/AIDS transmission, prevention, treatment and management.
3. Rwandan cultural understanding of sexual violence

From the above topics given as homework by the group leader, women who had been sexually violated came up with information to be discussed in the group in the following session and the main ideas brought forward by the women as told to the researcher during face to face interviews are listed below. The knowledge gained in psychoeducation helped the women in their group to manage their bodies as expressed in the quote below:

`` Nyuma yo kurebera hamwe ibijyanye no gufata neza imibiri yacu, Namenye impamvu abantu bampungaga mbere noneho basigaye banyegera. Bamwe muri twe batajyaga banasokoza imisatsi yabo, abandi barihebye bumva bakwibera indaya, ubu bameze neza, bihaye agaciro kandi bafite ikizere cy' ejo hazaza.``

Translated literally as:

`` After discussion about body management, I learnt why those who never wanted to socialize with me when I was dirty now wanted to come near me. Some of us who wished to engage in prostitution and

looked despaired with uncombed hair have become comfortable, self esteemed and hopeful about future life`. A woman from Muhoza said.

As regards HIV/AIDS transmission, prevention, treatment and management, respondents reported that they discussed the transmission, prevention, treatment and management of HIV/AIDS. This helped them to take preventive measure against contracting the disease and also curative measures. Accordingly, those infected embraced the use of antiretroviral drugs and took them appropriately. They added that they learnt how to live positively with HIV/AIDS by avoiding and combating stigmatization. In general, through psycho-education, they became aware of how to lead a positive life with HIV/AIDS. Concerning HIV/AIDS management, respondents told the researcher that they became aware of the necessity of voluntary counseling and testing services (VCT), home based care programmes and nutritional management.

In relation to Rwanda's cultural understanding of sexual violence, the group members were helped to learn the limitation and retrogressive nature of the culture. From a cultural perspective, Rwandan society regarded victims of sexual violence as a curse and any woman that had been sexually violated was isolated, and in case of a married woman, she was to be divorced. The group became aware of the absurdity of the culture, especially from the understanding that what happened to them was beyond their control. They learnt that it is the violators to be ashamed and to be punished for the horrible acts they committed against the women. They also have come to terms that whatever happened to them was an existential challenge that could occur in any community. This gave them the impetus to fight the stigma associated with sexual violation. hence contributing to their psychological wellbeing.

As discussed above, Ibuka group therapy uses different group therapy models such as cognitive/ behavioral therapy, behavioral therapy, psychodynamic/ interpersonal therapy and psycho educational therapy. These are complementary and are used in accordance with prevailing circumstance among the sexually violated women who are in Ibuka. The models appear to have been useful to them as they got knowledge about HIV/AIDS causes, prevention and management; and empowerment to shun the Rwandese cultural understanding of sexual violence. Use of a variate of models also demonstrates that the group therapy was client centred and the group administrators are sensitive to the needs of group members.

Objective 4.3.2. Perceived curative factors in Ibuka group therapy

As discussed in the introduction, the women that were sexually violated during the genocide had enrolled in other programmes that Ibuka offered. However, in the year 2009, group therapy was started in Ibuka to help the women heal from the psychological wounds inflicted through sexual abuse. This was after the management and administrators realized that the women were still experiencing psychological problems. They were socially isolated, stigmatized and generally still traumatized. The 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 objective sought to find out from the women who were members of Ibuka, why they joined Ibuka group therapy. Since issues related to sexual abuse are heavily emotional,

the research sought to establish the reason why women joined Ibuka group therapy through focus group discussions and interviews. According to Berg (2007), through focus group discussions, researchers learn about conscious, subconscious and unconscious psychological and socio-cultural processes among various groups. In this study, focus group discussions and interviews were used to learn about the reasons why women that were sexually violated during the genocide joined group therapy. When asked why they joined Ibuka group therapy one sexually violated woman from Kinigi Sector explained:

``Mbere yo kujya muri iri tsinda nahoraga nihebye ntekereza kontawe unkunda, ngahora nigungze 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 the 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 (Donelson, 1983).

Sexual violation had also led to loss of their families. It will be recalled from the introductory chapter that women who were sexually 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

Ibuka 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 warantereranye, ntarukundo umfiteye, 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 that were sexually violated before joining Ibuka group therapy suffered rejection. They needed to be recognized as human beings again and to express their feelings in a favorable environment.

It appears that some sexually violated women who experienced detachment from their relatives were able to gain new relations with people of similar background. Ibuka group therapy 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 above, they felt a sense of belonging, which is an important need for psychological well being. Maslow (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. The implication of this is that for people, and specifically the women who were sexually violated, to develop self esteem they need 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 (Donelson, 1983; Yalom & Sophia, 1989). From the biopsychosociospiritual 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 inspiration from others within the group in order 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 who had been 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, George and Peterson (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, Creed and Francis (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 authors argue that spirituality assists individuals to cope better with life's 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. The sexually abused women are likely to get support and acceptance from the religious institutions that will enhance their psychological wellbeing.

Women that had been 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 & Corey, 2012; Gurman & Messer, 2003; Donelson, 1983). As shown in the quote above, a woman that has been sexually violated and living with HIV/AIDS appears to be revitalized and has hope to live longer because of information gotten from her group members. She has accepted her status and embraced taking medicine like ARVs in order to take care of her health.

Women that were sexually violated said that they joined Ibuka group therapy because they believed that it would inspire them to gain resilience and self control of their lives as they lost hope during the 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 thatnothing 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 Ibuka group therapy to learn from other group members how they coped with their situations. They hoped to be mentored 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 & Corey, 1992, 2012).

In addition, the sexually violated women told the researcher that they joined Ibuka 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 the 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 helped others grow strong and become better. It has been proven that altruism enhances self-esteem and self-worth among the members and that it is a powerful therapeutic tool (Yalom & Sophia, 1989).

During discussions, the sexually violated women continued to express that they came to Ibuka 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 this quotation the sexually violated women were aware of realities and decided on how to live accordingly. This is essential and a crucial element when coping with the same realities in the process of healing (Cooper, 2003).

In this study, the sexually violated women 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 their social skills, thus resolve this problem of relating with others. One woman from Muhoza Sector expressed this during the 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 mbase 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 sexually violated women joined Ibuka group therapy and what they really needed.

They have been lonely and expected to find solutions in as far as relating with others was concerned. Relating with others and avoiding loneliness is a step in psychological problem solving (Sarah, 2012). Therefore, the improved social relations as expressed in the quote above, asserts social support as a curative factor of group therapy.

Some women that had been 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 explained:

“Nagize amahirwe yo kurokokana na mama n’ abavandimwe babiri ariko baranyihakanye bamfata nk’ urukoza soni kubera ko nasambanyijwe ku ngufu. Bampaye akato ntawashoboraga kumvugisha. 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 it is evident that sexually violated women experienced family rejection that brought more frustrations to them. Instead of receiving consolation

and support, they were seen as a curse by their family members. Finding new families that accepted them in place of their biological ones was a favorable rescue to them. As Yalom & Sophia (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.

As evidenced by extracts from the respondents, the women seem to have perceived curative factors, and, to some extent, experienced group curative factors as proposed by Yalom (1989). In his book, *The Theory and Practice of Group Therapy*, 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 seem to be reflected in the experiences of women in the Ibuka group therapy. The findings in this study therefore support the theory of group therapy.

Establishing that the group therapy has curative factors within Ibuka group therapy was important, but perhaps ascertaining whether the curative factors had the power to restore the psychological wellbeing of women in the group was of uttermost importance. Therefore, this research sought to find out if the perceived curative factors had been effective in as far as restoring psychological wellbeing of sexually violated women is concerned. This was the task of objective three as it is discussed below.

Objective 4.3.3: Effectiveness of perceived curative factors in restoring psychological wellbeing of sexually violated women in Ibuka group therapy.

When participants joined Ibuka group therapy; they looked forward to getting solutions to their psychological problems. As already discussed in objective one and two, participants faced many challenges due to the 1994 Tutsi genocide. The participants were deserted by their families, they were abused, and some of them lost hope. It will be recalled that prior to joining Ibuka, the sexually violated women were stigmatized and had no hope for the future. They bore shame and had developed a negative self concept that worked against their development. In general, they had many psychological and social challenges that impacted negatively on their psychological well being. They joined the group with expectation of benefiting from the group therapy offered. As discussed in objective two they had many expectations from the perceived curative factors. Therefore, the effectiveness of the curative factors of group therapy in restoring the psychological wellbeing of the sexually violated women was the main concern of this study.

To find out how group therapy was perceived in relation to the restoration of their psychological wellbeing, the researcher operationalized psychological well being in six dimensions as proposed by Ryff (1989). Below is the table that shows the six dimensions and how they were operationalized in line with psychological wellbeing of the sexually violated women.

Table 4.5 *The six dimensions of psychological well being, high and low score indicators*

| Dimension | High scorer | Lower scorer |
|--------------------------------|--|--|
| Personal growth | 1. High competency which involves a person that <ul style="list-style-type: none"> • has a feeling of continued development, • sees self as growing and expanding, • open to new experiences, • has a sense of realizing his or her potential, • sees improvement in self and behavior over time and • Is changing in ways that reflect more self-knowledge and effectiveness. | 1. Low competency <ul style="list-style-type: none"> • has a sense of personal stagnation; • lacks sense of improvement or expansion over time; • feels bored and uninterested with life; • Feels unable to develop new attitudes or behaviors. |
| Positive relations with others | 1. High competency in this dimension involves a person that <ul style="list-style-type: none"> • has warm, satisfying, trusting relationships with others, • is concerned about the welfare of others, capable of strong empathy, affection, and intimacy • understands the give and take of human relationships | 1. Low competency <ul style="list-style-type: none"> • has few close trusting relationships with others; • finds it difficult to be warm, open and concerned about others; • is isolated and frustrated in interpersonal relationships; • not willing to make compromises to sustain important ties with others. |
| Purpose in life | 1. High competency involves a person that <ul style="list-style-type: none"> • has goals in life and a sense of directedness, • feels there is meaning to present and past life, • holds beliefs that give life | 1. Low competency <ul style="list-style-type: none"> • Lack of sense of meaning in life; • has few goals or aims, • lacks sense of direction; • does not see purpose |

| | | |
|-----------------------|---|---|
| | <p>purpose</p> <ul style="list-style-type: none"> • has aims and objectives for living. | <p>in past life;</p> <ul style="list-style-type: none"> • Has no outlook or beliefs that give life meaning. |
| Environmental mastery | <p>1. High competency in this dimension involves a person that</p> <ul style="list-style-type: none"> • has a sense of mastery and competence in managing the environment. • Controls complex array of external activities, • makes effective use of surrounding opportunities • is able to chose or create contexts suitable to personal needs and values. | <p>1. Low competency</p> <ul style="list-style-type: none"> • has difficult managing everyday affairs; • feels unable to change or improve surrounding context; • unaware of surrounding opportunities; • Lacks sense of control over external world. |
| Self acceptance | <p>1. High competency of self acceptance involves a person that</p> <ul style="list-style-type: none"> • possesses a positive attitude towards the self, • acknowledges and accepts multiple aspects of self including good and bad qualities • feels positive about past life. | <p>1. Low competency</p> <ul style="list-style-type: none"> • feels dissatisfied with self; • is disappointed with what has occurred in the past life; • is troubled about certain personal qualities • wishes to be different than he or she is. |
| Autonomy | <p>1. High competency in autonomy involves a person that</p> <ul style="list-style-type: none"> • is self- determining and independent, • is able to resist social pressures so as to think and act in certain ways, • regulates behavior from within • evaluates self by personal standards. | <p>1. Low competency</p> <ul style="list-style-type: none"> • Is concerned about the expectations and evaluations of others; • relies on judgments of others to make important decisions; • conforms to social pressures to think and act in certain ways. |

Resource: Ryff, (1989)

These six dimensions of psychological wellbeing were operationalized through various items in a questionnaire and interview schedules. The questionnaire had sixty (60) items testing different dimensions.

The interview guide was aligned along the six dimensions of psychological wellbeing. The findings from both qualitative and quantitative analyses on how the women perceived the group therapy to have worked for them on their psychological wellbeing, are presented and discussed in relation to each dimension of psychological well being.

Although participants answered all sixty (60) items expressing how group therapy had worked for them in restoring their psychological wellbeing, few examples of their responses in each psychological dimension are presented to demonstrate the general overview of the effectiveness of group therapy. For detailed responses, see appendix 9.

The responses are presented in the following order:

- Personal growth dimension
- Positive relations with others
- Purpose in life
- Environmental mastery
- Self acceptance
- Autonomy

4.3.3.1 Personal Growth Dimension

The first dimension of psychological wellbeing that is presented is personal growth. According to Ryff (1989), personal growth is manifested through aspects such as high competency, which involves a person that has a feeling of continued development, sees

self as growing and expanding and is open to new experiences. Personal growth is also demonstrated by individuals being open to new experiences, has sense of realizing his or her potential, and sees improvement in self and behavior over time. Further, a person who is changing in ways that reflect more self-knowledge and effectiveness can be said to be experiencing personal growth. These aspects were captured in the standardized tool to which the participants responded. The findings are shown below.

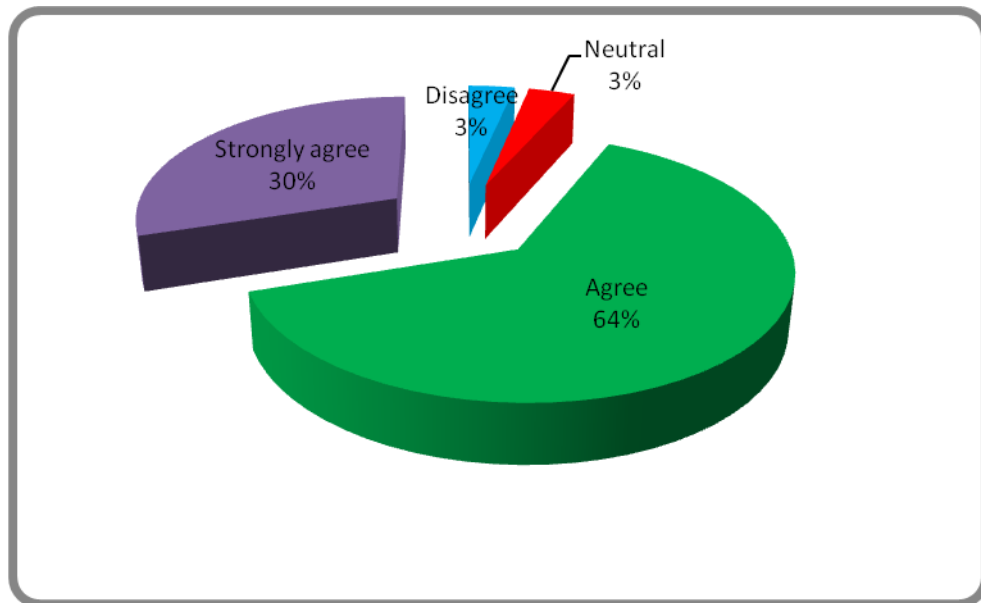


Figure 4.1 For sexually violated women life has been a continuous process of learning, changing and growth through group therapy

This figure indicates that 64% of the respondents agreed that life has been a continuous process of learning, changing and growth in group therapy, and 30% strongly agreed. Only 3% disagreed, while 3% neither disagreed nor agreed. From this information it is clear that the members of Ibuka group therapy perceived the group therapy to have impact on their personal growth. The findings of this study are in line with American

Counselor Association, which argued that group counseling makes it possible for members to achieve personal growth in a rapidly changing global society. Research on group counseling suggests that this intervention is rather robust for a variety of social/emotional concerns (Gerrity & DeLucia-Waack, 2007; McGannon, Carey, & Dimmitt, 2005; Paisley & Milsom, 2007; Whiston & Sexton, 1998). Therefore, it is not surprising that most of the respondents viewed group therapy as helping them in personal growth.

As can be seen, the women confirmed that they have learnt new ideas and changed their ways of life. This is an indication of the positive outcomes of group therapy. According to Sheldon, Kasser and Share (2002), difficult experiences may help people gain new insight, rediscover important values, or escape from deep-seated or long-enduring problems. Similarly, the process of overcoming and/or learning from life's challenges often results in the gaining of important experiential knowledge that are characterized as growth (Peterson & Deuschle, 2006).

In essence, personal growth is associated with the ability to learn from life's challenges or struggles. As highlighted earlier, the sexually violated women had a lot of psychological challenges. They were stigmatized, rejected and they had given up in life, but as we can see from the figure, they are learning and growing.

The growth of respondents is demonstrated through different aspects such as making improvements in their lives as indicated below in figure 4.2.

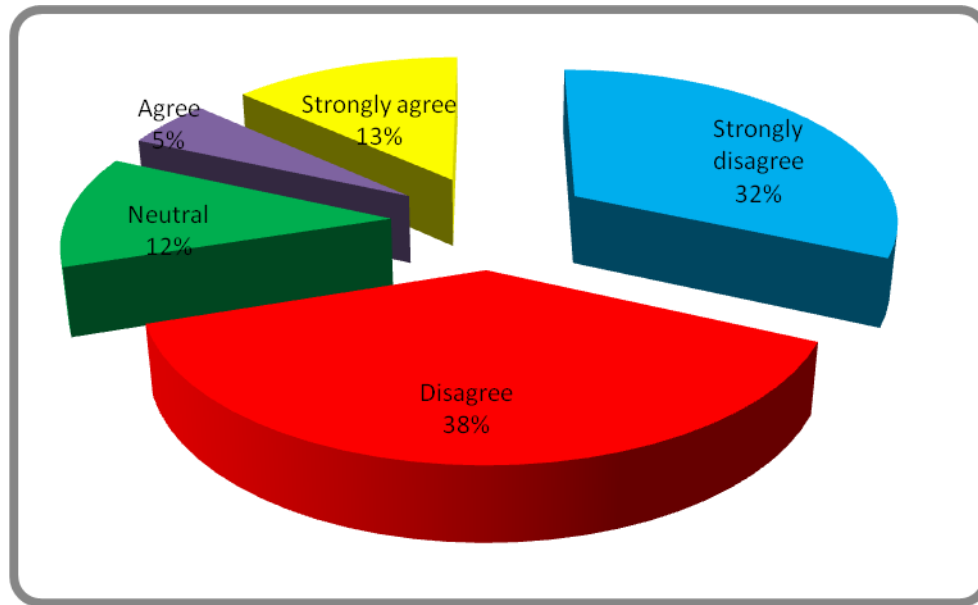


Figure 4.2 Sexually violated women gave up on making improvement in their lives

In this figure presented above, the results indicate that 38% of the respondents disagreed on giving up making improvement in their lives, 32% strongly disagreed, 13% strongly agreed, 5% agreed and 12% neither disagreed nor agreed. In general, 70% of the respondents disagreed with the statement, which could imply that they make plans for their lives. Personal improvement is a proactive process of striving to achieve personal goals.

Personal goals represent individuals' sometimes tentative and usually difficult attempts to achieve new levels of positive adaptation within their lives (Emmons, 1996; Snyder & Cantor, 1998). The sexually violated women are in the process of adaptation in their lives. The trauma experienced may have negatively affected them, but through group therapy they are improving. According to Sheldon et al., (2002), personal goals can be important vehicles for self-discovery and psychological need satisfaction.

Self-improvement may be seen as a process of pursuing and attaining personally meaningful values in life that enhances personal development. The implication is that group therapy contributed to personal growth of the sexually violated women in restoring their psychological wellbeing.

Accordingly, data revealed that women were actively taking care of their health, undeterred by what the larger society felt about them, as part of self improvement. It is portrayed in the figure below.

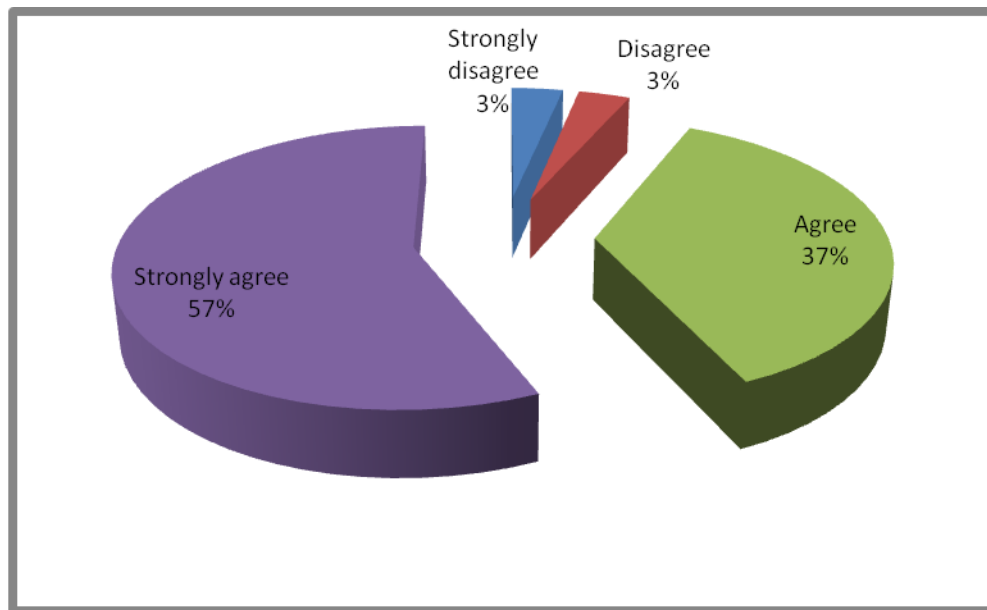


Figure 4.3 Sexually violated women do not fear to go to health centers for treatment

From the figure above, sexually violated women do not fear to go to health centers for treatment, where 57% of the participants strongly agreed, 37% agreed, while 3% strongly disagreed and 3% disagreed respectively.

This showed that majority of the survivors of sexual violence under Ibuka group therapy frequent the health centers for treatment as was contrary to their first time before joining Ibuka group therapy sessions.

They shared information amongst themselves regarding the cases experienced by everyone, which later made it easier to adopt strategic measures for their positive future. This shows that Ibuka group therapy had a positive impact on their personal growth to restore psychological wellbeing of the sexually violated women. As Hefferon et al., (2012) said, patients feel that by building physically stronger bodies, they are able to build psychologically stronger minds. In relation to this study, sexually violated women were able to go to health centers for treatment, which contributed to their psychological improvement.

The qualitative results from face to face interview corroborated with quantitative results as it can be seen from this quote of one respondent from Kinigi Sector:

``Mfite umwana nabyaye kubera gusambanywa ku ngufu ariko nahoraganaga ibibazo kubera we. Yambazaga ise uwo ari we, umuryango akomokamo, akambaza nib koko ari ikivume cyavutse ku mwicanyi. Yambwiraga ko ku ishuri agira ikimwaro iyo bagenzi be bamubazaga se. Sinashoboraga gusinzira kubera ibyo bibazo bye ku ko hari aho byankoraga, ngahora nibaza ari ryari cg gute nzasohoka muri ibyo bibazo. Iri tsinda ryamfashije kumera neza n' umwana wange, ubu aratuje kandi tubanye amahoro. ``

This literally means,

“I have a child born of sexual violence and had troubling questions from him, for instance: who is my father? Which is my family? Am I really a curse born from a killer? At school he was ashamed when classmates asked him who his father was, as he used to tell me. I could not sleep with all these questions in my mind and I wondered when and how all this would end. With the help of this group my child and I were counseled, my child is stable at school with other kids and we are living peacefully.” One woman from Kinigi Sector said.

Basing on the above ideas from the respondent, group therapy enabled her to get useful information about how to handle her problem and the problem with her child. She sent

the child to a mental health center from where the child's psychological well being got better. It is from this sense, therefore, that Ibuka group therapy benefited both the mother and the child. They now relate positively within their family and the community surrounding.

4.3.3.2: Positive Relations with Others

Positive relations as a sign of psychological wellbeing, is marked by a person's warm, satisfying, and trusting relationships with others. It also involves the concern about the welfare of others, being capable of strong empathy, affection, and intimacy and understanding the give and take of human relationships. It was, therefore, important to establish how women who were sexually violated got along with others. The sexually violated women were asked to respond to the questions relating to relationships. The results are shown below:

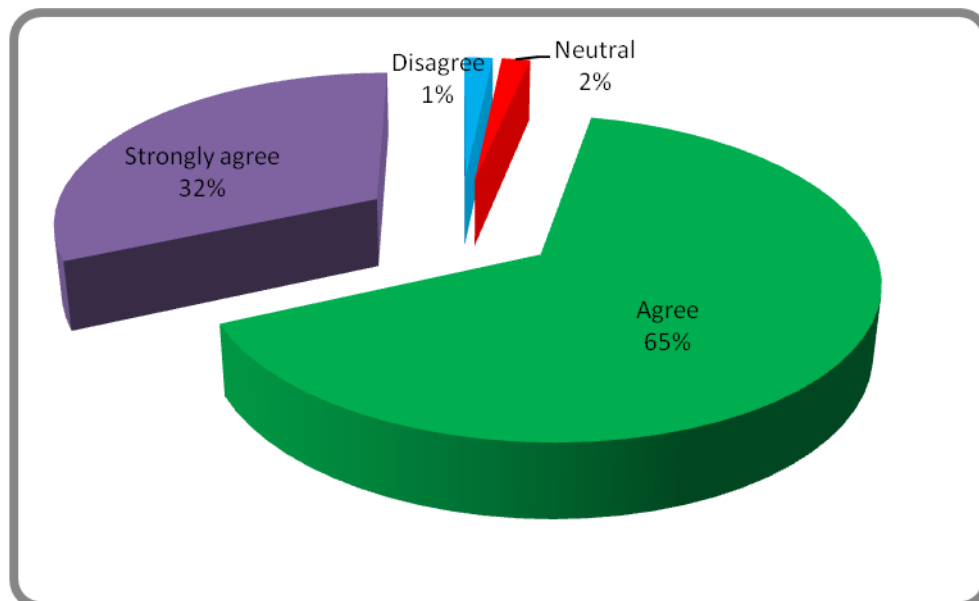


Figure 4.4 Sexually violated women trust their friends and their friends trust them too

According to the above figure, 65% of the respondents agreed that they trust their friends and their friends trust them as well, 32% strongly agreed, 1% disagreed, while 2% neither agreed nor disagreed. This indicates that group therapy has been helpful to the sexually violated women because their relations improved. They had a good understanding of each other's experience in a friendship way in the sense that everyone is concerned with each other's problems, thus restoring their psychological wellbeing.

According to Demir & Özdemir (2010), friendships may stimulate positive emotional experiences in one's lifetime and is correlated to reports of overall happiness due to the companionship, and emotional security one may feel in this relationship. In line with their relations with others, respondents testified to have experienced an improvement from companionships of the group members as one woman had this to say:

`` Nyuma yo gusambanywa ku ngufu sinashoboraga gusuhuza abantu twahuraga ahubwo nubikaga umutwe kubera ikimwaro narimfite, nkagenda nibaza icyo bantekerezaho. Maze kuza muri iri tsinda, bagenzi bange bambwiye ko ntakinyabupfura kirimo guhita kubantu utabasuhije ko ahubwo aribyo byari gutuma bibazo ikibazo mfite. Namenyeye ko abakoze ayo marorerwa aribo bakwiye kugira ikimwaro. Ubu narahindutse kandi uburyo bwange bwo kubanira abandi bwagiye buba bwiza``. A woman from Muhoza Sector said

Literally meaning:

``After experiencing sexual violence, I used to pass near people with my head down and I could not exchange greetings with my neighbors because of the shame I had and what they would think about me. Now, after joining group therapy, I learnt from the group members that it was bad manners to pass people without greeting them and that this could even surprise them concerning what was wrong with me. After all, it was to the violators to be ashamed. I am a changed person and have improved positively the manner in which I behave and relate with others``.

A woman from Muhoza Sector said.

Another woman from Kinigi Sector, during focus group discussions, also explained about the positive impact of group therapy. She narrated:

`` Nari narabaye igikoko kuko nahungaga abantu kubera gusambanywa ku ngufu. Maze kugera muri iri tsinda nize buhoro buhoro uko abandi bitwara kandi babanira abandi. Byatumye mpinduka ntangira kujya negera abandi ari abo mu itsinda ryacu cyangwa mu baturanyi, dufatanya kugirango dutenze ubuzima bwacu imbere``.

Literally meaning:

`` I had become like an animal as I feared people because of being sexually violated. But after joining the group I learnt slowly how other group members behaved and related to others. This instigated me to change and I started to approach others within my group and community, and supporting each other in order to improve our lives ``.

Respondents showed that they had no problem in understanding opinions of others; instead their relations with others had a positive impact because of Ibuka group therapy as indicated in figure 4.5 below.

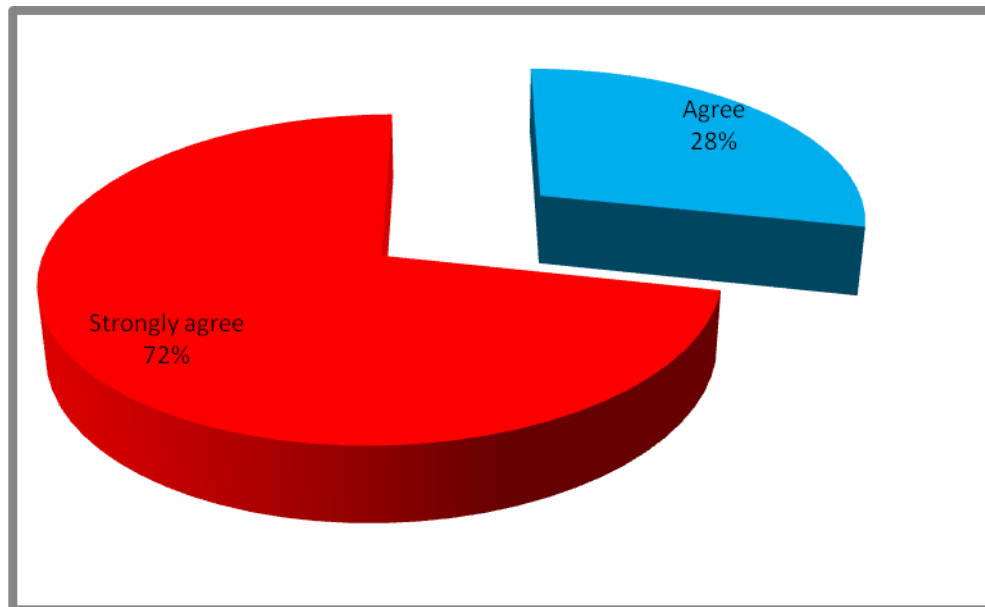


Figure 4.5 Sexually violated women have improved relations with others through group therapy

Statistical analysis of the above figure presents 72% of respondents who strongly agreed that they have improved relations with others through group therapy, and 28% agreed. Overall, a larger majority showed that group therapy has been useful in improving

relations of sexually violated women. This is an indicator of restoring their psychological wellbeing. Respondents showed that within the group, they got trust from each other by sharing their experiences and learnt how to relate positively with others from without.

The feeling of trusting others and being safe are central to members' feelings of acceptance (Thienemann, 2005). The effectiveness of sharing of one's inner world and then the acceptance by others is very important towards the psychological healing (Alexander, 1986). From the results of this study it is evident that women who participated in this study feel accepted and are interacting well with others. According to Ryff (1989), the ability to relate well is a strong indicator of psychological wellbeing. In addition, from the biopsychosocial theory that informed this study, the social aspect, which is directly related to interaction, is an indicator of psychological health. From psychodynamic perspective, social interest determines the psychological status of an individual (Harre, 1986). That means that if one feels that they are inferior they are likely to become psychopathological.

On the contrary, social superiority or acceptance leads to psychological wellbeing. The participants prior to joining the group felt inferior and shyed away from others. However, as can be seen from figure 4.5 above, they are now confident and can interact with others. In regard to relations with others, Bauneister and Leary (1995) noted that relationships with others are a central aspect of human existence and wellbeing. The effectiveness of group therapy in line with relations with others was as well noted during interviews, as one woman from Kinigi Sector said:

``Nyuma yo gusambanywa ku ngufu nabaye umunya mushiha, sinashoboraga kwihangana ngo ntege amatwi umuntu washakaga kumvugisha. Kubera iyo mpamvu abantu bambwiraga nabi noneho bikambabaza kurushaho. Ndibuka ko nahoraga mpanganye n' abantu twakoranaga ngahora n'urwaye umutwe. Ngeze muri iri tsinda nabonye ukuntu umuyobozi wa ryo aduha umwanya akumva ibibazo byacu, numva ndishimye na wa mushiha ugenda ugabanuka umunsi ku munsi. Byampaye isomo nange ntangira guha abandi umwanya no kubatega amatwi nkabumva``.

This Translated:

``After being sexually violated I became aggressive, I could not pay attention to anyone who wanted to talk to me and people were throwing abusive words to me which aggravated my suffering. I remember I was not on good terms with my workmates and I could always suffer from headache. From the group, I saw how the group leader took her time to listen to me and to others. I started to feel good and my aggressiveness reduced day by day. From then, I decided to listen and have time for others.``

Another woman from Busogo Sector testified as well how group therapy has been important to her. She said:

Ntaraza muri iritsinda nangaga abagabo bose nkabafata kimwe nk' abagizi banabi. Iyo nahuraga n'umugabo mu nzira numvaga ubwoba n'urwango. Natekerezaga ko yankurikiye ngo ansambanye ku ngufu kandi no mu ijoro sinsinzire kuko nibazaga ko yaba ari inyuma y'urugi rw' inzu ndimo. Ngeze mu itsinda numva mugenzi wacu wafashijwe n' umugabo, akamujiyana kwa muganga akaba ari nawe wamurangiyeye iri tsinda rya Ibuka. Nahise numva ko abagabo bose atari babi ntangira gusabana n' abantu bose ari abagore ari n'abagabo.

This literally translated as:

``Before joining group therapy, I hated men because I saw them as violators. Meeting any man on the way left me with fear and disgust. I always thought he would follow me to violate me again and at night I could not sleep thinking that he was behind my door. In the group, I heard how one of group members was taken care of by a man who even took her to the hospital and that the same man is the one who directed her to Ibuka group therapy. From then, I understood that not all men are bad. I started to see men and women the same as well as relating to both in the community``. A woman from Busogo Sector said

The implication of the above information is that sexually violated women found meaning in relating with others, thus they felt relieved and could speak their mind in improving their relations. Accordingly, despite their condition, they took part in various social activities as amplified by the findings in figure 4.6 below.

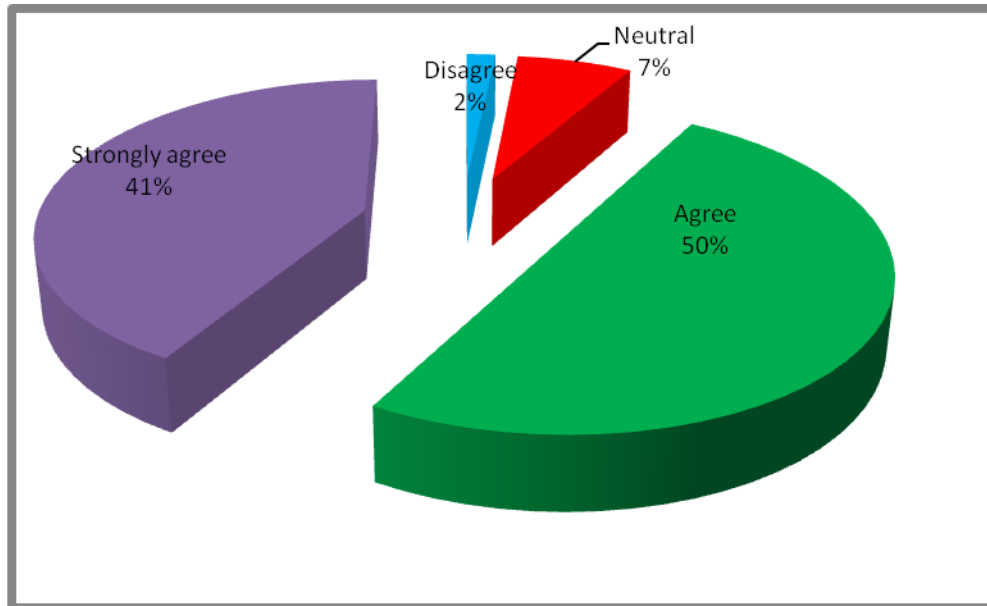


Figure 4.6 Sexually violated women participate in public meetings and other government activities

From the total sample of 60 sexually violated women, 50% of them agreed that they participate in public meetings and other government activities, 41% strongly agreed, 2% disagreed and 7% neither agreed nor disagreed. Hence, majority highly participate in public meetings and other government activities. With respect to the responses of the majority, it clearly indicates that group therapy helped sexually violated women to regain positive relations with others and that is working well to restore their psychological wellbeing. Fundamentally, group members attained much needed behavioral correction that improved their way of life in as far as relations are concerned. It will be recalled that this is one of the models used in CBT. In this model of group therapy, participants are helped to reconstruct their beliefs and change their behavior as they interact in the group.

Social learning is basically a development of social skills (Manor, 1994). From behavioral theories, the need to improve relations is more interactional oriented and patients learn about maladaptive social behavior from the honest feedback they offer each other in group interaction (Gelder et al., 2001).

Sexually violated women again testified of the benefits got from group therapy by which they felt accepted and valued in improving social relations. A woman from Busogo Sector expressed the importance of group therapy in the following words:

`` Nyuma yo gusambanywa ku ngufu sinashoboraga gusuhuza abantu twahuraga ahubwo nubikaga umutwe kubera ikimwaro narimfite, nkagenda nibaza icyo bantekerezaho. Maze kuza muri iri tsinda, bagenzi bange bambwiye ko ntakinyabupfura kirimo guhita kubantu utabasuhije ko ahubwo aribyo byari gutuma bibazo ikibazo mfite. Namenyeye ko abakoze ayo marorerwa aribo bakwiye kugira ikimwaro . Ubu narahindutse kandi uburyo bwange bwo kubanira abandi bwagiye buba bwiza``.

Literally meaning:

``After experiencing sexual violence, I used to pass near people with my head down I could not exchange greetings with my neighbors because of the shame I had and what they could think about me. Now, after joining group therapy, I learnt from the group members that it was bad manners to pass by people without greetings and that this could even surprise them concerning what was wrong with me. After all, it was to the violators to be ashamed. I am a changed person and improved positively the manner in which I behave and relate with others``.

Another woman from Kinigi Sector, during focus group discussions also explained about the positive impact of improved social skills gained and had this to say:

`` Nari narabaye igikoko kuko nahungaga abantu kubera gusambanywa ku ngufu. Maze kugera muri iri tsinda nize buhoro buhoro uko abandi bitwara kandi babanira abandi. Byatumye mpinduka ntangira kujya negerera abandi ari abo mu itsinda ryacu cyangwa mu baturanyi, dufatanyaga kugirango duteze ubuzima bwacu imbere``.

Literally meaning:

`` I had become like an animal as I feared people because of being sexually violated. But joining the group I learnt slowly how other group members behaved and related to others. This instigated me to change and I started to approach others within my group and community, supporting each other in order to improve our lives``.

According to the information from the respondents above, it would make sense that relationships can provide a great deal of meaning in life.

4.3.3.3: Purpose in Life

With purpose in life, an indicator of psychological wellbeing, a person has goals and the sense of direction in life, and feels life in both present and past has a meaning. He/ she believes that goals give life a purpose and objectives. In line with this, there was need to verify whether group therapy had enhanced a zeal of purpose of life in the women that were sexually violated in the 1994 genocide. The constructs indicating purpose in life were operationalized in ten (10) items (see appendix 6). A few of the findings are presented below.

One of the indicators for purpose of life is if an individual makes plans for the future. Hence, the women were asked to state if they enjoy making plans for the future. The findings are shown in figure 4.7 below.

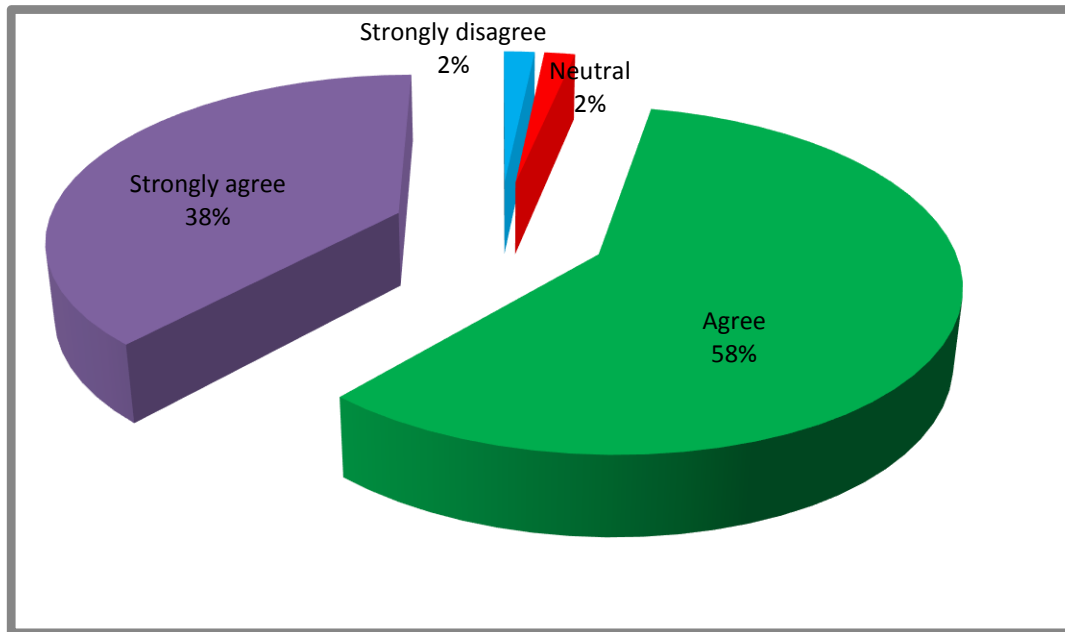


Figure 4.7 Sexually violated women enjoy making plans for the future and making them a reality

Statistical findings from the above figure indicate that 96% of the respondents agreed that they enjoy making plans for the future and making them a reality, 2% strongly disagreed, while 2% neither agreed nor disagreed. This shows that majority of respondents make plans for their future, which is a clear demonstration of having purpose in life. Despite the fact that a small number disagreed and another small number of respondents were not sure as to whether they had plans, the majority do make plans for their lives. The few who appeared not to make plans may be attributed to the different levels of healing due to individual differences (Andrew & Bonta, 2005). Different members adapt to learning at different levels but high scores show that sexually violated women are interested in life and they have hope for their future.

Furthermore, from qualitative findings, respondents revealed how group therapy had a positive effect in as far as their purpose in life is concerned:

``Iyo naryamaga sinashoboraga kwizera ko ejo nzabyuka. Kuba muri iri tsinda byahinduye imitekerereze yange, ku ko maze kubona ko abandi babaye nkanjye bafite umuhate wo kubaho, nahereye ko ntangira imboga mu isoko none ubu mfite abangurira benshi kandi ubuzima bwange bugenda bumera neza kurushaho.`` One woman from Busogo Sector said.

Literally translated as:

``Whenever I slept I never hoped to wake up the next day. Being in group therapy changed my mind set, because of seeing other group members motivated in life, I started from then selling fruits in the market and by now I have many customers and my life is getting better.`` One woman from Busogo Sector said.

Purpose in life was again testified by the participants when asked whether they hoped to live better lives ahead. Their responses are represented in the figure below:

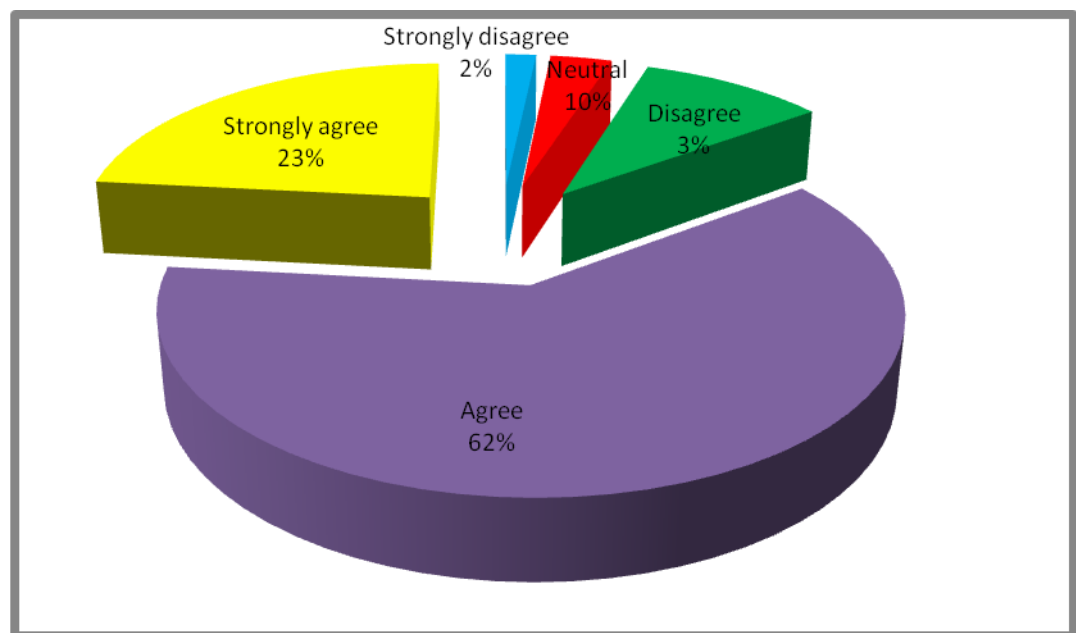


Figure 4.8 Sexually violated women hope to live better lives ahead

As can be seen from the figure above, 62% of the respondents agreed that they hoped to live better lives ahead, 23% strongly agreed, 3% disagreed, 2% strongly disagreed and 10% neither agreed nor disagreed. The response indicates that the group therapy was working for the majority of women who were sexually violated in the genocide in as far

as having purpose in life. These findings resonate with Yalom (1989), who stated that curative factors in group therapy have power of installing hope among the participants.

However, as can be seen, not all members are benefiting as indicated by 5% who disagreed and the 10 % who seem unsure about their status. This could be attributed to individual difference in which people learn and respond differently to different programs. From rehabilitative theory, Andrew & Bonta (2005) have argued that people respond differently to programs depending on their own style of learning. In what they describe as responsiveness, they argued for assessments to determine the responsiveness of individuals to programs. Elsewhere, from the analytic theories of counseling, Nelson-Jones (2011) citing Jung argues for flexibility in the practice of psychotherapy. Therefore, although the percentage of those who are not benefiting is small, it is important that they are taken into account when planning and administering therapy.

However, qualitative results showed that participants recognized the usefulness of group therapy in bringing about purpose in life. This was expressed in the following words during interviews as

one woman from Busogo Sector said:

``Iyo naryamaga sinizeraga kuramuka ntanigitekerezo nagiraga cya gahunda z'umunsi ukurikiraho, ariko iri tsinda ryarampinduye nsigaye ngira gahunda mu buzima nk'abandi. Nanafunguye konti muri banki kugirango nteganyirize ejo hazaza``.

Literally translated as:

`` Whenever I slept I never expected to be alive the next day. I never had plans in my mind about what I could do the following day. But being in a group changed me and I have plans about life as other people do. I have even opened an account in a bank to save money for the future. ``

Another respondent declared the positive role of group therapy in ameliorating her purpose in life. She said:

Kuva nasambanywa ku ngufu, numvaga narapfuye mpagaze ntagitekerezo cy'icyo nakora. Nashoboraga kuryama nkabyuka ari uko imbavu zinaniwe. Ndashimira iri tsinda ku ko mbanarapfuye. Narijemo, numva ingamba zabo mukwiteza imbere nange bintera gufata umwanzuro wo kubaho neza mu buzima. Ryamvanye aho nari nigonze mu mwijima none ubu ncuruza imboga bigatuma icyo nshatse nkiha``.

Literally means:

After being violated I was dead alive with no thought of what to do. I could sleep and wake up only when my ribs were tired. Thanks to the group for I could have died. In the group I heard the projects of others and was motivated to life. I feel like this group curtain raised me out of darkness and I am now doing my small business of selling vegetables which has helped me to get what I need.``

From the respondents' information, it is evident that they improved economically as a result of group therapy that motivated them, and gave them a purpose in life and hope for the future. They are involved in activities that bring them incomes, which support them in what they need. In line with this, the results confirmed what previous researchers discovered, where they said that financial capability is positively correlated with psychological health and that improvement in financial capability is associated with improvement in psychological health, while a decline in financial capability is associated with declines in psychological health (Weich & Lewis, 1998).

To verify more about their purpose in life, respondents were asked whether they lived a harmonized life. Therefore, the study sought to find out if they lived life one day at a time without thinking about the future. The responses to the question are shown in figure 4.9 below.

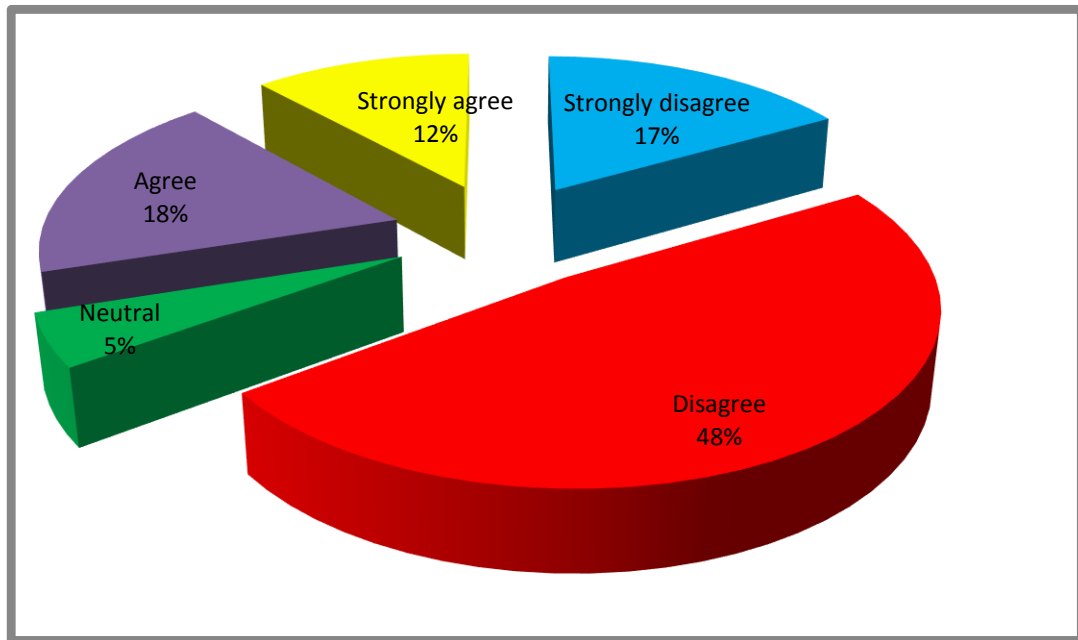


Figure 4.9 Sexually violated women live life one day at a time and do not think about the future

Basing on the statistical results from figure 4.9 above, 48% of the respondents disagreed with the statement that they live life one day at a time without thinking about the future, 17% strongly disagreed, 18% agreed, 12% strongly agreed and 5% neither agreed nor disagreed.

Thus, to the respondents, the group therapy has shown a positive impact to their purpose in life and the process of restoring their psychological wellbeing.

The findings about the effect of group therapy to the purpose in life of women that have been sexually violated were further reinforced in the focus group discussions as shown below:

Mbere yo kujya muri iri tsinda nahoraga nihebye ntekereza ko ibyambayeho ari urwandiko rwange. Sinashoboraga gutekereza ko hari abandi duhuje ibibazo. Byambereye nk' igitangaza binduhura ibibazo narimfite kubona ko atari jye jyenyine. Biradufasha kuganira no kumva ibibazo bya buri wese ngo dufatanye kubibonera ibisubizo ubuzima bukomeze (focus group discussion, a woman from Kinigi Sector).

Literally translated as:

“Before joining group therapy I always felt in despair with the feeling that what I experienced was my destiny. I could not think that there were others with the same problem. It has become like a miracle to find I was not alone and this helped me to get relieved of my problems as we shared our experience and understanding of our situation and trying to find solutions while moving forward”, she said (focus group discussion, a woman from Kinigi Sector).

As can be deduced from the quote above, the women that had been sexually violated had despaired. However, from the group therapy, these women decided to find solutions to their problems and to move on with their lives. Again, from this quotation, this woman felt relieved after realizing that she was not the only one suffering from the unspeakable event. The fact that this woman seemed relieved from what happened to her; it does not overlook the great suffering she experienced but where more than one join hands together, they are able to accomplish a lot.

It seems that purpose in life has been instilled among respondents under Ibuka group therapy. From existential therapies, everything begins with the future. Sartre (2003) observes that the projects of the future are aimed at improving the lives of an individual. Franklyn (1984) on the other hand argues that the greatest motivation in human life is finding meaning. Accordingly, having plans about the future can be interpreted as giving life meaning, hence enabling individuals to “hurl” themselves into the future with imagination that they can make their future better. Plans for the future can also be said to address an existential vacuum that had engulfed the women who were sexually violated during the genocide. It will be recalled from objective one and two that respondents had despaired. The existentialists emphasize meaning making as an individual endeavor as there is no meaning for life without self creation.

Therefore, as the respondents in group therapy described their changing situation and appeared to be regaining hope, purpose in life and adaptation to their surroundings, are indicatives of their enhanced psychological well being.

4.3.3.4: Environmental Mastery

According to Ryff (1989), environmental mastery is characterized by mastery and competence of a person in managing the environment, control of external activities, the use of surrounding opportunities and ability to create suitable personal needs and values. These aspects were captured when participants responded to questions on how they lived their life styles within the community and fulfilling their responsibilities. The findings are shown as follows.

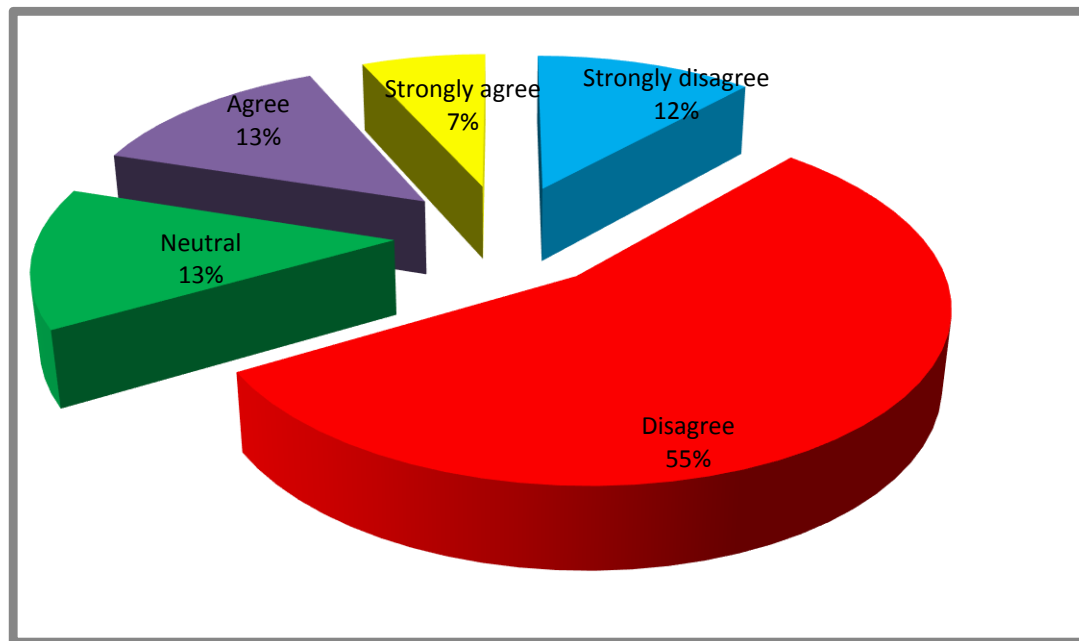


Figure 4.10 Sexually violated women do not fit in very well with people and the community around them

Results from the above figure indicate that 55% of the respondents disagreed with the statement that they do not fit in very well with people and the community around them, 12% strongly disagreed, 13% agreed, 7% strongly agreed and 13% neither agreed nor disagreed.

The information shows that women who had been sexually violated fit in with people and the community around them, which is a clear sign that group therapy has been useful to them in as far as environmental mastery is concerned. The respondents portrayed how the knowledge received from group members was useful in relation to the management of the community around them. As it has been found that environmental mastery and positive relations correlate positively with life satisfaction (Giovanni, 2013), respondents showed that group therapy helped them gain life satisfaction in as far as fitting in the society is concerned. They declared that group therapy permitted members to enjoy healthy interaction with the new family (group members), unlike their previous biological families that neglected/rejected them.

Accordingly, the new family showed them love and they now lived a better life. This was testified by the respondents during focus group discussions. One woman from Busogo had this to say:

`` Nkunda iri tsinda ryacu, ni ukuri ni umuryango nabonye. Ni ubwambere narize nkanasohora ibyambayeho ku ko nari narahejwe n' umuryango mvukamo. Nashoboraga kwihisha ahantu nkigunga amasaha menshi igihe cyose natekerezaga kubyambayeho, ariko ubu mbanye neza n' umuryango wange n' abaturanyi``.

This literally translated as:

`` I love this group; it is such a real family that I found. It was my first time to cry like I did and explained what I experienced as I was quarantined by my biological family. I could always go to a hidden place for some hours whenever I thought about what had happened to me. But now I am in good relations with my family and neighbours ``.

From this quote, it is understood that respondents faced loss of their families and some others felt unacceptable within their family and the society at large. For them to find where they could belong, group therapy played an important role of providing a sense of belonging and mastery of the environment. Humanistic psychologists have emphasized a sense of belonging as an important aspect of psychological well being. Maslow's theory of hierarchy of needs places a sense of belonging as the third most important need in human life. People who perceive not to have a sense of belonging experience isolation that may lead to poor health. Group therapy brings about acceptance, belonging and opportunity to release conscious and unconscious feelings of these sexually violated women for their betterment in day to day life (Donelson, 1983; Yalom, 1989; Cooper, 2003).

Group therapy offered them the possibilities of interactions with group members who imparted corrective new behaviors that allowed respondents to relate positively with

their previous parents, siblings and the community at large (Bloch, 1986; Corey & Corey, 2012).

Respondents agreed that through group therapy, they learnt to be human beings as opposed to the time prior to group therapy where they viewed their life as meaningless and could spend many days without going out of their houses for fear of meeting other people.

One woman from Busogo Sector explained this during focus group discussion:

``Kuba narasambanyijwe kungufu byatumaga ndashobora kujya aho abantu bari ntiny icyo bantekerezaho. Maze kugera muri iri tsinda, twaganiriye kubyatubayeho nsanga sijye jyenine byabayeho kandi namenyako atari mu Rwanda honyine byabaye. Kuri jye iri tsinda ryatumye ntesha agaciro ibitekerezo bibi narimfite, nemera ubuzima bwange uko buri. Ubu sinkiri umunyabwoba, nshobora gusabana n' abandi kandi ubu ndi mubikorwa binyuranye byo kunteza imbere``.

Literally means:

``Having been violated, I could not go to places where many people were gathered for fear of what they would think about me. When I joined Ibuka group therapy, we discussed what we experienced and realized that I was not alone and learnt that it happens and not only in Rwanda. For me the group helped to demystify my situation and I accepted realities of my life. I am no longer fearful, I can appear in public places and I am engaged in activities which are beneficial to my life.``

In the same line, another woman from Kinigi Sector said in an interview:

``Ntaraza muri iritsinda nahoraga nigunze. Sinatekerezaga kuzongera kuba umuntu ukundi bitewe n' ibyambayeho. Ndashima iri tsinda rya Ibuka ku ko ubu nzi ko buri muntu kuri iyi si agira umutwari we kandi ko tugomba kurwana intambara kugirango ubuzima bwacu bumere neza``.

Translated literally as:

`` Before joining this group I was always in the hideout. I could not think of becoming a human being again because of what happened to me. Thanks to Ibuka group therapy because I now know that in this world everyone has his/her own burden and that we are here to struggle for the good of our lives.``

These quotes of the women portray the benefit of environmental mastery as a result of group therapy. Respondents felt relieved because they found themselves intergrated in the community and liked their ways of living as the figure below indicates.

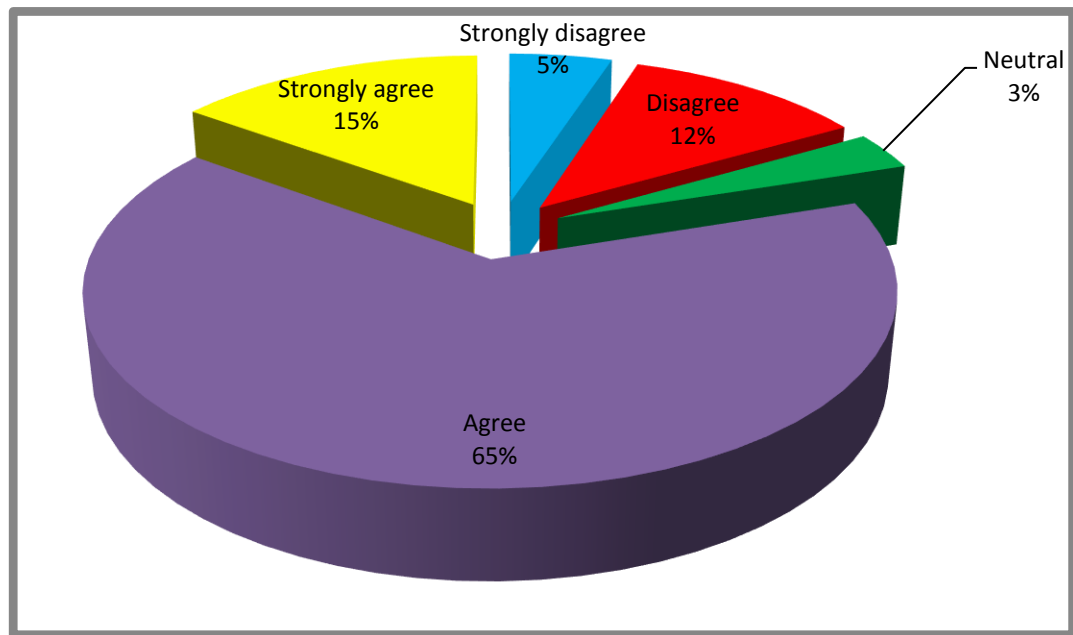


Figure 4.11 Sexually violated women have been able to like their homes and life styles in which they live

The above figure presents statistical results that 65% of the respondents who agreed that they have been able to like their homes and life styles in which they live, 15% strongly agreed, 12% disagreed, 5% strongly disagreed and 3% neither agreed nor disagreed. High responses show that group therapy has had a useful impact to their psychological wellbeing through environmental mastery. They accepted their ways of living and were reintegrated to the community around them.

Women that had been sexually violated seemed unaware of how to get solutions to their problems before joining Ibuka group therapy. They said that from their interaction with other group members they exchanged ideas and information, which had useful results in as far as their psychological problems were related. Respondents said that they were able to know where to get necessities and other facilities that were to help them in their lives. One of them had this to say:

`` Narimfite ibibazo munda ibyara byo guhora mva kandi narihebye. Numvaga rwose ntakiri umuntu no kujya kwivuza sinabitekerezaga ahanini kubera gutinya abambona. Ndashimira iritsinda ryacu kuko ryanyumvishije ko ndi ingirakamaro kuri jye no kumwana wange, ko ngomba kwivuza nkanarya neza. Ubu mfite resitora imfasha kubona icyo nkeneye n'umwana wange. Nsigaye mvigana neza n'abaje muri iyo resitora kandi ari nako nshishikariza abaturanyi kumpa icyashara. Narabyibushye, sinkirara munzozo mbi kandi nizeye kuzabaho neza``.

Literally this is translated as:

`` I had gynaecological problem of continuous bleeding and did not have courage to go to the health centres for medications because I feared people. I never regarded myself as a human being any longer. Thanks to members of this group, because they explained and convinced me how important I am for myself and my child. I knew from them how I can eat well and go for treatment. Now I have a small restaurant to support me and my child. Now I can communicate to my clients and market my business within the surroundings with no problem. I gained some weight and can sleep well for I no longer have nightmares and also hope to live better.'' A woman from Muhoza Sector said.

Another woman from Kinigi Sector narrated this during focus group discussion:

`` Nahoranaga isoni n'ikimwaro kubera ibyambayeho. Nanatekerezaga ko umuntu antutse cyangwa akampohotera ntagira icyomvuga ku ko numvaga ntari umuntu nk'abandi. Muri iritsinda niho nameneye ko ntagomba kwiheba kubera ko nasambanyijwe ku ngufu kandi ko ndi nk'abandi bantu. Twaganiriye ibyatubayeho, dufata umwanzuro wo kwigirira icyizere. Ubu nshobora gutanga igitekerezo cyanjye mu bantu kandi mbana na bo neza``.

Literally translated as:

`` I was always humiliated because of the sexual violence I experienced. I used to think I could not complain if anyone insulted me for I was not considered a human being. From the group I knew I didn't need to worry, I am a human being like others. What happened to me could as well as have happened to others. We exchanged our experiences and I became confident from then. I can now relate normally with others in the society where I live and have a say like others.'' A woman from Kinigi Sector narrated.

From the above quotes, it is realized that group therapy has had positive impact to the women's environmental mastery dimension of psychological wellbeing. They learnt to face their limitations with greater candor and courage (Kanas, 2005). In line with the research findings, sexually violated women developed the courage to face the realities of their lives, where they accepted life situations in which they lived, understood that what happened to them could easily happen to others; and no longer felt despair to the extent of fearing other people in the community surrounding them as is illustrated below:

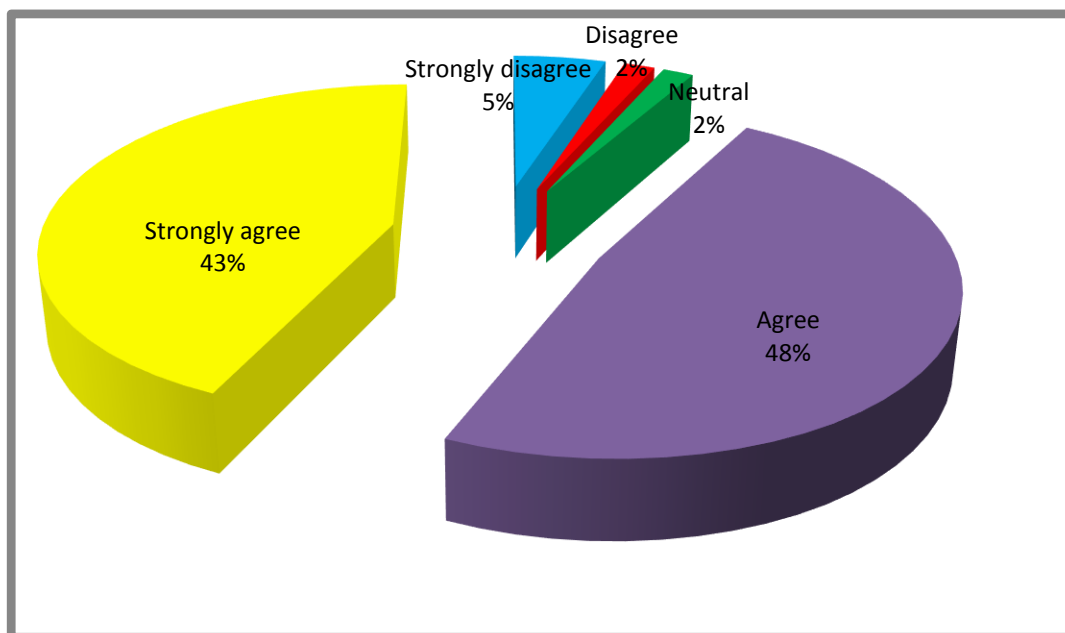


Figure 4.12 Sexually violated women have coped with life and their surroundings

From the figure above, statistical findings showed that 48% of the respondents agreed that they have coped with life and their surroundings, 43% strongly agreed, 2% disagreed, 5% strongly disagreed and 2% neither agreed nor disagreed. The majority having responded positively by agreeing to the statement is a clear indication that group

therapy has had a good impact on the respondents' psychological wellbeing because they have adapted themselves in the community around them. According to Phillips (1961) & Park, C. (2010), environmental mastery helps in the management of many responsibilities of peoples' daily lives, hence bringing a positive change in psychological wellbeing.

From qualitative results, a woman from Busogo Sector during focus group discussions supported the positive effect of group therapy and she had this to say:

`` Nageze muri iri tsinda banyakirana urugwiro ntari narigeze mbona mu muryango wange no mu baturanyi. Numvise nishimye ntangira kwisanzura ku ko nabonye ko ari umuryango Imana inzaniye. muri iri tsinda nahigiye kumva abandi bantu no kumenya kubana nabo neza``.

This is literally translated as:

`` When I reached group therapy, group members received me warmly. I had missed this during the time I was not yet in the group because I was ignored by my siblings and neighbors. I felt happy and understood and that this was a family God had brought to me and I started to feel at home. I learnt from the group how to adapt myself with the surroundings and to understand everyone in the community``.

From the quote above, sexually violated women indicated the usefulness of group therapy as they have been able to adapt themselves to the life of their surroundings.

4.3.3.5: Self Acceptance

Self acceptance is one of the dimensions of psychological well being and is manifested through aspects such as having a positive attitude towards self, acknowledgement and acceptance of multiple aspects of self inclusion of good and bad qualities. It is also a manifest of positive feeling about past life. It was, therefore, important to verify by requesting women who were sexually violated to respond to the questions asked on whether they accepted their life situations, and regained freedom within conditions

surrounding them despite what they went through. The results are shown in the figure below:

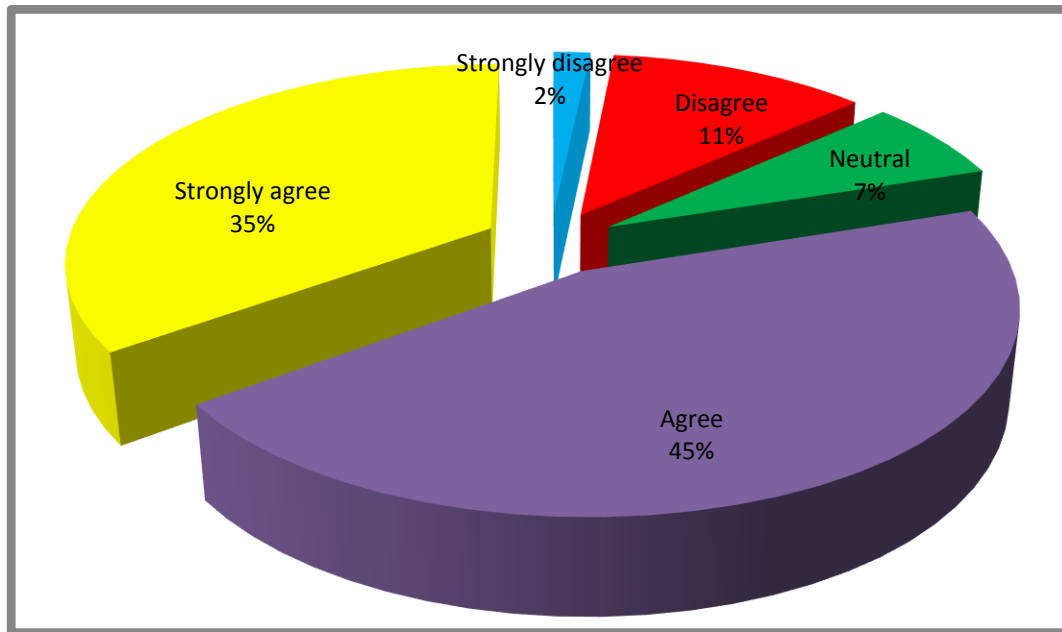


Figure 4.13 Sexually violated women accept the situation of their lives

The above figure shows that 45% of the respondents agreed that they accept the situation of their lives, 35% strongly agreed, 11% disagreed, 2% strongly disagreed and 7% neither disagreed nor agreed. This statistical information indicates that group therapy has helped the respondents to accept their situations for the betterment of their lives. Chamberlain & Haaga (2001) argued that self-acceptance is crucial to mental health.

The absence of the ability to unconditionally accept oneself can lead to a variety of emotional difficulties, including uncontrolled anger and depression. From the figure above, the respondents showed that they are on their way to recovery, and appear to accept their lives and live positively despite what they went through, thus have positive

self acceptance, which is an indicator of psychological wellbeing. This was realized as well from qualitative data where one respondent from Muhoza had this to say:

`` Hari igihe numvaga umubiri wange ntacyo umaze,uvuze kubera ibyamabyeho muri itsembabwoko rya 1994. Numvaga rwose ntari ikiremwa muntu nk'abandi. Ariko aho mariye kugera mu itsinda ryacu, nongeye guha agaciro umubiri wange, numva umfiteye akamaro.

Literally translated as:

`` I used to see myself as nobody and being odd as a result of what I experienced. I knew I was no longer a human being. After joining the group, I valued my body and saw it as important to me no matter what I went through during 1994 Tutsi genocide``.

Chamberlain & Haaga (2001) said that the potential to accept one's self, to get rid of emotional, uncontrolled anger and depression difficulties contributes to the psychological wellbeing of the patients.

Respondents' sense of acceptance was also tested further to establish how the women felt in comparison with others. The results are shown below.

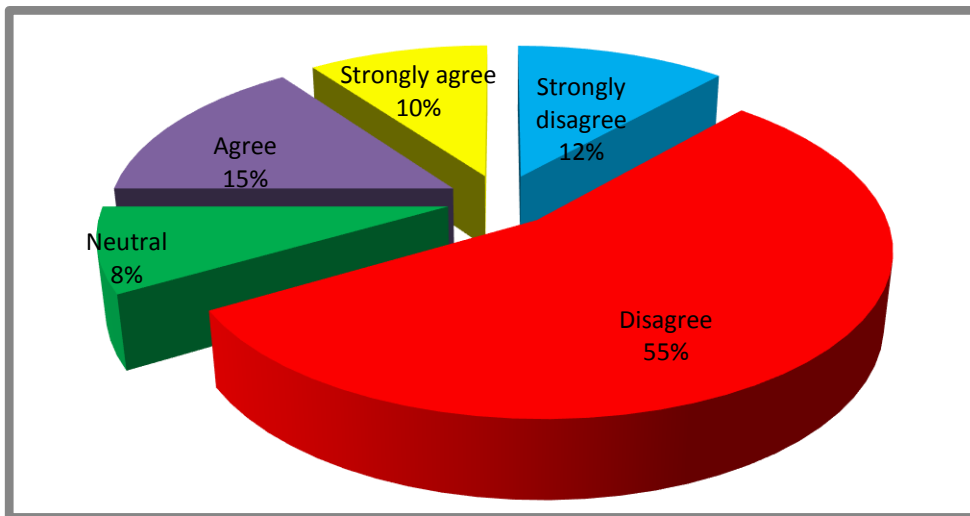


Figure 4.14 When sexually violated women compare themselves with friends, it makes them feel bad about who they are

The findings from the above figure indicate that the majority, 55% of the respondents, disagreed with the statement that when they compare themselves with friends it makes them feel bad about who they are, 12% strongly disagreed, 15% agreed, 10% strongly agreed and 8% neither agreed nor disagreed. This information indicates that group therapy helped sexually violated women to accept themselves because they learnt that they were not the only ones to have experienced sexual violence and that anyone could face the same problem. They accepted themselves no matter what they suffered. One respondent during the group discussions and interviews explained as follows:

`` Nahoraga nihebye ntakizere cyo kuzongera kwisanzura mu bandi. Numvaga byarandangiranye narapfuye mpagaze nk'uko n' ubundi abantu babivugaga. Maze kugera mu itsinda n' abandi nibwo naje gusanga ntagomba kwicira urubanza kubera ibyambayeho ku ko ntaruhare nabigizemo mpitamo kwiyakira``.

`` I used to despair too much with no hope of gaining my liberty in the community. I was over and done with and seemed dead as the people characterized me. However, when I got to the group, I realized that I was not a prisoner of circumstances and I accepted myself the way I was``. One woman from Kinigi Sector explained

Chamberlain & Haaga (2001) found that unconditional self-acceptance is positively associated with life satisfaction and happiness. The authors argued that society puts huge pressure on people to be successful and to constantly compare themselves with others. This causes a great deal of unhappiness and anxiety. They concluded that if people learn to be more accepting of themselves as they really are, they are likely to be much happier.

In accordance with this study, respondents accepted themselves because of group therapy and this contributed to their sense of equilibrium in a social context, to regain their freedom as indicated in the figure below:

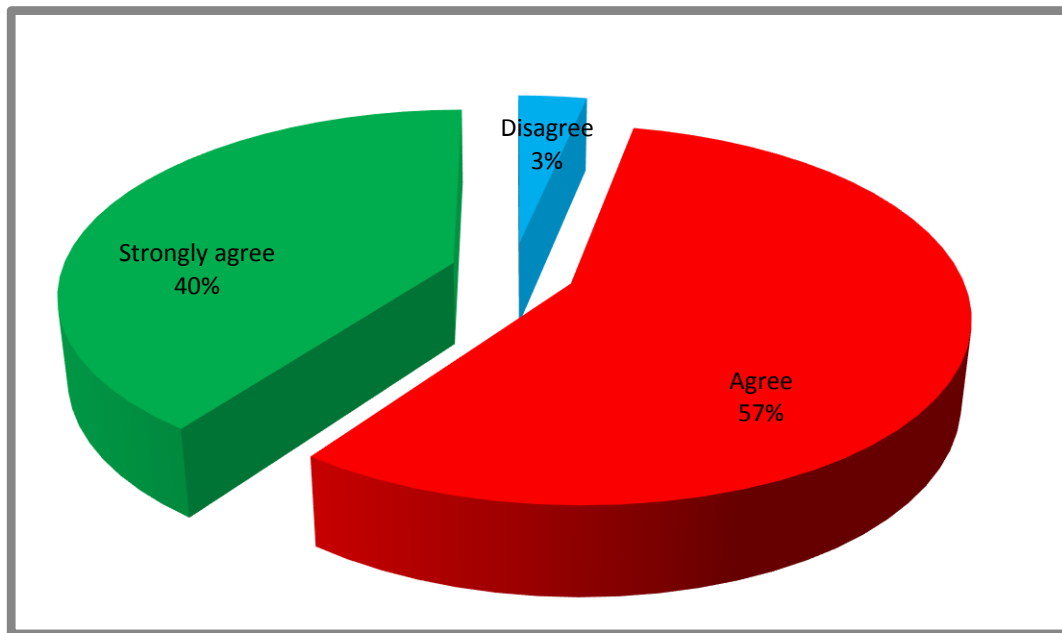


Figure 4.15 Sexually violated women have regained their freedom through group therapy

Responses from the above figure indicate that 57% of respondents agreed that they have regained freedom through group therapy, 40% of them strongly agreed and only 3% disagreed. Clearly, it is understood that majority of the respondents were no longer isolated and have benefited from group therapy in as far as improving their self acceptance, thus restoring their psychological wellbeing. A woman from Muhoza narrated how getting to Ibuka group therapy gave them freedom through self-acceptance unlike prior to joining, and she stated it in the following words:

``Mbere y' uko njya mu itsinda rya Ibuka narinarahawe isura mbi abantu bamfata nk'igicibwa kitashobora kugera no kwegera aho abandi bari. Ariko aho mariye kujya mu itsinda rya Ibuka hamwe n' abandi narahindutse ngatanga igitekerezo kimwe n' abandi numva rwose nakiriye ibyo nanyuzemo ntangira gushishikazwa n'ubuzima bwange buri imbere``.

``Before I joined group therapy, I was stigmatized, not able to get in touch with the members of the community and everyone saw me as an outcast who was too dirty to come near others. But when I joined Ibuka group therapy I was free to express myself, understood how to accept what I went through and I felt a sense of concern about my future life``.

Ellis (2005) had conceived “self- acceptance” as fundamental to resilience and mental health that can promote psychological wellbeing. The working towards unconditional self-acceptance means that “the individual fully and unconditionally accepts him or herself regardless of how s/he behaves intelligently, correctly, or competently and whether or not other people approve, respect, or love him/her.”

From Ellis’s point of view and the statement of the respondents, it is seen that respondents are well oriented in the process of restoring their psychological wellbeing because of their positive changes in as far as acceptance of their conditions and situation that were to condemn them to isolation. Through group therapy, they learnt how to accept the experience they went through and became free to reintegrate themselves within their surroundings

4.3.3.6: Autonomy

Autonomy as an indicator of psychological wellbeing is identified in a person with self-determination and independence, ability to resist social pressures, behavior regulation and evaluation of self by personal standards. It is in this regard that in this research respondents were asked if they had confidence in their opinions or if they were influenced by the opinions of others. The results are shown in the figure below.

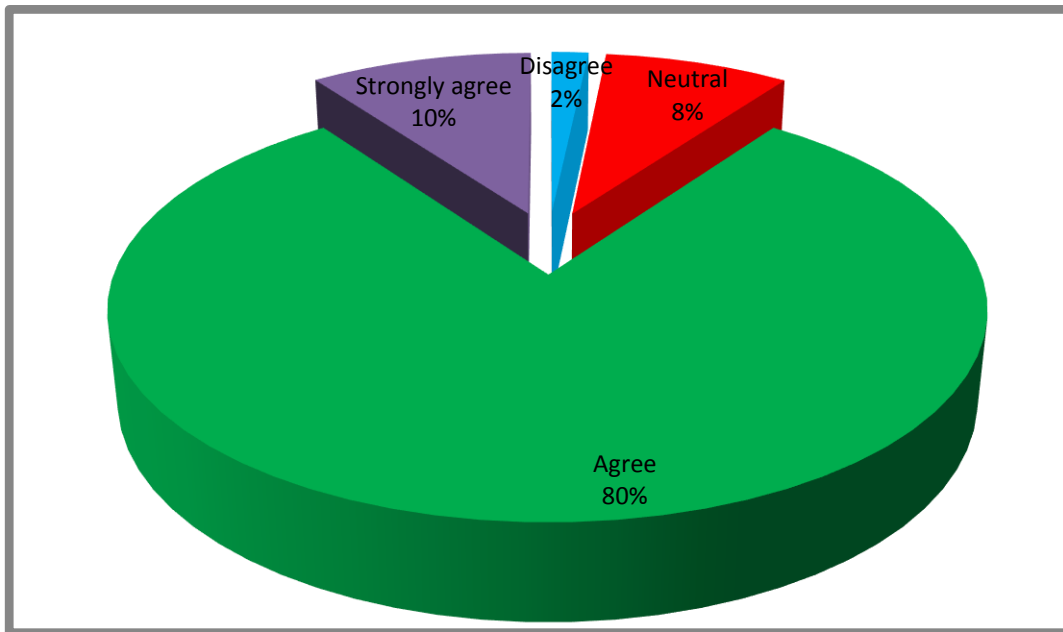


Figure 4.16 Sexually violated women have confidence in their opinions even if they are contrary to the general consensus.

The above figure presented results on how sexually violated women have confidence in their opinions even if they are contrary to the general consensus, with 80% of the respondents agreeing to the statement, 10% strongly agreed, 2% disagreed and 8% neither agreed nor disagreed. This statistical result indicates that group therapy has had an important contribution towards the autonomy of the respondents. This is because sexually violated women are aware of the importance of everyone's ideas in solution giving.

According to Ryff (1989), autonomy appears to be important for reducing negative psychological symptoms. As humans, we have a desire for personal autonomy, to be the person who chooses how we live our lives. If we are not able to move into a position where we are self determining, if we feel under the control of another, then we find

ourselves in a very difficult situation. In line with this study, respondents stated that they have developed their sense of autonomy in a way that they are confident about their opinions and give importance to what they think rather than what others think. One of the respondents expressed the usefulness of autonomy in the following quote:

`` Kubera ibyambayeho ntamudendezo narimfite cyangwa se ngo numve nakwihagaraho. Sinashoboraga no kumenya cyangwa guharanira uburenganzira bwange. Numvaga umuntu wese amfiteho ububasha ntacyo nishoboreye. Aho ngiriye mu itsinda rya Ibuka, ibyo byose byarahindutse nimirira ikizere``.

Literally translated as:

``I could not think of self defence in case I was troubled by what I suffered under the control of another person. I could not take a decision about what was right for me. When I joined group therapy I enjoyed this kind of independence and confidence about myself within the area of need`` A woman from Busogo Sector said

The potentiality of self decision making by the respondents and not being influenced by the surroundings is shown statistically below:

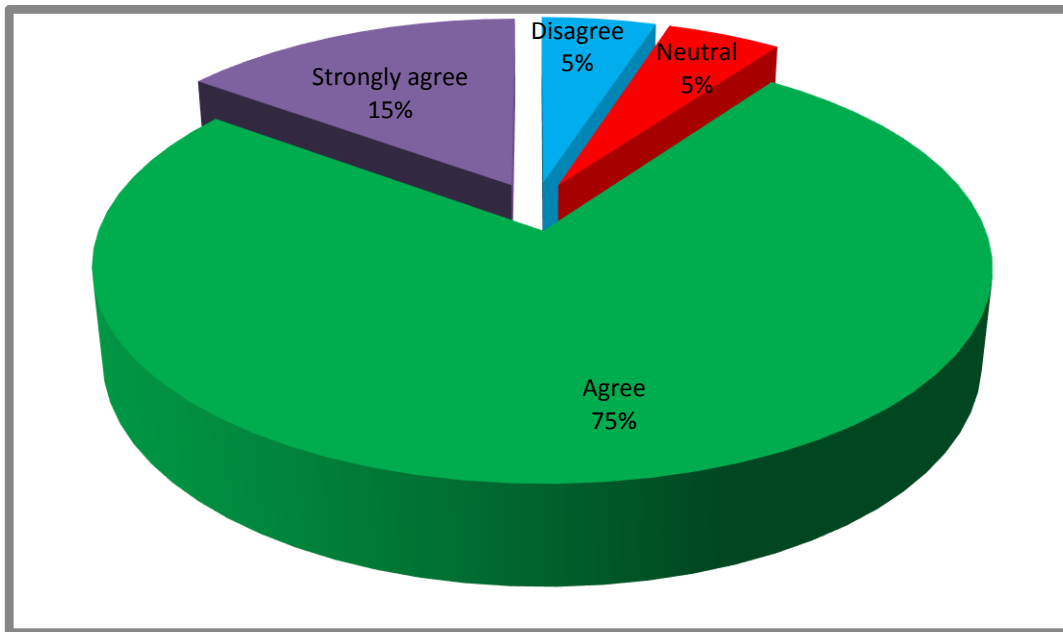


Figure 4.17 Sexually violated women give importance to what they think rather than what others think

From the above figure, it is indicated that majority of the respondents, 75%, agreed with the statement that they give importance to what they think rather than what others think, 15% strongly agreed, 5% disagreed and 5% neither agreed nor disagreed. It is understood, therefore, that group therapy has been useful to sexually violated women in restoring their psychological wellbeing. According to Baltes & Silverberg (1994), autonomy appears to be central to people's wellbeing. When one is autonomous, actions are characterized by a feeling of freedom and ability to make choices. As Ryan et al., (1995) argued, autonomy is typically a combination of intrinsic motivation, creativity, self motivation, confidence, interest and vitality, which is associated with self-esteem, and consistent motivation that indicates psychological wellbeing.

In line with this study, respondents had freedom and choice to determine what they thought was good for them instead of depending on what others decided for them. This

shows that respondents got their independence and ability to make their own decisions, thus attributing to their psychological improvement. Their ability to voice their opinions like others within the society is as well illustrated in the figure below

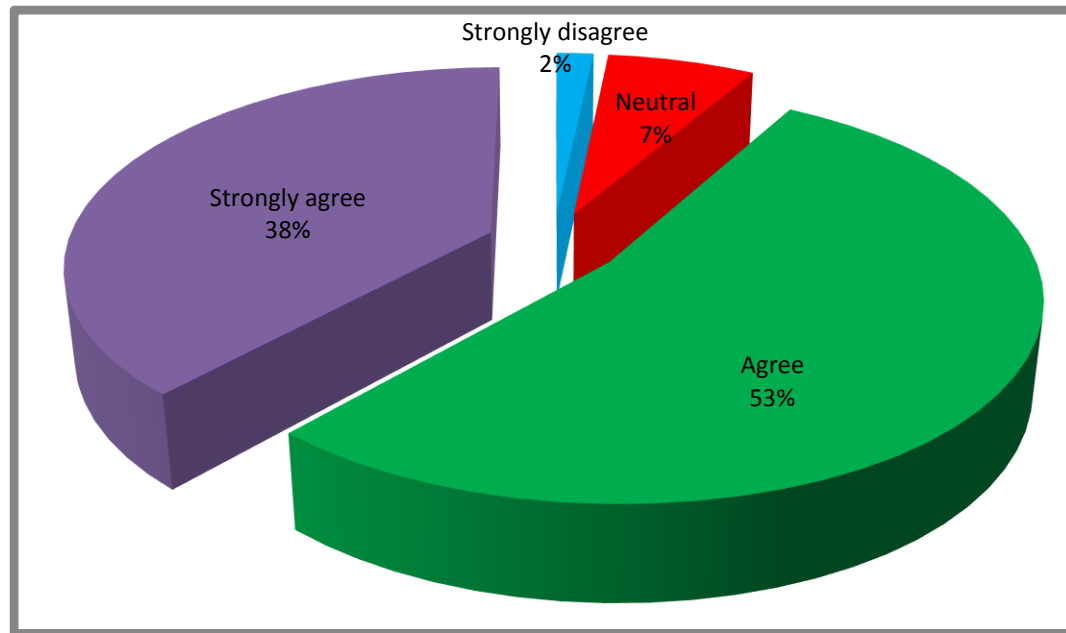


Figure 4.18 Sexually violated women are not afraid to voice their opinions even when they are in opposition to the opinions of most people

The statistical results on this figure show that 53% of the respondents said they are not afraid to voice their opinions even when they are in opposition to the opinions of most people, 38% strongly agreed, 2% strongly disagreed and 7% neither agreed nor disagreed. These results show that group therapy has had positive impact to the respondents' psychological wellbeing, for they are able to express their understanding, and to exchange opinions freely with others. Their decisions are not influenced by everyone else in the community as they become autonomous.

As Yalom (1980) said, the access to freedom of expression is important and fundamental to the human rights. It also underpins most other rights and allows them to flourish. He argues that the right to speak one's mind freely on important issues in society accesses information and holds the powers that account. It plays a vital role in the healthy development process of individuals in any society.

From the results above, the respondents confirmed that they have the ability to freely voice their opinions, amongst a group of people. This shows that they benefited from the autonomy, which is an indicator of psychological well being.

Basing on numerous benefits highlighted from findings regarding this study's objective three (3), group therapy with its curative factors has been seen as a very vital contribution in restoring psychological wellbeing of women that were sexually violated during the 1994 Tutsis genocide. Due to the positive effects of group therapy, respondents developed personally, improved their relations, gained purpose in life, increased self-acceptance, autonomy and their ways of mastering the environment. Consequently, sexually violated women whose problems included trauma, loneliness, stigmatization, shame, disintegration within the community, severe sicknesses with no information of what to do, problems of rejection of the children born from sexual violence, problem of poverty and injustice to mention but a few, got improvement in as far as their problems were concerned. However, there were some challenges that limited the healing process of women. Below are some challenges that were reported.

Objective 4.3.4: Challenges experienced in group therapy in Ibuka.

Both the sexually violated women and Ibuka group leaders that were interviewed highlighted some challenges experienced in Ibuka group therapy that required to be addressed to improve the services offered to the sexually violated women. These challenges were both organizational and societal. From the Ibuka organization, the challenges associated with lack of resources and personnel to facilitate group therapy were identified. The leaders raised a lot of concern on the issues related to training of leaders, lack of sufficient counselors, lack of adequate supervisors for the few counselors working with the groups, and inability to get funding from the government and international donors to support group therapy. This limited them in various ways.

One of the organizational challenges they faced was the magnitude of the task they handled. Many participants who work with the sexually violated women felt that they were overwhelmed by the problems of sexually violated women, right from the start. Leaders and co-leaders explained that it was difficult to address all the problems facing sexually violated women. They experienced self doubt about what they do in group therapy and at times doubted their ability to carry on. Although they are gaining confidence, it was very difficult for them at the beginning as evidenced by the quote below.

One group leader narrated:

``Ndabyibuka ko iyo nabaga mfite gahunda yo guhura no gufasha abasambanyijwe ku ngufu mu matsinda iryo joro sinasinziraga neza. Nararaga mbona ibibazo byabo, abagore barira cyane abandi bahonda imitwe yabo kunkuta. Nahitaga nsenga kugirango Imana impe imbaraga zo gushobora kubafasha mu bibazo byabo``.

This is translated literally as:

“ I remember if I was to meet the group the following day, I never slept well that night instead only scrutinizing the problems of the women sexually violated. One night I saw women alot, others banging their heads on the wall during group process. There and then I woke up and praid to God so that I get the strength to be able to help in managing the problems of women sexually violated”.

Another group leader lamanted:

“ Rwose nti byoroshye gufasha itsinda ry’abantu basambanyijwe ku ngufu, baba bafite ibibazo bikomeye. Jye turangiza amatsinda yacu numva nange nkeneye ubufasha.

Umutima uba uremereye nako wabyimbye. Hari igihe ndangiza akazi nkibaza imyaka nashobora kumara muri aka kazi katoroshye namba”.

Literally translated as:

“It is really not easy to work with women sexually violated because they have complex problems. After terminating our group therapy session, I also endup needing therapeutic assistance. My heart is burdened almost to explode. There are times I finish the days work and then ask myself for how long I can live working in this difficult job”.

Although all five leaders and co-leaders interviewed were educated, with three having bachelors’ degree holders in clinical psychology and two having degrees in social work, and had basic experience in counseling, they still found the task challenging. In addition to training, they appeared to demonstrate qualities of a good group leader such as active listening, confidence, personal identity, integrity, trust, empathy, humor, creativity, to mention but a few. However, it was realized that the group counselors/leaders were all women, and listening to the stories of fellow women drew a lot of sympathy, making it difficult to draw boundaries that would help scaffold them from secondary stress. Thus, even though they were well trained, they still found it difficult as expressed in the quote below.

“Nubwo twahuguwe ku byerekeye kuyobora amatsinda n’abantu babifitiye ubushobozi ari abo mu Rwanda n’abavuye hanze ya rwo kuva mu mwaka wa 2006 kugera 2010, ntibyariyoroshye kuyobora amatsinda y’abantu basambanyijwe ku ngufu. Rimwe narimwe numvaga mbifitiye ubwoba cyangwa nkumva ntiyizeye”.

This literally means:

``Even if we got trainings from international and national experts about how to lead group therapy in general from 2006 through 2010, for sexual violence it was not easy and I was fearful and lacked confidence sometimes``.

As can be seen from the quote, training alone does not ensure that the counselors conduct the counseling process unaffected. Other factors such as personal, social and cultural context may mediate in the counseling process. According to Radomski & Latham (2007), the personal, social, and cultural contextual factors can help or hinder performance during therapy assessment. Accordingly, personal context reflects an individual's internal environment derived from his or her gender, values, beliefs, cultural background, or state of mind. Social context refers to factors in the human environment (roles, resources, and structure) that enable or deter the person's occupational function. Similarly, cultural context has to do with the norms, values, and behaviors related to the community or society in which the occupational function occurs. These factors are likely to condition the therapist to think in a specific way that may hinder their objectivity. According to a report by the Organisation of African Unity, almost all females who survived the 1994 Rwanda genocide were the direct victims of rape or were affected by sexual violence in some way (Longman, 2011). The implication is that if the therapists were also affected by sexual violation either directly or indirectly, they may suffer from transferences as they may carry along with them sympathy that may obscure their objectivity.

From what respondents narrated, they were dependent on some specific leaders in a way that appeared to ground their growth and development. For example, one respondent from Kinigi Sector said:

`` Muller wacu yaradufashije cyane! Ntidushobora kumva ukuntu twabura inama ze``.

Literally translated as:

“Our Muller (not really name of the leader) has been helpful to us! We can’t imagine missing her and all her advices to us”.

According to Roger (1970), expressing sympathy can leave a person feeling that people have taken pity on them, or are feeling sorry for them. This can create a sense of inferiority and disempowerment leading to dependence. Towards this end, Roger argued for taking a position to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings, which pertain, therefore, as if one were the person, but without ever losing the condition. From this understanding, group leaders need to be more empathetic rather than sympathetic in the process of helping. With empathy their presence conveys an understanding of the client’s thoughts and feelings, and provides reassurance that no judgements are being made in a way that helps to empower them. It therefore appears that the group leaders require more training on the empathetic approach in counseling and also to be supervised to enable them heal.

However, group leaders mentioned that supervision was a challenge as it wasn’t enough. One leader lamented in the following words:

“ Hari igihe numvaga ibintu bitoroshye, nkumva kumara ukwezi kose ntarabona nange umfasha bindemereye. Kurijye kubona ubufasha buri cyumweru cyangwa se byibuza rimwe mu byumweru bibiri byarushaho kuba byiza ”.

Liretally meaning:

“From the group members I received worrying issues such that I couldn’t wait for supervision to take place only once a month. I wished I could get supervision every week or at least once in two weeks”. Group leader said

She added that at times, leaders could find themselves overwhelmed by the need of being assisted as the number of groups kept increasing. One of the leaders from Ibuka institution narrated:

Ndibuka ko mu kwa cumi 2009 twatangiye itsinda ry'abantu umunani ariko bakomeza kwiyongera; iyo barengaga cumi n'ababiri nahitaga nkora irindi tsinda ariko rimwe na rimwe nako kenshi numvaga rwose nta ntege mfite zo gufashaamatsinda menshi mucyumweru``.

Literally translated as:

`` I remember in October 2009 we started our group therapy with eight members but with time the number kept on increasing. Many more others came for group therapy and when the number exceeded twelve I was obliged to form another group. Some times even more often I felt exhausted to manage many groups weekly``.

According to Young (2009), “the effective helper has good self-care skills, but it is also easy to become emotionally ‘bankrupt’ and ‘burned out’”. Accordingly, if one does not develop techniques for stress management, time management, relaxation, leisure, and personal renewal, they may find it hard to effectively help others.

From the evidence provided by the group leaders, there is need for regular supervision and personal renewal, whereby the helper regains strength and can help others confidently. This can be done through trainings, supervisions, conferences and updates for their profession, betterment of themselves and their patients in particular. This however, appeared not to be frequently happening in the organization.

Related to the challenge above, was lack of enough trauma counselors and health workers as there was only one counselor per Sector nominated by Ibuka institution. This is evidenced by the quote below from one group leader in Muhoza Sector:

`` Nijyewe jyenyine mujyanama w'ihungabana muri uyu murenge mfasha abantu biyongera umunsi kuwundi bava mu tugari dutandukanye. Iyaba habonekaga abandi bajyanama b'ihungabana bo gufasha ku ko hari benshi batabona ubufasha babukeneye ``.

Literally translated as:

``I am the only counselor from Ibuka in this Sector working upon the increasing groups from many cells. I wish we could get other counselors to help because there are many others who need help but were not reached``. One group leader said

Ibuka as an institution lacked funds to pay more counselors and social workers as pointed out by group leaders. The numbers of counselors were continuously reduced in accordance with the financial standing of the institution. One group leader expressed this in the following quote:

``Abasambanyijwe ku ngufu bagiye biyongera umunsi kuwundi; bityo hari hakenewe abandi bajyanama b' ihungabana ariko n'abari bahari bagiye bagabanywa kubera ubushobozi bwo kubahemba bwabuze``.

Literally translated as:

`` Seeing that women sexually violated are increasing day by day, more counselors and social workers are needed. But even the few who have been present were reduced because of lack of funds to pay them``.

From the above quote it is evident that Ibuka as an institution does not have enough counselors. The few present counselors are overwhelmed with working exhaustively; and they are obliged to meet different groups consecutively.

From the literature review, lack of enough counselors poses a threat to their efficiency towards helping the patients. The workload to the insufficient counselors can bring about the feeling of being overwhelmed and burnout. Burke (1981) states that under stressful working conditions, counselors using poor coping strategies may become disenchanted, discouraged, irritated, frustrated, and confused, resulting in poor job performance, thus indicating the severity of this problem.

Another challenge expressed by group leaders was the meeting place in which group members were to meet for the group sessions. Instead of being provided by Ibuka institution, it was the leader's arrangement with assistance from the Sector authorities. Respondents expressed their concern about lack of rooms for group therapy meetings. Although availing of rooms was a collaborative effort between Ibuka as an institution and local authorities, at times, meetings scheduled for the group therapy would be disturbed by unplanned use of the rooms provided. In that case there would be new arrangements to get other rooms but with difficulty as expressed by one group leader:

``Rimwe narimwe twababazwaga no kubura aho duhurira twahageze, iyo ubuyobozi bw'ibanze bwakeneraga gukoresha inzu twahuriragamo; kuko Ibuka nta mazu yayo igira. Gushakisha aho dukorera ako kanya biratugora, rimwe narimwe tugatinda gutangira cyangwa tugasurubika gahunda zacu ``.

This is translated literally as:

`` We sometimes get disappointment when we have to meet and then miss a prepared room as Ibuka does not have its own rooms. Immediate negotiation of alternative room would be challenging and some times our session could be held late or postponed``.

Considering where group therapy has to take place, from the above quote, there was indication that this disorganization could lead to the lack of confidentiality, which is very crucial in psychological interventional matters. Isaacs & Stone (2001) observed that confidentiality is an important ethical principle to ensure the privacy of clients. It serves the purpose of preventing improper dissemination of information that may result in bias and fosters an environment of trust and safety. With this study, group therapy sessions would be a success if carried out in any reasonably soundproof room with enough space to accommodate group members. If the surroundings make the respondents feel uneasy or unsafe, they may not open up. On the other hand, if they are

comfortable with the space, it makes it much easier to open up and collaborate efficiently towards their healing.

Leaders also raised concern that they lacked means in terms of money to reach the victims in their areas (Cells), and alternatively they chose to meet all the victims at the Sector headquarters. They argued that the problem of lacking money to reach the victims in their different cells, influenced the low turn out of sexually violated women.

The quote below supports the views of the leaders.

`` Nashoboraga gusiba kujya mu itsinda ryange kubera kubura amafaranga yo gutega imodoka. Rimwe narimwe nagendaga n' amaguru ngasanga nakererewe cyangwa nkahagera naniwe``.

Literally translated as:

`` I could not attend some of the sessions due to lack of transport means. Sometimes even where I managed to reach on foot, I would be late and tired for the sessions``. One of the respondents from Busogo sector narrated.

Accordingly, many women who were sexually violated were not able to participate in group therapy, which means that group therapy was only limited to a few. In addition, the registered members of Ibuka group therapy missed some sessions because of lack of fare for transport, or arrived late due to long journeys on foot as one woman indicated. In addition, leaders complained of funding on their own the necessary materials (tissues, mattresses, water, to mention but a few) to be used during group sessions, as Ibuka could not avail enough for them. One group leader during the interview narrated:

``Ibuka yaduteganyirizaga ibikoresho tuzakenera mumatsinda mugihe runaka nk'ukwezi. Mfashe nk'urugero ibikoresho bikenerwa mu kwihanagura igihe abantu bagaragaje amaranga mutima yabo, bakarira cyane, byashoboraga kumara ibyumweru bibiri gusa aho kumara ukwezi kwateganyijwe na Ibuka. icyo gihe nakoraga ku mafaranga yange nkagura ibikenewe ariko akazi kagakorwa uko bikwiye``.

Literally translated as:

``They used to budget for us materials for a particular period of time like one month. As an example in place of tissues, they gave us toilet papers instead and they could only last for two weeks due to abundant emotions. In that case, I could use my money to do my job as supposed to be done``.

Counselors using their means to finance the needs of respondents seems unprofessional and this diverts the therapeutic relationship between patients and helper. Counselors are supposed to be paid and motivated to carry out their duties rather than having mercy on the patients. Indeed as Gutheil & Gabbard (1993) observed, with any professional relationship, the setting of boundaries is important. These boundaries form part of the contractual agreement between a therapist and client and help in enhancing professionalism and must be adhered to at all times. All relationships should be limited to a therapeutic setting and all social contact between a counselor and client should be avoided. If counselors are expected to fund the process then it is likely that the organization could attract more philanthropists than qualified counselors to facilitate group therapy. In addition, it could lead to dual relationship, which could compromise the professionalism of counselors.

Another challenge that group leaders encountered during group therapy is related to Rwandese culture as it is expressed below:

`` Nubusanzwe ntibyari byoroshye mu muco nyarwanda kumva abantu bavuga ibijyane cyangwa byerekeza ku gitsina cy'umuntu. Twarahuguwe ariko ntibyari guhita byikora ngo twumve iryo shinyagurwa ryakorewe ibice by' ibanga by' abantu harimo abangana naba mama. Ni ukuri ntibyoshye``.

Literally meaning:

`` In actual sense, it was not easy in a Rwandan culture to talk about the sexual organ of someone. We had been trained but it was difficult to immediately understand the kind of torture inflicted on the private

parts of the people, some of them being of the same age to our mothers`. One leader from Muhoza expressed her concern.

From the above quote, it is understood that although group leaders tried to help sexually violated women, Rwandese culture had as well some negative influences in the process of healing the problems caused by sexual violence. Not only is Rwandese culture an impairment towards healing sexually violated women, but African culture in general poses a threat to understanding and solving problems related to sexual violence against women as indicated by (UNDWA, UNECE & UNSD, 2007). In their report, they observe that although violence against women has begun to receive more attention globally over the last two decades, the plague of violence against women in Africa particularly is still largely hidden. They argue that the stigma attached to female victims of sexual violence has resulted in very low rates of reporting leading to women suffering in silence. In line with this study, leaders were hampered by cultural difficulties in trying to interact easily with respondents especially in the beginning of group therapy.

Furthermore, participants said that they found it a challenge to share their experiences with family members and neighbors as they frequented places of group therapy. They worried that people would discover that they were sexually violated, a factor that could lead to isolation from the society. However, after several visits to group therapy they were able to experience freedom from harsh judgement of the society. The views are expressed in the quote below:

`Najyaga kuva murugo njya mu itsinda ryacu nabanje gushakisha ibyo mbeshya barumuna bange twabanaga dore ko arijye wari mukuru. Nkababwira ko hari inama y' abacitse ku icumu batumiyemo uhagariye urugo. Nifuzaga ko ntamuturanyi twahura ngo atavaho ambaza aho ngiye. Iyo

nagarukaga abavandimwe bange bambazaga ibyo batubwiye nkababeshya. Ndakubwira ukuri ko ibyo bintu byo kwirirwa mbeshya byamvunaga.``

Literally means:

``Before leaving for group therapy sessions, I had to devise what to tell my siblings as I was the eldest. I could lie to them that there was a meeting meant for genocide survivors and every home represented by the elder in the family. I wished I could never at one time meet a neighbor who would ask me where I was going. From group therapy back home, every time I would lie to my siblings what the meeting was about. I am sincere to you that carrying these lies was always another burden``.

The above quote showed the effect of culture and in turn the society in the healing process of sexually violated women. Due to retrogressive societal norms, the sexually violated women conceal their suffering, which contributes to the delay of respondents restoring their psychological wellbeing. It also makes it difficult for the sexually violated victims to be reintegrated in the society. Further, the stigmatization associated with sexual violation makes the victims work through their pain without social support, which is important for psychological well being. Moreover, rather than viewing sexual violence issue as a societal problem, it considered it to be an individual one, which helps to maintain the vice in the society.

It, therefore, appears that the society needs cognitive restructuring about sexual violation. Anderson (2007) argues that it is important for people working with the victims to change public perceptions of sexual violence to recognize the critical need of developing culturally specific approaches, because attitudes, beliefs and behaviors related to sexual violence are heavily influenced by community norms.

Another challenge sexually violated women experienced was that those who had severe somatic sicknesses, did not get their treatment as expected. Accordingly, they explained that those who still had some sicknesses like cancer or infertility, have not been helped

much due to lack of sufficient funds and high skilled specialists for their treatment in Rwanda. A participant lamented to the researcher as she said:

``Bansambanyije kungufu banjombagura mugitsina ibintu bisongoye. Kwa muganga bambwiyeko inda ibyara yange yangiritse. Nibaza nimba nta muti wamvura maze nkaba nabyara, nkazagira unkomokaho, nimbi ntamuganga niyo yaba uwo hanze y' u Rwanda wamfasha wamfasha``.

This literally means:

`` I had been sexually violated with piercing material and I was diagnosed with a destroyed uterus. I wish there was a medicine to treat my infertility so that I can have a child to succeed me. I am wondering if there could be no doctor who can help me to get a child even if it means being treated outside the country``. A respondent from Muhoza Sector expressed

Another participant from Busogo Sector who had severe sickness lamented:

`` Itsinda rya Ibuka ryatumye ngira ubushake n'umuhate wo kwivuzza uburwayi bwari bwaratumye niheba bwo guhora mva kuva nasambanywa kungufu igihe cy'itsembabwoko. Nari nizeye gukira ariko umuganga wankurikiranye wo mu ivuriro rikuru rya Ruhengeli ambwira ko bakoze ibishoboka byose ko ntacyo yarenzaho. Ndacyafite icyo kibazo, nibaza niba Ibuka ntacyo yakora ngo umuntu avurizwe mu mavuriro yo hanze ahari bo bashobora iyo ndwara``.

Translated as:

``When I rejoined group therapy I got courage to get treatment for continuous bleeding from sexual violence I experienced during 1994 tutsi genocide, which caused me despair. I hoped I would heal but I have been told by the doctor in Ruhengeri hospital that everything had been done for them. I am still bleeding and wondering if Ibuka could not do something for me to be treated abroad.``

From the above quotes, such incurable diseases have negative impact on their psychological improvement and patients' psychological issues seemed to deepen in case their expectations are not realized.

According to Ford et al., (1998), many people with incurable diseases become depressed. In fact, Ford confirms that depression is one of the most common complications of incurable diseases. He observed that mental and physical health and well-being interact and are affected by a wide range of influences throughout life. The link between physical and mental health is clear. There are shared risk factors for illness regularly present with both psychological and physical symptoms, and being physical ill

particularly on a chronic basis, often has an impact on mental health and psychological well-being.

In addition, the challenge faced by respondents was that the one year period for group therapy was not sufficient in relation to the problems they encountered. One respondent had this to say:

``Umwaka umwe rwose ntuhagije ugereranyije n' ibibazo tuba dufite. Yewe jye navuga ko Ibuka iducutsa imburagihe``.

This literally means:

``One year-group therapy is not enough in accordance with the gravity of our sufferings. Ibuka group therapy discharges us prematurely.``

From the quote above it is indicated that respondents complained about the short weaning period for treatment.

Regarding the treatment period, Kupers, T. A. (1988) said that everyone's treatment is different. How long therapy lasts depends on many factors. A patient may have complicated issues, or a relatively straightforward problem that he/she wants to address. Some therapy treatment types are short term, while others may be longer. The authors further argue that when to stop therapy depends on the patient and her/his individual situation. A patient will stop therapy when he/she and her/his therapist have decided that the patient has met the goals. Therefore, a fixed time frame for all sexually violated women in Ibuka may not work for all. However, discussing the length of therapy is important to bring up with the patient's therapist at the beginning. This will give the patient an idea of starting goals to work towards and what he/she wants to accomplish.

In line with this study, for sexually violated women to leave therapy posed some challenges because the group offered the support that was lacking in the society.

Further, the therapeutic relationship was a strong bond that ending this relationship was interpreted as a loss – even if treatment had been successful. They needed to talk about this with group leaders in order to prepare their appropriate weaning time. However, it appeared that this was not effectively done.

Participants pointed out another challenge they faced during the interview and this was the problem of indemnity.

They said that Gacaca courts hearings on sexual violence did not express the article on indemnity, so although the perpetrators are in prison as punishment, the lack of compensation to the respondents has not helped them so much. One of the participants from Kinigi sector narrated:

`` Nubwo uwansambanyije ku ngufu afunze, numva hari ikibura mubufasha nahawe. Iyo mbonye abana be n'umugore we bameze neza bifashije ntacyo babuze, nibaza impamvu bariya badusambanyije kungufu badatanga indishyi mu bifatika``.

Literally translated as:

``I feel like I am not totally helped, even if my violator is in prison yet his children and wife are well off economically. Passing by them I have the thought of why these people could not pay compensation in terms of money and materials.

In line with the quote above, the respondent expressed human injustice in as far as compensation is concerned. Compensation serves a variety of important functions. As Manley (1990) said, it helps victims to manage the material aspect of their loss. Individual financial grants help to bring immediate economic relief to the victims and allows them to fulfill basic survival needs, thereby contributing to their psychological wellbeing.

The author again explained that financial compensation from the offender of physical or psychological injuries may be an important element for the victim in that such

compensation “is seen to be recognition of the hurt done to the victim by the offender”. He added that this kind of recognition may have an important healing effect on the victim concerned and may also increase his or her confidence in the criminal justice system. In the same line, WHO (2003) argued that financial compensation for victims of crime is one of the most important, tangible expressions of society’s compassion for those who have been harmed by crime. WHO continued to explain that although compensation cannot address all the victim’s suffering, it can provide a critical ingredient in repairing the harm.

In accordance with the study, it seems that getting justice and compensation remain essential as healing factors to the respondents.

Furthermore, sexually violated women informed the researcher that during Gacaca courts sessions about sexual violence, some of them were not ready to go for justice, but at the moment due, to group therapy effect, they feel they can testify. However, Gacaca court sessions have ended and participants were wondering how to get justice. One participant from Kinigi Sector explained this in the following words:

“Bagenzi bange bo mu itsinda rya Ibuka batumye ibitekerezo by’uko ntacyo nshoboye cyangwa nageraho binshiramo ngira n’ ingufu zo kurega uwansambanyije ku ngufu. Nari nizeye ko ngiye kuruhuka uwo mugome agafungwa ariko igihe narinkitegura kumurega imanza za gacaca ziba zirangiye. Numva ntahandi nzarenganurirwa.”

This is translated as

“Frustration was no more because I had gained strength from my group members to be a witness against my violator; I hoped to be relieved when my violator would be in prison under the punishment but as I was in preparation the gacaca court sessions for us ended. I expect to get justice nowhere.” One respondent from Kinigi Sector said.

In summary, the Ibuka group therapy is challenged by many factors that limit its effectiveness towards psychological wellbeing of the victims of sexual violation. As discussed, there were organizational problems such as lack of enough qualified counselors, which led to work overload for the few available. The organization also lacked supervisors who would debrief the counselors who were affected by the heavy workload. In addition, the organization lacks resources to enhance group therapy. Rooms for counseling were scarce; a factor that not only consumed time but also compromised the ethical approach to counseling. Further, the organization lacked qualified doctors that could handle severe illness.

There were also problems relating to the culture of the people and the group members. The rigid cultural view about sexually violated women is also a hinderance to realization of the gains from group therapy. Due to rigid retrogressive norms, the victims suffered in silence as they lacked social support, which is crucial for psychological healing.

Lastly, individual women in the group were limited by lack of resources, especially money for traveling. This made many to skip or arrive late when the group had progressed.

Objective 4.3.5: Measures to be put in place to improve the outcomes of Ibuka group therapy in restoring psychological wellbeing of sexually violated women .

During the interviews and group discussions, both the leaders and the group members suggested some possible measures that would benefit the group therapy and the members towards restoring their psychological wellbeing. These included increased

supervision to avoid being overwhelmed and burnout, more training for leaders, provision of enough rooms by Ibuka and availability of enough counselors.

There was also need for a government policy for mobilizing resources to help the victims of sexual violence. This could allow those with severe health problems to get good health care. In addition, the government needs to address issues about restorative indemnity to bring justice.

With regards to the issue of counselors getting overwhelmed by the women's problems, there was a feeling from the members that if the supervision of leaders could take place at least once in two weeks, it would benefit many counselors as expressed in the following words:

``Ubufasha twahawe n' impuguke zo mugihugu n'izavuye mubihugu byo hanze bwatumye nshobora gufasha abantu mu matsinda ariko kenshi numvaga nkeneye kongererwa ubwo bufasha n'abafite ubunararibonye mu mwuga``.

Literally means:

`` With the help of national and international experts, I was able to lead the group therapy but many times I felt the necessity of getting more additional support from the experts with enough experiences``. One group leader said

Supervision is important in achieving the goal of helping people in need. Geldard and Geldard in their book *Basic Personal Counselling* (2001) state that all counselors need supervision to help them resolve their own issues and to avoid burnout in what is an emotionally draining occupation. As well as providing a sounding board for the counselor's concerns, a supervisor is in a good position to spot the onset of any symptoms of burnout and to assist the counselor in dealing with them.

Corey et al., (2007), observed that supervision is the most important component in the development of a competent practitioner. They argued that it is within the context of supervision that trainees begin to develop a sense of their professional identity and to examine their own beliefs and attitude regarding clients and therapy. They explained that supervision is a central form of support, where the practitioner can focus on his/ her own difficulties as a worker as well as have his/her supervisor share some of the responsibility for his/her work with the clients. It forms part of their continual learning and development as workers, including eventually helping them to learn how to be supervisors.

A good supervisor can also help practitioners to use their own resources better, manage their work load and challenge their inappropriately patterned ways of coping.

In addressing the challenge of trainings, the researcher was told by Ibuka group leaders that National experts were two – a psychologist and a psychiatrist, while international ones were two international doctors from Gestalt Therapy Institution of France. These experts organized continuous trainings and supervision on any challenge each leader would encounter during the group process, hence improving on Ibuka group therapy.

One leader explained this about the effect of the trainings she acquired:

`` Twahawe amahugurwa kubijyanye no kuyobora amatsinda y' isanamitima n' abahanga bo mu Rwanda n' abohanze yarwo kuva 2006 kugeza 2010. Byadufashije gukemura ibibazo byari byugarije abahohotewe baba mu matsinda ya Ibuka. Twamenyereye kuyobora ayo matsinda ariko byaba byiza kurushaho amahugurwa yiyongereye``.

Literally translated as:

``We got trainings from international and national experts about how to lead group therapy in general from 2006 through 2010. Such trainings empowered us to tackle the problems faced by women sexual

violated who were under Ibuka group therapy. We are now familiar in leading the said group therapy but would be much better if trainings were added`.

Accordingly, regular supervision and trainings could help counselors/group leaders to improve their work in supporting sexually violated victims and to avoid burnout.

In as far as the problem of rooms is concerned, Ibuka as an institution would need to provide adequate rooms and means so that group therapy sessions would have their own stable place of operation.

This was suggested by one of the participants from Kinigi Sector as follows:

``Ibuka yagombye kugira amazu yayo duhuriramo aho gutira ubuyobozi bw'ibanze ku ko dushobora gukenera rimwe kuyakoreramo``.

Literally translated as:

``Ibuka would have its own buldings instead of borrowing from local authorities because sometimes we could have the need of the room at the same time``. One of the participants from Kinigi Sector said

With regards to the problem of insufficient counselors, one of the group leaders explained to the researcher that the number of counselors was continuously reducing in accordance with the financial standing of the institution, thus they suggested the need to source for more funds. She said:

Kubera ko umubare w'abasambanyijwe ku ngufu bakeneye kuza mu matsinda y'isanamitima wiyongera umunsi ku wundi, ababafasha nabo barakenewe. Ningombwa ko Ibuka n' abafatanyabikorwa bayo bashakisha ubushobozi/ amafaranga yo guhemba abo bakozi kugirango bashobore gufashe ababikeneye bose``.

Literally translated as:

`` Seeing that women sexually violated who need group therapy are increasing day by day, more counselors and social workers are needed. it is necessary for Ibuka together with stakeholders to mobilize funds to be able to get and pay more counselors and social workers, so that they can provide effective assistance to all women sexually violated in need of group therapy``.

When funds are mobilized and availed, Ibuka institution can get many skilled counselors with facilities to be dispatched in different areas where sexually violated

women need group therapy especially at the village level. In solving the financial problem that incapacitates the institution from getting enough counselors and funding of Ibuka, the members thought that Ibuka should work with wellwishers and stakeholders by advocating that there is still need for their assistance to enable many women who were sexually violated to access group therapy.

The effective assistance to sexually violated women would as well succeed if Rwanda government sets up a policy related to problem solving concerning sexual violence issues. As Ward & Marsh (2006) stated, sexual violence is seen as a problem which can affect the whole society in various ways

Rwanda still has many women that were sexually violated who have no access to group therapy. In addition, it has many children born out of sexual violence, families destroyed because of sexual violence, to mention but a few, who need psychological assistance. The participants in this research felt that there is need for the government to set up policies to help sexually violated women together with all victims of sexual violence. One of the Ibuka group leaders explained:

``There is need for more intervention of the government of Rwanda and Rwandese in general because the problem is so delicate and needs appropriate attention to save the nation``.

Through the government policies, there should be a way to budget for the sexual violence issue by contributions from the incomes of Rwandese nationals in handling problems of sexual violence and its consequences.

Regarding the issue of lack of means in terms of money to reach the victims in their areas (Cells), one of the leaders explained to the researcher that they could alternatively

choose to meet all the victims at the Sector headquarters to be able to help those in need and who could be available. However, the leader suggested the following:

`` Iyaba Ibuka yashoboraga kugera muTugari twose twa buri Murenge, abantu benshi basambanyijwe ku ngufu bashobora gufashwa``.

This is translated as:

``If Ibuka institution could access the victims in different cells of the Sector, many more women sexually violated could be helped``. One group leader suggested

In addition, one leader suggested that there could be a budget for primary materials for a particular period of time like one month or more. She said that materials such as tissues or toilet papers could be purchased in bulk in order to last for a long time due to abundant emotions, so that leaders do not have to use their money to do what is supposed to be done by Ibuka institution.

Regarding the severe sicknesses recognized among the respondents, the availability of more funds within the Institution would as well enable those women affected by severe sicknesses to travel abroad for treatment so that despair and hopelessness of the future life could be relieved. One of the respondents had this to say:

Nabwiwe ko nangiritse inda ibyara. Ubu nataye ikizere cyo kuvurwa ngoshobore kubyara no kugira umwana unkomokaho nsiga inyuma. Nababajwe cyane no kumva ko iyo Ibuka igira ubushobozi nashoboraga kuvurirwa hanze y'u Rwanda ngakira``.

Literally translated as:

`` I was diagnosed with a damaged uterus. I lost hope of getting treatment of my infertility and knew I could not have a child to succeed me. I felt bad when I was told that if the institution had enough funds, it was possible to be treated outside the country and get healed``. One woman from Busogo Sector said.

Concerning the problem of health, group leaders told the researcher that sexually violated women have health insurance and can be treated from any health centre in the

country. For the case of sicknesses that are not easily cured, they are transferred to referral hospitals.

Additionally, when international doctors come for some time to attend to such severe sicknesses like cancer, sophisticated operations, gynecological problems, to mention but a few, sexually violated women get the chance to meet them for their problems. However, these are not reliable and there is need to find way in which the women can have a proper program to monitor their health. Ibuka having its own specialists to treat the sexually violated women in the country would be the best alternative. There was, therefore, need for multidisciplinary resource persons to enable the institution achieve their goals.

When it comes to the period of weaning, the respondents told the researcher that one year should be increased to enable sexually violated women fully acquire psychological wellbeing. One respondent from Muhoza suggested:

``Umwaka umwe ntabwo uhagije ugereranyije n' ibibazo dufite. Byaba byiza Ibuka irebye uko icyo gihe cyakongerwa by' umwihariko kubafite uburwayi bukomeye``.

This literally means:

`` One year of group therapy should be increased for it would be more helpful in accordance with the gravity of our sufferings. Ibuka would think of special additional time treatment for the victims of sexual violence with severe sickness. ``One respondent from Muhoza Sector suggested

Ibuka as an institution has to evaluate and decide the appropriate weaning period for each group according to their levels of recovery. In that process of weaning and avoiding dependance, participants are helped to form some cooperatives, which could help them to get rid of financial problems.

4.4: Summary of findings

The research findings from the quantitative and qualitative data analysis have highlighted that group therapy has been useful in restoring psychological wellbeing of sexually violated women. Accordingly, the sexually violated women measured relatively well on six psychological wellbeing indicators, which are personal growth, positive relations, purpose in life, environmental mastery, self acceptance and autonomy. From the data, majority of the respondents agreed that group therapy has had positive effect to them compared to how they were before joining Ibuka group therapy. This is clearly illustrated by figures, which elaborated percentages of the respondents reflecting their opinions about all the psychological wellbeing indicators.

The findings from quantitative measures were corroborated by results from qualitative data. A critical view from the results of interviews and focus group discussions has shown that Ibuka group therapy met the expectations of the participants. Consequently, many had benefited from the curative factors of group therapy. Ibuka group therapy members affirmed that they benefited both physically, psychosocially, economically, spiritually and legally.

Different group therapy models were used depending on the situations of the sexually violated women. These included cognitive / behavioral therapy, behavioral therapy, psychodynamic / interpersonal therapy and psycho educational therapy. In essence, an eclectic approach to group therapy was used. This brought the positive change to their thoughts and behaviors which enhanced their psychological wellbeing.

However, Ibuka group therapy experienced some challenges that limited the group from optimal benefits. These include, lack of enough trained professional group leaders, lack of resources, lack of doctors to help in treatment of those physically sick, and rigid cultural values. Suggestions such as training more counselors, mobilizing resources and psychoeducation to help restructure the belief systems of the society about sexual violation, were floated.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1: Introduction

This chapter embodies the summary of the findings in relation to the objectives, conclusions, and recommendations based on the findings of the study and further research on the study. It will be recalled that the purpose of this study was to establish the effectiveness of Ibuka group therapy in restoring psychological wellbeing of women that were sexually violated during the 1994 Tutsi genocide. It should also be recalled that the Ibuka group therapy was initiated in 2009 after realization that women who were sexually violated were stagnated in healing because of the stigma associated with sexual violation. Group therapy was to help the women open up and work towards their healing.

The effectiveness of data collection was based on the study's objectives in relation to research questions.

The purpose of this chapter is thus to summarize the findings analyzed while tying them to the study's theoretical framework and conceptual framework. Thereafter, eventual conclusions and recommendations are drawn to the findings indicating the usefulness of group therapy to sexually violated women and suggested measures to improve their psychological wellbeing.

5.2: Summary of the findings as per objectives of the study

The summary is based on all 5 objectives of the study, which are models of group therapy used in Ibuka, curative factors identified, the impact of these curative factors

perceived, challenges faced by Ibuka group leaders and group members; and measures suggested to bring about improvement of psychological wellbeing.

5.2.1: Group therapy models employed in Ibuka

The first objective of the study aimed at establishing the types of group therapy models Ibuka employs in its interventions for the sexually violated women. The findings show that various group therapy models were used. These were cognitive behavioral therapy model, behavioral therapy model, psychodynamic / interpersonal therapy model and psychoeducational therapy model, each with an aim to change negative thoughts, feelings and behaviors to positive ones, thus improving the psychological well being of women that were sexually violated. The models were applied depending on the circumstances; hence there was no specific order in which they were employed in therapy

With cognitive/ behavior therapy, sexually violated women who previously had self blame and negative thinking about what happened to them, learnt how to monitor themselves and understood their problems in a positive way that reduced their suffering. This resonates to what Resick et al., (1992) highlighted. They argued that cognitive therapy focuses initially on assimilated–distorted beliefs such as denial and self-blame. Then the focus shifts to over generalized beliefs about oneself and the world. Clients are taught to challenge their dysfunctional beliefs and are deconstructed, which leads to more balanced self-statements.

Healing becomes easy when one understands the kind of suffering he/she has after learning from the groupmates that are troubled with the same problem, through guides provided by other group members, thus Ibuka group therapy appears to be improving

the psychological wellbeing of women that were sexually violated during the 1994 Genocide.

Through behavioral therapy model, sexually violated women understood how to identify their negative behaviors that helped them in getting ways to change the behaviors that were negative. Referring to this study, coping skills are important in healing and brings about positive changes to victims when they know what kind of problems they have and how to go about them.

Ibuka institution as well uses psychodynamic / interpersonal group therapy model in handling psychological problems of sexually violated women. Rose (1986) pointed out that with psychodynamic group therapy model, healing from trauma does not mean that the survivor will forget the experience or never again experience any symptoms. Rather, successful recovery is subjective and measured by whether the survivor increases his or her involvement in the present, acquires skills and attitudes to regain control of his or her life, forgives himself or herself for guilt, shame and other negative cognitions, and gains stress reduction skills for overall better functioning. In line with this study, psychodynamic/interpersonal group therapy model provided sexually violated women with development from a maladaptive mode and encourages relationship to others in the group through internal and interpersonal interactions. They raised issues related to what they went through. From their discussions, they were able to get solutions to the problems suffered by imitating and coping the ways others succeeded in overcoming theirs.

Psychodynamic/interpersonal group therapy model brings about self regulation and empowerment. Participants in this study argued that they got rid of loneliness and were

encouraged to live with others sharing their concerns, thus improving their psychological wellbeing.

Ibuka group therapy employed psycho educational group therapy, another model where both group members and leaders raised some themes that related to the problems faced by women tht were sexually violated, aiming at getting needed information and solutions. To every topic discussed, members gave ideas and leaders enlightened and advised them on how to come out of problems faced to achieve good lifestyles. As Lubin et al., (1998) stated that the psycho educational group approach is believed to have positive effect for sexual assault survivors. It intervenes to maintain the focus on the survivors' adaptive strategies. It offers mutual support and explicit instructions about the nature of PTSD, and examines survivors' misconceptions and self-defeating responses, which are the symptoms resulting from trauma. With regard to psycho educational group therapy model used in Ibuka, it seemed relative in as far as the problems suffered were concerned because sexually violated women testified that they got solutions and knowledge thus being helped psychologically. All models of group therapy that Ibuka employs have had benefits to sexually violated women as they interworked and complimented each other. It is, therefore, safe to say that Ibuka organization uses integrative group approach in intervention for sexually violated women. This was proven through both qualitative and quantitative analyses that Ibuka group therapy has been useful as is perceived by those women, and this conforms to the main objective of the study.

5.2.2: Curative factors identified in Ibuka group therapy

Curative factors identified in Ibuka group therapy do not differ from Yalom's (1989) in terms of usefulness and positive impact. These curative factors are believed to have contributed to the wellbeing of sexually violated women. As discussed in Chapter four, curative factors are Catharsis, group cohesiveness, installation of hope, universality, interpersonal learning, corrective recapitulation of the primary family, altruism, existential factors, improved social skills, imitative behavior and information giving. Participants in this research identified with all these factors. These were what they expected when they got into group therapy.

5.2.3 Impact of curative factors perceived

The curative factors mentioned above have had a vital impact and have together complementarily been useful in improving the psychological wellbeing of sexually violated women, as evidenced by both qualitative and quantitative analyses of the study. Majority of the respondents appeared to be in the process of attaining all the six dimensions of psychological wellbeing to a reasonable degree as a result of group therapy. They appear to have realized their purpose to life by giving their lives importance as opposed to their state prior to joining group therapy, thus improving their psychological wellbeing. Due to group therapy, the sexually violated women appear to have revived their self acceptance and appear to have regained their psychological resources ready to face and explore opportunities in their environment. They recognize the importance of self care, their rights in the society, importance of work; they care for their children and above all seem to positively move on with their lives despite the trauma experienced.

5.2.4: Challenges encountered

Challenges faced during Ibuka group therapy process affected the group leaders, Ibuka institution and the respondents at large. First and foremost, failure to get treatment abroad due to severe sicknesses that was as a result of the 1994 Tutsi genocide and lack of justice affected respondents' psychological recovery. To Ibuka as an institution, lack of enough financial support retarded their financial activities, which later affected group therapy process like inability to avail sufficient counselors, rooms, medical facilities, reopening of closed centers and basic materials to sexually violated women during group therapy sessions. To the available counselors, lack of enough supervision and trainings could lead to overworking.

The problem of compensation still posed a great challenge to respondents since perpetrators have up to now not paid them (victims). The challenge of indemnity and the short weaning period following group therapy at Ibuka have been a burden to respondents, and this has in general affected their improvement in psychological wellbeing as some of the scholars highlighted. There was need for measures to be undertaken to bring about lasting solutions to the difficulties experienced by all people in the study as well as the institution. In addition, lack of resources made some members skip therapy sessions.

5.2.5: Measures suggested for the amelioration of Ibuka group therapy.

The same women under Ibuka group therapy and their leaders suggested measures that can further the betterment of their lives.

These included the increased supervision of leaders, additional trainings to the leaders and other counselors, provision of rooms by Ibuka, provision of enough counselors,

Rwanda government policy to mobilize funds, Ibuka administration to mobilize donors for more funds to cater for their daily activities, ability to get treatment of severe sicknesses abroad, appropriate weaning period in relation to the sickness of the respondents, compensation of the sexually violated women, imprisonment for some violators to be effected and the indemnity to be tabled in the parliament with the help of IOM and Ministry of justice seeking legal assistance for the victims of sexual violence and availing justice to them after closure of Gacaca courts.

When all the measures are implemented efficiently and solutions availed, Ibuka group therapy would improve psychological wellbeing and those few women who had not yet realized a positive change would also benefit from group therapy with time. On a larger scale, the government of Rwanda would do much better in improving the welfare of its population, particularly of sexually violated women if they collaborated with Ibuka to avail enough funds for psychological services.

5.3: Conclusions

The group therapy as a model of psychological intervention appears to be successful in helping the women who were sexually violated to regain their psychological well being. The group therapy models used at different stages of the therapy process were found to be effective in addressing the biopsychosocialspiritual aspects of sexually violated women. Long after the genocide, the victims of sexual violation who are members of Ibuka now experience self acceptance, are engaged in activities that promote growth, and are willing to venture into opportunities presented by their environment. In addition, they are positive about their faith and are active in spiritual aspects. In

essence, Ibuka group therapy has had a positive impact on women who were sexually violated during the genocide.

This study, therefore, concludes that the group therapy model is appropriate in helping individuals such as those sexually violated during the Rwanda genocide who suffer psychological conditions that are associated with stigma. Due to the curative factors of group therapy, the sexual violation victims in Ibuka were able to open up and share their experiences, they learn and teach each others how to address the challenges they face, and they experience a sense of belonging, support, and self value. This is because group therapy has characteristics that not only bring about healing but also ability to overcome stigma. Based on the findings, the study argues alongside other scholars like Yalom & Sophia (1980), Corey and Corey (2012) and others, that the characteristics of group therapy have power to bring about healing and change of behavior for those going through negative emotional experiences shrouded by shame, guilt and more importantly overcome societal stigma. The study observes that through group participation, the emotional pain that arises from conflict with societal expectations can be handled through group therapy. For example, although Rwanda has not been able to deal with emotional issues of sexual violation for more than a decade, group therapy as demonstrated by Ibuka group therapy has offered opportunity through which Rwanda can now address issues of sexual violation that have not been openly addressed due to 'collective shame' emanating from Rwandese culture.

However, it was observed that due to many challenges experienced by the organization, including financial difficulties, lack of trained counselors, and the limited opportunities, lack of facilities and other resources needed for group therapy, many women who were

sexually violated during the genocide are still left out in the villages without any psychological help. In addition, some members of Ibuka fail to attend sessions due to lack of transport. These seem to limit the success of the group.

5.4: Recommendations

Based on the findings, the main recommendations that emerged from this study related to practice, theory, policy, and for further research are as follows:

5.4.1: Implications for practice

1. The research found out that there is a lot of hope in the usefulness of group therapy to women sexually violated during the 1994 Tutsi genocide, in bringing positive change to their psychological wellbeing. Ibuka institution has played a major role in initiating group therapy to help these women. The study therefore recommends that group therapy model should be adopted by other organizations that work with people who experience emotional pain to help bring about their psychological wellbeing.
2. Based on the findings, although performing well, Ibuka as an organization is challenged by lack of funds thus limiting sexually violated women from accessing their services. This study, therefore, recommends that the government of Rwanda takes up the responsibility of funding the organization to help reach out to many victims of sexual violation.
3. It was also established that the services offered by the organization were centralized in specific places within the districts. This limits the poor women who have no money for transport to access the centres. In addition, those who are already in group therapy miss out on sessions if they have no fare. It is

recommended that the government collaborates with Ibuka to create more community centres in the villages to increase access.

4. From the study, culture seemed to be an impediment to Ibuka activities. Based on this finding, it is recommended that Ibuka, in collaboration with the Government of Rwanda, plan and organize psychoeducation forums to sensitize the society about the effects of sexual violation and the need to seek help rather than suffer in silence.
5. Education programs have to be addressed to engage communities through inclusive means so that sexual violence is perceived as an issue that is relevant to all community members.
6. To establish awareness of healing and reconciliation, the governments must acknowledge and respond to the wrongs and injuries of the past, especially human rights violations, through compensation programs and repatriation of the victims of injustice. Many note that issues of compensation and rehabilitation of victims should be incorporated into plans for post-conflict reconstruction and economic revitalization.
7. The Government of Rwanda, in collaboration with Ibuka, should provide medical facilities or provide funds to help sexually violated women get medical care either within Rwanda or abroad.

5.4.2: Recommendations on theory

Biopsychosociospiritual model together with group therapy theories proved to be effective in restoring psychological wellbeing to victims of sexual violence, where they received holistic intervention towards physical, psychological, social and spiritual

problems faced. From the outcomes of the findings, the researcher would recommend that the same theories would be applied in others areas like in fighting poverty, alcohol abuse, malnutrition, to mention but a few, within the community.

5.4.3: Recommendations for Policy

The Government of Rwanda should set some policies to help genocide survivors, including women that were sexually violated. In order to help survivors regain their psychological well being, the Government of Rwanda needs to:

- Set a policy on how survivors of sexual violence would get justice in a decentralized way since Gacaca courts completed their activities before all women under Ibuka group therapy could be able to narrate what happened to them.
- Set up a policy on helping survivors of sexual violation access legal services as soon as possible.
- Set up a policy on indemnity to support the survivors of sexual violence to get compensation, in terms of money, for the losses they incurred.
- To develop a policy on mental health that would help put in place a mechanism to facilitate psychological wellbeing of all victims of the genocide.

5.4.4: Recommendations for further research.

Further research is recommended for the betterment of Rwandan society in particular and elsewhere in the world in general and these would include:

- Identify problems of children born from sexual violence and its impact on the society.
- Addressing men's attitude towards women that have been sexually violated.

- Trauma recovery for perpetrators and their family members.
- The gap between the public and professional views on what constitutes sexual violence.

REFERENCES

African Rights (2004). Broken bodies, Torn Spirits Living with Genocide, Rape and HIV/AIDS. African Rights publication, London.

African Rights and REDRESS (2008). Survivors and post-genocide justice in Rwanda. Their experiences, perspectives and hopes.

Alexander, D, A. (1986). *Psychodynamic psychotherapy: An outline of psychotherapy*. IOP Publishing Ltd.

Allan, T. (2007). *The Media and the Rwanda Genocide. London: Pluto Press.*

American Psychiatric Association, & American Psychological Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed.). *Washington, DC: American Psychiatric Association.*

Amnesty International. (2005). The state of the World's human right: Report 20. Retrieved from:
<http://www.amnesty.org/en/library/info>.

Anderson, I. (2007). What is a typical rape? Effects of victim and participant gender in female and male rape perception. *British journal of social psychology*, 46(1), 225-245.

Andrew, D. A., & Bonta, J. (2006). *The psychology of criminal conduct*. Newark, NJ: LexisNexis Matthew Bender

Aristotle. (2001). *The Basic Works of Aristotle*. New York: Modern Library.

Astbury. (2006). *Services on victims/survivors of sexual assault, interventions and needs of victims Australia*

Avega, A. (2001). *Survey on Violence Against Women in Rwanda*, Human RIGHTS publication: GENEVA.

Baltes, M. M., & Silverberg, S. B. (1994). The dynamics between dependency and autonomy: Illustrations across the life span. In D.L. Featherman, R.M. Lerner, & M. Perlmutter (Eds.) *Life-span development and behavior* (Vol.12, pp.41-90). Hillsdale, NJ: Lawrence Erlbaum.

- Bass, J. K., Annan, J., McIvor Murray, S., Kaysen, D., Griffiths, S., Cetinoglu, T., & Bolton, P. A. (2013). Controlled trial of psychotherapy for Congolese survivors of sexual violence. *New England Journal of Medicine*, 368(23), 2182-2191.
- Bauneister, R. F., & Leary, M. R. (1995). The need to belong: desire for interpersonal attachments as a fundamental human motivation. *Psychological bulletin*, 117(3), 497-529.
- Berg, B. L. (2007). *Qualitative research methods for the social sciences*. London: Pearson.
- Bergen, R. K. (1996). *Wife Rape: Understanding the response of survivors and service providers*. Thousand Oaks, CA: Sage.
- Bloch, S. (1986). *Group Psychotherapy: An introduction to the psychotherapies* (2nd ed). Edited by Bloch, S. New York: Oxford University Press.
- Bohan, M. J. (1997). Assessing adult women sexually abused in childhood for anxieties, conflicts, and values: a biopsychosocial approach to well-being. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 57(7-B), 4694
- Bradshaw J. (2011). *The well-being of children in the UK*. Bristol: Policy Press
- Burke. R. J. (1981). Increasing the professional effectiveness of school guidance counselors. *School Guidance Worker*, 37(7), 51-57
- Carl, R. (1970). *Carl Rogers on encounter groups*. New York : Harper & Row.
- Chamberlain, J. M., & Haaga, D. A. (2001). Unconditional self-acceptance and psychological health. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 19(3), 163-176.
- Compton, W. C. (2005). *An Introduction to Positive Psychology*. Connecticut, U.S.A: Wadsworth Publishing.
- Cooper, M. (2003). *Existential therapies*. London: Sage publications
- Corey, M., & Corey, G. (1992). *Groups Process and Practice*. Pacific Grove, CA: Brooks.
- Corey, G., Callanan, P., & Corey, M. S. (2007). *Issues and ethics in the helping professions*. (7th Ed.). Belmont: Thompson Brooks/Cole
- Corey, G. (2012). *Theory and practice of group counseling* (8th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.

- Davis, R. C., & Taylor, B. G. (1997). A proactive response to family violence: The results of a randomized experiment. *Criminology*, 35(2), 307-333.
- De Vaus, A. (2001). *Surveys in Social Research*. London: Allen and Unwin
- Demir, M., & Özdemir, M. (2010). Friendship, need satisfaction and happiness. *Journal of Happiness Studies*, 11(2), 243- 259
- Denborough, D., Freedman, J., & White, C. (2007). *Use of narrative practice in working with genocide survivors*. Adelaide, S.A.: Dulwich Centre publications.
- Denise, G. (2013). Group therapy for victims of sexual violence in DRC. The New England Journal of Medicine, Johns Hopkins University, USA
- Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psycho-logical Bulletin*, 125, 276-302.
- Donelson, R. F. (1983). *An Introduction to group Dynamics*. California: Monterey.
- Egan, G (1973). *Face to Face, The small-Group Experience and Interpersonal Growth*. Washington, USA.
- Ellis, A. (2005). Can rational-emotive behavior therapy (REBT) and acceptance and commitment therapy (act) resolve their differences and be integrated? *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 23(2), 153-168.
- Emmons, R.A. (1996). Striving and feeling: Personal goals and subjective well-being. U: P.M. Gollwitzer & J.A. Bargh (Edsr.), *the Psychology of Action: Linking Cognition and Motivation to Behavior* (pp. 313-337). New York: Guilford Press.
- Engel, G. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129-136.
- Eric, B. (1966). *Principles of group treatment*. New York: Oxford University Press.
- Ettin, M. F. (2000). From identified patient to Identifiable group: The alchemy of the group as a whole. *International Journal of Group Psychotherapy*, 50(2), 137-162.
- FIDH (1997). *Vies brisées. Les violences sexuelles lors du génocide rwandais et leurs conséquences*. Retrieved from: <http://www.fidh.org/spip.php>.
- Ford, D. E., Mead, L. A., Chang, P. P., Cooper-Patrick, L., Wang, N. Y., & Klag, M. J. (1998). Depression is a risk factor for coronary artery disease in men: The precursors study. *Archives of Internal Medicine*, 158(13), 1422-1426.

- Franklyn, V. E. (1984). *Man's search for meaning*. New York: Simon & Schuster.
- Geldard, D., & Geldard, K. (2001). *Basic Personal Counselling: A Training Manual for Counsellors*. (4th Ed). Sydney: Thompson Brooks/Cole
- Gelder, M., Harrison, P., & Cowen, P. (2006). *Shorter Oxford textbook of psychiatry*. Oxford: Oxford University Press.
- Koenig, L. G., George, K. H. & Peterson, B. (1998). Religiosity and remission of depression in medically ill older patients. *American Journal of Psychiatry*. 155(4):536-42.
- Gerrity, D. A., & DeLucia-Waack, J. L. (2007). Effectiveness of groups in the schools. *The Journal for Specialists in Group Work*, 32, 97-106
- Giovanni, B. M. (2013). *Positive psychology: A critical introduction*. USA: Palgrave Macmillan
- Gladding, S. T. (1994). *Effective group counseling*. Greensboro, NC: ERIC/CASS
- Gleason, W. J. (1993). Mental disorders in battered women: An empirical study. *Violence and victims*, 8(1), 53.
- Gruman, A. S., & Messer, S. B. (2003). Contemporary issues in the theory and practice of psychotherapy. In A. S. Gruman, & S. B. Messer (Eds.), *Essential psychotherapies* (2nd ed., pp.1-23). New York: The Guilford Press.
- Gutheil, T. G., & Gabbard, G. O. (1993). The concept of boundaries in clinical practice: Theoretical and risk- management dimensions. *American Journal of Psychiatry*, 150, 188-196.
- Hall, M., & Hall, J. (2011). The long-term effects of childhood sexual abuse: Counseling implications Retrieved from: <http://counselingoutfitters.com>.
- Harre, R. (1986). *The social construction of emotions*. New York, NY: BasilBlackwell
- Hefferon, K., & Mutrie, N. (2012). Physical activity as a “stellar” positive psychology intervention. *Oxford Handbook of Exercise Psychology*. Oxford: Oxford University Press.
- Helen, A. (2011). *Group support as an Antidote to the Isolation of infertility*. Today © 1991-2017 Sussex Publishers, LLC. Posted Mar 01.
- Herman, J. (1992). *Trauma and recovery*. New York: Basic Books

Huebner, R. A., Chan, F., Berven, N. L., & Thomas, K. R. (2004). Group procedures. *Counseling theories and techniques for rehabilitation health professionals*, 244-263.

Human rights watch. (1996). *Shattered lives: sexual violence during the Rwandan genocide and its aftermath*. New York: Human rights watch.

Ibuka report (2007). Retrieved from <http://www.ibuka.rw/index.pnp>.

Isaacs, M., & Stone, C. (2001). Confidentiality with minors: Mental health counselors' attitudes toward breaching or preserving confidentiality. *Journal of Mental Health Counseling*, 23(4), 342.

James, E. (2004). *A biopsychosociospiritual model in the real world*. Brisol, USA.

Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: Free Press.

Kanas, N. (2005). Group Therapy for Patients with Chronic Trauma-Related Stress Disorders. *International Journal of Group Psychotherapy*, 55 (1), 161-6.

Kasser, T., & Share, T. (2002). Personal goals and psychological growth: Testing an intervention to enhance goal - attainment and personality integration. *Journal of Personality*, 70, 5-31.

Kawachi, I. & Berkman, L. (2001). Social Ties and Mental Health. *Journal of Urban Health Bulletin of the New York Academy of Medicine*, 78(3), 458-467.

Kendra, R., & Bell, K. M. (2009). PTSD, anger and IPV perpetration in college students. *Poster session presented at the meeting of the Association for Behavioral and Cognitive Therapies*. New York, NY.

King, D. E. (2000). *Faith, spirituality, and medicine: Toward the making of the healing practitioner*. Psychology Press.

Krueger, R. A. (1998). *Developing questions for focus groups (Vol. 3)*. London: Sage.

Kupers, T. A. (1988). *Ending therapy: The meaning of termination*. New York: New York University Press.

Kurtus, E. (2012). *Applying group therapy to eating disorders*. Washington, DC: American Psychiatric press.

Lawrence, S. (2011). *Dynamics and Skills of group counseling*. US: Library of Congress.

Lewis-Beck, M. (1995). *Data analysis: An introduction*. Quantitative applications in the social sciences, No.103. Thousand Oaks, CA: Sage

Lievore, D. (2003). *Non-reporting and hidden recording of sexual assault: An international literature review*. Commonwealth of Australia: Canberra.

Longman, T. (2011). *Limitations to political reform: The undemocratic nature of transition in Rwanda: Remaking Rwanda: State building and human rights after mass violence*. Madison, Wisconsin: University of Wisconsin Press.

Lubin, H., Loris, M., Burt, J., & Johnson, D. R. (1998). Efficacy of psychoeducational group therapy in reducing symptoms of posttraumatic stress disorder among multiplytraumatized women. *American Journal of Psychiatry*, 155(9), 1172-1177.

Mammen, G., & Olsen, B. (1996). Adult survivors of childhood sexual abuse. Do I have them in my practice? *Australian family physician*, 25(4), 518-524.

Manley, H. (1990). Civil compensation for the victim of rape. *Cooley Law Review*, 7, 193-211.

Manor, O. (1994). Group psychotherapy. In Petrůska Clarkson & Michael Pokorny (Eds.), *The handbook of psychotherapy*. New York, NY: Routledge.

Maqsood, A., Jabeen, T., & Khatoon, H. (2013). White and Hispanic women with cervical cancer. *Journal of Psychosocial Oncology*, 26, 91-109.

Maslow, A. H. (1970). *Motivation and personality*. New York: Haper&Row

Mbabazi, Y. (2004). *The impact of sexual violence on the social lives of women*. Butare, Rwanda

Mc Clure, B. A. (1990). The group mind: Generative and regressive groups. *Journal for Specialists in Group Work*, 15, 159-170.

McGannon, W., Carey, J., & Dimmitt, C. (2005). The current status of school counseling outcome research. Research Monograph, Number 2. *Center for School Counseling Outcome Research (NJ1)*.

McKee, D. D. & Chappel, J.N. (1992). Spirituality and medical practice. *Journal of Family Practice*, 35, 201, 205-208.

McLeod, J. (2003). *An introduction to counselling* (3rd ed.). Buckingham: Open University Press

- Morgan, D. (1997). *Focus Groups as Qualitative Research*. Thousand Oaks, CA: Sage Publications.
- Mugenda, O. M. & Mugenda, G. A. (1999). *Research methods: Quantitative and qualitative approaches*. African Centre for Technology Studies.
- Mukamana, D. (2004). *Exploring the lived experience of rape survivors following the 1994 genocide in Rwanda*. Durban, South Africa
- Mukamana, D. & Brysiewicz, P. 2008. The lived experience of genocide rape survivors in Rwanda. *Journal of Nursing Scholarship*, 40 (4), 379-384.
- Muller, J. & Francis, L. (2004). Does spirituality mediate the relationship between environmental stressors and psychological well-being in distressed unemployed people? *Australian Journal of Career Development*, 13, 44–54.
- Myers, D. (1992). *The pursuit of happiness*. New York: Avon
- Nelson-Jones, R. (2011). *Counselling and Therapy*. London: SAGE publications.
- Ovuga, E., Boardman, J., & Wasserman, D. (2005). The prevalence of depression in two districts of Uganda. *Social Psychiatry and Psychiatric Epidemiology*, 40(6), 439-445.
- Paisley, P. O., & Milsom, A. (2007). Group work as an essential contribution to transforming school counseling. *The Journal for Specialists in Group Work*, 32, 9-17.
- Park, C. (2010). Making sense of the meaning literature: an integrative review of meaning making and its effects on adjustment to stressful life events. *Psychology Bulletin*, 1136, 257- 301
- Parker, G. & Lee, C. (2002). Predictors of physical and emotional health in a sample of abused Australian women. *Journal of Interpersonal Violence*, 17, 987-1001
- Parliamentary Hearing (2008). ``Towards effective peacekeeping and the prevention of conflict: Delivering on our commitments`` UN, New York.
- Peterson, J.S., & Deuschle, C.(2006). A model for supervising school students without teaching experience. *Counselor Education & Supervision*, 45, 267-281.
- Phillips, R. (1961). Environmental mastery and personality development. *Archives of General Psychiatry*, 5, 146–150.

Rees, G., Bradshaw, J., Goswami, H. & Keung, A. (2010a), Understanding Children's Well-being: A national survey of young people's well-being. London: The Children's Society.

Resick, P. A., & Schnicke, M. K. (1992). Cognitive processing therapy for sexual assault victims. *Journal of Consulting and Clinical Psychology*, 60, 748–756. doi: [[PubMed](#)].

Roberts, B., Ocaka, K. F., Browne, J., Oyok, T., & Sondorp, E. (2011). Alcohol disorder amongst forcibly displaced persons in northern Uganda. *Addictive behaviors*, 36(8), 870– 873.

Robinson AL, Hudson K and Brookman F (2008). Multi-agency work on sexual violence: Challenges and prospects identified from the implementation of a Sexual Assault Referral Centre (SARC). *Howard Journal of Criminal Justice* 47(4): 411–428.

Radomski, M.V & Latham, C. A. (2007). *Occupational therapy for physical dysfunction* (6th ed.) Baltimore: Lippincott Williams & Wilkins.

Rogers, C. R., (1970). *Carl Rogers on Encounter Groups*. New York, USA

Rose, D. (1986). Worse than death: Psychodynamics of rape victims and the need for psychotherapy. *The American Journal of Psychiatry*; 43(7), 817–824. doi: [[PubMed](#)].

Ryan, R. M., Deci, E. L., & Grolnick, W. S. (1995). Autonomy, relatedness, and the self: Their relation to development and psychopathology. *Ariel*, 128(151.189), 155.

Ryff, C. D, & Keyes, C. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719–727.

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719–727.

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069–1081.

Sampson, A. (2010). Biopsychosocial and spiritual theory. *Retrieved from:* <https://digarchive.library.vcu.edu/bitstream/handle>.

Sarah, W. (2012). Is it lonely at the top? An empirical study of managers' and nonmanagers' loneliness in organizations. *The Journal of Psychology*, 146(1): 47-60

Sartre, J.P. (2003). *Being and Nothingness*. London, New York: Routledge.

Schlundt, D. G. & Johnson, W. G. (1990). *Eating disorders: Assessment and treatment*. Boston: Allyn and Bacon.

Seybold, K. S. (2007). Physiological mechanisms involved in religiosity/spirituality and health. *Journal of Behavioral Medicine*, 30(4), 303-309.

Sheldon, K. M., Kasser, T., Smith, K., & Share, T. (2002). Personal goals and psychological growth: Testing an intervention to enhance goal- attainment and personality integration. *Journal of Personality*, 70, 5-31.

Shulman, L. (1999). *The skills of helping individuals, families, groups and communities*. Itasca: Peacock Publishers, Inc.

Silverman, D. (2005). *Doing Qualitative Research: A practical Handbook*. London: Sage.

Snyder, M., & Cantor, N. (1998). Understanding personality and social behavior: A functionalist strategy. In D. Gilbert, S. Fiske, & G.Lindzey (Eds.), *The handbook of social psychology: Vol. 1* (4th ed. pp. 635–679). Boston: McGraw-Hill

Sophia, V. & Yalom, I. D. (1989). *Concise guide to group psychotherapy*. American Psychiatric Pub.

Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & Van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: A systematic review and meta-analysis. *Jama*, 302(5), 537-549.

Thienemann, M, L. (2005). Group Psychotherapy. In *Comprehensive Textbook of Psychiatry*. Edited by Sadock, B, J. & Sadock, V, A. Lippincott Williams & Wilkins, 2005.

United Nations (UN) (2002). *Peace, Women and Security*. New York: United Nations.

United Nations Division for the Advancement of Women (UNDWA), United Nations Economic Commission for Europe (UNECE), United Nations Statistical Division (UNSD) (2007). Indicators to Measure Violence against Women: Report of the Expert Group Meeting, 8 – 10 October 2007, Geneva, Switzerland, p.5.

United Nations High Commissioner for Refugees (UNHCR) (2004). Repatriation and Reintegration Operations in Liberia (Update No. 3): <http://www.humanitarianinfo.org/liberia/mediacentre/press/doc/lbrupd>. Accessed 14 November September 2014.

Vlachová, M. & L Biason, L. (2005). *Women in an Insecure World: Violence against women – facts, figures and analysis*, Genève.

Ward, J & Marsh, M.(2 006). *Report on sexual violence against women and girls in war and its aftermath: Realities, responses and required Resources*. Brussels, Belgium

Weich, S. & Lewis, G., (1998). Poverty, unemployment and common mental disorders: Population based cohort study. *British Medical Journal*, 314, 591–595.

Whiston, S. C., & Sexton, T. L. (1998). A review of school counseling outcome research: Implications for practice. *Journal of Counseling & Development*, 76, 412-426.

World Health Organization. (1999): *Report on violence and injury prevention* (WHO publications). Retrieved from: <http://www.cia.gov>

World Health Organization. (2003). *Guidelines for Medico-Legal Care for Victims of Sexual Violence* (WHO 71). Geneva, Switzerland: Author 71.

World Health Organization. (2013). *Report on sexual violation-a weapon of war*. New York publications: Author.

Yalom, I.D. (1980). *Existential psychotherapy*. New York: Basic Books

Yalom, I. D. (1983). *Inpatient Group Therapy*. New York: Basic Books

Yalom, I. D. (1985). *The theory and practice of group psychotherapy* (3rd ed.). New York, NY: Basic Books.

Yalom, I.D. (1989). *Love's Executioner and Other Tales of Psychotherapy*. Harmondsworth: Penguin Books.

Yang, J. Y., Huang, J. W., Kao, T. W., Peng, Y. S., Lu, C. S., Chen, D. L., & Chang, H. W.(2008). Impact of spiritual and religious activity on quality of sleep in hemodialysis patients. *Blood purification*, 26(3), 221-225.

Young, M. E. (2009). *Learning the art of helping: Building blocks and techniques*. Upper Saddle. River, N.J: Merrill Prentice Hall.

APPENDICES

Appendix 1: Questionnaire for participants

The questionnaire consisted of two parts, numbered session A and B. There are 64 questions in total. Session A consisted of four demographic questions while session B consisted of 60 questions. At the end of the questionnaire respondents were asked to submit their responses to the researcher who kept confidentially the information given.

Session A: Demographic questions (4)

Please provide the following information by putting a tick (✓) where applicable.

(A-1)

1. Your age in years

| | |
|--------------|--|
| 25- 30 | |
| 31-35 | |
| 36-40 | |
| 41-45 | |
| 46- 50 | |
| 51- 55 | |
| 56- 60 | |
| 61 and above | |

(A-2)

2. Marital status:

| | |
|-----------|--|
| Single | |
| Dating | |
| Married | |
| Separated | |
| Divorced | |
| Widow | |

(A-3)

3. Level of formal education attained :

| | |
|------------|--|
| Illiterate | |
| Primary | |
| Secondary | |
| Vocational | |
| University | |

(A-4)

4. Occupation :

| | |
|---------------------|--|
| Formally employed | |
| Self employed | |
| Other (house wives) | |

Session B: questions (Adopted from the psychological well being scale by Carol D. Ryff and Corey Lee M. Keyes, 1995)

This session is composed of sixty (60) questions arising from six (6) indicators of psychological wellbeing. Please indicate your opinions of these statements by putting a tick (✓) on **SD, D, N, A** or **SA**, where: **SD**

=Strongly Disagree with the statement; **D**= Disagree with the statement;
N= Neutral; **A**= agree with the statement; **SA**= strongly agree with the
statement.

| | Statements | SD | D | N | A | SA |
|----------------|--|----|---|---|---|----|
| (B-5)/PG 1. | The group has helped to improve my health. | | | | | |
| (B-6) 2. | I don't fear to go to health centers for treatment | | | | | |
| (B-7) 3. | I am no longer fearful | | | | | |

| | | | | | | |
|--------------|--|--|--|--|--|--|
| (B-8) 4. | I regained closer relationship with God | | | | | |
| (B-9) 5. | It is important to have new experience that challenge how you think about yourself and the world | | | | | |
| (B-10) 6. | I have the sense that I have developed a lot as person over time | | | | | |
| (B-11) 7. | I don't enjoy being in new situations that make me change my previous ways of doing things | | | | | |
| (B-12) 8. | For me life has been a continuous process of learning, changing and | | | | | |

| | | | | | | |
|-------------------|--|--|--|--|--|--|
| | growth. | | | | | |
| (B- 13) 9. | I gave up making improvement in my life. | | | | | |
| (B- 14) 10. | When I think about what happened to me, I haven't really improved much over the years. | | | | | |
| (B- 15)/PR 11. | I have been helpful to others | | | | | |
| (B- 16) 12 | I have improved relations with others through group therapy | | | | | |
| (B- 17) 13 | I participate in public meetings and other government activities | | | | | |
| (B- 18) 14 | Most people see me as loving and affectionate | | | | | |
| (B - 19) 15 | Maintaining close relationships has been difficult and frustrating for me. | | | | | |
| (B- 20) 16 | I often feel lonely because I have few close friends with whom I share my concerns | | | | | |
| (B- 21) 17 | I enjoy personal and mutual conversations with family members or friends | | | | | |
| (B- 22) 18 | People describe me as a giving person, willing to share my time with others. | | | | | |

| | | | | | | |
|-------------------|--|--|--|--|--|--|
| (B- 23) 19 | I have not experienced many warm and trusting relationships with others. | | | | | |
| (B- 24) 20 | I trust my friends and they trust me. | | | | | |
| (B- 25)/PL 21 | I have motivation to life | | | | | |
| (B- 26) 22 | I am engaged in activities to improve my life | | | | | |
| (B- 27) 23 | I hope to live for better times ahead | | | | | |
| (B- 28) 24 | I have plan for my future life | | | | | |
| (B- 29) 25 | I live life one day and don't think about the future | | | | | |
| (B- 30) 26 | I have a sense of direction and purpose in life | | | | | |
| (B- 31) 27 | My daily activities are not encouraging and seem not important to me. | | | | | |
| (B- 32) 28 | I don't have a good sense of what I try to accomplish in life | | | | | |
| (B- 33) 29 | I enjoy making plans for the future and working to make them a reality. | | | | | |
| (B- 34) 30 | I don't wander aimlessly through life | | | | | |
| (B- 35)/ EM 31 | I have coped to life of my surroundings | | | | | |

| | | | | | | |
|-------------------|---|--|--|--|--|--|
| (B- 36) 32 | I feel I am responsible of the situation in which I live | | | | | |
| (B- 37) 33 | The demands of everyday life often get me down | | | | | |
| (B- 38) 34 | I do not fit very well with the people and the community around me | | | | | |
| (B- 39) 35 | I am good at managing many responsibilities of my daily life. | | | | | |
| (B- 40) 36 | I have difficulty arranging my life in a way that is satisfying to me | | | | | |
| (B- 41) 37 | I have been able to like my home and the lifestyle in which I live | | | | | |
| (B- 42) 38 | I have managed to understand opinions of other people surrounding me. | | | | | |
| (B- 43) 39 | I often feel overwhelmed by my responsibilities | | | | | |
| (B- 44) 40 | Sometimes, I feel challenged to meet the demands of the local authorities in area where I live. | | | | | |
| (B- 45)/ SA 41 | I feel good about myself | | | | | |
| (B- 46) 42 | Through group therapy I | | | | | |

| | | | | | | |
|-----------------|--|--|--|--|--|--|
| | have regained my freedom | | | | | |
| (B- 47) 43 | I no longer care about what others think about me | | | | | |
| (B- 48) 44 | I am no longer lonely | | | | | |
| (B- 49) 45 | I accept the situation of my life | | | | | |
| (B- 50) 46 | I feel like I am not given value by others | | | | | |
| (B- 51) 47 | In many ways, I feel disappointed about my achievements in life | | | | | |
| (B- 52) 48 | I doubt about myself and I think it is not the way others feel about themselves. | | | | | |
| (B- 53) 49 | When I compare myself with friends, it makes me feel bad about who I am. | | | | | |
| (B- 54) 50 | In general, I feel confident and positive about myself | | | | | |
| (B- 55)/A 51 | I tend to be influenced by people with strong opinions. | | | | | |
| (B- 56) 52 | I can't talk about what I experienced | | | | | |
| (B- 57) 53 | I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people. | | | | | |

| | | | | | | |
|---------------|--|--|--|--|--|--|
| (B- 58) 54 | My decision are not usually influenced by everyone else is doing | | | | | |
| (B- 59) 55 | I tend to worry about what others think of me | | | | | |
| (B- 60) 56 | I have confidence in my opinions, even if they are contrary to the general consensus | | | | | |
| (B- 61) 57 | It is difficult for me to speak out my opinions on controversial matters | | | | | |
| (B- 62) 58 | I give importance to what I think rather than what others think is important | | | | | |
| (B- 63) 59 | I find it difficult to be influenced in opinion giving | | | | | |
| (B- 64) 60 | I judge myself by what others think about me. | | | | | |

Appendix 2: Interview Guide questions (elaborated in connection with objectives of the study by the researcher)

1. What reasons made you to join IBUKA?
2. When did you join Ibuka Group therapy? (In which month and in which year?)
3. What expectations did you have when you joined group therapy?
4. Did you meet all your expectations from group therapy?
5. Were your group members helpful?
6. What specific things did you gain from group therapy?
7. Are there any challenges you have faced during group therapy process?
8. What else can Ibuka do to make your life better?

Appendix 3: Guide questions for the staff/ group leader

1. How did you get members into your group?
2. Have you trained in leading group therapy?
3. What model of group therapy is in use at your group to help sexually violated women?
4. Did you realize positive changes in your group members after some time?
5. Are there any challenges you met in governing group therapy?
6. What can you suggest as strategies for the betterment of group therapy and group members?

Appendix 4: Themes of focus group discussions

The themes were guided by specific objectives of the study and inspiration of Aliot & Associates 2005.

1. How did you know about group therapy in Ibuka?
2. What problems did you have before joining group therapy?
3. Did you feel any positive change after joining group therapy?
4. What did you get from group therapy as benefit to your problems?
5. How has group therapy helped you?
6. Did you meet some challenges during group therapy process?
7. What suggestions can you make to improve the life of group therapy members?

Appendices 1, 2, 3, 4 (translated)

UMUGEREKA WA 1: URUTONDE RW'IBIBAZO BIGENEWE

ABAZABAZWA MU BUSHAKASHATSI

Uru rutonde rugizwe n'ibice bibiri, harimo igice cya mbere kiswe A n'igice cya kabiri kiswe B. Uru rutonde rugizwe n' ibibazo 64 byose hamwe.

Igice cya "A" kigizwe n'ibibazo (4) byerekeranye n'imyirondoro y'abasubiza ibibazo, naho igice cya "B" kigizwe n'ibibazo 60". *abarangije gusubiza ibibazo byose* barasabwa guha ukora ubushakashatsi ibisubizo byabo, nawe akazabikana ibanga amakuru yatanzwe mu gusubiza.

Igice cya "A": Subiza ibibazo bikurikira ushyira akamenyetso(√) ku gisubizo kiri cyo (A-1)

1. Ikigero cy'imyaka yawe

| | |
|-------------------|--|
| Imyaka | |
| 25-30 | |
| 31-35 | |
| 36-40 | |
| 41-45 | |
| 46-50 | |
| 51-55 | |
| 56-60 | |
| 61 kujyana hejuru | |

(A-2)

2. Irangamimerere yawe

| | |
|----------|--|
| Ingaragu | |
|----------|--|

| | |
|--------------------------------------|--|
| Uri mu rukundo | |
| Ubana n' uwo mwashakanye | |
| Mwaratandukanye | |
| Mwatandukanijwe n' amategeko burundu | |
| Umupfakazi | |

(A-3)

3. Urwego rw' amashuri ufite

| | |
|-----------------|--|
| Ikibura –mwaka | |
| Amashuri abanza | |
| Ayisumbuye | |
| Imyuga | |
| Kaminuza | |

(A-4)

4. Icyo ukora

| | |
|-------------------|--|
| Ufite umukoresha | |
| Urikorera | |
| Ibindi (sobanura) | |

Igice cya B

Shyira akamenyetso ka (✓) kuri **SD, D, N, A** cyangwa **SA** kugirango werekane ahari igisubizo nyacyo kuri wowe.

SD: Ntiwemeranya na gato n' ibivugwa

D: Ntiwemeranya n' ibivugwa

N: Sinemeranya kandi simpakana ibivugwa

A: Uremeranya n' ibivugwa

SA: Uremeranya byimazeyo n' ibivugwa

| (B-5) PG | Ibivugwa | SD | D | N | A | SA |
|-----------------|---|----|---|---|---|----|
| 1 | Kuba mu itsinda sanamitima rya Ibuka byamfashije kurushaho kugira ubuzima bwiza | | | | | |
| (B-6) 2 | Sintinya kujya kwivuza mu bigo nderabuzima | | | | | |
| (B-7) 3 | Sinkirangwa n'ubwoba | | | | | |
| (B-8) 4 | Nongeye kugirana ubusabane n'Imana | | | | | |
| (B-9) 5 | Ni byiza kunguka ubundi buryo bwo kwitekerezaho no gutekereza ku isi muri rusange | | | | | |
| (B-10) 6 | Ntekereza ko nungutse byinshi uko ibihe byagiye bihita | | | | | |
| (B-11) 7 | Sinshimishwa n' ikintu gihindura uburyo bwange bwo kubaho narinsanzwe menyereye | | | | | |
| (B-12) 8 | Ubuzima bwambereye uburyo buhoraho bwo kwiga no guhindura ibintu ngo bigende birushaho kuba byiza | | | | | |
| (B-13) 9 | Nacitse intege zo gukora ibintu byanteza imbere | | | | | |
| (B-14) 10 | Iyo ntekereje ibyambayeho, nsanga nta bintu bigaragara niyunguye mu myaka yose ishize | | | | | |
| (B-15) 11 PR | Nabaye ingirakamaro ku bandi | | | | | |

| | | | | | | |
|-----------------|---|--|--|--|--|--|
| (B-16) 12 | Hari icyo niyunguye mu mibanire yanjye n'abandi mbikesha itsinda ry'isanamitima rya Ibuka | | | | | |
| (B-17) 13 | Nitabira inama rusange z' abaturage ndetse n'ibindi bikorwa bya Leta | | | | | |
| (B-18) 14 | Abantu benshi bambona nk'umuntu ugira urukundo n'urugwiro | | | | | |
| (B-19) 15 | Kugumya kugira imibanire myiza n'abandi birankomerera bikanananiza | | | | | |
| (B-20) 16 | Akenshi mpora nigungze kubera ko mfite inshuti nkeya cyane mbasha kuganiriza ikindi ku mutima | | | | | |
| (B-21) 17 | Nshimishwa no kuganira n'abavandimwe cyangwa n'inshuti zange | | | | | |
| (B-22) 18 | Abantu bambona nk'umuntu ugira ubuntu kandi utababurira igihe | | | | | |
| (B-23) 19 | Sinigeze ngirana n'abandi imibanire myiza, isusurutse kandi irangwa no kwizerana | | | | | |
| (B-24) 20 | Nizera inshuti zange nange zikanyizera | | | | | |
| (B-25) 21 PL | Mfite impamvu zo kubaho | | | | | |
| (B-26) 22 | Ninjiye mu bikorwa bimfasha guteza imbere imibereho yanjye | | | | | |
| (B-27) | Nizeye kubaho neza mu bihe biri imbere | | | | | |

| | | | | | | |
|----------------|--|--|--|--|--|--|
| 23 | | | | | | |
| (B-28) 24 | Hari icyo nteganyiriza ubuzima bwanjye bw'ejo hazaza | | | | | |
| (B-29) 25 | Mbaho umunsi ku munsi ntitaye kuri ejo hazaza | | | | | |
| (B-30) 26 | Mfite icyerekezo n'intego mu buzima | | | | | |
| (B-31) 27 | Ibikorwa byanjye bya buri munsi ntabwo binshishikaza nta n'icyo bimariye | | | | | |
| (B-32) 28 | Numva nta kintu nagerageza gukora ngo nkigereho mu buzima | | | | | |
| (B-33) 29 | Nezezwa no gutegura gahunda y'ubuzima bwange bw'ejo hazaza no kuzishyira mu bikorwa | | | | | |
| (B-34) 30 | Mu buzima ntabwo ngenda nk'utazi iyo njya | | | | | |
| (B-35)EM 31 | Nakiriye kandi nejejwe n'aho mba | | | | | |
| (B-36) 32 | Numva imibereho yange arijye ireba | | | | | |
| (B-37) 33 | Ibyo nkenera mu buzima bwanjye bwa buri munsi akenshi binsubiza inyuma | | | | | |
| (B-38) 34 | Ntabwo niyumvamo neza abantu n'imiryango duturanye | | | | | |
| (B-39) 35 | Niyumvamo ubushobozi bwo gucunga no kuzuza inshingano nyinshi mfite mu buzima bwanjye bwa buri munsi | | | | | |
| (B-40) 36 | Birangora gutunganya imibereho yanjye mu buryo numva inyuze | | | | | |

| | | | | | | |
|-----------------|--|--|--|--|--|--|
| (B-41) 37 | Nashoboye kumva nkunze ahomba n'imibereho mbayemo | | | | | |
| (B-42) 38 | Nabashije kumva no kwakira ibitekerezo by'abandi | | | | | |
| (B-43) 39 | Kenshi numva inshingano mfite zindengeje ubushobozi | | | | | |
| (B-44) 40 | Rimwe na rimwe birangora kubahiriza gahunda nsabwa n'ubuyobozi bw'ibanze | | | | | |
| (B-45) SA 41 | Numva nyuzwe n'uko ndi | | | | | |
| (B-46) 42 | Itsinda ry'isanamitima rya Ibuka ryamfashije gusubirana ubwisanzure bwange | | | | | |
| (B-47) 43 | Uko abandi bantu bantekereza, ntacyo bimbangamiraho | | | | | |
| (B-48) 44 | Ntabwo nkigunze | | | | | |
| (B-49) 45 | Nakiriye uburyo mbayeho | | | | | |
| (B-50) 46 | Numva nsa nk'aho ntagaciro mfite mu bandi | | | | | |
| (B-51) 47 | Mu buryo bunyuranye sinezewa n' ibyo ngeraho mubuzima | | | | | |
| (B-52) 48 | Numva ntakizere nifitemo kandi ntekereza ko abandi atariko biyumva | | | | | |
| (B-53) 49 | Iyo nigereranyije n'inshuti zanjye bintera kumva nta nejejwe nuko meze | | | | | |
| (B-54) 50 | Muri rusange numva nifitiye icyizere | | | | | |
| (B-55)/A | Niyumvamo kuba nahindurwa | | | | | |

| | | | | | | |
|--------------|--|--|--|--|--|--|
| 51 | n'ibitekerezo by'abantu bakomeye | | | | | |
| (B-56) 52 | Ntabwo nshobora kuvuga ibyo nahuye na byo | | | | | |
| (B-57) 53 | Ntabwo njya ntinya kuvuga ibitekerezo byanjye, kabone n'aho byaba binyuranye n'iby'abandi bantu benshi | | | | | |
| (B-58) 54 | Ibyemezo byanjye ntabwo bikunze guhindurwa n'iby'umuntu uwo ariwe wese | | | | | |
| (B-59) 55 | Njya nterwa ikibazo n'ibyo abandi bantu bantekerezaho | | | | | |
| (B-60) 56 | Numva mfitiye icyizere ibitekerezo byanjye kabone n'aho byaba binyuranye n'icyemezo rusange cyafashwe | | | | | |
| (B-61) 57 | Bijya bingora gutanga ibitekerezo byanjye mu gihe binyuranye n'iby'abandi | | | | | |
| (B-62) 58 | Mpa agaciro ibyo ntekereza aho kugaha ibyo abandi batekereza ko ari iby'agaciro | | | | | |
| (B-63) 59 | Birankomerera guhinduzwa igitekerezo cyange | | | | | |
| (B-64) 60 | Njya nisuzuma ubwanjye nshingiye ku byo abandi bantekerezaho | | | | | |

**UMUGEREKA WA 2: Ingingo z'ingenzi z' ibibazo bizabazwa abagiriwe
ihohoterwa rishingiye ku gitsina**

1. Ni izihe mpamvu zaguteye kugana itsinda sanamitima rya IBUKA?
2. Winyije ryari mu itsinda nsanamitima rya IBUKA? (Mu kuhe kwezi no mu wuhe mwaka?)
3. Ni ibiki wateganyaga kubona igihe winjiraga mu itsinda ry'isanamitima rya Ibuka?
4. Ibyo wateganyaga kubona mu itsinda byose warabibonye?
5. Abo mwabanaga mu itsinda hari icyo bagufashije?
6. Ni ibihe bintu byihariye waba warungukiye mu itsinda nsanamitima rya ibuka?
7. Haba hari ibibazo wagiye uhura nabyo mu gihe wari mu itsinda ry'isanamitima rya Ibuka?
8. Ni iki kindi IBUKA yakora kugira ngo ubuzima bwawe burusheho kuba bwiza?

**UMUGEREKA WA 3: Imfashabiganiro igenewe abayobozi b' amatsinda
yisanamitima ya Ibuka**

1. Ni gute mwabashije kubona abagize itsinda ry'isanamitima rya Ibuka?
2. Mwigeze muhugurwa mu bijyanye no kuyobora itsinda
ry'isanamitima?
3. Ni ubuhe buryo bw'isanamitima ukoresha mu itsinda ryawe kugira ngo
ufashe abakorewe ihohoterwa rishingiye ku gitsina?
4. Ese hari impinduka nziza waba warabonye mu bagize itsinda ryawe
nyuma y'igihe runaka?
5. Ese haba hari ingorane wagiye uhura na zo mu miyoborere y'itsinda
ry'isanamitima?
6. Ni izihe ngamba zafatwa zigatuma imiyoborere y'itsinda
ry'isanamitima
n'abagize itsinda bakora neza?

UMUGEREKA WA 4: Imfashabiganiro mu itsinda ry'abakorewe ihohoterwa rishingiye ku gitsina

1. Waje kumenya ute ibyerekeranye n'itsinda ry'isanamitima muri IBUKA?
2. Ni ibihe bibazo wari ufite mbere yo kwinjira mu itsinda ry'isanamitima rya Ibuka?
3. Ese hari impinduka nziza wigeze wiyumvamo nyuma yo kwinjira mu itsinda ry'isanamitima?
4. Ni iki wungukiye mu itsinda ry'isanamitima rya Ibuka kigufasha mu bibazo byawe?
5. Itsinda ry'isanamitima rya Ibuka ryagufashije rite?
6. Hari ibyagiye bikubangamira mu gihe wari uri mu itsinda ry'isanamitima rya Ibuka?
7. Ni izihe nama watanga kugira ngo imibereho y'abantu bari mu itsinda ry'isanamitima rya Ibuka irushaho kuba myiza?

Appendix Five: IBUKA STRUCTURE AND ORGANIZATION



As it is shown in the figure above, Ibuka structure is composed of National congress, Advisory council, Administrative board, Supervision council, Executive committee and Executive Secretariat and departments each of which is assigned responsibilities in accordance with the functioning.

National congress

Being the major organ of Ibuka association is composed of delegates from member associations and representatives of each Province, District and Sectors of Rwanda together with associations from abroad.

The Congress meets once every year presided over by the chair person of Administrative board.

Advisory council

It is the organ responsible for giving advice and recommendations to leaders of Ibuka association. It is made of 10 members chosen and confirmed by Administrative board, depending on their criteria; wisdom and favorable role played to Ibuka. The council does what it does on its own initiative or on the request of Ibuka leaders.

Administrative board

This is the management/leading organ which makes decisions on general policy and other needs of Ibuka association that are endorsed by the congress. Being elected renewable period of four years, the members hold meetings in every three months except if there is extraordinary meeting that will call the board to meet if is needed; all chaired or presided by the board's chairperson.

Supervision council- is an organ in charge of control of Association's activities. In controlling the activities, the members of the council report only to the national congress which is the one that elects them to the office for a period of four years.

Execute committee

This organ deals with coordination of Ibuka Association's activities by making a daily follow up. They appoint and remove executive secretary and heads of departments; make urgent decisions but don't interfere with congress' rights and duties. Made of four members, the committee establishes financial and end of term report to Administrative board for the betterment of the association

Executive secretary

This organ has a multiple of responsibilities which include coordination of association's activities, follow-up of implementation of congress decisions under the board's supervision, timely follow-up of all planned activities and ensures good working atmosphere for the Ibuka association and its donors as well as the ongoing of different projects initiated by Ibuka and those donors.

As the coordination is done by controlling whatever activity in each department within Ibuka, every department is assigned a specific duty that the secretary is aware of and how is being implemented.

It is in this line that different departments' assigned specific duties and their implementation are categorized as follows:

- Justice department: It coordinates judicial activities done by 48 lawyers to assist genocide survivors in all districts of the country.
- Memory and documentation department. Preserves and /or sustains genocide memory and coordinates all activities in line with genocide commemoration.
- Counseling and assistance in trauma therapy department. It coordinates activities of 3 psychologists and 34 trauma counselors whose task is to give psychological support to those expressing psychological problems in the whole country.
- Programs/ projects department. It writes grant proposals to support the institutional departments in raising funds for the project activities.
- Social affairs department. It monitors activities of identifying vulnerable groups of survivors and coordinates shelter, education and health care projects for their support.
- Public relations and communication department. It markets the institution through communication strategies, coordinates the planning activities related to information management and other activities that improve and strengthen Ibuka information technology potentialities.

Appendix 6: Consent Form

My name is Jeanne Marie Ntete, a PhD Student in Kenyatta University. I am currently undertaking a study on “The use of group therapy in restoring psychological wellbeing of sexually violated women of 1994 Tutsi genocide in Rwanda”. The results of this research will be used to deal with emotional and sexual violence related problems in the lives of victims of sexual violence. Ibuka as institution and practitioners will modify and improve on the method to handle related problems. Rwanda as government will improve on measures to tackle sexual violation problems.

Procedures to be followed

Participation in this study requires you to fill in a questionnaire containing statements or questions regarding: demographic information and psychological wellbeing based on its six indicators. The time to fill questionnaire depends on when participants will finish. The interviews and group focus discussion to evaluate the usefulness of group therapy to participants’ psychological wellbeing will be employed to you. While to leaders of group therapy, only interviews will be used.

You have the right to refuse participation in this study, participation is voluntary. You may withdraw from the study at any stage without any penalty. The information you will provide will be used strictly for the purpose of this study.

Discomforts and Risks

This research involves investigation of emotionally charged issues. For this reason, debriefing will be conducted for those who will be affected due to recalling of what

they went through. Those who will require counseling on the same will be referred to see trained counselors.

Benefits

Although the research is for educational purpose, your participation will greatly contribute in helping victims of sexual violence to deal with their emotional and sexual related matters in their lives. The results of the study may improve measures of restoring psychological wellbeing of sexually violated victims in Rwanda and elsewhere in the world.

Confidentiality

Filling of the questionnaires, interviews and focus group discussions will be done in a private room. All data collected in this study will be confidential and anonymous. No identifying information will be collected. Your name will not be recorded on the questionnaire.

Contact Information

In case you have any questions you may contact the researcher on cell: (+250)788595432, email: ntjmarie@gmail.com or Mrs. Umwiza Josée (research assistant) on (+250)786298653 or Executive Secretary of Ibuka on (+250)788456738 or Dr Marie Christine Gasinzigwa, Director General of Science, Technology and Research in Ministry of Education on (+250)785068350.

Participant's Statement

Having understood the objectives of the research, my rights, main risk for me and having concerns about my experience of sexual violence, I consent to participate in the research being carried out by Ntete Jeanne Marie on the use of group therapy in restoring psychological wellbeing of sexually violated women during 1994 Tutsi genocide. I will give needed information voluntarily.

Name of participant: _____

Signature: _____ Date: _____

Investigator's Statement:

I, the undersigned have adequately explained and discussed with all participants prior to collecting the data (through questionnaire, focus group discussions and interviews) the procedures to be followed, benefits, possible risks that are likely to result from the study, their right to participate or not and the issues related to confidentiality.

Investigator's Name: _____

Signature: _____ Date

Appendix 7: Letters and recommendations

Jeanne Marie NTETE

ntjmarie@gmail.com

Faculty of Humanities and Social Sciences

Department of Psychology

PhD student at Kenyatta University, Nairobi-Kenya.

Kigali, 20th January, 2015

TO: MINISTER OF EDUCATION

Honorable Minister,

Re: Applying for Permission to carry Research in Rwanda.

I respectfully submit this letter applying for permission to carry out research in Rwanda.

Honorable Minister, I am a Lecturer at University of Rwanda in Clinical psychology department and at the same time a student at Kenyatta University undertaking PhD studies. The field research location will be Ntarama and Ngeruka Sectors of Bugesera District in Eastern Province while the pilot study will be done in Shyorongi Sector, Rulindo District in Northern Province.

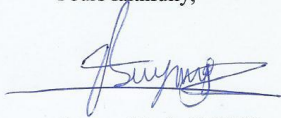
My research topic is titled: *the effectiveness of group therapy in restoring psychological wellbeing of sexually violated women during 1994 Tutsi genocide and my case study is Ibuka.*

I feel that my research results will bring contribution in psychological domain in general and resolutions to trauma issues, hence improving on the development of Rwandan society.

As my research will be mainly concerned with genocide survivors, I pray that I could get the permission to conduct my research before the events of 21st genocide commemoration start in April, 2015.

I look forward to getting your response.

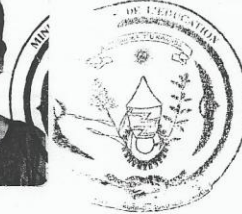
Yours faithfully,



Jeanne Marie NTETE

REPUBLIC OF RWANDA

Kigali, ... 04/02/2015
N°... 356/12.00/2015



MINISTRY OF EDUCATION
P.O.BOX 622 KIGALI

Re: **Permission to Carry out Research in Rwanda - No: MINEDUC/S&T/289/2015**

The Permission is hereby granted to **Ms. Jeanne Marie NTEETE**, Ph.D student in Psychology, Kenyatta University, Kenya to carry out research on: **“The Effectiveness of Group Therapy in Restoring Psychological Wellbeing of Sexually Violated Women during 1994 Genocide. The Case Study of IBUKA, Rwanda”**.

The research will be carried out in Ntarama and Ngeruka Sectors of Bugesera District, Eastern province. The Pilot study will be conducted in Shyorongi Sector of Rulindo District, Northern Province. The researcher will need to interview the officials from IBUKA and Women Sexually Violated who are members of Group Therapy within IBUKA from the above mentioned sectors.

The period of research is from **04th February, 2015 to 03rd February, 2016**. It may be renewed if necessary, in which case a new permission will be sought by the researcher.

Please allow the **above mentioned researcher**, any help and support she might require to conduct this research.

Yours sincerely,



Marie-Christine GASINGIRWA, Ph.D
Director General,
Science Technology and Research
Ministry of Education



IBUKA a.s.b.l B.P. 625 KIGALI Tél. 07 88 45 67 38

N/Réf.N° 0.4.2/IBUKA/15

Kigali, 23rd February, 2015

Dear Ms. Jeanne Marie

Re: Changes made

During your research proposal Ibuka had groups of sexually violated women in Ngeruka and Ntarama Sectors in Bugesera District, Eastern Province where you had to go to the field. We also had groups in Shyorongi where you had to have your pilot study.

Unfortunately at the time of your field work those groups were no longer meeting in the same places due to financial constraints. It is in this line therefore that we inform you about new places where Ibuka groups of sexually violated women still meet. These places are Nyamata Sector in Bugesera District, Eastern Province and Kinigi, Muhoza and Busogo Sectors in Musanze District, Northern Province.

We apologize for the inconveniences and pledge support to overcome any challenges you may meet in the new places.

There is no reservation whatsoever towards your success.

Naphtal AHISHAKIYE

Executive Secretary of IBUKA

Jeanne Marie NTETE

ntjmarie@gmail.com

Faculty of Humanities and Social Sciences

Department of Psychology

PhD student at Kenyatta University, Nairobi-Kenya.

Nairobi, 24th February, 2015

The Executive Secretary of Ibuka
Kigali-Rwanda.

Dear Sir,

Re: Requesting a research carry out in your institution.

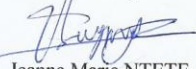
I am a Lecturer at University of Rwanda in Faculty of Medicine, Clinical department and at the same time a student at Kenyatta University undertaking PhD studies. I am requesting a permission to carry out a research in your institution.

My research topic is about **the effectiveness of group therapy in restoring psychological wellbeing of sexually violated women during 1994 Tutsi genocide and my case study is Ibuka**. The research field location will be in three Sectors-Muhoza, Kinigi and Busogo of Musanze District in Northern Province while the pilot study will be done in Nyamata Sector, Bugesera District in Eastern Province.

The results of this research will improve measures of restoring psychological wellbeing of survivors in general and sexually violated victims in particular. To Ibuka institution, practitioners and the government, the research results will improve the efficiency and add value to group therapy techniques and policies in handling psychological problems respectively.

Your taking into account my consideration to get the request will be highly appreciated.

Yours faithfully,



Jeanne Marie NTETE



IBUKA a.s.b.l B.P. 625 KIGALI Tél. 07 88 45 67 38

N/Réf.N° 024/IBUKA/15
Kigali, 27th February, 2015

Ms. Ntete Jeanne Marie
Ph.D Student
Kenyatta University
Kenya
Tel:(+250)788595432
Email: ntjmarie@gmail.com

Re: Approval to conduct research on “The effectiveness of group therapy in restoring psychological wellbeing of sexually violated women during 1994 Tutsi genocide. The case study of Ibuka, Rwanda”.

Referring to your letter dated 24th February 2015 requesting to conduct your research in Kinigi, Muhoza and Busogo Sectors of Musanze District, Northern Province and the pilot study in Nyamata Sector of Bugesera District, Eastern Province , I am pleased to inform you that your request has been accepted.

I wish you success in your research.

Yours sincerely




Nephtal Ahishakiye,

Executive Secretary of IBUKA

Jeanne Marie NTETE

ntjmarie@gmail.com

Faculty of Humanities and Social Sciences

Department of Psychology

PhD student at Kenyatta University, Nairobi-Kenya.

Kigali, 27th February, 2015

TO: MINISTER OF EDUCATION

Honorable Minister,

Re: Requesting the endorsement on the changes met on the field during the research process.

I respectfully submit this letter requesting you to agree to the changes the researcher met when arrived to the field.

Honorable Minister, with reference to your previous letter dated 04/02/2015 Number 0306/12.00/2015, granting permission to the researcher, Ntete Jeanne Marie, a Lecturer at University of Rwanda in Clinical psychology department and at the same time a student at Kenyatta University undertaking PhD studies, the letter specified Ntarama and Ngeruka Sectors for the research field location and Shyorongi Sector for pilot study. Reaching the mentioned places the researcher found that the concerned women were no longer meeting as a group in the places due to their activities that ended recently.

Ibuka authorities recommended the researcher other groups of women who fortunately have the same criteria as the research is targeting. These new places are Muhoza, Kinigi and Busogo Sectors in Musanze District, Northern Province for the research field; and Nyamata Sector, Bugesera District in Eastern province for the pilot study, all of which have groups of women sexually violated under Ibuka institution. The researcher requests your new endorsement due to these changes.

As the reminder, the research topic is titled: *the effectiveness of group therapy in restoring psychological wellbeing of sexually violated women during 1994 Tutsi genocide and my case study is Ibuka.*

I feel that my research results will bring contribution in psychological domain in general and resolutions to trauma issues, hence improving on the development of Rwandan society.

As my research will be mainly concerned with genocide survivors, I pray that I could get the permission to conduct my research before the events of 21st genocide commemoration start in April, 2015.

I look forward to getting your response.

Yours faithfully,



Jeanne Marie NTETE

REPUBLIC OF RWANDA

Kigali, 05/03/2015
N°.../12.00/2015



MINISTRY OF EDUCATION
P.O.BOX 622 KIGALI

Re: Permission to Carry out Research in Rwanda - No: MINEDUC/S&T/289/2015

The permission is hereby granted to **Ms. Jeanne Marie NTETE**, Ph.D student in Psychology, Kenyatta University, Kenya to carry out research on: **“The Effectiveness of Group Therapy in Restoring Psychological Wellbeing of Sexually Violated Women during 1994 Genocide. The Case Study of IBUKA, Rwanda”**.

The research will be carried out in Muhoza, Kinigi and Busogo Sectors in Musanze District, Northern Province. The Pilot study will be conducted in Nyamata Sector of Bugesera District, Eastern Province. The researcher will need to interview the officials from IBUKA and Women Sexually Violated who are members of Group Therapy within IBUKA from the above mentioned sectors.

The period of research is from **04th March, 2015 to 03rd February, 2016**. It may be renewed if necessary, in which case a new permission will be sought by the researcher.

Please allow the above mentioned researcher, any help and support she might require to conduct this research.

This research clearance certificate replaces the research clearance No: 0306/12.00/2015 issued on 04/02/2015. The later is therefore no longer valid.

Yours Sincerely,


MINISTRE DE L'EDUCATION
GASINGIRWA Marie-Christine
Director General of Science, Technology and Research
Ministry of Education

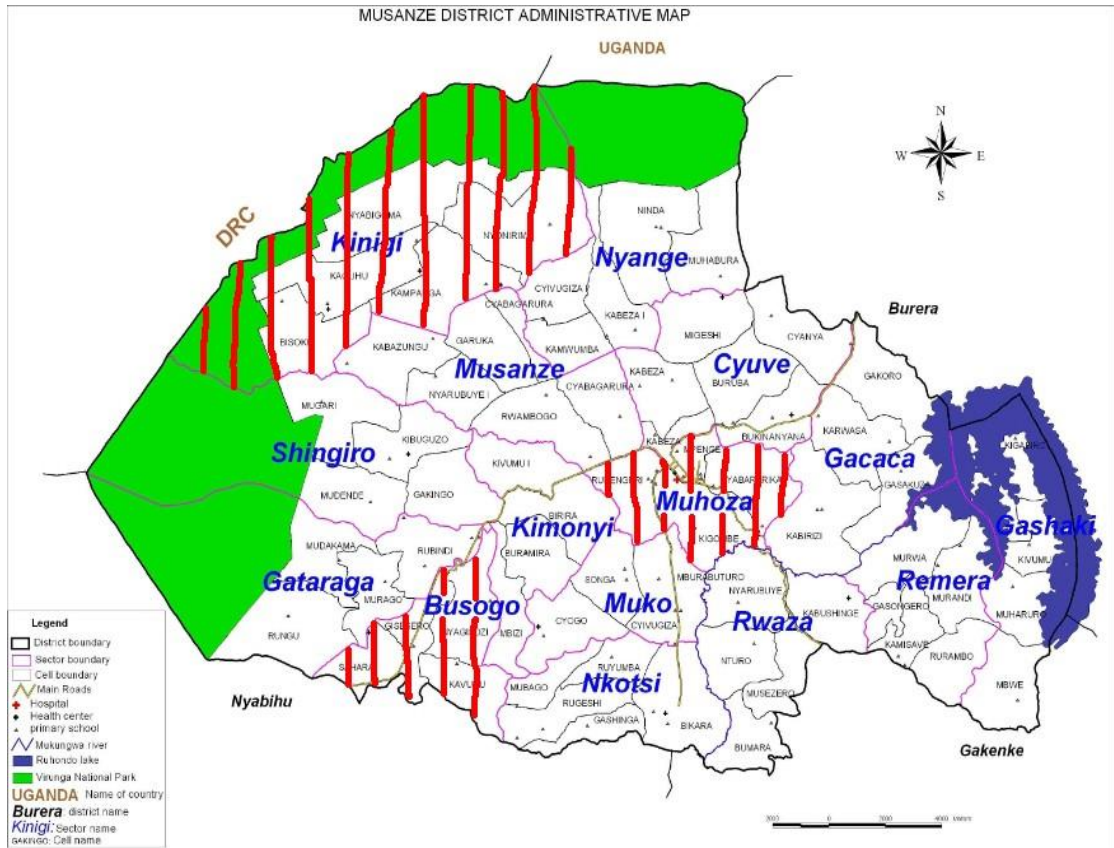
Marie-Christine Gasingirwa, Ph.D
Director General of Science, Technology and Research
Ministry of Education

Appendix 8: Site of the study

Map of Rwanda with Provinces and Districts



MUSANZE DISTRICT ADMINISTRATIVE MAP



Appendix 9: Detailed responses of respondents to each psychological wellbeing dimension indicator

Respondents' responses to the statements about psychological wellbeing indicators

| | Statements | SD | D | N | A | SA |
|----------------|--|----|-----|----|------|-----|
| (B-5)/PG 1. | The group has helped to improve my health. | 3% | | | 35% | 62% |
| (B-6) 2. | I don't fear to go to health centers for treatment | 3% | 3 % | | 37 % | 57% |
| (B-7) 3. | I am no longer fearful | | 8% | 3% | 45% | 44% |

| | | | | | | | |
|--------------|--|-----|-----|----|-----|-----|-----|
| (B-8) 4. | I regained closer relationship with God | | | 2% | | 35% | 63% |
| (B-9) 5. | It is important to have new experience that challenge how you think about yourself and the world | | | | 2% | 61% | 37% |
| (B-10) 6. | I have the sense that I have developed a lot as person over time | | | 2% | 7% | 58% | 33% |
| (B-11) 7. | I don't enjoy being in new situations that make me change my previous ways of doing things | 27% | 37% | 8% | 13% | 15% | |

| | | | | | | |
|-------------------|--|-----|-----|-----|-----|-----|
| (B- 12) 8. | For me life has been a continuous process of learning, changing and growth. | | 3% | 3% | 64% | 30% |
| (B- 13) 9. | I gave up making improvement in my life. | 32% | 38% | 12% | 5% | 13% |
| (B- 14) 10. | When I think about what happened to me, I haven't really improved much over the years. | 12% | 58% | 10% | 5% | 15% |
| (B- 15)/PR 11. | I have been helpful to others | | 2% | 8% | 58% | 32% |
| (B- 16) 12 | I have improved relations with others through group therapy | | | | 28% | 72% |
| (B- 17) 13 | I participate in public meetings and other government activities | | 2% | 7% | 50% | 41% |
| (B- 18) 14 | Most people see me as loving and affectionate | 3 | 3 | 18 | 44 | 32 |
| (B - 19) 15 | Maintaining close relationships has been difficult and frustrating for me. | 12% | 60% | 13% | 7% | 8% |
| (B- 20) 16 | I often feel lonely because I have few close friends with whom I share my concerns | 12% | 51% | 13% | 12% | 12% |
| (B- 21) 17 | I enjoy personal and mutual conversations with | | | 3% | 55% | 42% |

| | | | | | | |
|------------------|--|-----|-----|-----|-----|-----|
| | family members or friends | | | | | |
| (B- 22) 18 | People describe me as a giving person, willing to share my time with others. | | 2% | 12% | 61% | 25% |
| (B- 23) 19 | I have not experienced many warm and trusting relationships with others. | 20% | 57% | 8% | 8% | 7% |
| (B- 24) 20 | I trust my friends and they trust me. | | 1% | 2% | 65% | 32% |
| (B- 25)/PL 21 | I have motivation to life | 2% | | 2% | 51% | 45% |
| (B- 26) 22 | I am engaged in activities to improve my life | 5% | 5% | | 58% | 32% |
| (B- 27) 23 | I hope to live for better times ahead | 2% | 3% | 10% | 62% | 23% |
| (B- 28) 24 | I have plan for my future life | 2% | 5% | 5% | 65% | 23% |
| (B- 29) 25 | I live life one day and don't think about the future | 17% | 48% | 5% | 18% | 12% |
| (B- 30) 26 | I have a sense of direction and purpose in life | 4% | 3% | | 65% | 28% |
| (B- 31) 27 | My daily activities are not encouraging and seem not important to me. | 32% | 52% | 3% | 10% | 3% |
| (B- 32) 28 | I don't have a good sense of what I try to accomplish in life | 40% | 37% | 5% | 8% | 10% |
| (B- 33) 29 | I enjoy making plans for the future and working to | 2% | | 2% | 58% | 38% |

| | | | | | | |
|-------------------|---|-----|-----|-----|-----|-----|
| | make them a reality. | | | | | |
| (B- 34) 30 | I don't wander aimlessly through life | 8% | 22% | | 32% | 38% |
| (B- 35)/ EM 31 | I have coped to life of my surroundings | 5% | 2% | 2% | 48% | 43% |
| (B- 36) 32 | I feel I am responsible of the situation in which I live | 2% | 5% | | 38% | 55% |
| (B- 37) 33 | The demands of everyday life often get me down | 5% | 52% | 22% | 8% | 13% |
| (B- 38) 34 | I do not fit very well with the people and the community around me | 12% | 55% | 12% | 13% | 7% |
| (B- 39) 35 | I am good at managing many responsibilities of my daily life. | 1% | 5% | 2% | 72% | 20% |
| (B- 40) 36 | I have difficulty arranging my life in a way that is satisfying to me | | 50% | 12% | 20% | 18% |
| (B- 41) 37 | I have been able to like my home and the lifestyle in which I live | 5% | 12% | 3% | 65% | 15% |
| (B- 42) 38 | I have managed to understand opinions of other people surrounding me. | | 7% | 2% | 50% | 41% |
| (B- 43) 39 | I often feel overwhelmed by my responsibilities | | 50% | 23% | 20% | 7% |
| (B- 44) | Sometimes, I feel | 38% | 30% | 13% | 17% | 2% |

| | | | | | | |
|-------------------|--|-----|-----|-----|-----|-----|
| 40 | challenged to meet the demands of the local authorities in area where I live. | | | | | |
| (B- 45)/ SA 41 | I feel good about myself | 3% | 9% | 8% | 60% | 20% |
| (B- 46) 42 | Through group therapy I have regained my freedom | | 3% | | 57% | 40% |
| (B- 47) 43 | I no longer care about what others think about me | 2% | 15% | 7% | 58% | 18% |
| (B- 48) 44 | I am no longer lonely | 2% | 8% | 2% | 41% | 47% |
| (B- 49) 45 | I accept the situation of my life | 2% | 11% | 7% | 45% | 35% |
| (B- 50) 46 | I feel like I am not given value by others | 30% | 47% | 12% | 8% | 3% |
| (B- 51) 47 | In many ways, I feel disappointed about my achievements in life | 43% | 27% | 20% | 8% | 2% |
| (B- 52) 48 | I doubt about myself and I think it is not the way others feel about themselves. | 10% | 57% | 10% | 15% | 8% |
| (B- 53) 49 | When I compare myself with friends, it makes me feel bad about who I am. | 12% | 55% | 8% | 15% | 10% |
| (B- 54) 50 | In general, I feel confident and positive about myself | 2% | 3% | 3% | 64% | 28% |

| | | | | | | |
|-----------------|--|-----|-----|-----|-----|-----|
| (B- 55)/A 51 | I tend to be influenced by people with strong opinions. | 10% | 64% | 3% | 13% | 10% |
| (B- 56) 52 | I can't talk about what I experienced | 27% | 35% | 22% | 10% | 6% |
| (B- 57) 53 | I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people. | | 2% | 7% | 53% | 38% |
| (B- 58) 54 | My decision are not usually influenced by everyone else is doing | | 10% | 10% | 68% | 12% |
| (B- 59) 55 | I tend to worry about what others think of me | 20% | 43% | 12% | 22% | 3% |
| (B- 60) 56 | I have confidence in my opinions, even if they are contrary to the general consensus | | 2% | 8% | 80% | 10% |
| (B- 61) 57 | It is difficult for me to speak out my opinions on controversial matters | 15% | 47% | 20% | 13% | 5% |
| (B- 62) 58 | I give importance to what I think rather than what others think is important | | 5% | 5% | 75% | 15% |
| (B- 63) 59 | I find it difficult to be influenced in opinion giving | 2% | 15% | 7% | 38% | 38% |
| (B- 64) 60 | I judge myself by what others think about me. | 30% | 45% | 3% | 10% | 12% |

Appendix 10: Ethics Review Committee Approval



KENYATTA UNIVERSITY
ETHICS REVIEW COMMITTEE

Email: chairman.kuerc@ku.ac.ke
secretary.kuerc@ku.ac.ke
ercku2008@gmail.com
 Website: www.ku.ac.ke

P. O. Box 43844 - 00100 Nairobi
 Tel: 8710901/12
 Fax: 8711242/8711575

Our Ref: KU/R/COMM/51/530

Date: 31st August, 2015

Jeanne Marie Ntete
 Kenyatta University,
 P.O Box 43844, Nairobi

Dear Ntete,

RE APPLICATION NUMBER PKU/388/1357- "THE USE OF GROUP THERAPY IN RESTORING PSYCHOLOGICAL WELLBEING OF SEXUALLY VIOLATED WOMEN OF 1994 TUTSI GENOCIDE IN RWANDA."

1. IDENTIFICATION OF PROTOCOL

The application before the committee is with a research topic "The use of group therapy in restoring psychological wellbeing of sexually violated women of 1994 Tutsi Genocide in Rwanda, Kenya." received on 20th July, 2015 and discussed on 25th August, 2015.

2. APPLICANT

Jeanne Marie Ntete

3. STUDY SITE

Rwanda

4. DECISION

The committee has considered the research protocol in accordance with the Kenyatta University Research Policy (section 7.2.1.3) and the Kenyatta University Ethics Review Committee Guidelines AND APPROVED that the research may proceed for a period of ONE year from 31st August, 2015.

5. ADVICE/CONDITIONS

- i. Progress reports are submitted to the KU-ERC every six months and a full report is submitted at the end of the study.
- ii. Serious and unexpected adverse events related to the conduct of the study are reported to this board immediately they occur.
- iii. Notify the Kenyatta University Ethics Committee of any amendments to the protocol.
- iv. Submit an electronic copy of the protocol to KUERC.

If you accept the decision reached and advice and conditions given please sign in the space provided below and return to KU-ERC a copy of the letter.

PROF. NICHOLAS K. GIKONYO
 CHAIRMAN ETHICS REVIEW COMMITTEE

I, Jeanne Marie Ntete accept the advice given and will fulfill the conditions therein.

Signature: [Signature] Dated this day of 10/19/15 2015.
 cc. Vice-Chancellor