Effectiveness of Group Therapy Curative Factors in Restoring Psychological Wellbeing of Women Sexually Violated: Case Study of Ibuka Organization

[1]J.M. Ntete, [2]C.M. Wasanga, [2]M.A.M. Sirera
[1]University of Rwanda (UR), P.O. Box 4285, Rwanda, South Africa
[2]Kenyatta University (KU), P.O. Box 43844-00100, Kenya, South Africa

Abstract: Sexual violation of women has been found to leave permanent scars on the victims, affecting all spheres of life, therefore, compromising their psychological wellbeing. However, sexual violation is a vice shrouded with social instigated shame and guilt that leaves many victims stigmatized, thus making it, difficult for them to seek help. Group therapy has been found to be characterized with curative factors that could circumvent the shame and guilt associated with sexual violation thereby bringing about healing. Ibuka organization has employed group therapy in helping the sexually violated women of the 1994 genocide against Tutsi regain their psychological wellbeing in the year 2009. However, since, inception of group therapy in Ibuka there is limited empirical evidence on the effectiveness of the group therapy towards restoring the psychological wellbeing of the women who were sexually violated. Using a biopsychosociospritual theory and group therapy model this study evaluated the effectiveness of Ibuka group therapy in restoring the psychological well being of the sexually violated women during genocide. The main design used for the study was a descriptive survey. The targeted population were the sexually violated women who were members of Ibuka group therapy. A sample size of 60 participants in Musanze District drawn from Busogo, Kinigi and Muhoza sectors under Ibuka group therapy participated in this study. The questionnaire was used as method of data collection and data was analyzed using descriptive statistics. The findings show that Ibuka group therapy uses integrated group therapy model to address various needs of the sexually, violated women. Through these approaches, group therapy has been effective in helping women overcome their shame and work through trauma experienced during the genocide to foster personal growth with 87.5% saying they have experienced personal growth, 82.9% have improved relationship with others while 84.4% said they have purpose in life and make plans for their future. Of the sexually, violated women under Ibuka group therapy, 76.3% feel that they experience autonomy while 75.1% said they cope well with their environment. In general, 80.4% of the women sexually violated said that they have regained their freedom. The study concluded that group therapy model is effective in addressing the psychological conditions that are shrouded with shame and guilt that often prevent victims from seeking help. The study therefore recommends that group therapy model should be adopted by other organizations and groups that work with people who experience emotional pain but find it difficult to talk about it, due to societal stigma to help bring about their psychological wellbeing.

Key words: Genocide, effectiveness, Ibuka, group therapy, restoration, psychological wellbeing, sexual violation

INTRODUCTION

Ibuka as an organization was established to cater for all victims of 1994 genocide against Tutsi in Rwanda. To the horror of what happened to the women and young girls in as far as sexual violence is concerned became a case to consider very much. It was in this line that Ibuka thought of how helpful it had to be to these women suffering psychologically because of sexual violence that happened to them. Introducing group therapy, sexually violated victims of 1994 Tutsi genocide were helped. Prior to joining Ibuka group therapy, women sexually violated had faced other modes of therapy but had not got much of what was in need to restore their psychological wellbeing. Group therapy was found with curative factors which proved effective but how effective these curative factors were? This was the aim of the current study to assess whether the group therapy curative factors of Ibuka organization have been effective in restoring psychological wellbeing of sexually violated women. In what ways have the perceived curative factors in Ibuka group therapy been effective in restoring psychological wellbeing of women sexually violated?

Correponding Author: J.M. Ntete, University of Rwanda (UR), P.O. Box 4285, Rwanda, South Africa

MATERIALS AND METHODS

In this research, the questionnaire based on psychological wellbeing as proposed by Ryff and Keyes (1995) was administered to 60 sexually violated women to gather data on how Ibuka group therapy worked for them in achieving their psychological wellbeing. The use of a questionnaire was selected because of its power to elicit general information. This was deemed necessary in order to gather information about the general overview of the effectiveness of Ibuka group therapy. It was designed to provide information regarding the psychological wellbeing of women sexually violated during the 1994 genocide in Rwanda and elaborated based on the psychological well being indicators by Ryff (1989) and was adapted by the researcher. All 6 indicators of psychological wellbeing which are: Self Acceptance (SA), Environmental Mastery (EM), Positive Relations (PR), Purpose in Life (PL), Personal Growth (PG) and Autonomy (A) were evaluated. The questionnaire had 64 questions in which 4 expressed demographic data while 60 called for the psychological wellbeing basing on the aforementioned 6 indicators. In order to reduce response bias, the adapted scale had equal numbers of items per indicators of psychological wellbeing (10 items) and both positive and negative statements for each. The questionnaire was administered to 60 women from Busogo, Kinigi and Muhoza sectors of Musanze District to find out their perceptions of group therapy within Ibuka and its curative factors in as far as their psychological well being was concerned.

The response format was agree/disagree scale with 5 numbers of categories. Participants were asked to respond to each statement by putting a tick (v) after each statement, corresponding to the following codes: SD = Strongly Disagree with the statement; D = Disagree with the statement; N = Neutral; A = Agree with the statement; SA = Strongly Agree with the statement.

For scoring purposes, each point was assigned a value thus: SD = 1; D = 2; N = 3; A = 4 and SA = 5. For negatively worded statements, the above values were reversed.

The questionnaire was conducted in Kinyarwanda which is a language used by all Rwandese and thereafter, translated into English by someone who is accurate, accepted in scientific translation and who knows both Kinyarwanda and English.

The data gathered from questionnaire, statistical methods, mainly descriptive statistics such as mean and frequency distributions were used to condense the mass of the data into numerical measures helped by the Statistical Package for Social Scientists (SPSS) program. This helped to quantify the data in order to present the results in percentages.

RESULTS AND DISCUSSION

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

Distribution of women by age group: The participants from whom the researcher collected data were in the age bracket of between 31 years and 65 years. Aggregatively, the majority are in the age bracket of between 31-50 years. This is the age bracket in which many women are sexually active and in the lower ages, productive, hence, sexual relations are important for them. It is also the time they treasure sexual intimacy, hence, being sexually violated can be very painful emotionally and might affect their psychological well being. In addition, this study has been conducted 21 years after the genocide which means that some women were sexually violated when they were only children. From existing literature, women who were sexually violated when they were young have been found to suffer from PTSD even in their adulthood if it was not addressed. Some adult survivors of childhood sexual abuses are acutely distressed, anxious, depressed, suicidal and/or experiencing flashbacks. Many fulfill diagnostic criterion for Post Traumatic Stress Disorder (PTSD) syndrome (Mammen and Olsen, 1996). Trauma from sexual violence has been associated with difficulties in intimate relationships. Hall and Hall (2011) observed that childhood sexual abuse has been correlated with sexual problems and relationship problems in adulthood. It was therefore necessary to find out the relational status of women in the Ibuka group. The results are shown as follows:

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

Group therapy provides a forum where women who were sexually violated can share their psychological

tribulations and have relief from the support of each other. This is expected to bring about healing and restore their psychological wellbeing.

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

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

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

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

Concerning their socio-economic status, 8 respondents were employed as teachers, genocide memory site workers and others in microfinance institutions, 9 are house wives while 43 are self-employed in small scale income generating activities (these include small businesses like selling fruits and clothes in local markets and small restaurants). The majority of the participants are low income earners. Their involvement in income generating activities could be indicative that the women are regaining their psychological wellbeing.

According to Bradshaw (2011) wellbeing is the dynamic process that gives people a sense of how their lives are going, through the interaction between their circumstances, activities and psychological resources or 'mental capital'. Interpretively, therefore, the women in Ibuka group therapy are positively interacting with their circumstances and the psychological resources. This made it somehow easy to be able to get some of the necessities needed for their upkeep and their families. This could be the result of joining Ibuka group therapy which helped them to get the courage and the motivation for life.

Group therapy provides ideas that could change the negative thinking of its members to positive ones, hence, ameliorating the psychological situation. Regarding the way the group was organized and functioning, the group was a closed one in that it specified the maximum number of members to be 20. Once this number was reached, no one else could join the group and instead a new group could be formed. Before starting the group, regulations such as confidentiality, respect of each others opinions and cooperation, to mention but a few were stipulated to be adhered to by the group members. The duration of each group therapy session was 2 h but the group members said it could exceed depending on when the emotional issues would be addressed.

From the demographic factors, the study sought to answer the major research questions in line with objectives of the study. The third objective (the concern of this study) was on effectiveness of perceived curative factors in restoring psychological wellbeing of women sexually violated.

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

Effectiveness of perceived curative factors in restoring psychological wellbeing of sexually violated women in Ibuka group therapy: When participants joined Ibuka group therapy they looked forward to getting solutions to their psychological problems. Participants faced many challenges due to the 1994 Tutsi genocide. The participants were deserted by their families they were abused and some of them lost hope. It will be recalled that prior to joining Ibuka, the sexually violated women were stigmatized and had no hope for the future.

They bore shame and had developed a negative self concept that worked against their development. In general they had many psychological and social challenges that impacted negatively on their psychological well being. They joined the group with expectation of benefiting from the group therapy offered. Therefore, the effectiveness of the curative factors of group therapy in restoring the psychological wellbeing of the sexually violated women was the main concern of this study.

To find out how group therapy was perceived in relation to the restoration of their psychological wellbeing, the researcher operationalized psychological well being in six dimensions as proposed by Ryff (1989) (Appendix 1). That table that shows the six dimensions and how they were operationalized in line with psychological wellbeing of the sexually violated women. The six dimensions of psychological wellbeing were operationalized through various items in a questionnaire. The questionnaire had 60 items testing different dimensions (Appendix 2).

Although, participants answered all 60 items expressing how group therapy had worked for them in restoring their psychological wellbeing, few examples of their responses in each psychological dimension are presented to demonstrate the general overview of the effectiveness of group therapy. For detailed responses (Appendix 2). The responses are presented in the following order:

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

Personal growth dimension: The first dimension of psychological wellbeing that is presented is personal growth. According to Ryff (1989), personal growth is manifested through aspects such as high competency which involves a person that has a feeling of continued development, sees self as growing and expanding and is open to new experiences. Personal growth is also, demonstrated by individuals being open to new experiences has sense of realizing his or her potential and sees improvement in self and behavior over time. Further, a person who is changing in ways that reflect more self-knowledge and effectiveness can be said to be experiencing personal growth. These aspects were captured in the standardized tool to which the participants responded. The findings are shown below trough the statement related to personal grow.

For sexually violated women life has been a continuous process of learning, changing and growth through group therapy: The findings indicate that 64% of the respondents agreed that life has been a continuous process of learning, changing and growth in group therapy and 30% strongly agreed. Only 3% disagreed while 3% neither disagreed nor agreed. From this information it is clear that the members of Ibuka group therapy perceived the group therapy to have impact on their personal growth. The findings of this study are in line with American Counselor Association which argued that group counseling makes it possible for members to achieve personal growth in a rapidly changing global society. Research on group counseling suggests that this intervention is rather robust for a variety of social/emotional concerns (Gerrity and DeLucia-Waack, 2006). Therefore, it is not suppressing that most of the respondents viewed group therapy as helping them in personal growth.

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

In essence, personal growth is associated with the ability to learn from life's challenges or struggles. As highlighted earlier, the sexually violated women had a lot of psychological challenges. The growth of respondents is demonstrated through different aspects such as making improvements in their lives.

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

Personal goals represent individual's sometimes tentative and usually difficult attempts to achieve new levels of positive adaptation within their lives (Snyder and Cantor, 1998). The sexually violated women are in the process of adaptation in their lives. The trauma experienced may have negatively affected them but through group therapy they are

improving. According to Sheldon, personal goals can be important vehicles for self-discovery and psychological need satisfaction.

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

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

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

According to Demir and Ozdemir (2010), friendships may stimulate positive emotional experiences in one's lifetime and is correlated to reports of overall happiness due to the companionship and emotional security one may feel in this relationship.

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

Sexually violated women have improved relations with others through group therapy: To the above statement, there were 72% of respondents who strongly agreed that they have improved relations with others through group therapy and 28% agreed. Overall, a larger majority showed that group therapy has been useful in improving relations of sexually violated women. This is an indicator of restoring their psychological wellbeing. Respondents

showed that within the group they got trust from each other by sharing their experiences and learnt how to relate positively with others from without.

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

On the contrary, social superiority or acceptance leads to psychological wellbeing. The participants prior to joining the group felt inferior and shied away from others. They are now confident and can interact with others. In regard to relations with others, Baumeister and Leary (1995) noted that relationships with others are a central aspect of human existence and wellbeing.

Purpose in life: With purpose in life, an indicator of psychological wellbeing, a person has goals and the sense of direction in life and feels life in both present and past has a meaning. He/she believes that goals give life a purpose and objectives. In line with this there was need to verify whether group therapy had enhanced a zeal of purpose of life in the women that were sexually violated in the 1994 genocide. One of the indicators for purpose of life is if an individual makes plans for the future. Hence, the women were asked to state if they enjoy making plans for the future.

Sexually violated women enjoy making plans for the future and making them a reality: Statistical findings to from the above statement indicate that 96% of the respondents agreed that they enjoy making plans for the future and making them a reality, 2% strongly disagreed while 2% neither agreed nor disagreed. This shows that majority of respondents make plans for their future which is a clear demonstration of having purpose in life. Despite the fact that a small number disagreed and another small number of respondents were not sure as to whether they had plans, the majority do make plans for their lives. The

few who appeared not to make plans may be attributed to the different levels of healing due to individual differences (Andrews and Bonta, 2005). Different members adapt to learning at different levels but high scores show that sexually violated women are interested in life and they have hope for their future. Purpose in life was again testified by the participants when asked whether they hoped to live better lives ahead.

Sexually violated women hope to live better lives ahead: Regarding this statement, 62 of the respondents agreed that they hoped to live better lives ahead, 23 strongly agreed, 3 disagreed, 2 strongly disagreed and 10% neither agreed nor disagreed. The response indicates that the group therapy was working for the majority of women who were sexually violated in the genocide in as far as having purpose in life. These findings resonate with Yalom (1980) who stated that curative factors in group therapy have power of installing hope among the participants.

However, as can be seen, not all members are benefiting as indicated by 5% who disagreed and the 10% who seem unsure about their status. This could be attributed to individual difference in which people learn and respond differently to different programs. From rehabilitative theory, Andrews and Bonta (2006) have argued that people respond differently to programs depending on their own style of learning. In what they describe as responsiveness they argued for assessments to determine the responsiveness of individuals to programs. Elsewhere, from the analytic theories of counseling, Nelson-Jones (2011) citing Jung argues for flexibility in the practice of psychotherapy. Therefore, although, the percentage of those who are not benefiting is small, it is important that they are taken into account when planning and administering therapy.

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

Sexually violated women do not fit in very well with people and the community around them: Results indicate that 55% of the respondents disagreed with the statement that they do not fit in very well with people and the community

around them, 12 strongly disagreed, 13 agreed, 7 strongly agreed and 13% neither agreed nor disagreed. The information shows that women who had been sexually violated fit in with people and the community around them which is a clear sign that group therapy has been useful to them in as far as environmental mastery is concerned. The respondents portrayed how the knowledge received from group members was useful in relation to the management of the community around them. As it has been found that environmental mastery and positive relations correlate positively with life satisfaction, respondents showed that group therapy helped them gain life satisfaction in as far as fitting in the society is concerned. They declared that group therapy permitted members to enjoy healthy interaction with the new family (group members), unlike their previous biological families that neglected/rejected them. Accordingly, the new family showed them love and they now lived a better life.

For them to find where they could belong, group therapy played an important role of providing a sense of belonging and mastery of the environment. Humanistic psychologists have emphasized a sense of belonging as an important aspect of psychological well being. Maslow's theory of hierarchy of needs places a sense of belonging as the third most important need in human life. People who perceive not to have a sense of belonging experience isolation that may lead to poor health. Group therapy brings about acceptance, belonging and opportunity to release conscious and unconscious feelings of these sexually violated women for their betterment in day to day life (Forsyth, 1983; Yalom, 1989; Cooper, 2003).

Group therapy offered them the possibilities of interactions with group members who imparted corrective new behaviors that allowed respondents to relate positively with their previous parents, siblings and the community at large. Respondents agreed that through group therapy they learnt to be human beings as opposed to the time prior to group therapy where they viewed their life as meaningless and could spend many days without going out of their houses for fear of meeting other people. Respondents felt relieved because they found themselves integrated in the community and liked their ways of living.

Sexually violated women have been able to like their homes and life styles in which they live: The 65 of the respondents who agreed that they have been able to like their homes and life styles in which they live, 15 strongly agreed, 12 disagreed, 5 strongly disagreed and 3% neither agreed nor disagreed. High responses show that group therapy has had a useful impact to their psychological

wellbeing through environmental mastery. They accepted their ways of living and were reintegrated to the community around them.

Women that had been sexually violated seemed unaware of how to get solutions to their problems before joining Ibuka group therapy. They said that from their interaction with other group members they exchanged ideas and information which had useful results in as far as their psychological problems were related.

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

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

The absence of the ability to unconditionally accept oneself can lead to a variety of emotional difficulties, including uncontrolled anger and depression. The respondents showed that they are on their way to recovery and appear to accept their lives and live positively despite what they went through thus, have positive self acceptance which is an indicator of psychological wellbeing.

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

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

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

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

According to Ryff (1989), autonomy appears to be important for reducing negative psychological symptoms. As humans, we have a desire for personal autonomy, to be the person who chooses how we live our lives. If we are not able to move into a position where we are self determining, if we feel under the control of another then we find ourselves in a very difficult situation. The potentiality of self decision making by the respondents and not being influenced by the surroundings is shown statistically below In line with this study, respondents stated that they have developed their sense of autonomy in a way that they are confident about their opinions and give importance to what they think rather than what others think. It is realized through the statement.

Sexually violated women give importance to what they think rather than what others think: As it can be seen, the majority of the respondents, 75 agreed with the statement that they give importance to what they think rather than what others think, 15 strongly agreed, 5 disagreed and 5% neither agreed nor disagreed. It is understood therefore that group therapy has been

useful to sexually violated women in restoring their psychological wellbeing. According to Baltes and Silverberg (1994), autonomy appears to be central to people's wellbeing. When one is autonomous, actions are characterized by a feeling of freedom and ability to make choices. As Ryan *et al.* argued, autonomy is typically a combination of intrinsic motivation, creativity, self-motivation, confidence, interest and vitality which is associated with self-esteem and consistent motivation that indicates psychological wellbeing.

In line with this study, respondents had freedom and choice to determine what they thought was good for them instead of depending on what others decided for them. This shows that respondents got their independence and ability to make their own decisions thus, attributing to their psychological improvement.

The findings showed that group therapy model has been effective in helping women overcome their shame and work through trauma experienced during the 1994 genocide against Tutsi in Rwanda. The average in accordance with every dimension of psychological wellbeing (Appandix 2).

- Personal growth with 94%
- Improve relations with 97%
- Purpose in life with 85%
- Autonomy with 80%
- Environmental mastery with 67%
- Self acceptance with 80%

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

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

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

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

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

Effectiveness: In this study, effectiveness is understood as the positive outcomes of group therapy in handling holistic problems of sexually violated victims of the 1994 genocide in R wanda under Ibuka group therapy, to enable them regain psychological wellbeing.

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

CONCLUSION

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

This study, therefore, concludes that the group therapy model is appropriate in helping individuals such as those sexually violated during the Rwanda genocide who suffer psychological conditions that are associated with stigma. Based on the findings, the study argues alongside other scholars like Sophia and Yalom (1989) and others that the characteristics of group therapy have power to bring about healing and change of behavior for those going through negative emotional experiences shrouded by shame, guilt and more importantly overcome societal stigma.

ACKNOWLEDGEMENTS

Appendix 1: The six dimensions of psychological well being, high and low score indicators

Dimension	High scorer	Lower scorer
Personal growth	High competency which involves a person that:	Low competency:
	Has a feeling of continued development	Has a sense of personal stagnation
	Sees self as growing and expanding	Lacks sense of improvement or expansion over time
	Open to new experiences	Feels bored and uninterested with life
	Has a sense of realizing his or her potential	Feels unable to develop new attitudes or behaviors
	Sees improvement in self and behavior over time and	
	Is changing in ways that reflect more self-knowledge and effectiveness	
Positive relations with others	High competency in this dimension involves a person that:	Low competency:
	Has warm, satisfying, trusting relationships with others	Has few close trusting relationships with others
	Is concerned about the welfare of others, capable of strong empathy affection and intimacy	Finds it difficult to be warm, open and concerned about others
	Understands the give and take of human relationships	Is isolated and frustrated in interpersonal relationships
		Not willing to make compromises to sustain important ties with others
Purpose in life	High competency involves a person that:	Low competency:
	Has goals in life and a sense of directedness	Lack of sense of meaning in life
	Feels there is meaning to present and past life	Has few goals or aims
	Holds beliefs that give life purpose	Lacks sense of direction
	Has aims and objectives for living	Does not see purpose in past life
		Has no outlook or beliefs that give life meaning
Environmental mastery	High competency in this dimension involves a person that:	Low competency:
	Has a sense of mastery and competence in managing the environment	Has difficult managing everyday affairs
	Controls complex array of external activities	Feels unable to change or improve surrounding context
	Makes effective use of surrounding opportunities	Unaware of surrounding opportunities
	Is able to chose or create contexts suitable to personal needs and values	Lacks sense of control over external world
Self acceptance	High competency of self acceptance involves a person that:	Low competency:
	Possesses a positive attitude towards the self	Feels dissatisfied with self;
	Acknowledges and accepts multiple aspects of self including good and bad qualities	Is disappointed with what has occurred in the past life
	Feels positive about past life	Is troubled about certain
		Personal qualities
		Wishes to be different than he or she is.
Autonomy	High competency in autonomy involves a person that:	Low competency:
	Is self- determining and independent	Is concerned about the expectations and evaluations of others
	Is able to resist social pressures so as to think and act in certain ways	Relies on judgments of others to make important decisions
	Regulates behavior from within	Conforms to social pressures to think and act in certain ways
	Evaluates self by personal standards	

Ryff (1989)

Appendix 2: Detailed responses of respondents to each psychological wellbeing dimension indicator: respondent's responses to the statements about psychological wellbeing indicators

Indicators	Statements	SD (%)	D (%)	N (%)	A (%)	SA (%)
(B-5)/PG 1	The group has helped to improve my health	3			35	62
(B-6) 2	I don't fear to go to health centers for treatment	3	3		37	57
(B-7) 3	I am no longer fearful		8	3	45	44
(B-8) 4	I regained closer relationship with God		2		35	63
(B-9) 5	It is important to have new experience that challenge how you think about yourself and the world			2	61	37
(B-10) 6	I have the sense that I have developed a lot as person over time		2	7	58	33
(B-11) 7	I don't enjoy being in new situations that make me change my previous ways of doing things	27	37	8	13	15
(B-12) 8	For me life has been a continuous process of learning, changing and growth		3	3	64	30
(B-13) 9	I gave up making improvement in my life	32	38	12	5	13
(B-14) 10	When I think about what happened to me, I haven't really improved much over the years	12	58	10	5	15

Appendix 2: Continue

Indicators	Statements	SD (%)	D (%)	N (%)	A (%)	SA (%)
(B-15)/PR 11	I have been helpful to others		2	8	58	32
(B-16) 12	I have improved relations with others through group therapy				28	72
(B-17) 13	I participate in public meetings and other government activities		2	7	50	41
(B-18) 14	Most people see me as loving and affectionate	3	3	18	44	32
(B-19) 15	Maintaining close relationships has been difficult and frustrating for me	12	60	13	7	8
(B-20) 16	I often feel lonely because I have few close friends with whom I share my concerns	12	51	13	12	12
(B-21) 17	I enjoy personal and mutual conversations with family members or friends			3	55	42
(B-22) 18	People describe me as a giving person, willing to share my time with others		2	12	61	25
(B-23) 19	I have not experienced many warm and trusting relationships with others	20	57	8	8	7
(B-24) 20	I trust my friends and they trust me		1	2	65	32
(B-25)/PL 21	I have motivation to life	2		2	51	45
(B-26) 22	I am engaged in activities to improve my life	5	5		58	32
(B-27) 23	I hope to live for better times ahead	2	3	10	62	23
(B-28) 24	I have plan for my future life	2	5	5	65	23
(B-29) 25	I live life one day and don't think about the future	17	48	5	18	12
(B-30) 26	I have a sense of direction and purpose in life	4	3		65	28
(B-31) 27	My daily activities are not encouraging and seem not important to me	32	52	3	10	3
(B-32) 28	I don't have a good sense of what I try to accomplish in life	40	37	5	8	10
(B-33) 29	I enjoy making plans for the future and working to make them a reality	2		2	58	38
(B-34) 30	I don't wander aimlessly through life	8	22		32	38
(B-35)/ EM 31	I have coped to life of my surroundings	5	2	2	48	43
(B-36) 32	I feel I am responsible of the situation in which I live	2	5		38	55
(B-37) 33	The demands of everyday life often get me down	5	52	22	8	13
(B-38) 34	I do not fit very well with the people and the community around me	12	55	12	13	7
(B-39) 35	I am good at managing many responsibilities of my daily life	1	5	2	72	20
(B-40) 36	I have difficulty arranging my life in a way that is satisfying to me		50	12	20	18
(B-41) 37	I have been able to like my home and the lifestyle in which I live	5	12	3	65	15
(B-42) 38	I have managed to understand opinions of other people surrounding me		7	2	50	41
(B-43) 39	I often feel overwhelmed by my responsibilities		50	23	20	7
(B-44) 40	Sometimes, I feel challenged to meet the demands of the local authorities in area where I live	38	30	13	17	2
(B-45)/ SA 41	I feel good about myself	3	9	8	60	20
(B-46) 42	Through group therapy I have regained my freedom		3		57	40
(B-47) 43	I no longer care about what others think about me	2	15	7	58	18
(B-48) 44	I am no longer lonely	2	8	2	41	47
(B-49) 45	I accept the situation of my life	2	11	7	45	35
(B-50) 46	I feel like I am not given value by others	30	47	12	8	3
(B-51) 47	In many ways, I feel disappointed about my achievements in life	43	27	20	8	2
(B-52) 48	I doubt about myself and I think it is not the way others feel about themselves	10	57	10	15	8
(B-53) 49	When I compare myself with friends, it makes me feel bad about who I am	12	55	8	15	10
(B-54) 50	In general, I feel confident and positive about myself	2	3	3	64	28
(B-55)/A 51	I tend to be influenced by people with strong opinions.	10	64	3	13	10
(B-56) 52	I can't talk about what I experienced	27	35	22	10	6
(B-57) 53	I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people		2	7	53	38
(B-58) 54	My decision are not usually influenced by everyone else is doing		10	10	68	12
(B-59) 55	I tend to worry about what others think of me	20	43	12	22	3
(B-60) 56	I have confidence in my opinions, even if they are contrary to the general consensus		2	8	80	10
(B-61) 57	It is difficult for me to speak out my opinions on controversial matters	15	47	20	13	5
(B-62) 58	I give importance to what I think rather than what others think is important		5	5	75	15
(B-63) 59	I find it difficult to be influenced in opinion giving	2	15	7	38	38
(B-64) 60	I judge myself by what others think about me.	30	45	3	10	12

REFERENCES

Alexander, D.A., 1986. Psychodynamic Psychotherapy: An Outline of Psychotherapy. IOP Publishing, Bristol, England, UK.,.

Andrews, D.A. and J. Bonta, 2006. The Psychology of Criminal Conduct. 4th Edn., Anderson Pub & Grill, Cincinnati, Ohio, USA., ISBN:9781593453213, Pages: 584.

Baltes, M.M. and S.B. Silverberg, 1994. The Dynamics between Dependency and Autonomy: Illustrations Across the Life Span. In: Life-Span Development and Behavior, Featherman, D.L., R.M. Lerner and M. Perlmutter (Eds.). Lawrence Erlbaum Associates, Hillsdale, New Jersey, USA., pp: 41-90.

Baumeister, R.F. and M.R. Leary, 1995. The need to belong: Desire for interpersonal attachments as a fundamental human motivation. Psychol. Bull., 117: 497-529.

Bergen, R.K., 1996. Wife Rape: Understanding the Response of Survivors and Service Providers. SAGE Publications, Thousand Oaks, California, USA., Pages: 180.

Bradshaw, J., 2011. The Well-Being of Children in the UK. 3rd Edn., Policy Press, Bristol, England, UK., ISBN:978-1-84742-836-3, Pages: 315.

Chamberlain, J.M. and D.A. Haaga, 2001. Unconditional self-acceptance and psychological health. J. Ration. Emotive Cognit. Behav. Therapy, 19: 163-176.

Cooper, M., 2003. Existential Therapies. SAGE Publications, Thousand Oaks, California, USA., ISBN:9781446225097, Pages: 192.

Demir, M. and M. Ozdemir, 2010. Friendship, need satisfaction and happiness. J. Happiness Stud., 11: 243-259.

Forsyth, D.R., 1983. An Introduction to Group Dynamics. Brooks/Cole Publishing Company, Belmont, California, USA., ISBN:9780534012250, Pages: 560.

Gerrity, D.A. and J.L. DeLucia-Waack, 2006. Effectiveness of groups in the schools. J. Specialists Group Work, 32: 97-106.

Hall, M. and J. Hall, 2011. The long-term effects of childhood sexual abuse: Counseling implications. American Counseling Association, Alexandria, Virginia, USA. https://www.counseling.org/docs/ disaster-and-trauma_sexual-abuse/long-term-effects-of-childhood-sexual-abuse.pdf?sfvrsn=2

Harre, R., 1986. The Social Construction of Emotions. Basil Blackwell, Oxford, England, UK., ISBN:9780631165859, Pages: 316.

Mammen, G. and B. Olsen, 1996. Adult survivors of childhood sexual abuse: Do I have them in my practice?. Aust. Fam. Physician, 25: 518-524.

Nelson-Jones, R., 2011. Counselling and Therapy. SAGE Publications, Thousand Oaks, California, USA.,.

Peterson, J.S. and C. Deuschle, 2006. A model for supervising school counseling students without teaching experience. Counselor Educ. Supervision, 45: 267-281.

Ryff, C.D. and C.L. Keyes, 1995. The structure of psychological well-being revisited. J. Pers. Soc. Psychol., 69: 719-727.

Ryff, C.D., 1989. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. J. Personality Soc. Psychol., 57: 1069-1081.

Snyder, M. and N. Cantor, 1998. Understanding Personality and Social Behavior: A Functionalist Strategy. In: The Handbook of Social Psychology, Gilbert, D., S. Fiske and G. Lindzey (Eds.). McGraw-Hill Education, New York, USA., pp: 635-679.

Sophia, V. and I.D. Yalom, 1989. Concise Guide to Group Psychotherapy. American Psychiatric Association Publishing, Washington, USA., Pages: 173.

Yalom, I.D., 1980. Existential Psychotherapy. Basic Books, New York, USA., ISBN: 0-465-02147-6, Pages: 513.

Yalom, I.D., 1989. Love's Executioner and Other Tales of Psychotherapy. Harper Perennial, New York, USA., ISBN:9780060973346, Pages: 270.