

Organization Name	Foundation Rwanda
Program Title	Community Counselling Initiative for Women with children born of rape final report
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Project background

Foundation Rwanda works in partnership with Survivors Fund (SURF) and its partners (AVEGA, Kanyarwanda and Solace Ministries) to deliver support for women who were raped during the 1994 genocide against the Tutsi and who have children born of rape. The mothers asked for help around how to talk to their child about their history, the way they were born and

who their father is. After consultation, a community counselling initiative was set up to bring together groups of women facing similar situations, to offer support and a safe space to discuss their own experiences and trauma and their relationship with their child. Facilitated by trained counsellors, the group sessions involve creating group boundaries and building trust, discussing trauma and how to prevent a traumatic crisis, how trauma is expressed in young people, responsibilities of being a parent, child rights, adolescence, resolving family conflict and how to discuss with their child born of rape about their histories.

This case study illustrates some of the challenges these women face:

Brigitte was 13 years old when the genocide happened. She was raped and gave birth to a child as a result. Brigitte has hated men since then “ I do not know what it means to be a teenager my teenager

years were spoiled I had to raise a child at the age of 14 years when I should have been looked after by my parents. I am the father and mother to this youth now 19 year much older than I was when I gave birth to her. Each day I struggle to smile to this child like mothers should do for their children. I wish to tell her how she was born but I do not have the courage to do so”

Project outline

After a successful pilot programme, with support from Dining for Women, we have been able to extend the Community Counselling Initiative to 197 more Foundation Rwanda beneficiaries countrywide in partnership with Kanyarwanda. Twenty groups have been set up with a total of 197 beneficiaries. The groups were facilitated by two counsellors and the groups meet every two weeks for 12 sessions over a period of six months.

Beneficiaries

197 women took part in the counselling groups aged between 31 and 60 years old with an average of 46 years. 12 groups took place in the Southern Province of Rwanda, 4 groups in Kigali city, 2 in the Eastern Province and 2 in the West.



Evaluation

A baseline evaluation questionnaire was administered at session 1 with questions looking at the women’s life satisfaction, hope for the future, thoughts about the past, trust in group members and community, relationship with their child and whether their child knew about their birth history. This questionnaire was repeated at the end of the counselling sessions to assess any change over time as a result of the groups. A short questionnaire was administered at the half way point to see if the

groups are helpful to the women so that changes can be made accordingly. Once the counselling groups have finished, the counsellor visits after approximately 3 months for a follow-up session. A small evaluation is repeated at that point to assess whether the benefits persist once the formal support has finished.

Results

Some of the most important lessons include;

- We found that psychological stability is key to economic empowerment, we learnt some women were not participating in economic empowerment programs due to trauma that need to heal in order for them to fully engage in their communities.

- We learnt that the mothers who aborted their babies also face issues with illusions of what happened to them.

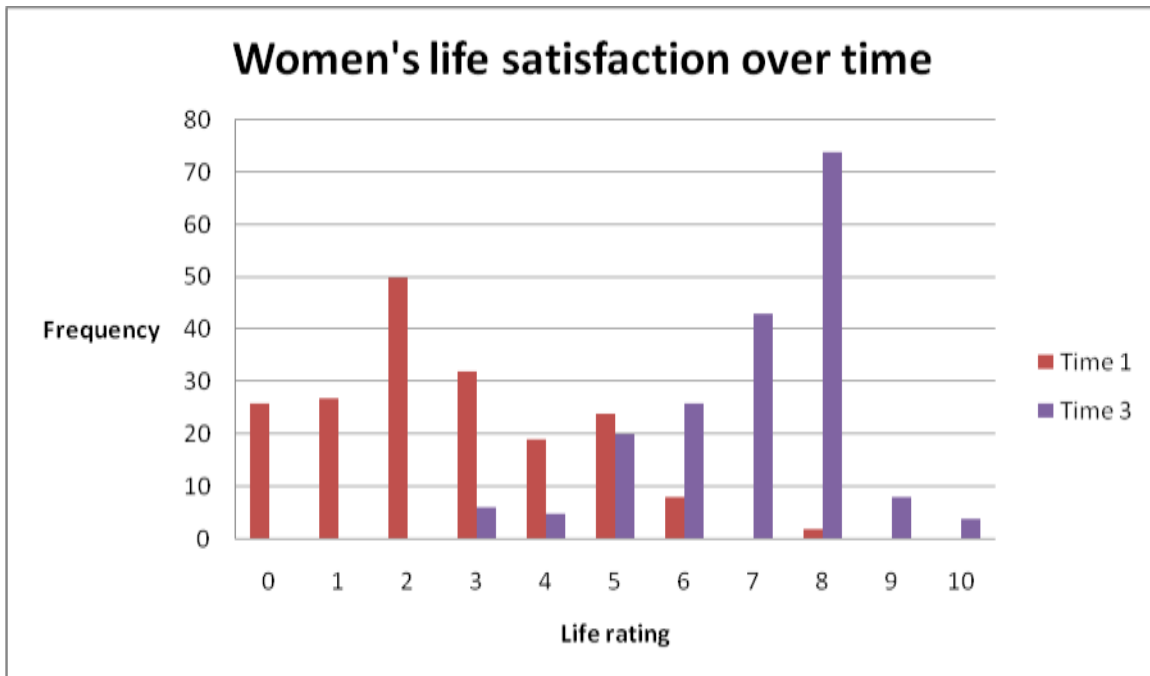
As a result of this program there is a lot of advocacy being done to raise awareness to the situation of the women locally.

a) Life satisfaction

The women were asked how they would rate their life at the present moment on a scale of 0 to 10 where 0 is the worst possible life one can imagine and 10 is the best. This gives a simple, subjective measure of life satisfaction.

At baseline, **the average rating for life satisfaction was 2.6 out of 10**. Interestingly, this is similar to the pilot group. The responses ranged from 0 to 8 but the most common response was 2 and more than half of the women (67.8%) rated it as 3 or below. After 12 sessions of group counselling, **the average rating for life satisfaction had risen to 7 out of 10**. At this point responses ranged from 3 to 8 with the most common response being 8 and only 3.2% continuing to rate their life as 3.

Life satisfaction	Session 1	Session 6	Session 12
Average	2.6	5.2	7.0
Most common response	2	5	8
Range	0-8	2-8	3-8

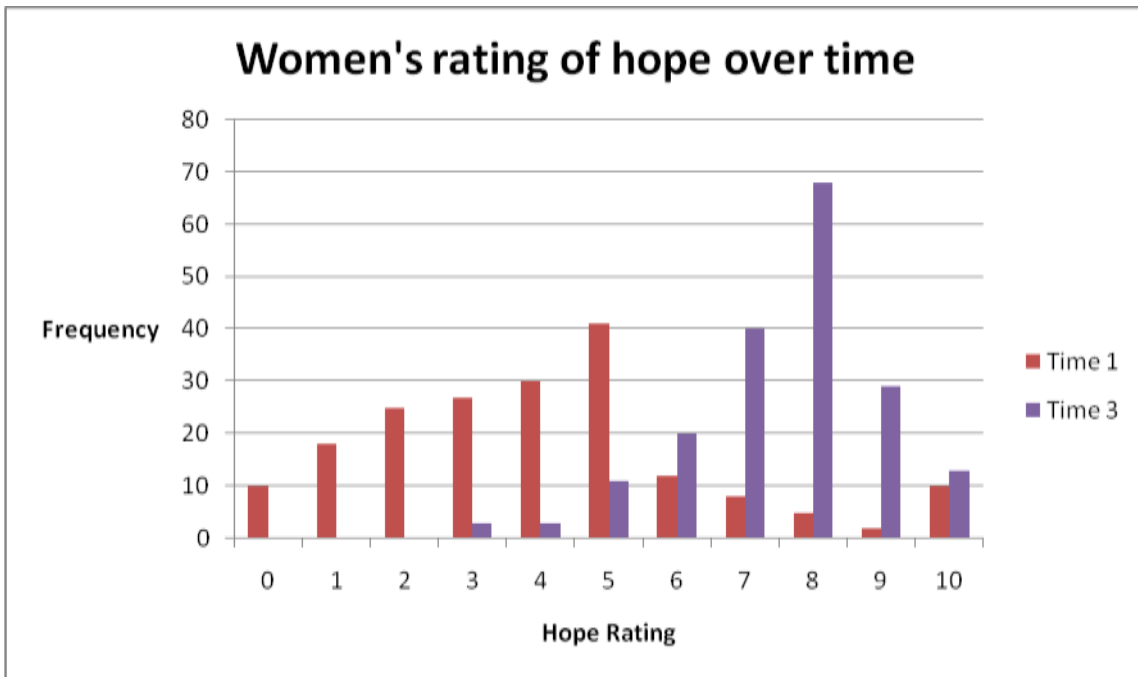


b) Hope for the future

The women were also asked to rate how much hope for the future they have on a scale of 0 to 10 where 0 is no hope at all and 10 is a lot of hope.

At baseline, **the average rating of hope for the future was 3.9 out of 10**. Here responses were quite varied ranging from 0 to 10 with 80.3% of women rated hope as 5 or below. After 12 sessions of the group counselling, **the average rating for hope for the future had risen to 7.6 out of 10**. Responses ranged from 3 to 10 and only 9.1% of women rating hope as 5 or below with no one rating it below 3.

Hope	Session 1	Session 6	Session 12
Average	4	5.9	7.6
Most common response	5	6	8
Range	0-10	2-9	3-10



c) Difficult thoughts about the past

Women were asked how often they have difficult thoughts about the past. This gives a very simple indication of possible traumatic thoughts and impact of the genocide. At baseline, 38.5% of women said they experience difficult thoughts about the past 'all of the time'. Whilst the groups were not specifically focussed on reducing symptoms of trauma, the results show that at the end of counselling the number of women experiencing difficult thoughts about the past 'all of the time' had dropped to 5.3%. The table

below shows that the frequency of difficult thoughts, whilst still very much occurring, reduced over the period of counselling.

Difficult thoughts	Session 1	Session 12
All of the time	38.5%	5.3%
A lot	41.7%	14.4%
Sometimes	18.2%	51.6%
A little	0.5%	27.7%
Never	1.1%	1.1%

The women were also asked how often they get stuck in these thoughts, which provides another basic indication of possible trauma and rumination. The table below shows how the frequency of getting stuck in difficult thoughts reduced over the period of counselling.

Stuck in difficult thoughts	Session 1	Session 12
All of the time	36%	2.1%
A lot	31.7%	13.3%
Sometimes	29.6%	48.9%
A little	2.1%	35.1%
Never	0.5%	0.5%

Whilst the problem remained, the results show that at baseline 36% of women said they get stuck thinking about difficult thoughts 'all the time' and 31.7% said 'a lot'. By the end of counselling, 2.1% of women said 'all the time' and 13.3% said 'a lot'.

d) Social support

Women were asked how many people they had to talk to about their problems which gives an indication of the social support networks they have. The table below shows that the level of social support increased over the period of the counselling groups.

People to talk to	Session 1	Session 12
Many	0.5%	5.4%
A few	25.4%	64.1%
One	25.4%	24.5%
No one	46.6%	6%
I don't need anyone	2.1%	0%

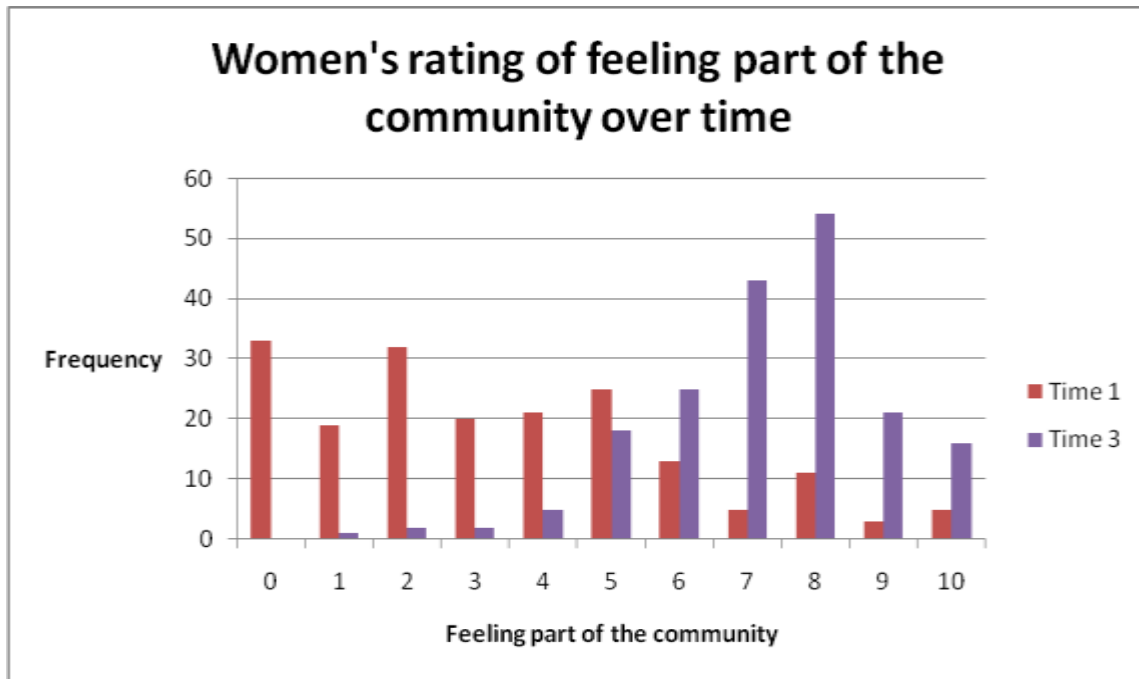
At baseline, only 0.5% said they had ‘many’ people to talk to if they have a problem. In contrast, 46.6% said they had ‘no-one’. By the end of the counselling groups, 5.4% said they had ‘many’ people, 64.1% said they had ‘a few’ and only 6% of women replied ‘no-one’. This suggests that participating in the groups increased their social support network by at least one or two extra people.

e) Part of community

Women were asked to rate how much a part of their community they felt on a scale of 0 to 10 where 0 is not at all and 10 very much. Whilst the counselling groups were not directly intending to improve the women’s integration in their community, their results show that participation in the groups did seem to have an impact on their sense of community. The table below shows how the women’s sense of feeling part of the community increased over time.

Part of community	Session 1	Session 12
Average	3.4	7.2
Most common response	0	8
Range	0-10	1-10

At baseline, 80.2% of women rated feeling part of their community as 5 or below and by the end of the counselling this had dropped to 15%.



f) Acceptance of their child

Women were asked how much they accept their child and are happy to be their parent. The table below shows that there was a slight improvement over time as a result of the counselling groups.

Acceptance	Session 1	Session 12
Very happy	30.1%	46.6%
Happy	39.9%	48.9%
Neither happy nor unhappy	25.7%	4.5%
Not happy	2.2%	0%
Not at all happy	2.2%	0%

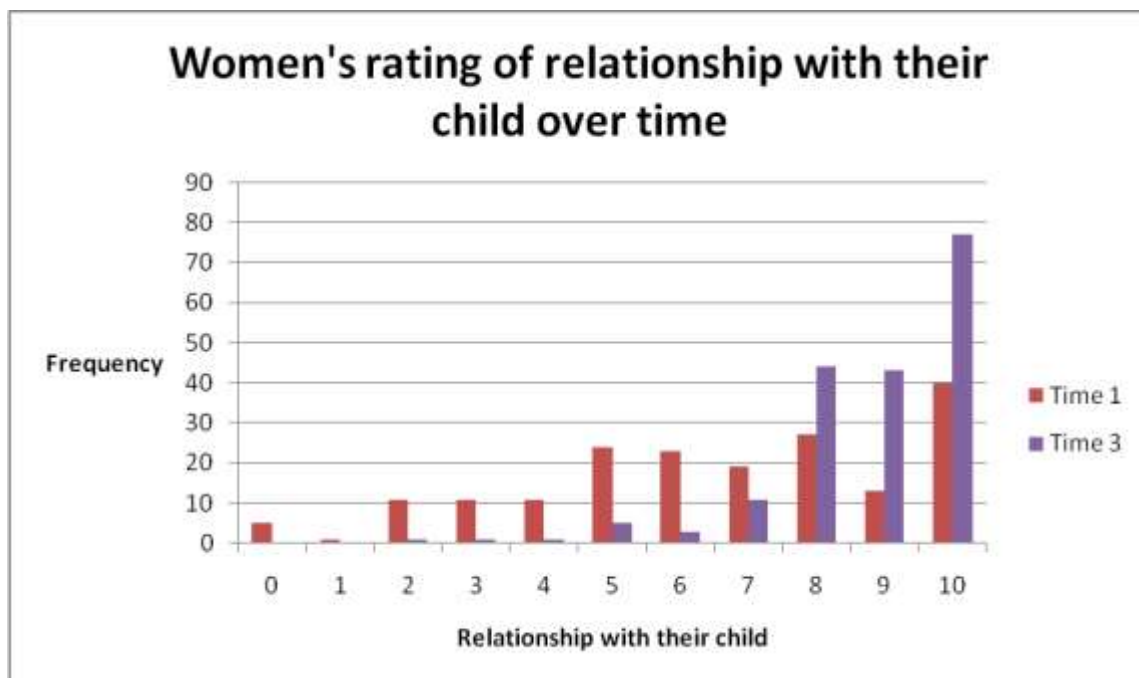
At baseline, 30.1% of mothers said they were 'very happy' to be the parent of their child and by the end of counselling sessions this had risen slightly to 46.6%.

g) Relationship with child

The women were asked how well they get on with their child on a scale of 0-10 where 0 is not at all and 10 is very well. The table below shows that the mothers' relationship with their child improved over time as a result of the counselling groups.

Relationship with child	Session 1	Session 12
Average	6.6	8.8
Most common response	10	10
Range	0-10	2-10

At baseline, 34% of women rated their relationship with their child as 5 or below and by the end of the counselling this had dropped to 4.3%. At the end of counselling nearly half of the women (41.4%) rated their relationship with their child as 10 out of 10.



h) Disclosure

Women were asked whether they had disclosed to their child about the nature of their birth. This is a difficult question as many mothers initially answer 'yes', but during the counselling sessions realise that they might benefit from having further conversations with their child or that young person knows from someone else in the community rather than the mother herself. Despite this, the table below shows that the counselling groups have increased the number of young people who know about the circumstances of their birth. We expect this to continue to rise at follow-up.

Disclosure	Session 1	Session 12
Yes	60%	82%
Partially	23%	10%
No	17%	8%

They were also asked who had disclosed to the child (e.g. mother herself, friend, neighbour, other family member). At baseline 61.3% of mothers said they were the ones to disclose to their child and at the end of counselling 81.3% said it was them.

i) Helpfulness of the group

The women were also asked how helpful they had found the counselling groups on a scale of 0 to 10 where 0 is not at all helpful and 10 is very helpful. The table below shows that the groups were rated as very helpful, and this helpfulness also increased over time.

Helpfulness	Session 6	Session 12
Average response (0-10)	6.8	8.8
Most common response	7	9
Range	3-10	4-10

At the end of counselling, 95.5% of women rated the helpfulness of the groups as 5 or above and 30.6% of women rated the helpfulness of the groups as 10 out of 10.

Counsellor reports and supervision



A group supervision session took place for the counsellors at the end of the sessions. This enabled counsellors to share their experiences, present difficult cases, hear the progress and challenges of other groups and receive advice and support from each other.

The counsellors filled out a report form after every session of counselling. This records attendance numbers, topics discussed and challenges and

benefits of the group. The counsellors reported that attendance was very high. Overall the feedback from counsellors was very positive saying that they could see the groups were beneficial, providing a forum for the women to be listened to, providing hope and creating a network of friendship. Counsellors reported that some women were beginning to visit each other in their homes.

The counsellors also reported some difficulties, which are often expected in counselling groups. This included some women finding it hard to open up and share their stories and to trust other group members. Other women found it hard to talk and became overwhelmed with emotion. It appears that a lot of time could be given to the women for discussing their own experiences and testimonies and it was sometimes hard to move the group on to other topics. The counsellors reported that some of the topics discussed (e.g. adolescence or family conflict) are big and more sessions were needed to fully explore

these. Counsellors also reported how difficult their job is when the women face such ongoing poverty day to day.



“ I was gang raped during the genocide and conceived a baby girl. After giving birth I decided to give away my daughter to my cousin who is a nun. For several years I have never wished to see this child because of the bad memories associated with her. However, now that I have been in a support group and have had the experience of the mothers with an experience like mine. I have learnt that I am not alone and that the child is innocent. Now I have been able to meet my child and asked for forgiveness for giving her away and not being a good mother. I plan to tell her how she was born.” (Beneficiary – FR Community Counselling)

Conclusion

The 20 counselling groups have been successful with group members reporting an increase in their life satisfaction and hope for the future. Their sense of community and level of social support also increased, as well as their relationship with their child. The women understand the importance of disclosure and many have started or added to conversations with their child about the nature of their birth. The women are reporting that the groups are very helpful to them. Despite the inevitable challenges of this work, the counsellors are also seeing that the groups are important and beneficial. There are still many more mothers to be served as well as need for the mothers who have gone through the program to continue meeting and build stronger support groups in their communities.

Due to the works from DFW grant we received support from a family foundation to extend counselling to 60 women.