



## DOMESTIC VIOLENCE AND PSYCHOLOGICAL DISORDERS, A CASE OF KIREHE DISTRICT HOSPITAL, RWANDA

Robert Bienvenu, Samson Njenga Gitahi, Camille Kayihura

*Author Details (optional)*

Robert Bienvenu is currently pursuing master's degree program in Counseling Psychology in Mount Kenya University, Rwanda, PH-+250-788-706-537. E-mail: [bienvenurobert44@gmail.com](mailto:bienvenurobert44@gmail.com)

*Co-Author name Author Details (optional)*

Dr. Samson Njenga Gitahi, PhD is currently a Lecturer at Mount Kenya University, Rwanda, PH- +250-786-167-212. E-mail: [sngitahi@mkurwanda.ac.rw](mailto:sngitahi@mkurwanda.ac.rw)

Mr. Camille Kayihura is currently an Assistant Lecturer at Mount Kenya University, Rwanda, PH- +250-788-450-540. E-mail: [ckayihura@mku.ac.ke](mailto:ckayihura@mku.ac.ke)

Key Words: Domestic violence, Economic violence, Emotional violence, Psychological disorders, Physical violence, Sexual violence, Victims

### ABSTRACT

Domestic violence is a public health concern that has considerable societal costs. As domestic violence incidence increases in the world, deaths and other consequences related to it, including psychological disorders have also increased worldwide. The objective of this study was to reconnoiter the connections between diverse forms of domestic violence and psychological disorders among victims received at Isange One Stop Center (IOSC) of Kirehe district hospital. The findings have clinical, preventive and educational contributions. Descriptive correlational design with a quantitative approach was used to explore the connections between domestic violence and psychological disorders among victims. A sample of 120 participants was taken from 2700 victims of domestic violence using Fisher et al., 1988 statistical formula. Respondents were selected using convenience sampling technique. The primary data was collected from victims of domestic violence attending Kirehe district hospital by using questionnaires. Questions were in respondents' native language. Data analysis was done by using SPSS version 21, and presented in form of frequencies, percentages and analyzed using descriptive and inferential statistics. Throughout the findings, it was revealed that majority of victims of domestic violence were female 84.1%, 44.2% were aged below 18 years old, 61.9% were still single, 70.8% had primary level of education and 55.8% are farmers by occupation. Physical and sexual violence are the most prevailing at 55.8% and 43.4% respectively while emotional 35.4% and economic violence 17% comes in as secondary to physical and or sexual violence. On the first objective, it was concluded that physical violence resulted in psychological disorders as indicated by 30.2% cases of phobias and 22.2% with anxio-depressive disorders. On the second objective, it was concluded that sexual violence resulted in psychological disorders as repercussion, this was indicated by 57.1% who reported phobias, 26.6% with PTSD and 14.3% with anxio-depressive disorders. On the third objective, It was indicated that emotional violence resulted in psychological disorders as indicated by 50% who reported anxiety and depressive disorders while 42.5% reported PTSD. On the fourth objective, 75% of victims of economic violence reported anxiety and depressive disorders while 25% reported other psychological problems. In addition to that, it was concluded that there is a positive degree of connection between diverse forms of domestic violence and psychological disorders. The researcher recommends the staff working at Isange One Stop Center (IOSC) of

Kirehe district hospital to ensure an enhanced holistic support to victims of domestic violence. The government of Rwanda was recommended to put more efforts in the promotion of community based interventions through awareness on how to prevent the risks and negative outcomes of domestic violence including psychological disorders. In addition, family members of the victims should be encouraged to take responsibilities in fighting against domestic violence and caring for victims.

## Introduction

Domestic violence is an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviors. It includes, but is not limited to control with the use or threat of physical, sexual, emotional and financial or economic abuse. From infants to the elderly, many people survive violence and suffer from medical, psychological, and or emotional health problems throughout the rest of their lives. Globally, the involvement of being hurt by physical violence by the partner extents to 30% of female all over the world and 38% home killings of female are perpetrated by their intimate partners. Through the analyzed findings by areas, it was revealed that high commonness of abuse towards females was in Africa particularly the Eastern-Mediterranean region, and South-east Asia with 37% of all combined female reported lifespan bosom partner violence, then, American regions with 30%. The pervasiveness was lesser in Europe and the West- pacific areas with 25% and 23% in developed regions. At European regions, it is remarkable to indicate the quoted European survey on violence against female, amongst the major studies conducted in the that area through face-to-face consultations where 42,000 female individuals aged between 18-74 years from 28 different nations of the European region, with a middling of 1500 participants per each country. The findings showed that of approximately all female participants who have had a bond, 22% amid these had grieved physical and or sex related abuse by a mate at more or less in their lifetime [1].

Some research on Gender Based Violence (GBV) have also drawn focus on the types of economic or financial violence and labelled its negative effects on psychological well-being. The assertiveness, views, and practices that prolong economic abuse are mostly deepened, rooted and meticulously linked to cultural, societal and spiritual norms of all societies. For instance, a review of demographic condition surveys in different areas of the world revealed that sub-Sahara African region, paralleled with the other parts of the world, had the elevated percentage of partners making conclusions alone on daily home spending. Malawi had the elevated part of such responses (against 64.5% of women in Nigeria), by about 66% of women who responded that decisions were concluded by their husbands alone. The rate was less in Madagascar (5.8%). Within the central east and polar African regions, and in Southern Asia, the prevalence varied between 24% and 34% respectively. Eastern Asia and the Pacific-ocean countries had the lowermost prevalence, which varied between 2% and 9% respectively. Women's salaries are about 20% lower than men's and they are concentrated in the informal segment and dwell in only 20% of management related and administrative positions [2].

On the other hand, emotional violence is infrequently studied in its particular correct form. Findings revealed that 60% of victims found in hospital ensured psychological health worries. Just 49% had PTSD and 16% had been identified as drugs or substances related overdose in the past six months. Emotional abuse also impacts pregnant women, and ageing victims in distinctive ways. Sufferers of emotional violence

are further probable than none-victims to face anxiety, depressive and eating syndromes, Somatoform conditions, sleep disturbances, and either suicide ideation or attempt [3].

In Rwanda, domestic violence is described as widespread. The 2020 Republic of Rwanda's Demographic and Health Survey which was conducted by the government Institute of Statistics of Rwanda in partnership with the Rwandan Ministry of Health, revealed that among women aged between 15-49, nearly 37% have faced physical abuse since age 15 while 23% have at least once suffered sexual abuse. The relevant magnitudes amid men are 30% and 6% respectively. Including 46% of once-married female and 18% of once-married males who have gone through either spousal physical, sexual or emotional violence. These data have persisted fairly constant since the last demographic health surveys dating of 2005 despite the presence of more rough GBV preventive policies and existing laws [4].

According to Engel (1977), the holistic model counts the interaction of biological, psychological and social dimensions in determining health outcomes and recommends to take into consideration all of the aspects of individual's life and other extents of life as interrelated [5]. In Africa where Rwanda is located, people face various forms of domestic violence and their entire health system and all dimensions of well-being are affected in one way or another. The negative effect and long-term psychological impacts of domestic violence, prognosis and mortality rate are not clearly recorded in Africa [6]. Yet again, in low-income countries including Rwanda, we are all affected as a result of domestic violence. It is because domestic violence impacts the individual victim as well their valuable ones. Schools, neighborhoods, cultural and spiritual communities will feel sadness, anxiety or despair once domestic violence is taking place in their living society. Moreover, there is involvement of economic and monetary costs to communities. These charges consist of remedial care, crisis health interventions fees as well the lost income generation of the victim affected by such abuse [7].

Physical, emotional, economic and sexual violence enlarged the likelihoods of victims to develop psychological symptoms. In line to the seriousness of the signs manifested, it is indispensable that clinicians and other health providers meet holistic approach for evaluation and management of the victims, thus helping the victims to overcome this problem should be through the individual-oriented empowerment. Counseling psychology literature is filled with scholars all over the world as well as Rwanda that have written a lot about the global and regional assessment on domestic violence, sexual violence against women, effects of intimate partner violence against women etc. however studies on the influence of diverse forms of domestic violence on psychological health are rare, difficult to find and this constitute a treatment gap in Rwanda. Therefore, this study will establish the understanding of connections between diverse forms of domestic violence and psychological disorders in Rwanda, using Kirehe district hospital as a case study and contribute to better management of victims.

### ***Research methodology***

The aim of the study was to examine the connections between various forms of domestic violence and psychological disorders among

victims received at Isange One Stop Center (IOSC) of Kirehe district hospital in Rwanda. The study was descriptive correlational using quantitative approach to reconnoiter the connections between domestic violence and psychological disorders. Convenience sampling technique was used to select the respondents. A Sample of 120 participants was taken from 2700 victims using Fisher et al., 1998 formula.

### **Study population and procedure of the study**

The study took place at Isange One Stop Center (IOSC) of Kirehe district hospital of Kirehe district in Rwanda. The target population was 2700 victims of Domestic violence ever enrolled since the opening of the Centre doors in 2009. Kirehe district hospital has been selected due to its increasing number of victims of Domestic violence as well the number of people with psychological problems with domestic violence antecedents where an average of 45 victims are received on monthly basis [8] .Information that was used in this study were gotten from primary source using approved structured questionnaires. The questionnaire was divided into Seven sections where part A focused on socio-demographic characteristics of respondents, part B focused on assessment of physical violence, part C on the assessment of sexual violence, Part D on the assessment of economic violence, Part E on the assessment of emotional violence, part F on the psychological disorders associated to domestic violence and part G, the influence of domestic violence on psychological disorders.

### **Data Analysis**

The mass of raw data collected from victims of domestic violence using convenience sampling method was systematically organized according to the major variables to answer the four research questions raised. Analysis was done at almost every stage of research process, from the day of data collection to presentation of results. After data was collected, it was coded and analyzed for interpretation and discussion. Analysis of data were done by using SPSS statistics software of computer program version 21.0. Findings were presented using tables with frequency and proportions. Descriptive analysis was done to tabulate and describe the data. Inferential statistics was used to establish the association between different forms of domestic violence and psychological disorders seen in victims of domestic violence by using Chi square tests and multivariable logistic regression models. Findings were presented at ratios of 95% confidence interval and the variable impact was set at  $P < 0.05$ .

### **Results**

The study involved 120 victims of domestic violence however the respondents rate turned to 94% meaning 113 respondents' data were used for analysis and interpretation of findings. Making sociodemographic data a case, reference was made on gender, age, marital status, level of education, socio-economic categories(Ubudehe) and occupation. On this point, majority of respondents were females as indicated by 95(84,1%) and 18(15.9%)males. Considering age and marital status, most of respondents 50(44.2%) were aged below 18 years old and 70(61.9%) were still single. Considering education, the findings revealed that majority of victims of domestic violence at Kirehe district

hospital had primary level of education as indicated by 80(70.8%) while 7(6.2%) did not go to school. As long as occupation was considered, findings revealed that majority 63(55.8%) are farmers by occupation while 40(35,3%) were students.

Last but not the least, when taking socio-economic levels of the respondents into considerations, from the results of this study, it was concluded that majority of victims of domestic violence at Kirehe district hospital was in category 2 as indicated by 70(62%),40(35.3) are in category 3 and 3(2.7%) are in category 1.

**Table 1. Socio-demographic Characteristics of Respondents**

| Variables                                       | Indicators           | Frequency (N:113) | Percentages (%) |
|---|----------------------|-------------------|-----------------|
| Gender  | Female               | 95                | 84.1            |
|   | Male                 | 18                | 15.9            |
| Age   | Below 18             | 50                | 44.2            |
|   | 19-40                | 39                | 34.5            |
|   | 41-60                | 20                | 17.7            |
|   | 61 and Above         | 4                 | 3.6             |
| Socio-economic categories<br>(Ubudehe Category) | Cat 1                | 3                 | 2.7             |
|   | Cat 2                | 70                | 62              |
|   | Cat 3                | 40                | 35.3            |
|   | Cat 4                | -                 | -               |
| Marital Status                                  | Single               | 70                | 61.9            |
|   | Married              | 20                | 17.7            |
|   | Separated/Divorced   | 9                 | 8               |
|   | Widow(er)            | 14                | 12.4            |
| Occupation                                      | Farmer               | 63                | 55.8            |
|   | Employed             | 6                 | 5.3             |
|   | Unemployed           | 1                 | 0.9             |
|   | Student              | 40                | 35.3            |
|   | Casual labor         | 3                 | 2.7             |
| Education Level                                 | None                 | 7                 | 6.2             |
|   | Primary              | 80                | 70.8            |
|   | Secondary            | 26                | 23              |
|   | University and Above | -                 | -               |

Source: Primary Data, 2022.

**Table 2. Prevalence of psychological disorders among victims of physical violence by gender(N=63)**

| Psychological disorders    | Male    | Female    |
|----------------------------|---------|-----------|
| Anxio-depressive disorders | 1(1.6%) | 14(22.2%) |
| Sleeping syndrome          | -       | 3(4.8%)   |

|   |                 |                  |
|---|-----------------|------------------|
| PTSD  | -               | 7(11.1%)         |
| Phobias   | -               | 19(30.2%)        |
| Somatoform disorders including chronic pain syndrom | -               | 11(17.5%)        |
| Alcohol, drugs and substance related disorders      | 6(9.5%)         | -                |
| Other psychological problems                        | 2(3.2%)         | -                |
| <b>Total</b>  | <b>9(14.3%)</b> | <b>54(85.7%)</b> |

**Source:** Primary data, 2022.

Table 2 shows the prevalence of psychological disorders among victims of physical violence received at Kirehe district hospital by gender. The findings revealed that majority 54(85.7 %) of victims of physical violence who experienced psychological problems are females. The common psychological disorders experienced are 19(30.2%)cases with phobias and 14(22.2%) cases with anxio-depressive disorders. The prevalence in male is lower at 9(14.3%) compared to female with alcohol, drugs and substance related disorders predominance which represents 9.5% of victims of physical violence.

**Table 3. Prevalence of psychological disorders among victims of physical violence by age (N=63)**

| Psychological disorders                             | Less than 18 years old | 19-40 years    | 41-60 years      | 61and above    | Total           |
|---|------------------------|----------------|------------------|----------------|-----------------|
| Anxio-depressive disorders                          | -                      | 10(15.9%)      | 3(4.8%)          | 2(3.8%)        | 15(23.8%)       |
| Sleeping syndrome                                   | -                      | 3(4.8%)        | -                | -              | 3(4.8%)         |
| PTSD  | -                      | 3(4.8%)        | 4(6.3%)          | -              | 7(11.1%)        |
| Phobias   | 13(20.6%)              | 1(1.6%)        | 5(8%)            | -              | 19(30.2%)       |
| Somatoform disorders including chronic pain syndrom | -                      | -              | 11(17.5%)        | -              | 11(17.5%)       |
| Alcohol,drugs and substance related disorders       | -                      | 5(8%)          | -                | 1(1.6%)        | 6(9.5%)         |
| Other psychological problems                        | 2(3.2%)                | -              | -                | -              | 2(3.2)          |
| <b>Total</b>  | <b>15(23.8%)</b>       | <b>22(35%)</b> | <b>23(36.5%)</b> | <b>3(4.7%)</b> | <b>63(100%)</b> |

**Source:** Primary data, 2022.

Table 3 illustrates the prevalence of psychological disorders among victims of physical violence by age. The findings revealed that majority (36.5%) of victims of physical violence who experienced psychological problems are aged 41-60 years old, followed by 35% aged of 19-40 years while 23% were below 18 years of age. Phobias, anxio-depressive disorders and somatoform disorders are respectively most prevalent among victims of physical violence at Kirehe district hospital.

**Table 4. Prevalence of psychological disorders among victims of physical violence by marital status (N=63)**

| Psychological disorders | Single | Married | Separated/ | Widow(er) | Total |
|-------------------------|--------|---------|------------|-----------|-------|
|-------------------------|--------|---------|------------|-----------|-------|

|   |                  |                  | Divorced       |                |                 |
|---|------------------|------------------|----------------|----------------|-----------------|
| Anxio-depressive disorders                          | -                | 13(20.6%)        | 1(1.6%)        | 1(1.6%)        | 15(23.8%)       |
| Sleeping syndrome                                   | -                | 3(4.8%)          | -              | -              | 3(4.8%)         |
| PTSD  | 3(4.8%)          | 4(6.3%)          | -              | -              | 7(11.1%)        |
| Phobias   | 10(15.9%)        | 9(14.3%)         | -              | -              | 19(30.2%)       |
| Somatoform disorders including chronic pain syndrom | 1(1.6%)          | 8(12.7%)         | 1(1.6%)        | 1(1.6%)        | 11(17.5%)       |
| Alcohol,drugs and substance related disorders       | -                | 6(9.5%)          | -              | -              | 6(9.5%)         |
| Other psychological problems                        | -                | 2(3.2%)          | -              | -              | 2(3.2)          |
| <b>Total</b>  | <b>14(22.2%)</b> | <b>45(71.4%)</b> | <b>2(3.2%)</b> | <b>2(3.2%)</b> | <b>63(100%)</b> |

**Source:** Primary data, 2022.

Table 4 shows the prevalence of psychological disorders among victims of physical violence by marital status. The findings revealed that majority (71.4%) are married with more anxio-depressive conditions prevalent at 20.6% among victims of physical violence, followed by 22.2% who are single with predominance of phobias associated to the trauma.

**Table 5. Prevalence of psychological disorders among victims of physical violence by level of education (N=63)**

| Psychological disorders                             | None         | Primary          | Secondary     | University and above | Total           |
|---|--------------|------------------|---------------|----------------------|-----------------|
| Anxio-depressive disorders                          | -            | 11(17.5%)        | 4(6.3%)       | -                    | 15(23%)         |
| Sleeping syndrome                                   | -            | 3(4.8%)          | -             | -                    | 3(4.8%)         |
| PTSD  | -            | 7(11.1%)         | -             | -                    | 7(11.1%)        |
| Phobias   | -            | 19(30.2%)        | -             | -                    | 19(30.2%)       |
| Somatoform disorders including chronic pain syndrom | 5(7.9%)      | 6(9.5%)          | -             | -                    | 11(17.5%)       |
| Alcohol,drugs and substance related disorders       | -            | 6(9.5%)          | -             | -                    | 6(9.5%)         |
| Other psychological problems                        | -            | 2(3.2%)          | -             | -                    | 2(3.2%)         |
| <b>Total</b>  | <b>5(8%)</b> | <b>54(85.7%)</b> | <b>4(6.3)</b> | <b>-</b>             | <b>63(100%)</b> |

**Source:** Primary data, 2022

Table 5 shows the commonness of psychological disorders among sufferers of physical violence by level of education. The findings revealed that majority (85.7%) have completed primary schools. Phobias, the most prevalent psychological condition represents 30.2%, followed by anxio-depressive disorders occupying 17.5% of victims of physical violence at Kirehe district hospital.

**Table 6. Prevalence of psychological disorders among victims of physical violence by occupation (N=63)**

| Psychological disorders | Farmer | Casual | Employed | Unemployed | Student | Total |
|-------------------------|--------|--------|----------|------------|---------|-------|
|-------------------------|--------|--------|----------|------------|---------|-------|

|   |                  |                |                |          |                |                 |
|---|------------------|----------------|----------------|----------|----------------|-----------------|
| Anxio-depressive disorders                          | 14(22.2%)        | -              | 1(1.6%)        | -        | -              | 15(23.8%)       |
| Sleeping syndrome                                   | 3(4.8%)          | -              | -              | -        | -              | 3(4.8%)         |
| PTSD  | 7(11.1%)         | -              | -              | -        | -              | 7(11.1%)        |
| Phobias   | 17(27%)          | -              | 1(1.6%)        | -        | 1(1.6%)        | 19(30.2%)       |
| Somatoform disorders including chronic pain syndrom | 10(15.9%)        | 1(1.6%)        | -              | -        | -              | 11(17.5%)       |
| Alcohol, drugs and substance related disorders      | 4(6.3%)          | -              | -              | -        | 2(3.2)         | 6(9.5%)         |
| Other psychological problems                        | 2(3.2%)          | -              | -              | -        | -              | 2(3.2)          |
| <b>Total</b>  | <b>57(50.4%)</b> | <b>1(1.6%)</b> | <b>2(3.2%)</b> | <b>-</b> | <b>3(4.8%)</b> | <b>63(100%)</b> |

Source: Primary data, 2022

Table 6 shows the prevalence of psychological disorders among victims of physical violence by occupation. The findings revealed that majority (50.4%) are farmers, followed by students who represents 4.8% among victims of physical violence at Isange One Stop Center of Kirehe district hospital.

**Table 7. Prevalence of psychological disorders among victims of Sexual violence by gender. (N=49)**

| Psychological disorders                               | Male         | Female         |
|---|--------------|----------------|
| Anxio-depressive disorders                            | -            | 7(14.3%)       |
| Sleeping syndrome                                     | -            | -              |
| PTSD  | -            | 13(26.6%)      |
| Phobias   | -            | 28(57.1%)      |
| Somatoform disorders including chronic pain syndromes | -            | -              |
| Alcohol, drugs and substance related disorders        | -            | -              |
| Other psychological problems                          | 1(2%)        | -              |
| <b>Total</b>  | <b>1(2%)</b> | <b>48(98%)</b> |

Source: Primary data, 2022

Table 7 illustrates the prevalence of psychological disorders among victims of sexual violence by gender. The findings revealed that majority (98%) are female while 2% of victims of sexual violence with psychological disorders are male. The most predominant psychological condition is phobias which represents 57.1%, followed by Post traumatic stress disorders covering 26,6% of victims of sexual violence at Kirehe district hospital.

**Table 8. Prevalence of psychological disorders among victims of Sexual violence by age (N=49)**

| Psychological disorders | Less than 18 years old | 19-40 years | 41-60 years | 61and above | Total |
|-------------------------|------------------------|-------------|-------------|-------------|-------|
|                         |                        |             |             |             |       |



|  |                  |                  |                 |          |                 |
|--|------------------|------------------|-----------------|----------|-----------------|
| Anxio-depressive disorders                           | 1(2%)            | 4(8.2)           | 2(4.1%)         | -        | 7(14.3%)        |
| Sleeping syndrome                                    | -                | -                | -               | -        | -               |
| PTSD   | -                | 11(22.4%)        | 2(4.1%)         | -        | 13(26.6%)       |
| Phobias  | 20(40.8%)        | 6(12.2%)         | 2(4.1%)         | -        | 28(57.1%)       |
| Somatoform disorders including chronic pain syndrome | -                | -                | -               | -        | -               |
| Alcohol,drugs and substance related disorders        | -                | -                | -               | -        | -               |
| Other psychological problems                         | -                | 1(2%)            | -               | -        | 1(2%)           |
| <b>Total</b>   | <b>21(42.9%)</b> | <b>22(44.9%)</b> | <b>6(12.2%)</b> | <b>-</b> | <b>49(100%)</b> |

**Source:** Primary data, 2022

Table 8 shows the prevalence of psychological disorders among victims of sexual violence by age. The findings revealed that majority (44.9%) are aged 19-40 years old, followed by 42.9% representing less than 18 years old victims of sexual violence. Phobias are most prevalent amongst less than 18 years old with 40.8% coverage and PTSD with 22.4% coverage among victims aged 19-40 years old respectively.



**Table 9. Prevalence of psychological disorders among victims of Sexual violence by marital status (N=49)**

| Psychological disorders                             | Single           | Married          | Separated/<br>Divorced | Widow(er) | Total           |
|---|------------------|------------------|------------------------|-----------|-----------------|
| Anxio-depressive disorders                          | 3(6.1%)          | 4(8.2%)          | -                      | -         | 7(14.3%)        |
| Sleeping syndrome                                   | -                | -                | -                      | -         | -               |
| PTSD  | 3(6.1%)          | 10(20.4%)        | -                      | -         | 13(26.6%)       |
| Phobias   | 21(42.9)         | 7(14.3)          | -                      | -         | 28(57.1%)       |
| Somatoform disorders including chronic pain syndrom | -                | -                | -                      | -         | -               |
| Alcohol,drugs and substance related disorders       | -                | -                | -                      | -         | -               |
| Other psychological problems                        | -                | 1(2%)            | -                      | -         | 1(2%)           |
| <b>Total</b>  | <b>27(55.1%)</b> | <b>22(44.9%)</b> | <b>-</b>               | <b>-</b>  | <b>49(100%)</b> |

**Source:** Primary data, 2022

Table 9 shows the prevalence of psychological disorders among victims of sexual violence by marital status. The findings revealed that majority (55.1%) of victims of sexual violence with psychological disorders are single and the rest (44.9%) fall into the category of those who are married. Phobias and PTSD are most prevalent psychological conditions at the respective equivalence of 42.9% amongst single

participants and 20.4% among married victims.

**Table 10. prevalence of psychological disorders among victims of sexual violence by level of education(N=49)**

| Psychological disorders                              | None | Primary   | Secondary | University and above | Mean Total |
|--|------|-----------|-----------|----------------------|------------|
| Anxio-depressive disorders                           | -    | 4(8.2%)   | 3(6.1%)   | -                    | 7(14.3%)   |
| Sleeping syndrome                                    | -    | -         | -         | -                    | -          |
| PTSD   | -    | 11(22.5%) | 2(4.1%)   | -                    | 13(26.6%)  |
| Phobias  | -    | 23(46.9%) | 5(10.2%)  | -                    | 28(57.1%)  |
| Somatoform disorders including chronic pain syndrome | -    | -         | -         | -                    | -          |
| Alcohol,drugs and substance related disorders        | -    | -         | -         | -                    | -          |
| Other psychological problems                         | -    | 1(2%)     | -         | -                    | 1(2%)      |
| Mean Total   | -    | 39(79.6%) | 10(20.4%) | -                    | 49(100%)   |

**Source:** Primary data, 2022

Table 10 shows the prevalence of psychological disorders among victims of sexual violence by level of education. The findings revealed that majority (79.6%) among victims of sexual violence have completed primary schools. The rest (20.4%) completed secondary schools. Phobias and PTSD are most prevalent in those who completed primary schools.

**Table 11. Prevalence of psychological disorders among victims of Sexual violence by occupation (N=49)**

| Psychological disorders                             | Farmer    | Casual | Employed | Unemployed | Student  | Total     |
|---|-----------|--------|----------|------------|----------|-----------|
| Anxio-depressive disorders                          | 7(14.3%)  | -      | -        | -          | -        | 7(14.3%)  |
| Sleeping syndrome                                   | -         | -      | -        | -          | -        | -         |
| PTSD  | 12(24.5%) | -      | -        | -          | 1(2%)    | 13(26.6%) |
| Phobias   | 23(46.9%) | -      | -        | -          | 5(10.2%) | 28(57.1%) |
| Somatoform disorders including chronic pain syndrom | -         | -      | -        | -          | -        | -         |
| Alcohol,drugs and substance related disorders       | -         | -      | -        | -          | -        | -         |
| Other psychological problems                        | 1(2%)     | -      | -        | -          | -        | 1(2%)     |
| Total   | 43(87.8%) | -      | -        | -          | 6(12.2%) | 49(100%)  |

**Source:** Primary data, 2022

Table 11 shows the prevalence of psychological disorders among victims of sexual violence by occupation. The findings revealed that majority (87.8%) among victims of sexual violence with psychological disorders are farmers by occupation. The rest (12.2%) are students.

**Table 12. Prevalence of psychological disorders among victims of emotional violence by gender (N=40)**

| Psychological disorders    | Male     | Female  |
|----------------------------|----------|---------|
| Anxio-depressive disorders | 1( 2.5%) | 20(50%) |

|   |                |                  |
|---|----------------|------------------|
| Sleeping syndrome                                   | -              | -                |
| PTSD  | -              | 17(42.5%)        |
| Phobias   | -              | -                |
| Somatoform disorders including chronic pain syndrom | -              | -                |
| Alcohol, drugs and substance related disorders      | -              | -                |
| Other psychological problems                        | -              | 2(25%)           |
| <b>Total</b>  | <b>1(2.5%)</b> | <b>39(97.5%)</b> |

**Source:** Primary data, 2022

Table 12 illustrates the prevalence of psychological disorders among victims of emotional violence by gender. The findings revealed that majority (97.5%) victims of emotional violence with psychological disorders are female and male represented just 2.5% of psychological conditions among victims. Anxio-depressive symptoms (50%) and phobias (42.5%) are the most prevalent psychological problems among female victims of emotional violence.

**Table 13. Prevalence of psychological disorders among victims of emotional violence by age (N=40)**

| Psychological disorders                             | Less than 18 years old | 19-40 years    | 41-60 years      | 61and above | Mean Total      |
|---|------------------------|----------------|------------------|-------------|-----------------|
| Anxio-depressive disorders                          | 1(2.5)                 | 7(17.5%)       | 13(32.5%)        | -           | 21(52.5%)       |
| Sleeping syndrome                                   | -                      | -              | -                | -           | -               |
| PTSD  | -                      | 11(27.5%)      | 6(15%)           | -           | 17(42.5%)       |
| Phobias   | -                      | -              | -                | -           | -               |
| Somatoform disorders including chronic pain syndrom | -                      | -              | -                | -           | -               |
| Alcohol,drugs and substance related disorders       | -                      | -              | -                | -           | -               |
| Other psychological problems                        | -                      | -              | 2(5%)            | -           | 2(5%)           |
| <b>Total</b>  | <b>1(2.5)</b>          | <b>18(45%)</b> | <b>21(52.5%)</b> |             | <b>40(100%)</b> |

**Source:** Primary data, 2022

Table 13 shows the prevalence of psychological disorders among victims of emotional violence by age.

The findings revealed that majority (52.5%) victims of emotional violence with psychological problems are aged 41-60 years, followed by 45% aged 19-40 years old. the most prevalent conditions are anxio-depressive disorders covering 32.5% amongst aged 41-60 years and PTSD (27.5%) among 19-40 years old.

**Table 14. Prevalence of psychological disorders among victims of emotional violence by marital status (N=40)**

| Psychological disorders                             | Single | Married   | Separated/<br>Divorced | Widow(er) | Total     |
|---|--------|-----------|------------------------|-----------|-----------|
| Anxio-depressive disorders                          | -      | 11(27.5%) | 7(17.5%)               | 3(7.5%)   | 21(52.5%) |
| Sleeping syndrome                                   | -      | -         | -                      | -         | -         |
| PTSD  | 2(5%)  | 9(22.5%)  | 4(10%)                 | 2(5%)     | 17(42.5%) |
| Phobias   | -      | -         | -                      | -         | -         |
| Somatoform disorders including chronic pain syndrom | -      | -         | -                      | -         | -         |

|   |              |                |                  |                 |                 |
|---|--------------|----------------|------------------|-----------------|-----------------|
| Alcohol,drugs and substance related disorders | -            | -              | -                | -               | -               |
| Other psychological disorders                 | -            | 2(5%)          | -                | -               | 2(5%)           |
| <b>Total</b>                                  | <b>2(5%)</b> | <b>22(55%)</b> | <b>11(27.5%)</b> | <b>5(12.5%)</b> | <b>40(100%)</b> |

**Source:** Primary data, 2022

Table 14 illustrates the prevalence of psychological disorders among victims of emotional violence by marital status. The findings revealed that majority (55%) of victims of emotional violence with psychological disorders are those who are married, followed by 27.5% who are separated or divorced. The highest prevalent psychological conditions are anxio-depressive disorders representing 27.5% and PTSD representing 22.5% all among married victims.

**Table 15. Prevalence of psychological disorders among victims of emotional violence by level of education (N=40)**

| Psychological disorders                             | None           | Primary        | Secondary      | University and above | Total           |
|---|----------------|----------------|----------------|----------------------|-----------------|
| Anxio-depressive disorders                          | 1(2.5%)        | 20(50%)        | -              | -                    | 21(52.5%)       |
| Sleeping syndrome                                   | -              | -              | -              | -                    | -               |
| Phobias   | -              | -              | -              | -                    | -               |
| PTSD  | -              | 16(40%)        | 1(2.5%)        | -                    | 17(42.5%)       |
| Phobias   | -              | -              | -              | -                    | -               |
| Somatoform disorders including chronic pain syndrom | -              | -              | -              | -                    | -               |
| Alcohol,drugs and substance related disorders       | -              | -              | -              | -                    | -               |
| Other psychological disorders                       | -              | 2(5%)          | -              | -                    | 2(5%)           |
| <b>Total</b>  | <b>1(2.5%)</b> | <b>38(95%)</b> | <b>1(2.5%)</b> | <b>-</b>             | <b>40(100%)</b> |

**Source:** Primary data, 2022

Table 15 displays the prevalence of psychological disorders among victims of emotional disorders by level of education. The findings revealed that majority (95%) of victims of emotional violence with psychological disorders have completed primary schools and only 2.5% of victims did not go to school. The most prevalent conditions are anxio-depressive disorders observed in 50% of victims who completed primary school and PTSD observed in 40% of victims who also completed primary schools.

**Table 16. Prevalence of psychological disorders among victims of emotional violence by occupation (N=40)**

| Psychological disorders                             | Farmer    | Casual | Employed | Unemployed | Student | Total     |
|---|-----------|--------|----------|------------|---------|-----------|
| Anxio-depressive disorders                          | 19(47.5%) | -      | 1(2.5%)  | -          | 1(2.5%) | 21(52.5%) |
| Sleeping syndrome                                   | -         | -      | -        | -          | -       | -         |
| PTSD  | 13(32.5%) | -      | 4(10%)   | -          | -       | 17(32.5%) |
| Phobias   | -         | -      | -        | -          | -       | -         |
| Somatoform disorders including chronic pain syndrom | -         | -      | -        | -          | -       | -         |
| Alcohol,drugs and substance related disorders       | -         | -      | -        | -          | -       | -         |
| Other psychological problems                        | 1(2.5%)   | -      | 1(2.5%)  | -          | -       | 2(5%)     |
| Mean Total  | 33(82.5%) | -      | 6(15%)   | -          | 1(2.5%) | 40(100%)  |

**Source:** Primary data, 2022

Table 16 shows the prevalence of psychological disorders among victims of emotional violence by occupation. The findings revealed that majority (82.5%)of victims of emotional violence with psychological disorders are farmers by profession,15% are employed and 2.5% are students. The highest prevalent conditions are PTSD (32.5%) amongst farmers and anxio-depressive disorders (47.5%) also within farmers.

**Table 17. Prevalence of psychological disorders among victims of economic violence by gender (N=20)**

| Psychological disorders                             | Male   | Female  |
|---|--------|---------|
| Anxio-depressive disorders                          | 1( 5%) | 14(70%) |
| Sleeping syndrome                                   | -      | -       |
| PTSD  | -      | -       |
| Phobias   | -      | -       |
| Somatoform disorders including chronic pain syndrom | -      | -       |
| Alcohol,drugs and substance related disorders       | -      | -       |
| Other psychological problems                        | -      | 5(25%)  |
| Mean Total  | 1(5%)  | 19(95%) |

**Source:** Primary data, 2022

Table 17 shows the prevalence of psychological disorders among victims of economic violence by gender. The findings revealed that majority (95 %) are female whom the most prevalent psychological disorders are anxio-depressive conditions occupying 70% amid all victims of economic violence. Other psychological disorders represent 25% among all victims of economic violence with psychological disorders.

**Table 18. Prevalence of psychological disorders among victims of economic violence by age (N=20)**

| Psychological disorders                             | Less than 18 years old | 19-40 years   | 41-60 years    | 61and above | Total           |
|---|------------------------|---------------|----------------|-------------|-----------------|
| Anxio-depressive disorders                          | -                      | 5(25%)        | 10(50%)        | -           | 15(75%)         |
| Sleeping syndrome                                   | -                      | -             | -              | -           | -               |
| PTSD  | -                      | -             | -              | -           | -               |
| Phobias   | -                      | -             | -              | -           | -               |
| Somatoform disorders including chronic pain syndrom | -                      | -             | -              | -           | -               |
| Alcohol,drugs and substance related disorders       | -                      | -             | -              | -           | -               |
| Other psychological problems                        | -                      | 1(5%)         | 4(20%)         | -           | 5(25%)          |
| <b>Total</b>  | -                      | <b>6(30%)</b> | <b>14(70%)</b> | -           | <b>20(100%)</b> |

**Source:** Primary data, 2022

Table 18 shows the prevalence of psychological disorders among victims of economic violence by age. The findings revealed that majority (70%) are aged 41-60 years old and that anxio-depressive conditions (50%) are most prevalent psychological disorders among victims of economic violence.

**Table 19. Prevalence of psychological disorders among victims of economic violence by marital status (N=20).**

| Psychological disorders                             | Single | Married        | Separated/<br>Divorced | Widow(er)     | Total           |
|---|--------|----------------|------------------------|---------------|-----------------|
| Anxio-depressive disorders                          | -      | 12(60%)        | 1(5%)                  | 2(10%)        | 15(75%)         |
| Sleeping syndrome                                   | -      | -              | -                      | -             | -               |
| PTSD  | -      | -              | -                      | -             | -               |
| Phobias   | -      | -              | -                      | -             | -               |
| Somatoform disorders including chronic pain syndrom | -      | -              | -                      | -             | -               |
| Alcohol,drugs and substance related disorders       | -      | -              | -                      | -             | -               |
| Other psychological problems                        | -      | 4(20%)         | -                      | 1(5%)         | 5(25%)          |
| <b>Total</b>  | -      | <b>16(80%)</b> | <b>1(5%)</b>           | <b>3(15%)</b> | <b>20(100%)</b> |

**Source:** Primary data, 2022

Table 19 shows the prevalence of psychological disorders among victims of economic violence by marital status. The findings revealed that majority (80 %) are victims who are married whom 60% manifested anxiety and depressive concerns, followed by widow(ers) representing 15% of victims of economic violence with psychological conditions.

**Table 20. Prevalence of psychological disorders among victims of economic violence by level of education (N=20)**

| Psychological disorders                             | None | Primary | Secondary | University and above | Total    |
|---|------|---------|-----------|----------------------|----------|
| Anxio-depressive disorders                          | -    | 13(65%) | 2(10%)    | -                    | 15(75%)  |
| Sleeping syndrome                                   | -    | -       | -         | -                    | -        |
| Phobias   | -    | -       | -         | -                    | -        |
| PTSD  | -    | -       | -         | -                    | -        |
| Phobias   | -    | -       | -         | -                    | -        |
| Somatoform disorders including chronic pain syndrom | -    | -       | -         | -                    | -        |
| Alcohol,drugs and substance related disorders       | -    | -       | -         | -                    | -        |
| Other psychological problems                        | -    | 5(25%)  | -         | -                    | 5(25%)   |
| Total   | -    | 18(90%) | 2(10%)    | -                    | 20(100%) |

**Source:** Primary data, 2022

Table 20 displays the prevalence of psychological disorders among victims of economic violence by level of education. The findings revealed that majority (90%) have completed primary schools while the rest (10%) have completed secondary schools. Anxiety and depressive conditions represents 65% and are the most prevalent while other psychological problems represent 25% in those who completed primary schools among victims of economic violence with psychological disorders as health consequence.

**Table 21. Prevalence of psychological disorders among victims of economic violence by occupation (N=20)**

| Psychological disorders                             | Farmer  | Casual | Employed | Unemployed | Student | Total   |
|---|---------|--------|----------|------------|---------|---------|
| Anxio-depressive disorders                          | 13(65%) | -      | -        | -          | 2(10%)  | 15(75%) |
| Sleeping syndrome                                   | -       | -      | -        | -          | -       | -       |
| PTSD  | -       | -      | -        | -          | -       | -       |
| Phobias   | -       | -      | -        | -          | -       | -       |
| Somatoform disorders including chronic pain syndrom | -       | -      | -        | -          | -       | -       |
| Alcohol,drugs and substance related disorders       | -       | -      | -        | -          | -       | -       |
| Other psychological problems                        | 4(20%)  | -      | 1(5%)    | -          | -       | 5(25%)  |

|       |         |   |       |   |        |          |
|-------|---------|---|-------|---|--------|----------|
| Total | 17(85%) | - | 1(5%) | - | 2(10%) | 20(100%) |
|-------|---------|---|-------|---|--------|----------|

Source: Primary data, 2022

Table 21 shows the prevalence of psychological disorders among victims of economic violence by occupation. The findings revealed that majority (85%) are farmers by occupation with 65% of anxiety and depressive conditions as the most prevalent psychological disorders.

There was also a need to examine the extent to which various forms of domestic violence correlated with psychological disorders. To achieve this Karl Pearson correlational coefficients of determination was computed. After computation analyzed data presented in the table 22.

**Table 3. Correlation between Independent and dependent variables**

| <b>*Correlations*</b> |                              |                                       |                                |
|-----------------------|------------------------------|---------------------------------------|--------------------------------|
| <b>n°</b>             | <b>Independent Variables</b> | <b>Statistical test</b>               | <b>Psychological disorders</b> |
| 1                     | Physical violence            | Pearson Correlation<br>Sig.(2-tailed) | .194<br>.000                   |
| 2                     | Sexual violence              | Pearson Correlation<br>Sig.(2-tailed) | .251<br>.035                   |
| 3                     | Emotional violence           | Pearson Correlation<br>Sig.(2-tailed) | .153<br>.004                   |
| 4                     | Economic violence            | Pearson Correlation<br>Sig.(2-tailed) | .336<br>.001                   |

\*\* . Correlation is significant at the  $p \leq .05$  level (two-tailed).

Listwise N=113

Computation was based on the confidence level of 95%

Source: Primary data (2022)



Table 22 shows connections between domestic violence and psychological disorders. Based on the sample variables tested, it was revealed that there is a low positive degree of connections between physical violence and psychological disorders. This was indicated by ( $r = .194$ ;  $P = .000$ ;  $N = 113$ ). This tells us that exposure to physical violence will also lead to the worsening of psychological wellbeing. On the point of sexual violence, it was also revealed that there is a positive degree between the two variables. This was indicated by ( $r = .251$ ;  $P = .035$ ;  $N = 113$ ). This tells us that increased exposure to sexual violence of victims will also lead to the worsening of the psychological health. Taking emotional violence into consideration. The findings have revealed lower positive degree of relationship. This was indicated by ( $r = .153$ ,  $p = .004$ ;  $N = 113$ ). Last but not the least, it was also revealed that there is low positive degree of relationship between economic violence and psychological health. This was indicated ( $r = .336$ ,  $P = .001$ ;  $N = 113$ ).

A regression analysis was performed to produce a model summary, analysis of variance and coefficient model for all dependent variables.

**Table 4. Model Summary**

| Model | R                 | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1     | .399 <sup>a</sup> | .159     | .155              | .45216                     |

a. Predictors: (Constant), Psychological disorders.

Source: Primary data (2022)

Table 23 shows model summary indicates that  $R = 0.399$ ,  $R\text{-square} = 0.159$ ,  $\text{adjusted } R\text{-square} = 0.155$ , and the  $SE = 0.45216$ . The coefficient of determination also called the  $R\text{ square}$  is  $0.159$ . This shows that there are evident effects of domestic violence to victims, explains 15.9% of the variations on the occurrence of psychological problems at Kirehe district hospital. This implies that a change in independent variables has a strong effect on psychological health.

**Table 5. Analysis of Variance**

| Model |            | Sum of Squares | Df  | Mean Square | F      | Sig.              |
|-------|------------|----------------|-----|-------------|--------|-------------------|
| 1     | Regression | 14.662         | 2   | 7.331       | 35.857 | .000 <sup>b</sup> |
|       | Residual   | 77.281         | 372 | .204        |        |                   |
|       | Total      | 91.94          | 380 |             |        |                   |

a. Predictors: (Constant), Domestic violence

b. Dependent Variable: Psychological disorders

Source: Primary data, 2022.

The significance of the regression model was tested using Analysis of Variance (ANOVA). Table 24 indicated that regression was significant at ( $p = .000$ ), this explains that correlation and significant was not happened by chance, this was because the significance value is  $0.000$  which is less than  $0.05$ . This made the results of the regression model credible and reliable.

**Table 6. Regression summary coefficient Analysis**

| Model |                                 | Unstandardized Coefficients |            | Standardized | T      | Sig. |
|-------|---------------------------------|-----------------------------|------------|--------------|--------|------|
|       |                                 | B                           | Std. Error | Coefficients |        |      |
| 1     | (Constant)                      | .569                        | .165       |              | 3.443  | .001 |
|       | Physical violence               | .521                        | .042       | .557         | 12.458 | .000 |
|       | Sexual violence                 | .063                        | .040       | .083         | 1.585  | .011 |
|       | Emotional and Economic violence | .018                        | .032       | .029         | .553   | .005 |

a. Dependent Variable: Psychological disorders

Source: Primary data, 2022.

Table 25 shows regression coefficient findings of key variables under investigation (physical violence, Sexual violence, Emotional and economic violence). It was indicated that different forms of domestic violence are statistically significant in explaining the poor psychological health among victims attending Kirehe district hospital. This was shown by physical violence which is statistically significant to influence psychological health of victims at Kirehe District hospital (B= 0.557, p value = 0.000). This tells us that exposure to physical violence by one unit can lead to the increase of 0.557 of psychological problems among victims received at Kirehe district hospital. On the case of sexual violence, it was indicated that facing it has statistical significance in explaining the poor psychological health of victims. This was indicated by (B = 0.063, P = 0.011). This means that facing sexual violence by one unit will let to the increase of 0.036 on the psychological disorders of the victims received at Kirehe district hospital.

### Discussions

Physical and sexual violence are the most prevailing at 55.8%(63) and 43.4%(49) respectively while emotional 35.4%(40) and economic violence 17%(20) comes in as resulting from primary physical and or sexual violence. This study concluded that there is strong influence of various forms of domestic violence on the occurrence of psychological disorders, this was explained by the following results from this study. On the point gender, majority of the respondents were females as indicated by 84.1%, these findings were in line with findings published by NISR [9] that females account 51.1% of the total population of Rwanda. When taking age into consideration, majority 44,2% of respondents were under 18 years old. About marital status, the findings showed that ones with Single status occupied the highest proportion 61,9%. About participants' level of education, the majority 70.8% had only primary schools level while 55.8% were farmers by occupation. These findings were not far from findings from a review of demographic condition in different areas of the world [2] which showed that in sub-Saharan African regions women (24%) were the ones who did not go to school, who could not make any decision and most victims of different forms of domestic violence. In addition, the Rwanda Demographic Health survey findings (2021) showed that among women aged 15-49, nearly 37% had faced physical violence since age 15 while 23% have at least once been victims of sexual violence or both and that about 58% of Rwandese live in farming. Furthermore, it was also reported that in the countries with low income, the socio-demographic

profile of the victims of domestic violence is characterized by single status and low level of education and more likely to divorce [4]; [7].

Focusing on the influence of physical violence on psychological disorders among victims received at Kirehe district hospital, the findings revealed that majority (85.7%) of victims of physical violence were females and that the most prevailing psychological problems included phobias and anxio-depressive disorders. The most affected group among all victims of physical violence were aged 41-60 years old (36,5%) and 71.4% among them were married. The findings also showed that there is a low positive degree of connection between physical violence and psychological disorder ( $r=.194$ ;  $P=.000$ ;  $N=113$ ). These findings are in line with the findings of Lövestad (2018) who exposed that potential effects of physical violence in terms of psychological symptoms are evident. An individual facing physical violence can experience a variety of direct and indirect emotional reactions resulting from it, counting irritability, depression, phobias, sleeping problems, anxiety and eating disorders, social withdrawal, behavioral changes and other psychological problems. These bearings can lead to a victim's health to decline creating more depressed symptoms and cumulative risk of severe health condition or even death [10].

Focusing on the influence of sexual violence on psychological disorders among victims received at Kirehe District hospital, the findings revealed that majority (98%) of victims of sexual violence were females. Phobias represented 57.1% and was followed by Post Traumatic Stress Disorder 26,6% of victims of sexual violence at Kirehe District Hospital. Concerning age, majority 44.9% were aged 19-40 years old. The findings also revealed that majority (55.1%) of victims of sexual violence were single who completed only primary school. In addition to that, the findings have showed a positive degree of association between sexual violence and psychological disorders as indicated by ( $P.035<.05$ ). These results are in line with the conclusions of Loya (2014) who witnessed that psychological consequences of sexual violence to survivors are weighty sideways day-to-day lifetime whether violence occurred in recent times or long time ago. Individual victim responds to sexual violence in different and exceptional manner. There are immediate and long lasting effects of sexual abuse on inclusive healthiness. The extreme health related impacts have been related to continuing health threatening manners. In addition to this, Bisson et al., (2014), carried out a study and concluded that Health issues can vary from post-traumatic stress complaints, eating disorders to anxio-depressive symptoms. Somatic effects including bodily injuries, undesired pregnancy, or contact with sexual communicated diseases plus economic effects notably medical care costs and time out of work-can similarly further end or be accompanied with severe psychological effects [7];[11].

Focusing on the influence of emotional violence on psychological disorders among victims received at Kirehe district hospital, the findings revealed that emotional violence was also prevalent at 35.4 % but mostly secondary to either primary physical or sexual violence. Females represented 97.5 % of victims of emotional violence including 50. % with anxiety and depressive disorders and 42.5 % with PTSD. About the extent to which emotional violence influenced the occurrence of psychological disorders among victims received at Kirehe district hospital, It was indicated that there is a significant positive connection between emotional violence and psychological disorders as indicated by

( $P.004 < .05$ ). These findings are in line with the conclusions of Stonewall (2018) who observed that 60% of victims of emotional violence found in hospital ensured psychological health worries. Just 49% had PTSD and 16% had been identified as drugs or substances related overdose in the past six months. Emotional violence impacts all people including pregnant women, and ageing victims, in distinctive ways: Sufferers of emotional abuse are further probable than none-victims to face anxiety, depressive and eating syndromes, Somatoform conditions, sleep disturbances, and either suicide ideation or attempt. It is evident that emotional violence has a thoughtful, and continuing bearing on medical and psychological health [3]; [12] .

Focusing on the influence of economic violence on psychological disorders among victims received at Kirehe district hospital, it was revealed as results that economic violence was prevalent but secondary to either primary physical or sexual at 17 % meaning that no single victim of domestic violence consulted solely for economic violence. The group with high prevalence of psychological disorders among victims of economic violence by gender were female representing 95 % of victims of economic violence including 75% with anxiety and depressive disorders. The results also showed that psychological disorders was most prevailing in 41-60 years old (70%), married victims (80%), those who completed primary schools (90 %) and farmers by occupation (85 %). About the extent to which economic violence influenced the occurrence of psychological disorders among victims received at Kirehe district hospital, the results revealed a significant correlation between economic violence and psychological disorders as indicated by ( $P.001 < .05$ ). These findings are in line with the conclusions of Stylianou (2018) who observed that contact with economic violence is part of public health issues and has a moment ago stayed connected with bigger depressive and anxiety signs leading to declined quality of life time. Economic violence impacts physical, psychosomatic and emotional health via the pressure linked with scarcity and the result of an undefined fiscal prospects [13].

Last but not the least, in the study conducted by Mukashema (2013), In Rwanda, 22% of women in the reproductive age range reported ever experiencing sexual violence in particular. According to the report of the Rwanda National Police for the period between 2009 and 2010, a total of 818 women were battered by their husbands and 188 men were battered by their wives. In terms of death, 121 women were murdered by their husbands and 91 men were murdered by their wives. Regarding psychological effects, 29 women committed suicide because of the violence perpetrated against them by their husbands and 49 men committed suicide because of the violence by their wives. Conflict between spouses are said to be one of the causes of domestic violence. In Rwanda, marital conflict is said by professionals to be increasingly worsening in Rwanda and that phenomenon is perceived as an extended and serious problem in Rwanda [14]. As domestic violence is a devastating psychological and social problem that affects every category of the population, it should be reported and treated.

## Conclusion

Based on the findings presented, it was concluded that there is a significant influence of physical violence to the occurrence of diverse psychological conditions among victims received at Isange One Stop Center(IOSC) of Kirehe district hospital. The highest prevalence of physical violence is seen in married females, aged 41-60 years old, who managed to complete primary schools and identified as farmers by occupation. Sexual violence is secondary to physical violence at some point. Females who are still single and aged 19-40 years old represent the highest number of victims of sexual violence. Emotional and economic violence are less predominant lonesome but mostly secondary to primary physical violence and or sexual violence. Females remain more affected than men and data shows that more perpetrators are mostly men. It was also indicated that phobias, anxio-depressive disorders, PTSD and Sleeping syndromes were the most psychological disorders presented by victims of domestic violence received at Isange One Stop Center (IOSC) of Kirehe district hospital in Rwanda.

The researcher recommends the staff working at IOSC of Kirehe District hospital to ensure an enhanced holistic support to victims of domestic violence. The government of Rwanda is recommended to make more efforts in the promotion of community based interventions through awareness on how to prevent the risks and negative outcomes of domestic violence including psychological disorders. In addition, family members of the victims should be encouraged to take responsibilities in both fighting against domestic violence and caring for victims. Furthermore, men have to be more involved in activities aimed at prevention of domestic violence as they occupy the highest number of perpetrators.

#### **Acknowledgment**

The authors would like to thank victims of Domestic violence and Isange One Stop Center(IOSC) staff at Kirehe district hospital who accepted to play a part in this study.

#### **Disclosure statement**

No potential conflict of interest was reported by the authors.

#### **Funding**

No financial support was received to conduct this study.

#### **REFERENCES**

- [1] WHO, "Global and regional estimates of violence against women:Prevalence and health effects of intimate partner violence and non-partner sexual violence," World Health Organisation, Geneva, 2013.
- [2] UNICEF, "The state of the world's children.women and children.The double dividend of Gender Equality," United Nations International Children Education Funds, New York, USA, 2017.
- [3] Stonewall, Supporting trans women in domestic and sexual violence services: Interviews with professionals in the sector., Scotland: Stonewall and NFP Energy, 2018, p. 20.
- [4] M. o. H. National institute of statistics of Rwanda, "Rwanda Demographic and health survey. .," The DHS program, ICF, Rockville, Maryland, USA, 2021.
- [5] C. Brown, "John Romano and George Engel: Their Lives and Work.," University of Rochester Press & Boydell and Brewer Limited, Rochester NY,Suffolk UK, 2010.
- [6] CDC, "Elder Abuse. ,," Center of Diseases Control and Prevention,

[www.cdc.gov/violenceprevention/elderabuse/consequences.html](http://www.cdc.gov/violenceprevention/elderabuse/consequences.html), 2014, Retrieved 20 Feb 2022..

- [7] R. Loya, "Rape as an economic crime: The impact of sexual violence on survivor's employment and economic well-being.," *Journal of Interpersonal Violence*, vol. 3, no. University of New Hampshire, p. 16, 2014.
- [8] HMIS, "Kirehe district hospital annual HMIS report," MoH, Kigali city, 2021.
- [9] NISR, "National Institute of Statistics of Rwanda," NISR, Kigali city, 2021.
- [10] S. Lövestad, "Prevalence of intimate partner violence and its association with symptoms of depression; a cross-sectional study based on a female population sample in Sweden.," *BMC Public Health*, no. National Library of Medicine, p. 36, February April, 2017.
- [11] E. A. . M. Bisson, "Psychological treatments for chronic post-traumatic stress disorder," *British Journal of Psychiatry*, vol. 190, pp. 97-104, 17 June 2017.
- [12] P. D. Habumuremyi, "The state of domestic violence in Rwanda and the role of a man:Root motives,manifestations,consequences and strategies.," *International Journal of CHUR Research Academy(IJCHURA).WWW.IJCHURA.COM/*, August 2019.
- [13] Stylianou, "Measuring Economic Abuse in the Lives of Survivors: Revising the Scale of Economic Abuse Violence Against Women.," *European Journal of Epilepsy*, pp. 1-12, 2018.
- [14] I. MUKASHEMA, "Facing Domestic Violence for Mental Health in Rwanda: Opportunities and Challenges.," Organizing Committee of PSYSOC:Elsevier Ltd., National University of Rwanda, Avenue de l'Université, Butare, BP117, Rwanda, 2013.

© GSJ