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# Protecting Women from Intimate Partner Homicide in Post-Conflict Societies: Policy Options for Rwanda

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## RECOMMENDATIONS

- **The DA-25 should be used** in combination with routine screening for IPV in different Isange One Stop Centers (IOSCs) for assessing the risk of women victims of IPV being murdered by their husbands. The Ministry of Gender and Family Promotion in collaboration with the Ministry of Health should launch programs on preventing alcohol and drug abuse as a way of curbing domestic/intimate partner violence.
- **The Ministry of Gender and Family Promotion** in collaboration with the Rwanda Investigation Board, civil society organizations, community-based organizations, women's groups, youth groups, and universities should jointly commission and conduct research projects on the risk of victims of IPV (both men and women) being killed by their partners and produce additional knowledge and actionable policy recommendations for ending IPH.
- **The Rwandan government should reinforce training** on health and reproductive health rights, including gender rights. These should be integrated into school curriculums at all levels and media programming for the public.
- **Based on the experience of Rwanda, lawmakers in post-conflict countries should prioritize** the adoption of new legal and policy frameworks and allocate more resources toward public awareness programs for the prevention of GBV, IPV, and IPH.

This policy briefing note addresses the challenges and opportunities for identifying women victims of intimate partner violence (IPV) who are at an increased risk of being killed by their partners. It is based on the findings of an APN-supported research project and makes specific recommendations aimed at reducing the rate of intimate partner homicide (IPH) against women in Rwanda.

During the genocide against Tutsis, rape was used as a weapon against Tutsi women to humiliate and destroy the targeted group.<sup>1</sup> The 2003 Constitution of the Republic of Rwanda amended in 2015 marked the turning point for gender equality in the country by putting in place provisions, policies, and programs to increase women's role in socioeconomic reconstruction. Among other actions, it reserved 24 out of 80 seats in parliament exclusively for women representatives.<sup>2</sup>

Rwanda is one of the African countries that domestically implemented UN Resolution 1325 on Women, Peace, and Security (WPS). Regarding this agenda's call for the abolition of gender-based violence (GBV) in all its forms, the government of Rwanda ratified Law No. 59/2008 on Prevention and Punishment of Gender-Based Violence, which was reinforced by Law No. 68/2018 of 30/08/2018 on Determining Offences and Penalties in General, and the Organic Law No. 01/2012/OL of 02/05/2012, which instituted the

<sup>1</sup> Donatilla Mukamana, Petra Brysiewicz, Anthony Collins, and William Rosa, "Genocide Rape Trauma Management: An Integrated Framework for Supporting Survivors," *Advanced Nursing Science*, 2017; 0 (0):1–16.

<sup>2</sup> Claire Devlin, Robert Elgie "The Effect of Increased Women's Representation in Parliament: The Case of Rwanda," *Parliamentary Affairs* 61, no. 2 (2008): 237–54.

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penal code for marital rape, forced marriage, child defilement, and human trafficking. Subsequently, institutions and programs were established for preventing GBV and providing integrated medical, psychological, and legal services to victims of GBV.

Over the past years, Rwanda has made important progress toward gender equality and heightened awareness of GBV, which has resulted in an increase in the reporting of cases of GBV. However, given that IPV in some cases leads to homicide, it continues to pose a major challenge.

This brief is based on an adaptation of the Danger Assessment Instrument (DA-20), which measures the risk of IPH in Rwanda for women who have already experienced intimate partner violence. After adaptation, a version of DA-25 has been developed for the Rwandan context and its predictive validity has been tested on a sample of 424 women living in the northern region of Rwanda who responded to two scales: Woman Abuse Screening Tool (WAS-8 short scale), which assesses IPV, and DA-25.

## RESEARCH FINDINGS ON THE RISK OF IPH IN RWANDA

The research results showed that the adapted tool (DA-25 scale)<sup>3</sup> has a good internal reliability of 0.890, a very good sensitivity rate of 92.9 percent, and a strong specificity rate of 64.9 percent. The research also showed that the prevalence of women at a very low level of risk of being killed by their husband was 61.1 percent, low danger risk was 25.7 percent, severe danger risk was 9.7 percent, and extreme danger risk was 3.5 percent. The women victims of IPV were at a higher risk of being killed by their husbands compared to non-victims. Furthermore, the results suggest that for those living in Cyungo<sup>4</sup> sector, having a husband that uses drugs and alcohol increases the risk of being killed by the husband.

These findings are similar to results from previous studies. Some studies have shown that one of the best-known

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<sup>3</sup> DA-25 is an adapted danger assessment tool of DA-20 developed by Campbell Jaquelyne. The five added items illustrate the extreme situation of IPV in Rwanda. It measures the risk of women victims of IPV being killed by their husbands.

<sup>4</sup> Cyungo is a sector located in the northern region where marriage was mostly dominated by polygamy and most inhabitants hold traditional beliefs that may in certain circumstances lead to a high rate of IPH risk.

predictors of IPH is a prior history of intimate partner violence<sup>5</sup> and that a high risk of IPH is associated with drug and alcohol addiction.<sup>6</sup>

While Rwanda has made positive strides in reforming the policy and legislative frameworks for protecting women and girls, the danger of IPV leading to homicide persists, and further actions must be taken to protect vulnerable women.

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- Based on the experience of Rwanda, lawmakers in post-conflict countries should prioritize the adoption of new legal and policy frameworks and allocate more resources toward public awareness programs for the prevention of GBV, IPV, and IPH.

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<sup>5</sup> Jacquelyn C. Campbell, Nancy Glass, Phyllis W. Sharps, Kathryn Laughon, Tina Bloom "Intimate Partner Homicide: Review and Implications of Research and Policy," *Trauma, Violence, and Abuse* 8, no. 3 (2007): 246–69.

<sup>6</sup> Reda Ismail, Taghreed El Shafei, Shaimaa M Arafa, Fatema Aboalanwar "Psychosocial Background of Female and Male Convicted of Intimate Partner Homicide," *Egyptian Journal of Psychiatry* 41, no. 2 (2020): 71–81.