



**COMMUNITY ATTITUDES AND PERCEPTIONS TOWARDS GENDER
BASED VIOLENCE AGAINST MEN AND BOYS IN KICUKIRO AND
HUYE DISTRICTS**

AN EXPLORATORY ACTION RESEARCH REPORT

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EXECUTIVE SUMMARY

The study on attitude and perceptions on gender based violence towards men and boys in the districts of Kicukiro and Huye was conducted as an exploratory action research commissioned by the Rwanda Men Resource Center (RWAMREC), with a view to assess the extent of Sexual and Gender based violence against men and boys in the mentioned districts and to know the characteristics of SGBV against men and boys.

The methodological approach used to achieve the above mentioned purpose of the study included review of existing literature and consultations with community members, including adult males and females and teens males and females as well. Consultations were conducted through focus group discussion with the mentioned categories of resource persons. Interviews with key informants were also conducted at the level of the selected sectors of Kigarama in Kicukiro District and Mukura in Huye District.

Key findings were categorized under different aspects as unpacked below.

-General perceptions of GBV by consulted community members: it was found that there is very limited awareness among community members on what gender based violence means, its different forms (especially physical, psychological and economic) and how it differs from other forms of violence. Additionally, there is a misunderstanding that the GBV law is defending women's rights only ignoring that it is at the same time defending men's rights as well.

-Perceptions of community members on GBV issues against men and boys: the different resource persons highlighted that men are also victims of GBV even though there was recognition that women remain majority among the victims.

-Community attitudes on GBV against men and boys: although men and boys were found to be also victims of GBV but community members do not tolerate GBV against them. They would rather tolerate GBV as subjected to women but not to men. The explanation behind this stand was that are the heads of families and therefore GBV would attack the leadership of families which is unbearable.

-Identified particular GBV issues pertaining to men and boys: men and boys were found to be victims of the different forms of GBV including physical, sexual, economic and psychological violence. However, it was found that men and boys, especially boys between the age bracket of 13-17 years were more victims of physical violence compared to their female counterparts. In addition to physical violence, men were found to be victims of both economic violence and psychological violence.

-Barriers encountered by men and boys in disclosing and reporting abuse perpetrated against them: different factors were found to be contributing to the limited reporting among men and boys of their GBV cases but the most influential were: socio-cultural barriers dictating men to suffer in silence if they want to keep their manhood, poverty, fear of stigma and the need to keep the family together, limited knowledge on evidence for psychological and economic forms of GBV, limited functioning and limited trust in existing GBV structures and misinterpretation of GBV law.

-Structural and implementation gaps in government efforts to effectively involve men and boys in the promotion of gender equality and fight against GBV: a sizable number of structures addressing GBV, as efforts made by Government of Rwanda were identified. However, the limited coordination and capacity to handle GBV cases among the structures themselves and the lack of targeting men and boys as victims are the major gaps leading to the limited participation of men and boys in the promotion gender equality and fight against GBV.

Based on the above the following were found to be the key challenges hampering promotion of gender equality in general and men and boys' involvement in particular:

- 1) Misinterpretation of the concept of gender equality;
- 2) Limited knowledge about the GBV Law;
- 3) Limited government attention to men as beneficiaries and allies for gender equality;
- 4) Limited trust by men in structures addressing GBV;
- 5) Effects of negative masculinity around men as custodians of power over women.

Based on the above the following were formulated as recommendations:

▪ ***Government of Rwanda and Civil Society Organizations (CSO):***

- Raise awareness on GBV to all segments of the population and ensure that GBV isn't an issue of a single Ministry, department or individual;
- Equip existing structures addressing GBV with needed skills and knowledge and encourage participation of mature and role-model men as members to facilitate increased trust from other men who are victims of GBV;
- Raise awareness on the importance of gender, to guide behaviors and forge gender equality perspectives;
- Encourage different categories of men to have their local forums to discuss issues of GBV and not to keep silent on GBV and ensure reporting channels are well known and used.

▪ **Government of Rwanda and Development Partners:**

- Give due attention to positive masculinity by both government and development partners' interventions to serve as a foundation to eradicate negative masculinity that fuels violence as subjected even to men themselves.
- Increase sensitization about IOSC coupled with continued scaling up of its services so that people can be informed about its existence, the kind of services it is offering among other need elements of information and easily access them;
- Conduct qualitative and quantitative research on violence against men and boys at large scale to serve as a baseline to effectively implement the Rwanda National Gender Policy 2010 commitment on "Involving men in addressing gender issues" as one of the highlighted approaches to promote gender equality in Rwanda.

LIST OF KEY ACRONYMS

CBOs:	Community Based Organizations
CSO:	Civil Society Organizations
DASSO:	District Administration Security Support Organ
DFID:	Department for International Development
FGDs:	Focus Group Discussions
FVA:	Faith Victory Ministries
GBV:	Gender Based Violence
IPV:	Intimate Partner Violence
IOSC:	Isange One Stop Center
JoT:	Hourney of Transformation
MoH:	Ministry of Health
NGOs:	Non-Governmental Organizations
NWC:	National Women Council
PWD:	People With Disability
RDHS:	Rwanda Demographic Health Survey
RWAMREC:	Rwanda Men resource Center
SGBV:	Sexual and Gender Based Violence
VACYS:	Violence Against Children and Youth Survey
VAW:	Violence Against Women
VSLA:	Village Saving and Loans Associations
WHO:	World Health Organization

I. INTRODUCTION

1.1. Background and rationale

Gender Based Violence (GBV), in its various forms, is endemic in communities around the world as well as in the Rwandan society. The data on GBV at global level, especially against women and girls reveals that this is one of the most systematic and widespread human rights violations. The World Health Organization (WHO) landmark study on women's health and domestic violence against women¹ was among the earliest comprehensive studies to bring out the evidence on VAW, which served to spur on advocacy and other interventions.

The 2013 United Nations Human Rights report indicates that 35 per cent of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence and that 38% of murders of women, globally, are committed by a male intimate partner². Other studies indicate that between 15 and 76 percent of women are targeted for physical and/or sexual violence in their lifetime and that in the European Union, little over one in five women has experienced physical and/or sexual violence from a partner.³The range of 15 to 76 per cent is rather wide and loses, without careful analysis, some of the power that these data convey. Suffice to mention that even the lower end of 15 per cent cannot be ignored!

In the 2015 report of the '*World's Women*, more than 100 countries, since 1995, have conducted at least one survey on GBV and more than 40 countries have conducted at least two surveys in the period between 1995 and 2014 thus availing useful data for understanding the nature and extent of GBV and emerging trends.⁴

¹World Health Organisation (2005). WHO Multi-Country Study on Women's Health and Domestic Violence Against Women, Geneva, Switzerland

²United Nations Human Rights (2013). Gender-Related Killings of Women and Girls. Office of the High Commissioner for Human Rights, Palais des Nations, CH-1211 Geneva 10, Switzerland.

⁴United Nations Economic and Social Affairs (2015). *The World's Women 2015, Trends and Statistics*, p. 140.

In response to this scourge of GBV at least 144 countries have passed laws on domestic violence, and 154 have laws on sexual harassment. The existence of laws however does not always translate into implementation or even compliance with international standards and recommendations.⁵ The report further implies that implementation and compliance issues have generated policy and legal frameworks but these are weak on prosecution and sanctions for GBV.

In the case of Rwanda however, there are demonstrable efforts to address GBV through laws, policies and programs and the authorities do not shy away from sanctioning offenders. For instance, the Government has adopted the June 2003 gender sensitive constitution as amended to date, which provides for equal treatment between males, females, boys and girls as stressed under Article 11 among others.

To implement the overarching constitutional commitments, the government abolished all the discriminatory laws and enacted legislations to address the remaining inequalities and injustices including the Law N° 43/2013 of 16/06/2013 reviewing the Organic Law No 08/2005 of 14/7/2005, governing land in Rwanda, which guarantees women equal rights with men on access, ownership and utilization of land, the Law N°27/2016 of 08/07/2016 Governing Matrimonial Regimes, Donations and Successions in Rwanda providing for equal inheritance rights between women and men, girls and boys, Law No 13/2009 of 27th May 2009, Regulating Labor in Rwanda; Law No 27/2001 of 28th April 2001, Relating to Rights and Protection of Children against Violence and the Law N°59/2008 on the Prevention and Punishment of Gender-Based Violence (GBV) which punishes marital rape and addresses GBV at all levels; economic, sexual, physical and psychological abuse among others.

At the Program level, the Government has put in place programs like the Isange One Stop Centers (IOSC) at district hospitals to respond to any cases of GBV in a comprehensive manner. Currently there are over 44 IOSCs across the country. At the community level, there are family gatherings referred to as “*umugoroba w’ababyeyi*” which convenes every month to discuss the wellbeing of families where GBV is one of the issues that is addressed. Another structure at the

⁵World Bank Group (2018). *Women, Business and the Law 2018*, Washington D.C, USA

community level which works both in the area of response and prevention is the “*Inshuti z’umuryango*“, literally translated as friends of the family and comprise one man and one woman selected by the community at cell level. These are believed to be persons of integrity who intervene on a day-to-day basis to resolve any family conflict, which may emerge and could lead to GBV. They work in a confidential way but also collaborate with the heads of the cells and other agencies like security agencies, religious organizations, CBOs and NGOs to ensure peace and harmony among family members, especially husbands and wives.

Despite all the above considerable efforts made to address GBV both internationally and nationally, the term “gender-based violence” which in its widest sense, refers to the physical, emotional, economic or sexual abuse of a survivor remains widely used as a synonym for violence against women (United Nations, 2006) irrespective of its inclusive definition. This has led to the neglect of violence committed to men and boys in most of research and interventions although existing statistics highlight its significance. For example, the Rwanda Demographic and Health Survey 2014-15, indicates that 14% of women and 11% of men, experienced physical violence within the 12 months prior to the survey while 22% of women and 5% of men experienced sexual violence in the past 12 months (RDHS 2014-15 p.269-273). Also, according to a 2017 Survey report on Violence against Children and Youth (MoH, 2017, p. 1-2), 23.9% of girls out of 9.6% of boys experience sexual violence while 11.8% of boys and 17.3% of girls experience emotional violence.

According the above statistics, men and boys are also victims of GBV, though the rate of gender based violence committed against them is low compared to that of women and girls. This indicates that men and boys are also vulnerable to gender based violence, although this is not spoken about openly. Indeed, boys and men are vulnerable to abuse during the cultural attitudes and practices. For example, some men and boys cannot ask for help if they are in pain, because men and boys are considered as strong, tough and fighters and this can perpetuate under-reporting of violence against men and boys.

In light of the above, men and boys who fail to conform to socially acceptable notions of what it means to be a man can be vulnerable to physical, emotional and sexual abuse. Men are socially expected to be dominant, to take the lead in relationships and in the household, and to make the

decisions, over and above women. They are also expected to be economic providers in relationships and in families. If men and boys fail to attain the socially idealized role of economic provider, they can experience disempowerment and frustration, which can lead to aggression and perpetration of intimate partner violence. Hence, there is a need to understand more about the GBV issues related to men and boys.

In view of the above background situation and rationale, the Rwanda Men's Resource Center (RWAMREC), in collaboration with Faith Victory Ministries (FVA) and Keep Care, have conducted this action research on community attitudes and perceptions on gender based violence against men and boys in its area of intervention. The research targeted adolescent girls and boys, female and male parents and other community members, people living with disabilities (PWD) included. The action research explored GBV issues against men and boys for effective male involvement in the promotion of gender equality in Rwanda.

1.2. Objectives of the assignment

1.2.1. Overall objective

The objective of this assignment is to know the extent of Sexual and Gender based violence against men and boys in the districts of Huye and Kicukiro and to know the characteristics of SGBV against men and boys.

1.2.1.1. Specific objectives

The specific objectives of the assignment include:

- ✚ Explore community attitudes and perceptions of community members on GBV issues against men and boys;
- ✚ Identify particular issues pertaining to men and boys and GBV;
- ✚ Conduct gender analysis to identify and understand barriers encountered by men and boys in disclosing and reporting abuse perpetrated against them;
- ✚ Identify structural and implementation gaps in government efforts to effectively involve men and boys in the promotion of gender equality and fight against GBV;
- ✚ Produce recommendations to address identified gaps for effective male involvement for the promotion of gender equality and fight against GBV.

1.3. Scope of the work

Two major elements are making the scope of this action research to be conducted. They include the target population, geographical location and the major tasks to be carried out by the consultant. Concerning target population, the research involved adolescent girls and boys and other community members, people with disabilities (PWD) included. With regards to geographical location, the research took place in the districts of Kicukiro and Huye precisely in the Sectors of Kigarama and Mukura for the respective districts where RWAMREC is intervening in addressing GBV through Men Engage Approach. The major tasks to be done are as follows:

1.3.1. Major Tasks

The following major tasks were carried out to ensure effective achievement of the objectives of the assignment:

- ✚ Conduct focus group discussions with targeted population to know their perceptions and experiences towards GBV issues against men and boys;
- ✚ Identifier barriers encountered by men and boys in disclosing and reporting abuse against them;
- ✚ Identify relevant gender gaps to effectively involve men and boys in the promotion of gender equality and fight against GBV;
- ✚ Organize consultations with key informants to know their views and opinion on GBV issues against men and boys;
- ✚ Produce a draft action research report for inputs and comments and incorporate them;
- ✚ Produce Final report;
- ✚ Present the results of the action research report for validation by relevant stakeholders.

II. LITERATURE REVIEW: OVERVIEW OF EXISTING DATA ON GBV IN RWANDA

This chapter discusses the status of GBV in Rwanda in general and highlights the gap in terms of addressing Gender Based Violence against men and boys in particular. While there are several data sources for examining the status of GBV in Rwanda, two major official sources are particularly useful: Demographic and Health Survey (DHS 2014-2015) and Violence against Children and Youth Survey (VACYS, 2015-2016). The different indicators covered by these surveys are relevant for this study including: GBV prevalence, risk factors, service seeking behavior, major forms of GBV including physical violence, sexual violence and emotional violence. Both DHS 2014-2015 and VACYS 2015-2016, however, do not give due attention to men and boys as victims given that emphasis is placed on women as majority among the victims. Thus no details are provided on questions such as why men remain majority among the perpetrators, why very few men and boys are reporting their cases as GBV victims, attitude towards GBV against men and boys, among many others.

Some factors are highlighted in DHS 2014-2015 as contributing to some of the forms of GBV. Physical violence against women is influenced by their age and employment status. For example women were found to be victims of GBV for the following age brackets: 20-29 years (0.38%), 30-39 years (0.45%), 40-49 years (0.49%), 50-59 years (0.94). Women paid in kind (0.71%) were found to be more experiencing physical violence than women who are not paid (0.67%).

Unlike physical violence, sexual violence is also associated with the age factor but in different direction. Those aged 20 to 49 years are more likely to be sexually violated as compared to those aged 15-19 as illustrated by the following statistics: 15-19 years (1.17%); 20-29 years (1.83%); 30-39 years (1.96%); 40-49 years (2.43%). Other factors contributing to GBV as explored by DHS 2014-2015 include education of the husband, religion, household wealth and province. Findings in line with these factors focus on women and very limited room is reserved for men as the survey talks about service seeking whereby proportions of men and women, with a slight difference have sought assistance. In actual facts the DHS 2015 shows that 48% of women and 45 % of men who experienced violence have sought assistance to stop the violence. These figures indicate that there is still some challenges when it comes to service seeking.

According to the VACYS 2015-2016, barriers to service-seeking mentioned by children and youth fall into three general categories: individual, relationship and structural. Individual-level barriers include: afraid of getting in trouble / embarrassment for self or family/ did not think it was a problem/ did not need or want services/ felt it was my fault. Relationship-level barriers include: dependent on perpetrator/ perpetrator threatened me/ afraid of being abandoned. Structural-level barrier include: could not afford services / could not afford transport or services too far. For all three age categories, the majority of survivors indicate individual-level barriers (over 90 percent for females and over 85 percent for males) as the main reason for not seeking services after sexual abuse.

Again, when help is sought, it is more from family and friends rather than the police and health services. The data on service seeking lead to the generalized conclusion that the reluctance for women and girls to seek help is closely correlated with the ‘acceptability and cultural normalization” of violence against women.⁶ Disturbing as these findings are, they are nonetheless critical for a study such as this even though it remains with limited scope compared to the study referred to. If indeed available data suggest a gap in service seeking and a reluctance to seek help from the police and health services, then there is a need for a study with wider scope to understand service seeking behavior from both the sides of both men and women.

Concerning programs the DFID-funded program in Rwanda, *Indashyikirwa* (“Agents of Change” in Kinyarwanda), is built on lessons from CARE’s Village Savings and Loans Associations to engage couples and survivors in an effort to reduce intimate partner violence levels and also to improve the response to IPV survivors.⁷ One impact indicator of the program was access to or satisfaction with services which was found to be highly correlated with the safety, both emotional and physical, of the environment in which the service was located and provided.⁸ This

⁶ United Nations (2015), *The World’s Women*

⁷ The Indashyikirwa Programme in Rwanda. Content uploaded by Erin Stern, 17 March 2019. Accessed from <https://www.researchgate.net/publication/331821901> on 6 April 2019

⁸ The Prevention Collaborative (2019): Programme Summary, The Indashyikirwa Programme, Rwanda

is an important finding for why and where women would seek help. The program finding is focusing on women as victims which implies the perception on men as perpetrators. There is no room reserved for men as victims of GBV and what would be required conditions for them to seek needed services.

To sum up a lot of efforts have been made in terms of research and implementation of GBV related programs but emphasis has been placed more on women as victims with limited attention to men as victims as well. Interventions aiming exploring perceptions, attitudes and practices around GBV against men and boys would bring in important dimension of GBV in Rwanda to cover the other side of gender which is men. This would serve as an excellent entry point for effective implementation of the Rwanda National Gender Policy 2010 commitment of “Involving men in addressing gender issues” as one of the policy approaches to promote gender equality in the country.

III. PROPOSED METHODOLOGICAL APPROACHES

Based on the objectives of the assignment and associated deliverables the following were proposed as methodological approaches and steps:

3.1. Briefing meeting with the Client

The consultant had a briefing meeting with the Client not only to have common understanding of the assignment but also to exchange around existing sources of relevant information, resource persons and to look together on the logistical requirements to ensure successful implementation of the terms of reference. This meeting was supplemented by other meetings and phone discussions that involved the Client and the Consultant at different times of the process of the assignment as mechanisms for continued follow up to ensure that the entire assignment remained on the right track.

3.2. Review of literature

An in-depth review of existing relevant literature was conducted to assess the current status of GBV in the country in general and in the Districts of Kicukiro and Huye in particular. This was facilitated by the exploration of available reports such as *the DHS 2015; Violence Against Children and Youth in Institutional Settings in Rwanda, 2018* and *Gender Based Violence and Masculinity in Rwanda, 2010*.

Other sources include relevant laws such as the Law N°27/2016 of 08/07/2016 Governing Matrimonial Regimes, Donations and Successions in Rwanda providing for equal inheritance rights between women and men, girls and boys; the Law N° 13/2009 of 27th May 2009, Regulating Labor in Rwanda; Law N° 27/2001 of 28th April 2001, Relating to Rights and Protection of Children against Violence and the Law N°59/2008 on the Prevention and Punishment of Gender-Based Violence (GBV).

3.3. Field work

This section discusses two important components including preparation of the field work and implementation of data collection works as unpacked below.

3.3.1. Preparation of the field work

Preparation of the field work covered important elements such as formulation of guiding questions for focus group discussions and key informant interviews, contacting resource persons for appointment especially and organizing transport to the Districts of Huye and Kicukiro. Key documents including concept note of the study and “*To Whom it May Concern*” were issued by the Client to facilitate approval from local authorities in the sectors to be visited. The following are the key elements, as above alluded to, that were given due attention prior to commencement of the field work:

- ***Formulation of guiding questions:*** questions to facilitate focus group discussions and key informant interviews were inspired by findings from review of literature and different discussions between the Client and the Consultant. They were shared with the Client for approval before starting the field work. Proposed guiding questions addressed mainly key GBV related issues facing men and boys, barriers preventing men and boys from reporting their cases and specific issues hampering promotion of gender equality in general and constraining fighting against GBV as faced by men and boys.
- ***Securing appointment with resource persons:*** given to their usually busy schedule some resource persons such as staff in Sectors were contacted before to ensure their availability the day of the field work. So, the consultant engaged a phone discussion with selected staff at sector level to secure their appointment. The key informants included: the Sector Executive Secretary, staff in charge of social affairs and the officer in charge of security commonly known as Dasso (District Administration Security Support Organ). Also the Isange One Stop Center (IOSC) Coordinator at district level, as the visited sector did not have IOSC, and MAJ staff in charge of GBV, were interviewed.

- **Focus Group Discussions (FGDs):** these involved different resource persons at community level and they were organized as follows:

-Adolescent females and males: these were females and males within the age bracket of 15-17 years. Focus group discussions for these categories were organized separately. Each group comprised of 10 participants. This age category was selected for practical reasons given that majority of the concerned population is composed of secondary school students who are generally easy to access from their schools.

-Adult males and females: Group discussions for adult males and females were conducted separately as well. Participants in these discussions were aged 18 years and above. Also an average number of 10 participants was considered. The latter reflected the picture of their community in terms of representation. Thus they were composed of two (2) farmers, two (2) business persons, two teachers (primary & secondary), one representative each from a religious organization, a CSO, Private sector and a male or a female member from *Inshuti z' umuryango* or *Umugoroba w' ababyeyi*.

Focus group discussions were organized in such a way that two focus group discussions including one for adult males and female teenagers took place in Kicukiro District, Kigarama Sector and one for adult females and male teenager males was conducted in Huye District, Mukura Sector. In total four (4) FGDs were conducted with 40 participants including twenty (20) males and twenty (20) females. In each of the above mentioned FGDs one person with disability (PWD) attended.

3.4. Data collection

Data were collected through engagement with the above mentioned resource persons both in form of individual interviews and focus group discussions. Individual interviews were held at the concerned sectors offices whereby the concerned interviewee was found in his/her office. Also the concerned sector offered rooms for FGDs. It is noteworthy that duration for each FGD was 1 hour and half (1h30). Confidentiality and privacy were given due attention during discussions both for individual interviews and FGDs.

3.5. Analysis of collected data

Collected data were processed and analyzed by means of contents analysis. This allowed the identification of themes or patterns in line with addressed major questions as transpired through the specific objectives. Basically, the exercise of analysis looked at structures underlying GBV against men and boys, bottleneck for promotion of gender equality and fighting GBV against men and boys to inspire appropriate recommendations.

IV. KEY FINDINGS

This chapter discusses key findings addressing different issues to be looked at as highlighted under the specific objectives of this action research. It addresses key elements including: general perceptions of GBV by consulted community members; perceptions of community members on GBV issues against men and boys, community attitudes on GBV against men and boys; identified particular GBV issues pertaining to men and boys; barriers encountered by men and boys in disclosing and reporting abuse perpetrated against them and structural and implementation gaps in government efforts to effectively involve men and boys in the promotion of gender equality and fight against GBV, as unpacked in the next sections.

4.1. General perceptions of GBV by consulted community members

Discussions in different FGDs revealed that GBV is perceived as any sexual intercourse without consent from both parties. It was highlighted that sexual intercourse is initiated generally by males and some resource persons said that women's consent can be seen through a certain behavior which could easily, for inexperienced actor, lead to none consensual act of sexual intercourse. In other words, it was explained that sometimes it is difficult to know when the woman gives her consent as she can say no when it is actually yes. At this juncture, the point is that sometimes it may be difficult to tell whether an act of sexual intercourse was sexual violence (rape) or not especially when the woman says no but the man by insisting ends up with having sex with her. This is an interesting scenario of power imbalance whereby women are culturally not encouraged to initiate sex as it is the case for men. Hence, a woman may prefer to say no to sex even if she actually wants it but for the sake of culture continues to hide her desire for sex even before a man who is approaching her for the same need.

Also GBV was perceived as sexual abuse against children or defilement. It was revealed from FGDs that both girls and boys can be sexually abused but the general agreement was that majority of those children abused are girls.

It was found that very few among the consulted resource persons knew about other forms of GBV including physical, economic and psychological violence. However, guided discussions allowed consulted resource persons to differentiate cases of GBV from other forms of violence. For example, participants in FGDs were able to see the difference of a woman beaten by her husband because she burned the food, which is a case of physical gender based violence, from a woman beaten because she stole a piece of banana from the market. In actual fact the woman who burned the food was socially expected to rather cook the food very well as part of her gender; as she failed to her social expectation she was beaten, which is still violence but motivated by the woman's gender in terms of her role as the one in charge of ensuring that the food is well cooked not burned.

Similarly, participants in FGDs were able to see the difference between a man ill-treated by wife and children because he did not provide food to the family, which is a cases of gender based psychological violence, from the case of a man ill-treated by a neighbor because he failed to pay back the amount of money he owes him. The man was ill-treated by wife and children because he is socially expected to provide food to his family (part of his gender); so he was ill-treated by his family members because he failed to assume his social responsibility.

The concept of GBV was equated with the GBV law which is perceived by the majority of men as a 'weapon' to defend women rights only. It emerged from FGDs that men fear to report their cases as GBV victims especially when the perpetrators are their wives because the reality is that if they report their cases to the police they are put in jail (to be further discussed under section 3.5).

Based on the above it was found that there is very limited awareness among community members on what gender based violence means, its different forms (especially physical, psychological and economic) and how it differs from other forms of violence. Additionally, there is a misunderstanding that the GBV law is defending women's rights only ignoring that it is at the same time defending men's rights as well.

4.2. Perceptions of community members on GBV issues against men and boys

The different consulted resource persons were of the view that men and boys are also victims of GBV as transpired through the following quote from the female FGD in Mukura Sector: “*Yewe abagabo na bo barashize, ikibazo ni uko bapfira imbere*” literally translating that *men have been seriously suffering from GBV; the problem with them being that they suffer in silence*. This silence around GBV by men and boys will be further explored under section 3.5. The following emerged from FGDs as the major GBV issues facing men and boys:

Men economically weak were said to be among those who face different forms of GBV due to their limited means to fulfill their responsibilities as a ‘real men’ (responsible) as expected in the Rwandan society. An example given by a male FGD in Kigarama Sector was that when a man loses his job and becomes jobless, he faces many kind of violence because he is no longer perceived to be the breadwinner of his household. It was mentioned that this is a man who is exposed to psychological violence perpetrated by his wife and other household members and this situation is likely to prevail until the he finds a job for him to be looked upon as a ‘good man’ or ‘real man’. In the same vein it was said that when it is the woman who has a job and she is the only one in the position of financially providing for the survival of the household, the man is faced with deprivation of some needs like transport and communication even if the woman has the financial capacity to assist him. Consultations revealed that economic gender based violence and psychological violence are the major forms of GBV that some men are subjected to but some cases of men beaten by their wives or other households’ members, as cases of physical gender based violence, were recognized to exist in their community though they were perceived to be minor.

Consultations highlighted that rape is the most commonly experienced form of GBV among boys. It was indicted that this is taking place mainly at household level where a woman can for example misuse a boy under age to fulfill her sexual desire and give him money to keep it as a secret. It emerged from discussions that this form of violence is not seen as a real crime in community. Hence rape of girls is more sensitive compared to that of boys as indicated participants in both adult and teenager FGDs.

4.3. Community attitudes on GBV against men and boys

The two FGDs of both females and young males were of the view that a man should not be beaten by his wife or by a woman in general. The argument backing this view was that men are family leaders and hence they should not be beaten because that would be going against the Rwandan culture. When asked to provide a justified reason for which a woman should beat her husband participants in FGDs could not find any. However, all FGDs were of the view that a woman should be beaten by the husband if for example she burns the food for the third time, neglects the children or goes out to see a friend frequently without informing the husband. This view was backed by the following quote from the young male FGD in Mukura Sector: “*Uwabonye umugore akubitwa ntiyabona umugabo akubitwa*” literally translating that the *one who saw a woman getting beaten should not see a man being beaten*. The message behind this quote is that for a man to beat his wife/woman is a normal thing but a woman to beat her husband/man is unheard of hence not tolerated. The same view was highlighted from the female FGD in Kigarama Sector. Views from some key informants were a bit nuanced as they did not tolerate violence at all be it subjected to a woman or man. So, the general picture from the conducted FGDs was that GBV against men and boys was not tolerated at all.

4.4. Identified particular GBV issues pertaining to men and boys

Discussions from both female and male FGDs highlighted four major forms of violence that men and boys are experiencing in their communities, as unpacked in reverse order in the next sections.

4.4.1. Psychological violence against men

Psychological violence or emotional violence was reported by the male FGDs from both sectors of Kigarama and Mukura as the form of GBV that majority of men victims are experiencing. Male FGDs highlighted that this form of GBV is taking place in homes whereby men are insulted, harassed and faced with other dehumanizing behaviors by their wives and other family members. The later were said to prefer not to beat men but keep them under constant stress and insult telling them that they are not real men that they do not fit as fathers of families. Two major scenarios as to when this is happening were highlighted: in poor families where the husband is

not earning enough income for the survival of the family and in cases whereby the man has money but misuses it to entertain extra-marital relationship with other women. Consultations from key informants and FGDs highlighted that although psychological violence appears to be the form of violence that majority of men victims of GBV are experiencing it remains difficult to report as it has not visible signs or indicators.

4.4.2. Psychological violence against boys

Boys were reported from teens FGDs, both males and females, to be experiencing psychological violence more than girls of their age. When asked why this different treatment of boys compared to girls, no clear response was obtained from the teens FGDs. However, the adult male FGDs attempted to answer this question by saying that boys are generally trained to become real men in the future and harassing them and/or insulting them from time to time by parents especially the fathers is perceived as one of the training approaches used. The statement that boys are more experiencing emotional violence than girls concurs with the findings from the Violence Against Children and Youth Survey, 2018 which revealed that among respondents aged 18-24 years, 12% of females and 17% of males had experienced emotional violence by a parent, adult caregiver, or other adult relative during childhood. However, the study does not explore the causes of that difference. A qualitative study would contribute in unveiling the causes underlying this situation.

4.4.3. Physical violence against men

Three major scenarios whereby men are experiencing physical violence were identified. Firstly men are beaten by their wives especially because of mismanagement of household's resources. Adult FGDs in both Mukura and Kigarama Sectors highlighted that this is happening when for example the husband has been working for money and once he gets the salary he prefers to squander it in bars buying beer and *brochettes* (*grilled meat on small sticks*) whereas at home they do not have food and other basic needs. Secondly men were said to be faced with physical violence when they sell some household's belongings/properties (e.g.: cow, bicycle, etc) without consulting with wives and other household's members and use the money for their own purposes. Thirdly men were reported to experience physical violence when beaten by other men

who are in extra-marital relationship with their wives. It was said that this is happening when the husband catches the wife in a bar or restaurant sharing beer with the suspected man. When the husband starts asking the wife why she left the house without informing him, then the other man starts shouting at the husband and this can end into violence.

4.4.4. Physical violence against boys

According to the teens FGDs, boys were reported to experience physical violence. The Violence Against Children and Youth Survey, 2018 confirmed this view by revealing that actually boys are more experiencing physical violence than girls. In actual facts the survey provides that among males aged 13-17, 24% experienced physical violence by a community member, 22 percent experience physical violence by a parent, adult caregiver, or adult relative, and 17 percent experienced physical violence by a peer. For females in the same age group, 12 percent experienced physical violence by a parent, adult caregiver, or adult relative, 11 percent experienced physical violence by a peer, and 7 percent experienced physical violence by a community member. The above figures indicate that boys are more than three times experiencing physical violence by a community member. Again the survey does not provide causes of such a wider gap between boys and girls victims of physical violence.

4.4.5. Sexual violence against men

Sexual violence against men was not reported from the different FGDs conducted. Participants highlighted that this form of violence is rarely reported by men victims as they fear to be stigmatized as not real men. This was said to be a few cases, generally married men, who are sexually weak and thus do not perform to the satisfaction of their wives. The later may from time to time force their husbands to have sex with them which they do against their will, as they fear their poor performance. In actual facts men are socialized to be sexually strong failure of which the man is running the risk of being called weak or not fit the box of real men.

4.4.6. Sexual violence against boys

According to the teens FGDs, boys are experiencing sexual violence as girls do but it was highlighted that girls are by far more victims of this form of violence than boys. It emerged from the teens FGDs that sexual violence is generally subjected to very young boys aged below 10 years. According to the Violence Against Children and Youth Survey, 2018, 19% of young females and 11% of young males had experienced some form of sexual abuse in the 12 months prior to the survey; this difference is statistically significant. Sixteen percent (16%) of females and 7% of males experienced unwanted sexual touching and 11% of females and 7% of males experienced unwanted attempted sex. Although with lower rates compared to girls, boys are also victims of sexual violence as confirmed by both the above mentioned survey and teens FGDs. Also this was confirmed by interviews with key informants and both adults FGDs of males and females.

4.4.7. Economic violence against men

Economic violence against men was said to be less frequent compared to the previous forms of violence but was perceived as one of the sad realities in the adults male FGDs in Kigarama Sector. This was illustrated by cases whereby the husband contributes to economic empowerment of the wife but when the latter becomes more economically powerful than man, she tells the husband that he is the one to provide for the family because he is the man; referring to what culture says. Instead of contributing with the man to cater for their family's needs the woman starts engaging in extra-marital relations with other men accusing the husband of being old or not sexually fit.

4.4.8. Economic violence against boys

Some cases of economic violence were reported mostly from poor households whereby boys are prevented from going to school and rather encouraged to work for money for their family survival. However, it emerged from the teens FGDs that these cases are significantly decreasing due to the current nine years and twelve years education systems that promote free access to both primary and secondary education.

To sum up men and boys are experiencing the different major forms of violence with more prominence of psychological or emotional violence among men than boys. The latter are more experiencing physical violence than men. Although reported as existing forms of violence that both men and boys are subjected to, sexual violence and economic violence remain less experienced.

4.5. Barriers encountered by men and boys in disclosing and reporting abuse perpetrated against them

4.5.1. Sociocultural barriers

Both male and female FGDs highlighted that the persistence of GBV and limited reporting among men and boys is mainly associated with gender power relations reflected in well and commonly ascribed and accepted social norms, entrenched in a patriarchal system characterized by male dominance, unequal distribution of resources and power combined with social institutions that sustain gender inequality. These norms in the name of culture which dictate behaviors and attitudes perpetuate stereotypes which are the most significant barriers to report GBV among men mainly when it is committed by wives.

4.5.2. Poverty

Consultations with both FGDs and key informants revealed that low percentage of reporting GBV cases may be related to poverty. Some of them explained that poor men do not like courts and similar organs, because access to their services is also coupled with significant amount of time they could use at some income generating work. Additionally, it was said that in general poor men do not know how the judicial system works, which discourages them and results into poor service-seeking in case someone is a GBV victim.

4.5.3. Fear of stigma

According participants in both male and female FGDs, fear of stigma is a barrier for men to report as GBV victims. Given their socially ascribed powers to be dominant over women, men want to always show that they are powerful as illustrated by the following proverbs:

“*Amarira y’umugabo atemba ajya mu nda*” and “*Umugabo ni imyugariro*” literally translating that *men’s tears should flow towards their stomachs* and *man is the strength respectively*. In other words, men are culturally encouraged to suffer in silence. The case becomes even worse when it is the wife who is the perpetrator of the form of GBV subjected to the man. The latter should not report his case otherwise he will run the risk of being looked at by other men as a coward; culturally a real man should not be beaten by a woman in general and his wife moreover, who is expected to submit to the husband.

4.5.4. Need to keep families together

Although it is generally known that ‘need to keep families together’ is one of the factors contributing to GBV against women, as transpired through the proverb *Niko zubakwa* meaning that women should suffer in silence to avoid destruction of their households, consultations stressed that some men are very much concerned about survival and unity of their families. Hence they may prefer to keep silence as reporting their cases as GBV victim is perceived as a possible entry point for destruction of their families. Some men were said to love their families and hence are ready to avoid scenarios leading to negative consequences such as trauma among children, hostility from in-laws and neighbors, etc.

4.5.5. Limited knowledge on evidence for psychological and economic forms of GBV

As discussed under section 3.4 psychological violence was perceived as the mostly experienced violence among men victims of GBV. The participants to the FGDs mentioned that in addition to the fact that men are reluctant to report their GBV cases, it remains even more difficult for them to report when they are victims of psychological violence given that the latter does not easily show its signs or indicators.

4.5.6. Limited functioning and limited trust of existing GBV structures

Consultations from key informants and the different FGDs revealed that very few of the existing GBV structures such as *Umugoroba w’Ababyeyi* and *Inshuti z’Umuryango* are properly operating. Additionally, it was said that these structures are not well known and that even where they are effectively functioning men fear to report to them because some of the members are young and hence do not fit to address issues of very mature people.

4.5.7. Misinterpretation of GBV law

Consultations with key informants and FGDs indicated that very few people including men and women know the contents of the Law N°59/2008 on the Prevention and Punishment of Gender-Based Violence (GBV) commonly known as GBV Law. Hence majority of men consider this law as a tool for women to suppress men and therefore they prefer not to report their cases as the mentioned law remains among the key reference tools to handle GBV.

4.5.8. Structural and implementation gaps in government efforts to effectively involve men and boys in the promotion of gender equality and fight against GBV

This section discusses existing structures that address GBV and assesses the major gaps constraining participation of men and boys in promotion of gender equality and fight against GBV.

4.5.9. Existing structures that address GBV

Consultations from both male and female FGDs revealed a general awareness on existing structures that address GBV and the following were identified as the most trusted by GBV victims:

- 1) **Families:** views from the key informants and participants to both the male and female FGDs highlighted that the vast majority of GBV cases are actually handled in families. Only alarming cases are reported to structures beyond families. At this juncture it is worth noting that most of cases handled at family level are done in a traditional way of sustaining the status quo whereby men are encouraged to suffer in silence to avoid showing their ‘weakness’ as per the saying that *“amarira y’umugabo atemba ajya mu nda”*, literally translating that *man’s tears should flow towards inside his stomach.*
- 2) **Local authorities (Heads of Villages/Cells/Sectors):** Among the local authorities Heads of Villages (Mudugudu); Executive Secretaries of Cells and Executive Secretaries of Sectors were identified as the most used structures by GBV victims. Once received, victims are referred to

IOSC. Consultations with both FGDs and key informants revealed that majority of GBV cases are reported to local leaders especially the heads of villages but again very few men report their cases to avoid being perceived as weak and not fit to overcome challenges as a real men should do.

- 3) **Rwanda Investigation Bureau (RIB):** RIB is involved in addressing GBV as one of the crimes that face the Rwandan population. It has staffs under each IOSC to serve in collecting desired data to be submitted for prosecution.
- 4) **Police stations:** These are also used by GBV victims seeking assistance. From there victims are guided and referred to the nearest IOSC as the structure that is better positioned to comprehensively provide the kind of services needed by the GBV victim.
- 5) **Isange One stop Center (IOSC):** This is the approach adopted by the Government of Rwanda to holistically address GBV. Thus it provides services covering the four major areas connected with GBV including medical services, legal support, psychosocial support and social reintegration. This approach was adopted in 2009 and since then 44 IOSCs have been established across the country hosted by existing health services. The Government of Rwanda has started the scale up of IOSC with the target of availing this service at the level of health centers which are operational at *Umurenge*/Sector level.
- 6) **Hospitals/Health Centers:** these were identified as trusted and used by GBV victims especially those victims of physical violence with deep wounds.
- 7) **Churches:** these were mentioned as used by GBV victims but most of the time the victims are known to be members of the concerned churches. Victims were said to mostly receive psychosocial support but can also be referred to the nearest IOSC for further support.
- 8) **Schools:** schools were said to be used by mostly students who seek assistance from the teachers and relevant school leaders. Depending of the case a student who is victim of GBV can be referred to the nearest health services or IOSC.

9) *National Women Councils (NWC)*: this structure is established from the central to the decentralized level. Consultations highlighted that only women GBV victims use it when seeking assistance. Men were said to be reluctant to use as they wrongly think that it is meant for only women. In actual facts consulted resource persons indicated that even men who use this channel to seek assistance are helped and referred to the next step which is generally IOSC.

4.6. Implementation gaps in government efforts to effectively involve men and boys in the promotion of gender equality and fight against GBV

Prior to discussion on gaps in the government efforts to involve men and boys in the promotion of gender equality and fight against GBV, it is worth noting that the National Gender Policy 2010 highlights “Involving men in addressing gender issues” as one of the committed approaches to promote gender equality in the country. Despite of this policy commitment it appears that prevailing gaps or challenges at the level of implementation remain serious obstacles for effective promotion of gender equality and fight against GBV. The following were identified as the major gaps that require utmost interventions:

1) Misinterpretation of the concept of gender equality

Discussions with all the consulted resource persons stressed that the concept of gender equality has been wrongly understood. In actual facts it emerged from the FGDs with adults, teenagers and key informants that gender is perceived by their community members as synonymous to women. According to them anything that has to do with gender refers to women and thus gender does not promote men’s rights, as per their understanding.

In the same line of thought it emerged from consultations with key informants that this wrong interpretation of gender equality may be behind the silent resistance among men as they believe that nothing in line with gender is likely to protect or promote men’s interests. This view was also supported by participants in the different FGDs.

2) Limited knowledge about the GBV Law

Knowledge about the GBV law was found to be very shallow among majority of the different consulted resource persons. It was found that they know the existence of the mentioned law but very few is known about its contents. This is illustrated by the following quote by a participant in the female FGDs in Mukura Sector responding to the question of knowing whether they have heard of the law on GBV: “*Yewe itegeko ryo turaryumva ariko nyine ibikubiyemo bizwi n’abayobozi*”. Literally translating that *they have heard of the GBV law but its contents is known by leaders*.

This limited knowledge of the GBV Law may be behind the limited reporting of GBV cases among men victims, as stressed during male and female FGDs in both Kigarama and Mukura Sectors. A male participant in the FGD in Mukura Sector says: *Nta mpamvu yo kujya mu buyobozi wahohotewe n’umugore wawe kuko n’ubundi ni wowe ushyirwa muri gereza*. This translates that *there is no need for a man to report his case as a GBV victim when the perpetrator is his wife because at the end of the day he is the one to be put in jail*. Interesting enough this was confirmed by the Sector Security Officer (DASSO) who clarified that generally when a man reports a case of domestic violence as victim, he is put in jail while investigation is going on but when the findings reveal that the wife was the one guilty she is punished according to the law. This practice is inspired by the general belief that men are generally physically stronger than women; so when such a case happens the first thing to do is to protect the vulnerable part who is the woman, as explained by the DASSO Officer. This is indeed another scenario fueling the limited reporting by men as they fear to be jailed once while waiting for investigation results.

Although majority of consulted resource persons prove to be less knowledgeable about the GBV Law, some of the key informant knew some details about the GBV law. For example, they were aware of the different penalties for rape with different consequences. Thus it was mentioned that according to Article 16 of the GBV Law any person who is guilty with rape shall be liable to imprisonment of ten (10) years to fifteen (15) years. Where rape has resulted in a bodily or a mental illness, the person guilty with rape shall be liable to imprisonment of fifteen (15) years to twenty (20) years and medical care fees for the person raped shall be borne by him/her. Where

rape has resulted in a terminal illness or death, the guilty person shall be liable to life imprisonment.

3) Limited government attention to men as beneficiaries and allies of gender equality

As highlighted under the introductory chapter, a lot of achievements have been registered by the Government of Rwanda in terms of fighting GBV including development of policies, laws, programs and establishment of implementation mechanisms among others. However, the bulk of these efforts have been geared towards women and girls' empowerment with limited attention to involving men as both allies and beneficiaries of promotion of gender related interventions. At this juncture, it is noteworthy that men related programs have been implemented by government development partners such as Rwanda Men Resource Center and Care International through a variety of programs and projects. This can be illustrated by projects such as the Journey of Transformation (JoT) which was a 17-session curriculum for males that aimed at fostering men's support of their partners who were Village Saving and Loan Associations (VSLA) members jointly implemented by CARE Rwanda and partner organizations including RWAMREC and Promundo; Indashyikirwa Program aimed for at achieving two long-term impacts including "Reduced incidence of intimate partner violence (IPV)" and "Increased survivor access to and satisfaction with response services". Consultations with key informants highlighted that where men related projects have been implemented they yield expected impact but more efforts were recommended to ensure such projects are implemented to a larger scale.

4) Limited trust by men in structures addressing GBV

A number of structures most used by GBV victims both men and women were identified by both male and female FGDs. They include families, local leaders generally Heads of Villages, Isange One Stop Centers (IOSC), *Umugoroba w'Ababyeyi* and *Inshuti z'Umuryango*. Discussions from both male and female FGDs were of the view that the bulk of GBV cases subjected to men were handled in families as it is the case for women. Although they handle the vast majority of GBV cases against men, families were said to be sustaining the status quo meaning that men victims of

GBV are encouraged to suffer in silence, which does not help them as they end up having psychological issues as highlighted during discussions.

Heads of Villages (*Mudugudu*) were mentioned as another structure receiving a big number of men as GBV victims. Despite of their willingness to help, Heads of Villages were said to have limited skills and knowledge to handle GBV cases. It was indicated that those who are informed about IOSC refer GBV victims they receive to this service that is hosted in district hospitals and some health centers. This gap affects both men and women seeking assistance from this level.

Since its inception in 2009, IOSCs have been scaled up and they have currently reached 44 across the country; the ultimate goal being that of having IOSC in every Umurenge (Sector) Health Center. IOSCs are offering holistically the different services as needed by GBV victims including medical, legal, psychological and social under one roof, which is the major strength that the service has. However, participants in both male and female FGDs and key informants highlighted the issue of distance that is still long depending on the location of the GBV victim. Additionally it was stressed that very few people are aware of IOSC's existence. The other problem mentioned was the fact that IOSCs are not working 24 hours which is very likely to affect the GBV victims who would come when the service is closed. This was confirmed by the IOSC coordinator in Huye District who added to this the issue of high staff turnover. Issue of impunity was highlighted by the same coordinator due to lack of evidence that are difficult to collect due to limited awareness among GBV victims, men/boys and women/girls, on how to preserve evidence while in the process of reaching medical services. In actual fact it was said that most of GBV victims, men and women, go to Heads of Villages or security organs before they go to nearby medical services which increases probabilities for evidences to disappear. Forensic materials (e.g.: DNA) were said to be available at national level but need to be scaled at up for more accessibility by GBV victims.

Umugoroba w'Ababyeyi and *Inshuti z'Umuryango* are both community based structures addressing GBV among other social issues. It was highlighted by both adult male and female FGDs that men GBV victims do not trust those structures. It was indicated that given the

reluctance already for men to report their GBV cases as dictated by culture, they require structures which they trust for them to comfortably seek their services. Structures such as *Umugoroba w'Ababyeyi* was said to be dominated by female members which does not inspire trust among men GBV victims, especially when the perpetrator is the wife. So, very few men were said to be willing to report their cases to this structure. *Inshuti z'Umuryango*, which according to the different FGDs, is composed of majority of young males and females are perceived as a problem for mature men, as they rather require mature people of their age and more.

When asked what they think should be the response to these men who are reluctant to report their cases as GBV victims, the different FGDs suggested that men need “*Urubuga rw'abagabo*”, as stated by participants in male FGD in Kigarama Sector. This would be a structure of men only for them to feel safe when they report their cases as GBV victims. Although this idea sounds not pro-gender balance, it may play an important role in encouraging men to report their cases. In actual sense this is likely to inspire trust and safety among men GBV victims when they know that the person in charge is a man or men like them. Participants in the mentioned male FGD added that the members of this structure should be responsible men who are role models in gender promotion to share their experience and knowledge with the reported GBV victims, which is likely to transform them and their partners into peaceful couples.

5) Effects of negative masculinity around men as custodians of power over women

The issue of power imbalance between men and women was highlighted, through consultations with key informants, as one of the major causes of violence as experienced by some men. This power imbalance is generally illustrated by men being socially ascribed with a lot of power as compared to women. Instances of GBV subjected to men take place when they abuse ‘their’ power in taking wrong decision for example using household’s resources for own purposes or without joint decision with the partner, which triggers violence from other household’s members (e.g.: wife and/or children) targeting the man. It was highlighted that this abuse of power by men is one of the key indicators of negative masculinity which gives very limited room between a man and his wife for joint decision making. Also consulted key informants stressed that there is very limited attention to addressing negative masculinity and hence promoting positive masculinity among gender related interventions as implemented in the country.

V. CONCLUSION AND RECOMMENDATIONS

5.1. Conclusion

The study aimed at assessing the extent of Sexual and Gender Based Violence (SGBV) against men and boys in the districts of Huye and Kicukiro. It explored different key aspects including: community members' attitudes and perceptions on GBV issues against men and boys; particular GBV issues pertaining to men and boys; barriers encountered by men and boys in disclosing and reporting abuse perpetrated against them and structural and implementation gaps in government efforts to effectively involve men and boys in the promotion of gender equality and fight against GBV.

It was found that SGBV remains perceived as sexual violence that is generally committed to women by men. Also children were highlighted among GBV victims and some cases whereby GBV is equated with the GBV law were observed. The other forms of GBV including physical, economic and psychological violence remain unknown.

With regards to attitudes towards GBV against men and boys, it was found that it is not tolerated at all. GBV against men and boys remain unacceptable although it was recognized as sad reality in the communities.

Concerning particular GBV issues pertaining to men and boys, it was realized that similarly to women, men and boys are victims of GBV although the former remain the majority among the victims. Physical violence, psychological violence and economic violence were identified as the major forms of GBV that men and boys are exposed to with prominence of emotional violence among men and physical violence among boys. Also sexual violence and economic violence were verified among men and boys victims but with fewer occurrences.

With respect to barriers encountered by men and boys in disclosing and reporting abuse perpetrated against them sociocultural barriers, poverty, fear of stigma, need to keep families together, limited knowledge on evidence for psychological and economic forms of GBV, Limited functioning and limited trust of existing GBV structures and Misinterpretation of the GBV Law were found to be the major obstacles constraining men and boys' reporting of their cases as GBV victims.

Structural and implementation gaps preventing government efforts from effective involvement of men and boys in promotion of gender equality and fight GBV against men include wrong interpretation of the concept of gender equality, limited functioning of existing GBV structures, limited trust that men and boys have in GBV structures, limited government attention to men as beneficiaries and allies of gender equality, limited knowledge about GBV Law and effects of negative masculinity around men as custodians of power over women.

5.2. Recommendations

Based on the above the following are recommended as strategic actions to ensure effective participation of men and boys in promotion of gender equality in general and fight against GBV in particular:

- ***Government of Rwanda and Civil Society Organizations (CSO)***

5.2.1. Raise awareness on GBV to all segments of the population and ensure that GBV isn't an issue of a single Ministry, department or individual. GBV should be a concern of everyone in the community, at both central and local level, to facilitate implementation of the policy commitment of "Involving men in addressing gender issues". Therefore, there is a need to train all partners involved in addressing GBV and ensure GBV trainings is cross cutting across all sectors. All staffs at district level, hospitals, schools etc. should have commendable knowledge on GBV in general and the GBV Law in particular so that the message on GBV is communicated in every gathering as an opportunity to raise awareness on GBV especially with more focus on men involvement.

5.2.2. Equip existing structures addressing GBV with needed skills and knowledge and encourage participation of mature and role-model men as members to facilitate increased trust from other men who are victims of GBV. This can be done by setting up capacity building and recruitment of new male members of GBV structures in Imihigo and strengthening reporting structures at all levels.

5.2.3. There is a need to raise awareness on the importance of gender, to guide behaviors and forge gender equality perspectives. Both men and women misunderstood gender equality and it is now reported as one of the major causes of GBV in the targeted sectors. Equality issues on property, sexual demands, and social responsibilities prevail in the society.

5.2.4. Encourage different categories of men to have their local forums to discuss issues of GBV and not to keep silent on GBV and ensure reporting channels are well known and used.

▪ **Government of Rwanda and Development Partners**

5.2.5. Positive masculinity should be given due attention in both government and development partners' interventions to serve as a foundation to eradicate negative masculinity that fuels violence as subjected even to men themselves.

5.2.6. There is a need to increase sensitization about IOSC coupled with continued scaling up of its services so that people can be informed about its existence, the kind of services it is offering among other need elements of information and easily access them. Different channels including local structures and media can be used to increase awareness on IOSC among communities which would contribute in encouraging GBV victims especially men to seek its assistance. Also increasing the number of human resources among IOSC would facilitate available services to be provided 24 hours/day.

5.2.7. Conduct qualitative and quantitative research on violence against men and boys at large scale to serve as a baseline to effectively implement the Rwanda National Gender Policy 2010 commitment on "Involving men in addressing gender issues" as one of the highlighted approaches to promote gender equality in Rwanda.

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ANNEXES

ANNEX 1: GUIDING QUESTIONS FOR COLLECTION OF QUALITATIVE DATA

FOCUS GROUP DISCUSSIONS

- ✓ What do you understand by Gender and Gender-Based Violence (GBV)?
- ✓ What are the main forms of GBV?
- ✓ Have you ever heard or met a GBV victim in your communities? The victim was a man or a woman? Was it a male or a female?
- ✓ If it was a female do you think that a male (boy or a man) can be a GBV victim?
- ✓ Which of the following is GBV:
 - A woman was beaten by her husband because she has not given birth to a boy;
 - A woman was beaten because she had stolen a piece of bread from the market;
 - A man was insulted by his wife because he refused to provide food to his family;
 - A man slapped in the face of another man because he had refused to pay him back his money;
- ✓ Do you know any community based structures that work on the prevention and response to GBV of GBV in your area?
- ✓ Have you ever heard of Isange One Stop Center (in case respondents do not talk about it)?
- ✓ Are there any circumstances you can think of under which it might be acceptable for a man or a boy to use physical or sexual violence against a girl/woman?
- ✓ In your views, can woman commit a GBV on a man? If, yes, provide some examples, if not, why?
- ✓ Do you think that a man should tolerate violence subjected to him by his wife in order to keep his family together and maintain his dignity?
- ✓ If yes, what are the major forms of GBV that majority of boys and men are experiencing in your community?
- ✓ What are the factors contributing to GBV against men and boys in your community?

- ✓ Are men and boys victims of GBV in your community reporting their cases to relevant authorities?
- ✓ If yes, why and if no, what barriers preventing men and boys from reporting their GBV cases?
- ✓ Are the structures meant for addressing GBV in your community working properly?
- ✓ If yes, how and if no, what challenges are they faced with?
- ✓ Is it possible to prevent GBV against men and boys in your community?
- ✓ If yes, what do you think should be done to prevent GBV against men and boys in your area?
- ✓ What should be done to fight GBV against men and boys in your community?

***ANNEX 2: GUIDING QUESTIONS FOR INDIVIDUAL/KEY INFORMANTS
INTERVIEWS***

1. A lot has been achieved in addressing GBV in general. What are the major achievements?
2. What are the key challenges that should be addressed to ensure effective fight against GBV?
3. What should be done to overcome them?
4. Men and boys are also among the victims of GBV. What are the major GBV issues facing men and boys;
5. What are the causes or contributing factors to those issues?
6. Very few men are seeking assistance as GBV victims. Why is that and what should be done to help them report their cases?