A VIEW OF THE SITUATION IN RWANDA

The role of the church in sexual violence in countries that are/were in armed conflict, in a preventative sense and as a caring institution

Report commissioned by Tearfund

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Foreward

This country baseline report, shows the painful extent of sexual violence within Rwanda and calls us, the church to do whatever it takes to see this end. These pages paint a painfully honest picture of the way we as church communities have perpetuated a culture of silence around sexual violence, largely failing to respond to the crisis. Worse still in many cases we have reinforced stigma and discrimination experienced by survivors of this violence.

The report shows that sexual violence has continued to occur in communities long after the genocide and that it occurs in all aspects of society. Men, women, boys and girls are all at risk of sexual violence. I am humbled that in spite of our inaction communities continue to look to churches for leadership and care to transform their difficult situations.

We the church need to accept responsibility for our own part in perpetuating oppressive attitudes towards sexual violence victims. In penitence and faith we must truly become a living witness to our belief that both women and men are made in the image of God. The church needs to become a 'safe place' where survivors and people affected can have their voice heard and experience love and care without judgment.

We have lost a lot of time but let us not delay any further. Let us inspire one another, in the church and the community to make a commitment to speak out, act and support one another so that sexual violence will end. Let us do practical things that will make a difference and work for reconciliation and healing sexual violence survivors and perpetrators. Let us motivate one another to move forward with a shared vision that builds mutual respect and support.

We the leadership within and outside the Church have a lot to learn from the inspiring examples around us of people who have been a light, working tirelessly and generously to bring healing and restoration amidst this silence and pain. We all need to harness our will and our efforts to see changed attitudes and behaviours in the days to come. In this report we can hear our people calling us the church to act together with our communities and our government to bring an end to sexual violence. We cannot let them down.

My dream for the Church of Rwanda is for her to be a safe harbour for sexual violence victims and for her to be actively involved in fighting against sexual violence.

THE MOST REV. DR. ONESPHORE RWAJE
ARCHBISHOP OF THE ANGLICAN CHURCH OF RWANDA

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Executive summary

Introduction

This report, commissioned by Tearfund UK, investigates how the church responds to sexual violence against women during armed conflict. The Democratic Republic of Congo (DRC), Rwanda and Liberia were the fieldwork sites for the grounded research. Each of these countries has a unique history of armed conflict. Fieldwork was done with the help of partner organisations within each country and it comprised of a survey, a nominal group session, in-depth interviews with sexual violence (SV) survivors, and interviews with community leaders. These were conducted in two different research locations within each country.

The research location: Rwanda

Rwanda experienced genocide in 1994 and large numbers of Tutsis and some Hutu moderates were sexually violated during the armed conflict. SV is still taking place, although it is now happening less and without an ethnic bias. The majority of post-genocide SV victims are sexually violated by someone they know and sexual violence within a marriage is common and accepted. SV survivors are stigmatised and discriminated against, although genocide SV survivors are more subject to such treatment than post-genocide SV survivors. Research participants are of the opinion that, though some churches do support SV survivors sometimes, the church does not really address SV and its consequences. They believe that the church should do so and will be particularly effective in doing so.

General tendencies common to all the research locations

The following general tendencies were found within the different locations. In countries where SV occurs during armed conflict:

- A culture of SV develops and SV is also perpetrated by civilians and continues after the armed conflict ends
- SV survivors are marginalised and stigmatised, by partners, family and community
- The type and targets of SV is different within the different contexts and countries
- SV survivors are not getting the short- and long-term medical care that they need
- The judiciary system is ineffective, also after armed conflict has ended, and even perpetrators of post-armed conflict SV are usually not caught, prosecuted and/or punished
- SV survivors want and need counselling
- Poverty is both a consequence and a cause of SV
- Certain Biblical readings and interpretations are contributing to SV
- By and large the church is not addressing SV or its consequences, but people believe that the church should and will bring change if it does

The intervention framework: addressing prevention and care

Based on the needs and experiences of the research participants, the following areas of intervention have to be put into concrete action in order for SV and its consequences to be addressed:

- Prevention:
    - Awareness raising
    - Attitudinal change
    - Instilling values that oppose SV and the values underlying SV
    - Behaviour change
    - Positive and supportive leadership and institutional response
- Care
    - Medical care (short-term)
    - Medical care (long-term)
    - Psychological care
    - Financial support and self-empowerment

- Legal assistance

While recognising that during actual armed conflict situations the context and available resources makes it difficult to put all these levels into action, it is emphasised that some form of assistance and intervention will always be possible. In addressing the consequences of SV after armed conflict, most notably the culture of SV that has developed, it is recognised that only a long-term endeavour will bring sustainable change. Cultural sensitivity and local input is important and partnerships and collaboration – between government, non-government, and religious organisations – is necessary to adequately address all these areas of intervention.

The role of the church in the intervention framework

Taking these intervention levels and the need for collaboration into account, the church has characteristics which uniquely position it for addressing SV. In addressing SV and its consequences, the following are the five key strategic responsibilities of the church:

1. The church must actively accept and proclaim SV as part of its mandate and responsibility
2. The church must actively seek out partnerships and collaborations – with religious, governmental and non-governmental institutions – in the quest to address SV most effectively
3. The church must actively preach, teach and train about and against SV
4. The church must actively support SV survivors
5. The church must actively work to bring change regarding SV in the entire community, not just within the church

The role of the overarching church leadership

Church governing bodies, such as on denominational and ecumenical level nationally and internationally, have an important role. In order to take on the five key responsibilities (in a top-down approach) the overarching leadership of the church has to embrace the following three strategic tasks:

1. Denominational as well as ecumenical bodies must develop and publically advocate progressive SV policies within its member-churches
2. Pastors who are already in the field must be trained on SV by FBO's, ecumenical bodies, etc.
3. Seminary students must be trained on SV

The role of the local church

The local church, without necessarily having to wait for its leadership to embrace its role, (in a bottom-up approach) must accept and fulfil the following three strategic tasks:

1. Local church leaders, with input from community members within all sectors, must identify the key SV problem areas of the community and prioritise these key areas
2. Local church leaders must identify and meet with all possible partners in addressing SV (religious, governmental and non-governmental) and identify their areas of intervention
3. Based on the prioritised key SV issues, as well as partners and their interventions, local church leaders must identify and prioritise the key levels of interventions that are needed and the specific problems that they must address

The role of international organisations in assisting local churches

International organisations have an important role to play in assisting local churches in addressing SV and its consequences. International organisations have the following five strategic tasks:

- Identify denominational and ecumenical bodies, both nationally and internationally, and advocate for their commitment in addressing SV
- Identify and engage specialised international organisations with needed expertise
    i. Advocate with specialised international organisations to bring their specific SV-addressing services to areas in need
    ii. Advocate with specialised international organisations for their partnership and engagement with local churches

- Identify, support and capacitate national partners that can drive and manage SV initiatives
- In-depth research on SV and SV interventions and dissemination of such research
- Education
    i. Advocating with seminaries to train students on SV
    ii. Design of SV curriculum for use in seminaries
    iii. Development of training material on SV, for pastors, church and community members

Conclusion

While recognising that all situations are unique and that armed conflict is a difficult context within which to address SV, it is emphasised that the church can and should take up this challenge. People at grass roots level believe that the church is the most effective vehicle for bringing change in this context.

Chapter 1
Introduction

1.1 Introduction

Recent armed conflicts, such as those in Bosnia, Sierra Leone, the Democratic Republic of Congo (DRC), Liberia and Rwanda have illustrated how rape and other forms of sexual violence (SV) can be used as a weapon of war (Hynes & Cardozo, 2000:819). Either as a planned strategy of war or as a tragic by-product of civilian life in disarray, SV has made war dangerous and traumatic on many levels. For a long time people have avoided confronting the issue of SV during armed conflict, as cultural taboos, shame and guilt conspired to keep SV survivors silent (Skjelsbæk, 2001:211).

This research report has a specific focus when looking at sexual violence (SV) within armed conflict situations. Firstly, it focuses on the situation in Africa. Secondly, it looks at the role of the church in relation to SV, both in prevention and care aspects.

The research is an explorative baseline. It is explorative as it:

- Takes the experiences and opinions of local people from different walks of life into account, not only the institutional response to SV
- Is done not with a representative sample of each country, but rather purposive sample (a small grouping of participants that represent the population in each location)
- Is to a large extent unstructured, being guided by Participatory Action Research (PAR) principles. Local people and what they find relevant and important is seen as important.

The research is a baseline study as

- It aims to give a true representation of the current situation regarding sexual violence (SV) in each country that it explores
- It aims to highlight key issues, problems and possible solutions, as identified by local people and not by outsiders
- Based on the findings of such a baseline, interventions can be planned and formulated
- The effectiveness of such interventions can be tested by doing impact surveys, when the results of such impact surveys can be compared to the results from the baseline.

1.2 Project background

Tearfund UK is an international relief and development charity. While involved on many levels of relief and development work, it sees the local church as key to fulfilling relief and development goals. The organisation commissioned research into the situation of sexual violence in relation to churches, specifically within armed conflict zones. The research results must serve as the starting point to developing strategies and interventions for involvement in the problem of SV in Africa.

Tearfund UK identified the Democratic Republic of Congo (DRC), Rwanda and Liberia as the three key sites for the explorative baseline. Each of these countries has a unique history and represents a different perspective on armed conflict and a different timeframe:

- The DRC is unique as it is still, relatively spoken, a war zone. Militia, rebel groups and armed forces are still present and fighting throughout the DRC, but especially in the eastern regions.
- Rwanda experienced a horrific genocide 16 years ago. It has a unique context as the period of official armed conflict was so short – 3 months – and as it happened 16 years ago.
- Liberia's war officially lasted 14 years and ended more recently, namely seven years ago. Both officially and according to Liberians the war is now over.

While the situation in every country is different and must be treated as such, the results and general trends that can be seen from these three countries will give an indication of might be appropriate responses in other conflict-ridden contexts as well. As the experiences with conflict in the DRC, Rwanda and Liberia are all so different, the data and general trends do not represent only one type of conflict zone, but conflict zones in general.

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1.3 Introduction to the research report

The report sets out the research results and suggestions made based on these results. The report is arranged as follows.

Chapter 2 sets out the research methodology that was followed in each country. It explains what was done and the reasons why it was done.

Chapters 3 to 5 briefly gives feedback on the results of the research in each country individually. First a short background of the armed conflict and current situation in each country is given. The research partners and sites in the country are identified and introduced. Then the results of each of the four branches of the research plan are given. This is followed by a discussion of the main findings in the country.

Chapter 6 is focused on formulating interpretations of the data and devising propositions for SV intervention based on these interpretations. The strategic role of the church, in addressing SV and its consequences, is discussed in detail.

1.4 Terms and abbreviations used in the report

While all abbreviations that are used in the report will be explained when it is used for the first time, a short list of the most common abbreviations are given:

- AIC: African Independent Churches
- AIDS: Acquired Immunodeficiency Virus

- DRC: The Democratic Republic of Congo
- FBO: Faith-based organisation
- HA: HEAL Africa
- HIV: Human Immunodeficiency Virus
- HIV PEP: HIV Post-exposure prophylaxis
- NGO: Non-governmental organisation
- MU: Mother's Union
- PAR: Participatory Action Research
- RPF: Rwandan Patriotic Front
- SV: Sexual Violence
- SVAM: Sexual Violence Against Men
- SVAW: Sexual Violence Against Women

While the research was originally commissioned with a focus on sexual violence against women (SVAW), it was soon realised that it is too limiting to look at sexual violence only within the context of adult women. Although adult women are most often the victims of SV, men, girls and boys are also targeted. Therefore the research looked at SV in general. Yet, at the same time it was recognised that SV happens mostly to women and mostly to women past puberty, thus this age and gender group was focused on during the research and they were more often used as research participants. The term SVAW will be used in cases where it is SV that is perpetrated specifically against women of all ages. The term SVAM is used in cases where the SV is perpetrated specifically against men of all ages.

While an attempt is made to remain gender-neutral, the terms 'his' and 'her' are used when research participants themselves used such gender-specific terms. In general, SV survivors were seen by research participants as being female and SV perpetrators were seen as being male. While recognising that SV is not always so gender-specific, one must also recognise that this is almost always the situation in the countries that were part of the research. Thus, the research report will reflect this gender-bias in its language and examples.

The term 'SV survivor' is used to refer to people who have experienced SV and lived afterwards. The term 'SV victim' is only used in cases where the target of the SV died because of the SV. In cases where there is a reference to both those that survived and those that died, the term 'victim' is used.

The real names of participants were not used, in order to protect their identities. In the cases where quotes are connected with a named participant, these names are all pseudonyms.

Chapter 2
Research methodology

2.1 Introduction

In order to understand the research results, it is important to understand the research plan and the rationale behind the research methodology. The following chapter will set out the research objectives, the research methodology, and the method of practical implementation of the methodology.

2.2 Research goal and objectives

The goal of the research was to generate the information and needed strategic approach for the church to be proactive in preventing and responding to SV during and after armed conflict situations.

The key research objectives were as follows:

- Improved understanding of the current and potential future role of the church in responding to SV in conflict situations.
- Increased numbers of churches understanding the issues, equipping themselves, responding to SV, and advocating for the end to SV
- Improved collaboration between the church and other organisations including the government in preventing and responding to SV.

2.3 Research methodology

The research had to be done within a short time in different locations. Such research – while it cannot be totally representative and indicative of the conditions within an entire country and continent - can serve as a baseline indication of what is ongoing within a country.

A mixed method research methodology was used, by implementing both qualitative and quantitative research designs. For a baseline study such as this, a mixed method approach would be most effective because quantitative techniques will be used to measure expectations and perceptions regarding the role of the church when it comes to SV. Qualitative data will be used to explore the experiences of women who experienced SV when they turned to the church for help, as well as to explore SV in the broader context of state, relief agency and church involvement and responsibility.

Furthermore, it was proposed that the same research plan and methodology be followed in two different communities within each country, thus giving a more representative account of the situation in the country. Field notes and digital recordings were made of all the interviews and group sessions.

Ethical clearance for the research project was applied for and received from the Stellenbosch University Research Ethics Committee: Human (Non-Health) in South Africa, where the researcher is based.

The following was the method of field research:

- **Survey with 15 people per community**
    - Population of survey
        - Preferably only women from the community
        - A purposive sample of the community
        - No more than five men per survey
    - Basic questionnaire, administered by interviewer
    - Questions
        - Few and simple

        - How they experienced the involvement of the church regarding SV during and after the armed conflict
        - What they think the church ought to do regarding SV during and in the aftermath of armed conflict
- **One-on-one interviews with survivors of SV**
    - Population
        - Women who have personally experienced SV during the war
        - Five women
    - Focus will not be on determining what happened to them, but on what role the church played in relation to it (if any).
- **Nominal group session with women from the congregation**
    - Population
        - Preferably only women from the community
        - With or without history of SV
        - 8-12 participants per group
    - Aim of group session is to generate action plans regarding the role of the church
    - Focus will be on what church ought to be doing about SV
- **One-on-one interviews with key church and community leaders**
    - Population
        - Men and women
        - 8-10 leaders
    - Focus is to get a general idea of the dynamics between church, government and relief agencies during and after war
    - To get a bigger picture of the situation in the community
    - Determine what theoretically ought to be done according to constitutions and agreements and partnerships vs. what is actually being done

2.4 Research partners

All of the fieldwork was within a month. Therefore Tearfund partner organisations within each country provided the needed infrastructure for the research. They identified the research participants according to the research plan provided by the researcher and identified venues for the research sessions. The partner organisations also identified an interpreter, who assisted the researcher in doing the interviews and group sessions.

The research participants trusted the partner organisations. As the researcher was there with their blessing and assistance, the participants also trusted the researcher. This simplified the research process and created a situation in which participants were open and honest with the researcher.

Due to the sensitive nature of the research, counselling had to be available for any participants, should they wish to receive counselling. All of the partner organisations were able to provide this service.

2.5 Explanation of each of the four sections of the research methodology

The rationale behind each of the segments of the research methodology, as well as the way it was supposed to be implemented compared to what had actually happened, is discussed below.

2.5.1 General introduction

Before every interview, be it for survey, survivor or leader, as well as before the group session, the research and researcher were first introduced and explained to the participant. The following was communicated:

- Who the researcher is and where she is from
- Who wants the research done and why they want it done

- The guaranteed anonymity of the participant
- The fact that the conversation will be recorded and notes will be made

2.5.2 Section 1: Survey

The aim of the survey was to get an indication of what the general attitude towards SV and SV survivors is like within the community. Furthermore, the survey interviews were used to give the researcher an indication of which subjects are 'hot spots' within the specific communities and these subjects were further pursued during the one-on-one interviews.

The survey was to be done with a purposive sample of the community. It would be impossible to interview a representative sample, thus a sample which represents the age groups, genders, tribes and backgrounds of the community in general was interviewed. Partner organisations were asked to indentify "different kinds of people", not groups of friends. Everyone in the community should have some kind of representation within the 15 participants.

The survey questionnaire had twelve questions. The questionnaire was administered by the researcher. Before starting with the twelve questions, the researcher asked questions about the general background of the participant. This was done in order to ensure that 'different voices' were heard through the interviews. If everyone was from the same neighbourhood, age group and church, then other participants had to be found. The questions included

- Age
- Marital status
- Number of children
- Job
- Place of birth
- When and why moved, if applicable
- Member of which church (if applicable)

In Rwanda the word 'war' was replaced by 'genocide'.

1. What kinds of things happened to your people during the war?

This question was asked to put the participant within the mind frame of the war. Furthermore, it is an easy question to answer, which give the participants confidence and make them more comfortable with the questionnaire. Lastly, it was used to see how much SV and war is associated within the general mindset and to see whether there is a hesitancy to talk about it.

2. How would you define sexual violence?

SV can take many forms: forced sex with a stranger, unwanted sex by a sexual partner, foreign objects used to penetrate the vagina/anus, sex in order to survive, etc. This question was used to get a general idea of what the community recognises as SV, for this has implications for how they will treat different SV survivors.

3. Do you know of people who experienced sexual violence during the war?

This was a simple yes/no question. It was used to check how 'close' SV is to the community in general. This was also a lead-in for the next question.

4. Why do you think did it happen to specifically them?

If the participant answered 'yes' to the previous question they were asked to think of those people that they know. If they answered 'no', they were asked if they have ever heard stories about what had happened to a SV survivor. All of them have. They were then asked to think of the SV survivors of those stories. The aim of the question was to get an idea if there is particular behaviour associated with being

sexually violated, be it a true or imaginary. Either way, it gives an indication of the prejudices and opinions of the community.

5. During the war: did anyone do anything to stop the sexual violence?
This was asked to see whether anything had been done, because if it had been effective it could be used as a starting point in an intervention. The question was also asked to explore the participants' experience of the war.

6. What happened to the survivors of sexual violence after the war?
This was asked to see what has and is already being done about SV and for SV survivors in particular. It could give a good indication of possible fruitful partnerships and also of successful interventions. Furthermore it gives an indication of what the gaps, and thus needs, are.

7. What do you think about women who have been sexually violated?
Very few people would admit to discrimination or stigmatisation. This question was mainly asked so that the next question would be answered more honestly. This question would give the participants the space to differentiate between themselves and the community, thus hopefully leading to more truthful answers regarding the behaviour of the community.

8. What does your community think about women who have been sexually violated?
Answers to this question would give an indication of the community's attitude towards SV and SV survivors.

9. Are men and women equal in your community? Why do you say so?
The researcher wanted to find out whether the participants think there are any beliefs/traditions/principles within their culture/community which might be contributing to the occurrence of SV. But it was too direct a question and very few people would honestly answer such a question, especially if asked by an outsider. A sociologist and ethnographic fieldwork expert was consulted and this reworked phrasing of the question was suggested. Through the question the dynamics between men and women are explored.

During the survey was in the first community in the DRC the researcher realised that the positioning of the question was wrong, as it broke the normal flow of the conversation. From there on it was asked first.

10. How does your church treat survivors of sexual violence?
The participants were asked which church they belonged to and then asked this question. This was to get an indication of churches' involvement in SV and SV survivors.

11. Whose job do you think it is to stop SV?
Answers to this question would give an indication of what the community expects from whom. Also, it would give an indication of how empowered the participants are and think they and their communities are. Participants were not only asked whose job it is, but also what they think that person/institution/organisation should be doing.

12. What do you personally think should be done about SV?
This question was fairly general, asked so that the participant can give any more thoughts they have on SV.

2.5.3 Section 2: Nominal group session
One nominal group session was done within each community. A nominal group is about designing action plans. The reason why a nominal group session was used was because this type of group session structure prevents one person from dominating group opinion.

Within a nominal group the group session revolves around one question. For this project that question was: "What should the church be doing about SV?" Participants then get time to think of as many ideas as possible. These ideas they keep to themselves, either remembering them or writing them down.

Once everyone has had enough time, the ideas are given one at a time, one person at a time, until no one has any new ideas left. These ideas are written on a flipchart and given numbers. The participants, once again on their own, then vote for what they see as the most important five suggestions ("if a church can only do five of the things listed on this board, which five do you think it is most important to do?"). Based on the results the least favourite ideas are deleted. Then the group is asked to vote again and the top 5 ideas identified.

For the group sessions there could be 8-12 participants in every session. The partner organisations were asked to only invite women to these group sessions, in order for there to be a strong female response to this question and also to create an atmosphere in which women are not intimidated and can be honest. But in all of the sessions there were some men involved. The researcher and interpreter thus worked hard to create a group dynamic in which all members felt free to voice their opinions.

Quite a few participants, and in some cases the whole group, were illiterate. In such cases they remembered and shared their ideas without writing it down themselves. These ideas were still written down on a flip chart and numbered. When it came to voting the different suggestions were read out loud by the interpreter. Most participants were able to write down the numbers of their favourite ideas. Others were helped by the researcher or interpreter.

Usually in nominal group sessions participants are not only asked to pick their top five ideas, but they are also asked to rate them. The five ideas must be written down in order from most important to least important. But as so many participants were illiterate, none of the groups were asked to also rate their individual five choices. This made is simpler and less confusing to the participants.

2.5.4 Section 3: Individual interviews with SV survivors

The individual interviews with SV survivors were done in order to hear their voice and opinions in reaction to the same questions as was asked in other sessions. The researcher needed to determine whether the community's and leaders' perspective on the plight of SV survivors is the same as those of the SV survivors themselves. Furthermore it is important to give a voice to those you wish to assist.

The survivor interviews were unstructured. Certain basic questions were asked of all the survivors in all the communities. But there was no set order to the questions and the conversation was allowed to go wherever the survivor felt comfortable taking it.

The focus was not on getting the details of what happened. Rather, it was to explore the survivors' experiences after she was attacked. This gives an indication of what help is available to survivors, who is helping survivors, and what the needs are.

The following questions were asked of all survivors:

- Where and when did it happen?
- Did you go for medical treatment afterwards?
- How does your family treat you?
- How does your community treat you?
- How does your church treat you?
- What support have you gotten since this happened?
- What kind of support do you wish you had?
- Is it easy to disclose in your community? Do people disclose or rather stay quiet?

If certain key issues were identified during the survey interviews and the group session, the researcher might ask questions to explore those issues. For example, in Liberia the survey interviews and the group session revealed a marked discontent with the judicial system. Thus survivors were specifically asked whether their perpetrators have been caught and punished.

2.5.5 Section 4: Leadership interviews

Community leaders were interviewed in order to get a bigger picture of the situation within the community and area. These leaders could be from the government, church, NGO's, or general opinion leaders. From these leaders a general idea of the dynamics between church, government and relief agencies – both during the armed conflict and currently – was attained and an indication given of which groups are actively working on SV. Furthermore these leaders provided a bigger picture of the community and its issues.

The partner organisations, as locals within the community, were asked to identify the leaders. They were asked to identify between 6 and 10 leaders, however many could be fit into the day's schedule. The number of leaders differed from location to location.

These interviews were also unstructured. Although certain standard questions were asked of all the leaders, the order and emphasis of each question differed based on where the person is a leader. The context of their leadership also influenced which topics were explored in more detail.

The standard questions to leaders were:

- Where are you a leader and what are your responsibilities?
- Was there a lot of SV during the war/genocide? And now?
- How do the families of SV survivors treat them?
- How do communities treat SV survivors?
- What does the church do about SV and how does it treat SV survivors?
- What should the church be doing about SV?
- Is SVAM happening in this area?

Chapter 3
Rwanda

3.1 Introduction

3.1.1 The recent history of armed conflict within Rwanda

Both Rwanda and Burundi have a history of Hutu and Tutsi conflicts. The ethnic divides between these two tribes were often used and enforced by governments who wanted to stay in power. In the prelude to 1994, many see a concerted effort to vilify Tutsis and a pro-Hutu bias from the government (IPEP/OAU, 2000:ix).

On 6 April 1994 the plane carrying the Rwandan and Burundian presidents were shot down by unknown assailants. This was the trigger for the Rwandan genocide (IPEP/OAU, 2000:117). Within three months 75% of the Tutsi population of Rwanda were killed (Weitsman, 2008:572). Hutus who opposed the genocide or helped/sheltered Tutsis were also killed. The estimates for how many Rwandans were killed during the genocide varies, but is estimated at around 800 000 people (Weitsman, 2008:572).

3.1.2 Partner organisations and sites

In Rwanda the researcher partnered with two organisations, namely the Rural Development Inter-Diocesan Service (RDIS) when working in the Southern Province and the African Evangelistic Enterprise (AEE) Rwanda when working in the Eastern Province.

The RDIS is a partner of the Anglican Church of Rwanda. It works not only with Anglicans, but with anyone who wishes to be part of its projects. The RDIS is convinced that the church must play a role in socio-economic development, thus its projects not only has a spiritual dimension but a very strong emphasis on addressing people's physical needs (RDIS, 2010). Its main objective is achieving food security for the people involved in its projects and it does this through various agricultural projects. The researcher partnered with RDIS's coordination office just outside of Gitarama Town. All of the participants were from the same sector, but different cells, within the same district. Many of them are involved in the RDIS's courses, programmes and co-operations.

African Evangelical Enterprise (AEE) is an international Christian, interdenominational organisation which was founded in 1962. AEE Rwanda started in 1984 and is involved in evangelism, reconciliation, leadership development, relief and community work (Rwandapartners, 2010). Although AEE Rwanda has a strong evangelical mission, more than half of what it does is projects that actively address the socio-economic plight of the Rwandans.

The research in partnership with the AEE Rwanda branch took place in Rwamagana Town. Participants were not necessarily involved in an AEE project or programme. They were identified through other organisations or via AEE participants. In both Gitarama and Rwamagana an interpreter was used.

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3.1.3 Research process within Rwanda

In Gitarama the interviews and sessions took place within two different Anglican Church buildings as these were central locations easily accessible to all the participants within the very rural setting. Within Rwamagana all the interviews took place within Rwamagana Town itself. The survey interviews and the group session took place within the AEE building. The survivor interviews took place within the AVEGA compound and with the leadership interviews the leaders were interviewed within their own offices.

3.2 Rwanda Community 1: Gitarama

3.2.1 Answers and results from 15 questionnaires done during the survey

Twelve women and three men were interviewed in Gitarama. They were between the ages of 21 and 65. Nine were married (although with some their husbands are in prison for genocide crimes), four were widows and two were not married. 14 of the participants have always lived in the district, while one only recently moved there. The participants belonged to different churches.

Physical violence, the legacy of the genocide, destruction/loss of property and displacement of people were mentioned as having happened during the genocide. Only three participants mentioned SV, although SV as the topic of the research was mentioned only minutes before. Twelve of the participants explained SV as something that happens between a husband and a wife. Even though they would add that it also happens between unmarried people, they would emphasise and mostly discuss it within the context of a marriage.

Ten participants personally know someone who was sexually violated during the genocide. Eleven participants personally know someone who was sexually violated sometime during the 16 years since the genocide. All except one of the participants agreed that during the genocide the SV was planned and not an accident. Furthermore, it was planned at a high level by the government. The fighters agreed to it, because they were Hutu men who wanted to know what it was like to have sex with a Tutsi woman and they knew they would not be punished for doing such things. Most of the participants could not think of a reason why SV is now happening to the people that it is happening to. Those that could blame the post-genocide SV on poverty, alcohol, women and girls themselves, and on husbands who want to prove the government campaigns on gender equality wrong.

Half of the participants said that it was impossible to speak out or oppose SV during the genocide and that no-one tried to do it, while five said that the RPF tried to stop SV in the regions that it controlled. Four participants said that nothing was done after the genocide specifically for SV survivors. The rest felt that the church and the government played a key role in helping SV survivors. From the way the participants phrased their answers it became apparent that some of these things are only now being done for SV

survivors and were not necessarily done for SV survivors directly after the genocide. But since 16 years have passed people are somewhat unsure of when certain interventions started.

The participants said that SV survivors have serious physical and psychological problems. They are abnormal, different from other ladies, unhappy, and most of them have HIV. There is no peace where they are. Some of the participants said that they personally are supportive of SV survivors, mainly by talking to them and encouraging them.

All the participants except two said that the community is supportive of SV survivors. After a while, and sometimes after probing from the researcher, half of them then admitted that not all community members are supportive. But those that are not supportive do not really actively discriminate. They just do not do anything for or help SV survivors in any way. Five participants stated that, while SV survivors were stigmatised up to a few years ago, this has changed. It has changed because of government interventions and training. The five participants see the community as now being fully supportive and non-discriminatory.

Twelve participants said that men are more important and powerful than women. Three participants said that men and women are now equal, due to government trainings and interventions and the fact that the government has instated inheritance rights for females. It was interesting that all 15 participants answered the question within the context of a marriage, i.e. husband in relation to wife. It was as if they cannot think of the genders outside of the context of marriage. Thus it is unclear what rights and how much power an unmarried woman or man has.

Only one participant said that her church does nothing for SV survivors, yet eight said that SV survivors receive no practical, physical support from their church. The church mainly prays for SV survivors, does trainings, and provides counselling.

Nine of the participants felt that it is the government's responsibility to stop SV, mainly by proper physical and financial care for SV survivors but also by prosecuting perpetrators. Four participants felt it is the church's responsibility to stop SV, by advocating for SV survivors and training people, but also by working with government to address the issue. Another suggestion was that the responsibility lies with those that are abused. They have to speak out. Husbands were also given the responsibility for stopping SV. They must change their behaviour and thinking and see women as equal.

3.2.2 Nominal group session

Twelve people attended the group. Eleven were women and one was a very young man. Half of the group was in their early twenties, while the other half was between 40 and 60 years. Six participants could read and write.

What was interesting about this group session that all of their ideas were for what church members and the pastor should do. No suggestions involved getting government or NGO help. Secondly, their suggestions were mostly very practical, indicating that the church be involved more holistically. Yet, when it came to voting, the group did not vote for these more holistic, practical suggestions.
Thirdly, the group constantly discussed the topic of SV within the context of husbands and wives. Basically all the time their examples were from within this context and they referred to victims as 'wives' and perpetrators as 'husbands'.

The group came up with 25 suggestions for what the church should do about SV. The participants were asked to each individually vote for the five ideas they thought are most important to implement. The suggestions with the least amount of votes were deleted from the list. The group was then asked to vote again. The following suggestion received the most votes:

1st: If all counselling and reconciliation attempts fail, the church must just keep on praying

The following four suggestions came in second, with an equal amount of votes:

2nd: Teach survivors to pray to God
2nd: Pastor must counsel and reconcile households where husbands abuse wives (as the wife and children are traumatised)
2nd: Teach people to love each other and work together
2nd: Train husbands and wives and teach them the consequences of SV

3.2.3 Interviews with SV survivors

Five women SV survivors were interviewed. The survivors all belonged to different churches. All five were willing to talk to the researcher. Two of the survivors had been repeatedly sexually violated during the genocide. The other three had experienced SV – in the form of rape – during the past few years. The one survivor was a girl who was raped when she was nine years old and her mother was present during the interview.

The interviews were unstructured. As the contexts of the SV differed very much between the different survivors, the interviews also each had a unique nature and angle. The conversations continued for longer than it did in the DRC. Survivors were much more comfortable talking about it, less tearful, and made much more eye contact. There were even some smiles. This does not mean that they did not find it hard to talk about it. Three of the survivors admitted somewhere during their interview that it is hard to talk about what happened to them.

Date and location of SV

Two of the survivors were older women, probably older than 50 years. They were sexually violated during the genocide. Both described gang rapes with multiple men, as well as beatings. The SV was done both by strangers and people they knew. The one survivor emphasised that the SV continued after the genocide. As her husband and entire family was murdered during the genocide, she had no-one to protect her and was seen as an easy target by all the men in her community. The rape only stopped once she fell pregnant.

The other three survivors were all sexually violated within the past two years. All were violated by men from their community that they personally knew. Two were sexually violated by a neighbour. All three – as far as could be determined, as this was not asked specifically – were vaginally raped.

Medical treatment

The two survivors that were sexually violated during the genocide could/did not immediately find medical care for what happened. One woman has serious gynaecological problems due to the rape but only accessed medical treatment 12 years after it happened. Although she has had treatment she still has problems. The other survivor only accessed medical care years after the SV and she still has to go to hospital fairly often.

The other three survivors all immediately went to the hospital. None of them needed any extensive medical treatment. The one woman, though, was infected with HIV through the rape and also fell pregnant because of it. While medical treatment did not prevent the HIV infection or the pregnancy itself, it did prevent the baby from also being infected with HIV.

Experience of the church

All five survivors have had little or no support from their respective churches. Three stated that the church has done nothing for them. One survivor added that the church members talk and gossip about her.

When those that said that the church has helped were asked what they had done, they specified that the church prays for them, and when they get sick and have to go to hospital the church brings them food or

takes food to their children. One survivor stated that the 7th Day Adventist Church – to which the survivor does not belong – has helped by cultivating her lands and bringing milk for her child, while her own church has done nothing.

Throughout the different interviews it became clear that, even in the two cases where the church did help, it was seen as woefully inadequate. The church has not taken in any semblance of a reliable supportive role. In the words of one survivor: "What the church does is good, but of it does more it can do more than good."

Support that is needed

The survivors were asked what kinds of support they wish they could have had in the aftermath of what they had experienced. They named the following:

- Financial support
- Housing
- Health insurance[1].
- Physical means by which they can support themselves, such as domestic animals
- Domestic items such as blankets and mattresses
- To have a good relationship with the neighbours, to not be gossiped about and to be encouraged by others

Who had provided the most support up till now?

Two survivors stated that no-one supported them after they were sexually violated. One of these survivors was violated during the genocide. She mentioned the hurt she felt that not even her own children supported her. When she got pregnant because of rape during the genocide, they rejected both her and the child.

One survivor explained that she lives in a very supportive community, consisting of a group of women and only one man. The group's husbands are dead or in prison because of crimes during the genocide. This community she experiences as incredibly supportive, both emotionally and tangibly.

Two survivors mentioned that their families are supportive. Two stated that their families have rejected them because of what had happened. The fifth survivor's entire family had been killed during the genocide.

Experience of the community

Three survivors said that their communities are supportive, or at least were treating them no differently than other women. Communities helped in different ways, for example giving food or repairing their houses. One of these women identified her community as being one of her most supportive structures (as stated above).

The one survivor highlighted a certain selectiveness in the community's support. She stated that the community treats her no differently because she was raped. But she contracted HIV due to the rape and her community has a problem with the HIV.

Two survivors said that their communities are treating them differently and stigmatising them. Especially the survivor who became pregnant due to rape during the genocide experienced much stigmatisation because of the child. She said that she has learnt how to support herself and do everything herself, even

[1] Health insurance is relatively cheap in Rwanda, at F1000 per year. Almost all the survivors stated that they need health insurance.

though she has physical problems due to the SV. She had been forced to learn to do everything herself because no-one cares for her.

The survivors communicated a need for community and community life. As one woman stated: "All I want is to live in harmony with others. Loving and caring, working together with other people".

Suggestions for care/prevention by the church

The survivors were asked what they think the church should be doing for survivors of SV. The following suggestions were given:

- Health insurance
- Counselling
- Teach survivors how to forgive
- Train church members how to care well for SV survivors
- Provide financial support
- Provide moral support
- Advocate for survivors within the community, because the community thinks that survivors are not normal
- Bring reconciliation
- Teach people to love one another
- Make a follow-up of all survivors

Prosecution of perpetrators

The men who have sexually violated the two survivors during and directly after the genocide have not been caught. These two women did not seem to have any expectation of it ever happening. The other three survivors were all violated by men they knew, who live in their community. The one man fled the country and was never caught. The other perpetrator went to court and was sentenced, but was only in prison for a few months and is now back living in the survivor's community. The third survivor's attacker never even went to court and is still living next to her. Apparently the local leaders had neglected the case and he was thus never prosecuted.

Children born due to rape

Two of the survivors had children that were born because of the rape they had experienced. The one was sexually violated during the genocide and the rape of the other survivor occurred almost two years ago. These two women have vastly different experiences concerning their children.

The survivor who became pregnant due to rape during the genocide freely admitted that for a long time she did not love the child. Since she joined a church and got saved, though, she started loving and caring for him. But she admits that even now, even though she loves him very much, sometimes when she looks at him she is reminded of what happened and she remembers it all. She admits that this happens especially when he does something wrong. It was clear that she felt guilty about it. She also said that her community and family were treating both her and the child badly, ever since she fell pregnant. Her family has rejected both of them and her other children do not care for either of them. The community calls him bad things, such as "child of the grasses" and mocks him that he does not know who his father is. Consequently, she says, he is having problems. Often he is very unhappy and angry.

She also highlighted her difficulty in caring for a child that has no father or family that will support him. Her husband was killed during the genocide. Thus her children from her husband – as genocide survivors – are entitled to government support, such as health insurance and school fees. But children born due to rape during the genocide do not receive such support and she has difficulty providing for him.

The experience of the woman who was raped post-genocide is very different. Her community has been very supportive regarding the rape. As she was 38 and unmarried when it happened, they saw it as a

positive event that she could now have a child. They gave her all the presents and support that they give to married women who fall pregnant. In her case, though, the community sometimes treat her badly because of the HIV she contracted during the rape. Her child, who does not have HIV, is not subject to the same rejection.

HIV & AIDS

The issue of HIV&AIDS came up in these sessions, even though the researcher never asked any direct questions regarding HIV&AIDS. One survivor, as was explained earlier, said that she was being rejected because she has contracted HIV, not because of the SV she had experienced. Another survivor said that the church should give survivors health insurance, because they often get HIV and then always need treatment.

3.2.4 Interviews with leaders from Gitarama

Eight leadership interviews were done in the area of Gitarama[2]. Four of the leaders were women, four were men. They were of different ages, fairly spread out. The participants are leaders in different areas in the community and many of the leadership positions are voluntary government positions[3]. The leaders included:

- Two catechists of different sub-parishes
- One catechists who also serves in the traditional court
- The leader of the Women's Union
- The leader of evangelism in the whole parish
- A local leader
- A health advisor
- A counsellor

Do you know anyone within your sphere of influence that has been sexually violated?

The woman who is the leader of the Mother's Union (MU) stated that none of her members have ever been sexually violated and also that is has never happened within her community. The researcher cannot help but question whether this can be true, as the researcher spoke to SV survivors who live in her community. It also calls up some questions regarding the level of support that such an important women's organisation can offer SV survivors, if the leader of the group has no knowledge of any such survivors.

The woman in charge of Anglican evangelism within the community stated that they do train evangelists with regard to SV and that the evangelists do preach and teach about SV. They do this, she said, as it is a big issue and people are very worried about it. Yet she also stated that SV does not happen often.

Two of the catechists are new within their sub-parishes. One stated that there were many survivors of SV within his previous sub-parish, but that he did not yet know of any survivors in his new parish. The other new catechist said that he knew of three survivors of genocide SV within his new parish. The third catechist said that there are no SV survivors within his sub-parish.

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[2] The leaders were identified by the pastor of a local Anglican Church and a representative of the RDIS. All of the leaders except for one are members of the Anglican Church. It was unclear which denomination the eighth leader belonged to, but she did belong to a church.

[3] The volunteer structure within Rwanda is quite interesting. Every last Saturday of the month all Rwandans are required to do 'common work'. On this Saturday common community jobs are done, such as repairing a road or building hedges. Positions within the community such as local leader, counsellor, health advisor, etc. are voluntary positions without any monetary payment. Yet volunteers need not pay school fees for their children, they receive health insurance, and they do not have to partake in the monthly common work. Thus there are many government volunteers within each community.

The local leader that was interviewed stated that there has been a few cases of SV within his community, but that it is not common. He said that SV does not only happen between husbands and wives, but also between old and young men. The woman who is a health volunteer for the government gives counselling to pregnant women and does training on malnutrition. She has never worked with any woman that has been sexually violated and only knows of one SV survivor within her community, a young girl. The third government volunteer works as a counsellor. She works within a team of counsellors and they get referrals from the cell leaders about cases that local leaders were not able to resolve. They have had clients who were survivors of SV, but such cases have not been common.

Thus, in general, these answers paint a contradictory picture. Some community leaders admitted to many SV survivors, some said there were none. The worrying issue is that the two women who were in quite senior positions within the church – leader of the MU and leader of evangelism – were not aware of any survivors, which makes one wonder how their departments reach out to SV survivors.

Sexual violence within a marriage

None of the leaders have ever heard about a case where a husband had rejected his wife after she had been sexually violated by another man. They seemed quite surprised by this as a possible course of action for a husband.

No-one was specifically asked whether SV is happening between husbands and wives. A few mentioned it in response to other questions, stating that SV between husband and wife is one of the most common forms of SV in his/her community. But the main indication that SV happens a lot between husband and wife is in the language that the leaders used when they talked about SV. They would always describe situations and perpetrators/victims by using the terms 'husband' or 'wife', and not 'man' or 'woman'.

The leader of the MU also gave an interesting perspective on this issue of domestic SV. They are training their members on how to handle a situation in which their husbands want sex and they do not. They teach them things like the importance of welcoming him home, cooking a good meal for him, etc. so by the time they get to bed it will be okay if she refuses sex. A key part of their general training is for the wife to be humble and to obey her husband. Yet they also teach wives to work hard in order to get their own means of income, so that they do not have to ask their husbands for money.

How are SV survivors treated?

The majority of the leaders felt that the families of survivors treat the survivors well. They are cared for, supported and counselled by their families. This did not use to be the case. According to the leaders this situation changed possibly because of government intervention. Sometimes families do hate the SV survivor and reject her, especially if she contracted HIV through the SV. Yet the government is now seriously punishing the perpetrators and putting pressure on families to care for the survivors.

All of the leaders were of the opinion that their community does not treat SV survivors any differently from other people. Community members are supportive, and assist SV survivors in different ways. Three leaders did qualify this statement by saying that this did not use to be the case. Community members used to stigmatise and discriminate against SV survivors. But because the government is now catching and punishing the perpetrators, community members realised that the SV survivor was not the cause of what happened. This also leads to SV survivors being more willing to speak out, seeing that perpetrators are now punished.

Sexual violence against men

The leaders were asked whether they know of any cases of SVAM and whether the issue is ever discussed within their community. Most of the leaders did not know of any such cases. It is not something that is discussed within the community. How can a man be violated by a woman? SVAM is seen as a taboo and people will laugh at a man who discloses such a thing.

The government, though, has been raising awareness about it. It have been emphasising that SV can happen to women and men. Yet people in the community still do not believe it. Thus is seems that, though the government is trying to raise awareness around SVAM, people are still hesitant to talk about it. Furthermore they only see SVAM as something that is done by a woman to a man. Also, though they are aware of SVAM, people do not take it seriously and neither does the church.

HIV & AIDS

Leaders were never directly asked anything about HIV. A few did mention it. Two leaders felt that it was important that the church must help SV survivors to go test for HIV and must help them access the needed hospital care and medication. Another leader mentioned HIV as one of the reasons why community members do not support SV survivors. People reject those who have HIV. Thus, as they assume that a SV survivor contracted HIV through what happened, they reject her.

Is it easy for a SV survivor to disclose within your community?

All of the leaders agreed that while it is not easy to disclose, people do disclose. This did not use to be the case. People use to keep it a secret as it is a shameful thing. But now, since perpetrators are being caught and punished, there is enough motivation and incentive for SV survivors to admit to what had happened, as they want perpetrators to be caught.

What is the church doing for survivors and what should the church be doing for survivors?

Each leader was asked what the church is doing for SV survivors. In general churches are supportive – providing counselling, comfort, prayer, teachings, etc. – and provide training on SV. Sometimes they provide more tangible support, such as cultivating lands, fixing houses and giving allowances.

The leaders feel that the church should be providing much more tangible support to SV survivors, such as school fees, health insurance, houses, material items, money, transport, medicines, etc. The church should thus be more involved in addressing the material needs of SV survivors.

3.3 Rwanda Community 2: Rwamagana

3.3.1 Answers and results from 15 questionnaires done during the survey

Eleven women and four men completed the survey questionnaire. They were between the ages of 26 and 56. Seven were married, seven were widows and one was unmarried. All except one of the participants were born and have lived in Rwamagana district their whole lives. The participants belonged to different churches.

Almost all of the participants mentioned SV as one of the things that happened during the genocide. Other things that happened were physical violence, destruction/loss of property, displacement of people, and poverty. All of the participants described SV as sex with force, indicating physical force or the force of the threat of a gun or other weapon.

Two participants do not personally know anyone who experienced SV during the genocide and five participants do not personally know anyone who had experienced post-genocide SV. It was interesting that almost everyone was able to think of reasons why SV happened to these victims. In other countries and communities they often just said that there is no reason. According to the participants SV happened during the genocide because they government encouraged it and there were not law or constraints on people and no consequences to actions. Furthermore, Hutu men wanted to see what sex was like with Tutsi women. SV happened after the genocide because men are still physically more powerful and can rape in order to get their way. Also, after the genocide people are not longer fearful of doing SV.

Most of the participants agreed that the RPF tried to stop the SV during the war. One or two could think of specific individuals who opposed it, but their attempts were unsuccessful. All but two of the

participants could think of things that have been done for SV survivors after the genocide. It was government, national and international organisations that provided the support. Churches were only mentioned by one participant.

It became clear that, though the participants do not discriminate against SV survivors and they know they are the same as other people, SV survivors make them quite uncomfortable. The government has taught unity and reconciliation and this has changed many people so that they do not stigmatise and discriminate against SV survivors. Still SV survivors make many people sad and unable to treat them like ordinary people. Many mentioned HIV in relation to the survivors.

In general it came across that the community is quite supportive, but that this did not use to be the case. The community's behaviour and attitudes have changed because of all the different trainings by government and organisations. People have learnt they must not stigmatise and discriminate. Nevertheless some people still mock and discriminate.

An added element was revealed, namely that of the family. Many in the community fear to approach SV survivors, for it was their family member/s who perpetrated the SV against the survivor. Families also at times hold grudges and the families of the victim and the perpetrator are enemies.

Ten of the participants said that men and women are now equal and that this did not use to be the case. But because of extensive government training (on the importance and equality of women) and because there are now also women in key leadership positions, men and women are now equal. The government was instrumental in bringing these changes. Five participants said that men are more powerful and empowered and that this position had been established and entrenched by Rwandan culture. Especially in the more rural villages there is no conception of equality.

Half of the participants said that their church does nothing for SV survivors or about SV in general. The rest of the participants explained that, within their churches, it is necessary for a SV survivor to directly approach the church leadership. Then the church might try and help, but they will not actively seek out survivors. Also, those that do preach about SV do not regularly do so and when they preach about it, "it is not very much".

Almost all of the participants felt that the government carries the responsibility for ending SV. People in general, women specifically, the church and organisations were also mentioned as responsible parties.

3.3.2 Nominal group session

Nine people attended the group. Eight were women and one was a man. They were between the ages of 25 and 55 and everybody could read and write. They represented about six different churches and everyone is somehow or another involved with AEE.

The group came up with 22 ideas for what the church should be doing about SV. These ideas were mostly focussed around training, awareness and education. The group was asked to individually vote for the five most important suggestions. The ideas with the least votes were deleted.
The group then voted again. The results were as follows:

1st: The church must pray to stop SV
2nd: The church must teach couples about SV within relationships
3rd: The church must teach development activities
4th: The church must teach people to get saved; the church must start support groups of SV survivors where they can share and support each other (these two suggestions received the same amount of votes)

3.3.3 Interviews with SV survivors

Four SV survivors were interviewed at the AVEGA Eastern Region headquarters in Rwamagana[4]. The interviews were unstructured and the survivor was allowed to share whatever she felt comfortable with.

Date and location of sexual violence

All four of the survivors were sexually violated during the genocide. All of them were violated by more than one man and two of the survivors knew the men who violated them. Three of the survivors were hiding in the forests when they were violated, while the fourth was in a RPF camp in Rwanda when it happened.

Medical treatment

Three of the survivors contracted HIV through the SV. The fourth did not disclose her HIV status. One of the survivors fell pregnant and had a baby due to the rape.

None of the survivors went for any medical check-up or treatment after they were sexually violated. The three who had contracted HIV only went to the hospital once they got very sick because of HIV. Two of these HIV+ survivors were not even willing to go to hospital even though they were very sick. A counsellor from AVEGA started visiting them at home and in the end convinced them to go to hospital. One of the survivors mentioned ongoing gynaecological problems due to the SV.

The role of the counsellor

In the case of all four survivors the intervention of AVEGA in the form of a counsellor made the crucial difference. Most of them had told no-one of what had happened and three of the four were very sick. Then an AVEGA counsellor started visiting them at home. The counsellor was the first person three of them ever disclosed to. Through the counsellor they became involved in AVEGA associations, where there were other people they disclosed to. They all emphasised how much better they felt – physically as well as emotionally – after the counsellor came into their lives and they were able to talk about what had happened.

> "If one has talked to (the counsellor), then it is easy to talk to someone else." - Rebecca

Disclosure: is it easy to disclose sexual violence within your community?

One of the survivors explained it as follows: "For Rwandan victims of SV it is difficult to disclose what happened. It took me ten years before I could tell someone." All four of the survivors made it clear that it is very difficult to disclose what had happened to them and that they still very rarely tell anyone about what had happened. This also led to some of the survivors not wanting to tell their families, knowing that it will make their families unhappy. Even though they know they cannot get any support if they do not disclose, they still prefer not to disclose.

How does your community treat survivors of sexual violence?

Only one survivor is now willing to disclose to her community the fact that she has been sexually violated and she thanks the AVEGA counsellor for getting her to the point where she is able to do so. The other three are adamant that they will not tell anyone within their community. They believe that if people know what had happened to them they will be treated differently.

With two of the survivors it became clear that they are not sure what the community will do if they found out about the SV. They are not willing to risk it, though. Even though some community members come up to them and ask them if they had been raped, they still prefer to deny it or avoid the subject. It was

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[4] AVEGA is an organisation that cares for widows of the genocide. Founded in 1995 it has been working actively with SV survivors for many years. While their aim is to assist genocide widows, their success and effectiveness has led to other needy people also seeking assistance from AVEGA. For example, women who have only recently experienced SV also go to AVEGA for help.

interesting that two of the survivors were fine with disclosing her HIV+ status to everyone in their different communities, but not the fact that they were raped during the genocide.

How does your own family treat you?
With SV survivors in Rwanda the problem is compounded by the fact that many of them have no family left. This was the case with two of the survivors in Rwamagana.

Of the two who did have family left, the one had disclosed only to her younger sister, seeing her as supportive. She cannot tell her mother, for her mother will tell everyone in the community. The other survivor told her children and her mother. While her mother is supportive, she now sees her daughter – and this the survivor disclosed with a wry smile – as someone who is dying.

'Comparing' HIV and SV
The survivors were never asked by the researcher about their HIV status. Three of them brought it up out of their own free will. It became clear that – at least to them and in their own experience – the SV that they had experienced is much more of a taboo subject than the fact that they have HIV. All of them had told many people about their HIV status. None of them have told anyone outside of AVEGA about the fact that they were sexually violated 16 years ago.

Did you disclose what had happened to your church? How do they treat you?
The survivors all belonged to different churches. Only one of the survivors disclosed the SV to her church and she experiences her church as being supportive. Of the other three only one told one person within her church. When asked why they did not disclose to people within their church, the answers varied. Mainly, though, it is because disclosure is very hard and they do not believe they will get any real help.

What support would you have wished for?
The survivors all made it very clear that no-one except AVEGA has ever offered them any help or support. They were asked what kind of support they wished for directly after the assault, but also in the years following. The survivors mentioned the following:

- For people to approach them,
- For people to counsel them
- Socio-economic help
- To be able to continue their studies and get an education

What should the church be doing for survivors of sexual violence?
The survivors emphasised the psychosocial role that the church can play, by approaching survivors and comforting, counselling, and supporting them. Yet they must also play a socio-economically supportive role, by teaching income-generating activities, paying school fees, providing financial support, etc.

3.3.4 Interviews with leaders from Rwamagana

Leadership interviews in the Rwamagana area was done with 11 different people. Four were women, eight were men. All except three of the leader interviews were organised by an AEE representative. The leaders included:

- A missionary doctor
- A psychologist working for a genocide survivors organisation
- A manager at a government health centre
- A pastor at a prominent AIC
- An executive secretary of a cell
- A coordinator of government department in the district
- An executive secretary of a sector
- Head of the development department of a prominent women's organisation
- Three directors of three different NGOs

Once again the interviews were unstructured. General questions were asked if and when they were appropriate.

What is the situation regarding sexual violence like at the moment?
The majority of the leaders felt that SV was decreasing. They were of the opinion that the harsh punishments for SV as well as all the training by government on the subject has brought about this change. Two of the leaders felt that SV was on the increase. One of them felt that the increase was due to people disclosing what happened, while in the past they used to keep it a secret. The increase is thus not an actual increase, but rather an increase in awareness of cases. This statement was supported by another leader, who felt that the increased media attention that SV is now receiving creates the impression that SV is on the increase, while in actual fact it is not.

One NGO leader emphasised the importance of differentiating between the SV that took place during the genocide and the SV that is currently taking place. It happened and is happening for very different reasons.

> "During the genocide, rape was a war strategy; it was a tool of suffering. It was a way to dehumanise women and your enemy. Now, after the genocide, it is common abuse, especially when it comes to children." - Johnathan

Who are generally being targeted by SV?
Two leaders emphasised that young girls are being raped more and more often and that this is the basis for their opinion that SV is on the increase. An interview with a medical doctor – who works in a hospital about half an hour outside of Rwamagana – to an extent supported this statement. The SV that he has come in contact with has in every case been perpetrated by a family member or close family friend and it is very often targeting children or dependents within the household. SV is rarely being perpetrated by an unknown stranger. The genocide has created a situation where there are many orphans and unrelated dependents within a household. These individuals are particularly vulnerable, as they are completely dependent upon the goodwill of the household members and especially the head of the household. Refusal of sexual advances and abuse is thus not always an option.

Have you come across survivors of SV within your organisation/sphere of leadership?
Basically all of the leaders affirmed that they have come across SV survivors within their organisation or because of their leadership position. At the same time most of them also mentioned that these cases were very few and that they think there are many more such survivors, but that they are unwilling to disclose.

Disclosure
The leaders stated that SV survivors rarely disclose to another person what happened to them, because of cultural reasons and as community members may stigmatise and discriminate against them.

Quite a few leaders emphasised that this situation is changing or has changed. While in the past (before the genocide) it was very difficult to disclose and the issue caused conflict within families, people now disclose more easily and more often. This change has come because of training by government and organisations. Yet people who were sexually violated during the genocide usually still do not speak out about what happened. It is those who have been sexually violated post-genocide that tell the police, their family, and/or other individuals.

One leader differentiated between SV within a marriage and SV outside of marriage. While nowadays people who experience SV outside of marriage will almost always disclose the incident, SV between husband and wife is still very rarely disclosed.

How are SV survivors treated?
All of the leaders who were asked this question stated that their community does not discriminate against SV survivors. The community visits them, counsels them and treats them no differently from others. This is quite interesting in light of what the same leaders said to explain why some survivors prefer not to disclose. Many of these leaders said that community members discriminate, gossip, mock, etc. It might thus be that while the leaders know discrimination and stigmatisation does happen, they feel that their own community does not do it.

One leader gave a very different perspective on community involvement. She is a counsellor who has been working with SV survivors for the past ten years and her opinions strongly reflect the experiences of her clients. She felt very strongly that communities in general are not supportive of SV survivors. They discriminate, gossip and stigmatise survivors. This is the main reason why survivors are not disclosing.

Some leaders differentiated between genocide SV survivors and post-genocide SV survivors. Community members sometimes do not take care of genocide SV survivors and discrimination and stigmatisation of these survivors might take place. But nowadays, as SV is no longer such a taboo and people are aware that they must tell the police and go to hospital, community members in general have more compassion for post-genocide SV survivors.

Half of the leaders were of the opinion that the family of a survivor is supportive of the survivor. They welcome and comfort the survivor and do not discriminate. Three leaders said that the reaction and behaviour to a large extent depends on the survivor. If the survivor has a history of "being bad", then her family will not actively support her. While they will not kick her out of the house, they will say that she caused it and will not adequately care for her. But if the survivor has a history of "being good", then they will care, love and support her. It has to be kept in mind that many SV survivors do not have any family left, due to the genocide.

The importance of family and the family structure was emphasised by one of the NGO leaders. Within Rwandan culture the family is a safety structure for women and girls. With the genocide in 1994 this whole structure collapsed. That is why such atrocities were committed against women and girls, as they had no safety structure, and this is still the case. Many women and girls still have no family to protect and care for them and this is why SV is still happening and able to happen.

What are churches doing about SV and for SV survivors? And what should they be doing?
Most of the leaders felt that churches are involved in SV and are supportive of SV survivors. But when asked what specifically it is that the churches are doing, they could mention very few things. Basically churches only pray and do trainings.

> "The church has no decided strategy on dealing with SV. The church is a mere observer. We pray, that is all we do." - Charles

Interesting to note was that the SV counsellor specifically mentioned that many SV survivors join churches, as they find support and strength there, *even though they rarely tell anyone what happened to them*. The church is a positive space and the sense of community and belonging help SV survivors. This viewpoint was supported by the statement of a NGO leader. He said that one must realise that the church is the only reliable social network within poor countries. People cannot go to the cinema or a club in order to find a space where they can get away from their problems. The church is all they have. Also, many people no longer have family left. The church to an extent becomes their only source of 'family'.

Sexual violence against men
Six of the leaders were asked specifically whether there is any SVAM within their community. Two were adamant that there were none and seem to see the idea as a joke. The rest said that there is SVAM, but that they knew of very few cases and that people are uncomfortable talking about it. Most of these leaders, even though they said it was happening, also smiled or laughed when they spoke about it. The

cases that were described all involved a young boy with an older 'housemate'. The missionary doctor had the personal opinion that a lot more SVAM was probably going on, especially within the context of orphans within other households and orphans within orphanages.

How do husbands treat their wives if their wife is sexually violated by another man? And is there sexually violence between husbands and wives?

Leaders felt differently about how Rwandan husbands treat their wives if the wife is sexually violated by another man. There seem to be some consensus, though, that it is acceptable within Rwandan culture to reject your wife if she has been sexually violated by another man, as men do not want to share their wives. Yet this does not happen all the time, or even that often. But at the very least it seems that such a situation does cause a lot of conflict and problems within a marriage.

All of the leaders agreed that SV between a husband and wife is happening within their communities, but most were hesitant to commit into stating whether it is common or not. The fact remains that people very rarely disclose if this happens within their marriage, as it will shame both the wife and the husband ("It goes against Rwandan culture to talk about such things"). Also, many wives do not even know that what they are experiencing is SV.

Rwandan culture and sex

Through the different interviews and the different questions the leaders made it clear that the Rwandan people are not comfortable talking about sex. Sex is a sacred thing, meant to happen only within a marriage. If it happens out of that context – whatever the reason – it brings shame upon the person. People are embarrassed to talk about sex and parents rarely talk to their children about it. Churches are uncomfortable talking about it and matters relating to it. This creates a situation in which SV is an embarrassing, shameful subject and people prefer to avoid it.

SV being handled between families

A few leaders mentioned that a case of SV is sometimes/often not taken to the police and court, but handled by the families of the perpetrator and survivor. They come up with a 'solution' to the problem, without calling on any outsiders or governmental or judicial involvement. Usually the perpetrator or the perpetrator's family will pay a specified sum of money to the survivor's family. Then the matter will be seen as resolved.

HIV

HIV was mentioned – within different questions and contexts – by most of the leaders. Usually it was mentioned as one of the possible consequences of SV and the importance of testing was highlighted.

Medical care

The medical care available to SV survivors is limited, partly due to the fact the SV survivors go to hospital too late. HIV PEP is available to SV survivors. But most SV survivors only go to hospital after the 72 hour period in which PEP must be administered. Furthermore, within Rwanda abortion is illegal and no morning-after pill is administered to rape survivors. Pregnancy is seen as a possible result of rape, but medically nothing is done to prevent it.

Government involvement

In general most of the leaders felt that the Rwandan government was actively and effectively involved in the issue of SV. They feel they are doing a good job especially when it comes to training and awareness raising. The government is well-organised and administered when it comes to handling SV, via the different governmental governing structures. The only problem mentioned – by a government employee – was the limited funds of the government and the fact that SV and women and child protection departments do not get adequate funding.

3.4 Discussion

3.4.1 The nature of SV

SV was defined by most research participants as one partner physically forcing another to have sex. Other forms of SV, such as forced marriage, coercive sex, or sex for money/food for survival, were almost never mentioned. This raises the question whether SV survivors of such forms of SV receive any support and whether they themselves realise that it is SV that they are experiencing.

SV was repeatedly described as something that primarily happens between husband and wife. Many participants openly said that SV within a marriage is the biggest SV problem in Rwanda. Disclosure about SV within a marriage is rare. Wives are ashamed about it and to talk about sexual matters in general. Outsiders are very hesitant to interfere within another couple's marriage. Thus, even though people know it is happening, they will not address it.

3.4.2 Difference between genocide SV survivors and post-genocide SV survivors

SV survivors from during the genocide tell a very different story from post-genocide SV survivors. In general, post-genocide SV survivors disclose what has happened to them. They report it to the police and they go for medical care. They find support from their family and some community members and children born due to the rape are usually treated well by community members.

Genocide SV survivors do not disclose. Of the genocide SV survivors that were interviewed, only one is comfortable with disclosing what had happened to her. They hide it from family, community and church and they fear that people will find out.

Participants made it clear that the government had trained them about SV survivors. They used to not treat them well, but now they do. This change seems to have come too late for the genocide SV survivors. They are still marginalised. It seems that the taint of the genocide causes people to treat genocide SV survivors differently.

3.4.3 Post-genocide SV perpetrators are usually known to their victims

If one looks at the stories of the SV survivors and at participants' description of the situation in Rwanda, SV perpetrators are almost always known to their victims. While during the genocide it was often done by strangers, post-genocide SV perpetrators are usually a family member, friend or acquaintance of the victim. The genocide is partly to blame for this, as many people are now forced to live in another household as a dependent. Thus they are left dependent on the whims of other household members, with very little bargaining power.

3.4.4 SV survivors receive more support from the community

The research participants usually described their community as being very supportive of SV survivors, but SV survivors themselves do not experience their community in such a way. The negative way in which community members treat SV survivors was given as one of the main reasons why SV survivors do not disclose. Yet it does seem that Rwandan communities are quite supportive of SV survivors. SV survivors themselves are able to give examples of emotional and practical support from other people.

In general families also seem to be more supportive of a family member that has been sexually violated. Their support is often dependent on whether the survivor's behaviour before the event was good or bad. But in general families will not reject a family member who has been sexually violated, though they might not always treat them very supportively. Within the context of the genocide, many SV survivors did not have any family left, so this issue often never even came up.

Husbands also generally seem to keep wives that have been sexually violated. Although Rwandan culture would allow him to reject her, husbands usually do not. This might be because husbands were mostly

killed during the genocide, so the issue did not have to be dealt with after the genocide. Furthermore, after the genocide the government has done extensive training on SV, so men have learnt what it is and that they should not reject their wives.

Thus it seems that Rwandan people are more supportive of SV survivors. The survey interviews made it clear, though, they many people are not really comfortable with SV survivors. But they have been taught how they should treat them, so that is what they try to do. It comes across as a change of head, not a change of heart.

3.4.5 Children born due to rape

Quite a few of the SV survivors that were interviewed had children due to the rape they had experienced. Some of these survivors were raped during the genocide and some were raped fairly recently. What is interesting, and saddening, is that the children of genocide rape are treated much worse than the children born from post-genocide rape.

All of the genocide SV survivors who had children due to rape described how badly their children are being treated. They are teased and mocked, called fatherless and blamed for the genocide, as they have Hutu fathers.

The post-genocide SV survivor whose child was born two years ago is treated very differently. The community loves and cares for the child. Genocide babies carry the "ethnic stain" and are associated with the wrongdoings of their biological fathers. Children born from post-genocide rape carry none of these ethnic, political and historical associations, thus they are not treated as badly. They might be teased for not having a father, but they are not marginalised and stigmatised as genocide rape children.

3.4.6 SV survivors' need for community

The SV survivors that were interviewed repeatedly mentioned that they have a need to be with other people. They want to belong, to be part of a group. They need people to approach them and be with them.

This was often phrased as a need for family. Many SV survivors lost their entire family in the genocide. Thus they need other people to fill this gap, to create a sense of belonging and community. This is a role that the some believe the church can fill, though it often does not.

3.4.7 The important role of counselling

The SV survivors that were interviewed at AVEGA clearly illustrated the important role of proper counselling for SV survivors. These survivors were able to talk about what happened to them and have rebuilt their lives. They themselves admit that counselling brought about the change. Before they received counselling they were not able to deal with what had happened to them. Two of them were literally dying. But now, even though it is still painful, it does not paralyse them anymore. They have support and are able to deal with their pasts and carry on with their futures. To see the difference in these SV survivors makes the need for proper, long-term counselling for SV survivors a key priority.

3.4.8 HIV and SV

There seems to be an association between SV and HIV. Many participants said that SV survivors have HIV, or that there is at least a strong chance that they contracted it. Often it was mentioned more obliquely, by saying that SV survivors have "diseases".

It seems to be that SV is stigmatised more than HIV. Most of the HIV+ SV survivors disclose their HIV+ status, but not the SV. This is not the case everywhere, though. One SV survivor said that the community does not mind that she has been sexually violated, but they treat her badly because of the HIV she contracted.

3.4.9 Sex as a taboo subject

The taboo nature of sex was repeatedly mentioned. Rwandans are very hesitant to talk about sex. Even the researcher's interpreter in the beginning smiled uncomfortably whenever she had to say the word 'sex'. Sex is seen as something that should only happen within a marriage. It should not be talked about in public. Parents rarely talk to their children about it.

In order for SV to be addressed, this hesitancy to talk about sex must be addressed. The church must talk about it, parents must talk to their children about it, and spouses must talk to each other about it. It is very hard for SV survivors to disclose what happened to them within a culture that does not even want to talk about sex.

3.4.10 Socio-economic assistance

A need for socio-economic assistance was mentioned by SV survivors and participants in general. In general, participants did not really say that SV survivors need money. Rather, they need assistance in using the resources that they have. Since the government has extended inheritance rights to females, more women also own land. But often if they have been sexually violated they are too sick/weak to cultivate the lands. Thus they need practical assistance in cultivating their lands.

3.4.11 Gender

Almost all of the participants mentioned the government training that they have received on gender equality. Government training on GBV was also mentioned during many of the other interviews. Participants said that the relationship between men and women has changed and it has now become one of equality, because of the government training. Throughout Rwanda there are also enormous billboards speaking out against GBV and gender and GBV is often a topic of discussion in parliament.

Yet research participants still repeatedly described the power imbalance present between men and women. Women are 'below' men and abusing women is seen as normal, acceptable behaviour. These power imbalances are ingrained in Rwandan culture and society. Thus it remains questionable how much of the gender and equality training is internalised.

3.4.12 The role of the church

The participants are positive about the church and the role that it can play. Some practical things that the church does were also mentioned. Yet when one listens to SV survivors and leaders who are actively involved in addressing SV, it becomes clear that the church is not very involved in the struggle against SV.

It seems that the church sees holy and spiritual matters as its domain and SV is not seen as either holy or spiritual. But what is interesting is that people seem to enforce this one-sided approach of the church. In both group sessions done in Rwanda the participants were of the opinion that the church should be more involved in the 'spiritual' side of SV, especially in praying against it. Although they came up with very practical ways that they church could address SV, they still decided that the spiritual ways of addressing SV is the most important.

3.4.13 Government plays bigger role

The Rwandan participants were very positive about their government. They feel that it does a lot about SV, especially in how it prosecutes and punishes perpetrators and through all the trainings that it does on SV. Many situations were also described where government trainings lead to positive changes in attitude and behaviour by community members.

3.4.14 The judicial system

In general the research participants are happy with the judicial system. They feel perpetrators are being caught, prosecuted and properly punished. But if one looks at the SV survivors that were interviewed, this is in actual fact not the case.

None of the interviewed post-genocide SV survivors' perpetrators are in jail. None of the genocide SV survivors' perpetrators were ever caught. Thus it seems that the perception of the judicial system is not necessarily a reflection of the way it actually works.

Some families still persist in resolving SV within the family structures. Thus the perpetrator or his family will pay an agreed-upon amount to the survivor's family and the matter is seen as resolved. It is never taken to the police or community leader.

Chapter 4
Strategic suggestions

4.1 Introduction

Armed conflict is a difficult context in which to oppose and work against SV. The chaos and absolutely lawlessness that rules in such situations makes it challenging. This the research participants in the DRC, Rwanda and Liberia have made clear.

Yet SV is not only a problem during the period of armed conflict. One of the consequences of SV during armed conflict is that the SV tends to persist even if peace is restored. The research participants displayed the most concern regarding the fact the SV is still happening even though the period of armed conflict has passed (or in the DRC's case, is less aggressive). While they are sympathetic to SV survivors of the armed conflict, they are more concerned about the fact that SV is still occurring. It seems that a culture of SV develops in a country which is/was at war or experienced genocide.

Taking this context into account, this chapter will look at the role of the church regarding SV in countries that are/were involved in armed conflict. Based on the experiences, opinions and suggestions of research participants of the DRC, Rwanda and Liberia, the following question will be explored and answered: "How can the church address SV during armed conflict as well as change the sexually violent culture that has developed in a country during and due to a period of armed conflict?"

First the general patterns – key issues that were present in all of the research locations – will be identified and briefly discussed. Then a theoretical model, identifying the needed and necessary areas of SV interventions, will be described and explained. This will be followed by a section that focuses exclusively on the role of the church, identifying its strategic responsibilities but also ways of implementing the theoretical intervention model.

4.2 General patterns

In the following section the situation in the different countries will be compared, so that differences and similarities stand out more. In doing so general patterns that exist despite contextual circumstances can better be discerned. These general patterns theoretically will be present in other African countries that are experiencing or have experienced armed conflict. At the same time the uniqueness and individuality of the situation in a country is ackonwledged.

4.2.1 Marginalisation and stigmatisation of SV survivors

Common to all of the settings studied is the marginalisation and stigmatisation of SV survivors. Neither family members nor community members can be relied upon to adequately provide support for a SV survivor. SV survivors tell countless stories of being mocked and despised for having been sexually violated.

This is causing SV survivors great pain and for many of them this is what they most wish would change. They have a burning desire and need to belong and be accepted.

'New' SV survivors refrain from disclosing what had happened to them because they see how other SV survivors are treated. Many refuse to go to the police or hospital, fearing that someone they know will find out and that they will then also be stigmatised. Families prefer handling it "in the family way", resolving it themselves to avoid shaming the SV survivor and her family. Thus SV survivors do not get the medical treatment they need because they do not go to hospital and perpetrators get off without any punishment, because the survivors do not go to the police.

The marginalisation and stigmatisation of SV survivors are therefore not only an emotionally traumatic experience. Arguably it leads to further SV – as SV perpetrators are free to sexually violate others – and sickness, even death, as SV survivors refuse to access medical help.

Marginalisation and stigmatisation are not limited to SV survivors. Children born because of SV are despised by and discriminated against by the community and very often also by their own family. They are constantly reminded of it.

Thus the marginalisation and stigmatisation of SV survivors is something that has to be addressed. It is important to identify the specific forms that marginalisation and stigmatisation takes in a community, so that it can be focused on and dealt with specifically.

4.2.2 The current role of the church

Common to all the settings studied is that the church is not very actively involved in the issue of SV. It does not (fully) accept its responsibility and role in addressing SV.

Thus, in order for the church to become more actively involved in combating SV, it first has to accept this responsibility. Both church leaders and members have to see it as part of the church's mandate. Many practical, much-needed interventions which the church can put into practice have been suggested by research participants. But none of these can be implemented until the church has accepted that it is supposed to be doing it. At the moment addressing SV is seen as an extra and not part of what the church's job actually is.

This absence of the church is linked to the silent voice of the church when it comes to sex and sexual matters. In all of the research locations participants were urging the church to start speaking about sex and sex-related issues. Churches in general see it as a taboo subject, avoiding all issues relating to it. This taboo is communicated to church members and leads to parents who also do not talk about sex with their children. The church needs to break the silence and start talking about sex, for its members to also break their silence and start talking about it.

4.2.3 The judicial system

Common to all the settings is an ineffective judicial system which cannot deal with SV. SV perpetrators are not being caught, prosecuted and punished. The extremity of the situation differs from country to country. Yet a direly needed point of intervention is helping SV survivors and the community in general access the judicial system and force it to function effectively.

SV perpetrators are not being prosecuted and punished, for different reasons. This is further motivation for SV survivors to not disclose what happened to them. If the perpetrator will not be punished, what is the use of reporting it? This leaves SV perpetrators free to sexually violate other people. Abandoned cases, bungled cases and early releases all lead to a situation in which SV perpetrators are free to perpetrate more SV.

SV survivors need to be helped so that perpetrators are caught and punished. In the different contexts the needs will be different. Some will only need money to travel to the court, others will need money to pay a lawyer, and others will need protection during the trial. Furthermore, pressure must be put on government to ensure that they also address this issue.

4.2.4 What can be done about SV in the midst of armed conflict

In all of the research locations the participants in general felt that very little can be done about SV during armed conflict. Participants in all of the research locations reiterated that it is the chaos and lawlessness during war that allows SV to be perpetrated. With people fleeing in fear and infrastructures collapsing, they feel very little can be done to oppose it.

Yet the research participants in general also agreed that – during the armed conflict – no-one actually really tried to do anything about SV. Thus, while acknowledging that armed conflict is a challenging context for addressing SV, it is not impossible to do so.

4.2.5 Need for collaboration

In all of the research locations a very wide-ranging list of needs were identified by the research participants. All of these needs will have to be addressed if one wishes to address SV. Thus collaboration will be the key to any SV intervention.

The research participants in each country recognised the need for a united effort combining religious, governmental and non-governmental partners. No single organisation/institution can do it on its own. Thus it is important to form partnerships with relevant role players and wide-ranging expertise, so that that the same services are not offered by everyone and so that all needs are addressed.

4.2.6 Counselling

A constant need identified in all of the different research locations was for counselling for SV survivors. The emotional healing and strength in those that have and are receiving it was obvious. Those who had no access to counselling were begging for it. Most participants mentioned counselling as an important need that the church can address. Some participants felt that the counselling should not be limited to SV survivors, but that SV perpetrators should also be counselled..

Training of proper counsellors is very important. Just because someone is a pastor does not mean he is a good counsellor. The traditional 'pastoral' approach of only praying with a survivor and telling her to turn to God is not enough. Counsellors must be trained, so that they have dealt with their own prejudices regarding SV, SV survivors, gender and sex. They have to have knowledge of the standard issues and needs of SV survivors and of basic counselling skills.

4.2.7 The common form of SV

SV is present within all communities, but it takes different forms and targets different groups. The different research locations identified different forms of SV as their key problem and also gave different reasons for it being such a problem. It is important to take note of the specific situation where one plans an intervention, so that the intervention can focus on the problem of SV in the form that it takes there.

In Rwanda, for example, SV between spouses is a common, yet unaddressed and unspoken of issue. In Liberia, the SV was described as targeting teenage girls. Another troubling occurrence is the raping of little girls in order to cure HIV and other diseases. In the DRC it seems that SV is much more violent and physically damaging than it is in Rwanda and Liberia. Thus, though general SV interventions are needed, one must take into account what form SV takes in a specific location and address the issues relating to that.

4.2.8 Medical care

Common to all the research locations is the difficulty of accessing adequate medical treatment, both during the armed conflict but also afterwards. Most SV survivors never went for medical treatment, as they could not find any or could not afford it. Those that have had medical treatment describe their difficulty in getting money to pay for transport and for the medical care itself.

4.2.9 Poverty

Poverty is connected to SV in every research location. In some cases it is the reason why SV happens, in other cases it is a consequence of SV. In both cases poverty will have to be addressed if one wants to comprehensively address SV.

4.2.10 Prayer

In all of the research locations prayer was identified as an important responsibility of the church. Survey participants, group sessions, SV survivors and leaders see prayer as very important to addressing and ending SV.

Prayer can be a so-called weak intervention, used to avoid practical involvement. Yet prayer is arguably the specialist area of the church. Other actors cannot access this method of intervention. Prayer also carries therapeutic value, both for SV survivors and their friends and family. Thus, while at the same time recognising that church has to do more than only pray, the church must actively start praying against SV and for SV survivors.

4.2.11 A culture of SV: the dehumanisation of women

In all of the research locations the participants were of the opinion that SV became an issue during the war or genocide. It was for different reasons; for example in Rwanda it was seen as part of the government's genocide strategy, while most Liberians see it as a by-product of the war and not a specific strategy.

Yet in all of the research locations, especially in the DRC and Liberia, the participants felt that the SV during the war has brought about a change in the civilian attitude towards SV. SV has become part of the culture. It is perpetrated by civilians in non-conflict situations and is seen as acceptable behaviour and a realistic response to certain situations.

It can be argued that dominant cultural constructs of gender and sexuality are contributing to this culture of SV. Women in general are seen as dependent on men, belonging to either father or husband. Her value lies in her virginity (before marriage) and her fidelity (after marriage) and her value and identity is thus to a large extent dependent on physical attributes. Such a sexual construct of the value of a woman serves to dehumanise her. She is not a thinking, feeling, and deliberating being. She is a tool for sex.

This construct of 'woman' indicates why SV can be used as a war strategy. A woman is owned by a man, thus destroying his property by making it valueless, i.e. removing its virginity/fidelity, is a way of attacking the man. Furthermore such a sexual construct of a woman's identity is also contributing to SV in times of peace, as her identity is largely only that of sexual tool. If women are seen as sexual objects, it is understandable that they are used as such.

Thus, though a culture of SV develops as SV is normalised during armed conflict, it can be argued that it is the dominant cultural gender constructs that create a setting for SV to become normalised.

4.2.12 SV survivors avoiding other people

All of the research locations indicated that SV survivors themselves engage in isolating behaviour. It is not always only the community that must be blamed for marginalising survivors. Some survivors actively avoid contact with other people.

This can be due to different reasons. SV survivors sometimes fear rejection, so they avoid situations in which they can be rejected. Or the trauma they have suffered makes it impossible for them to engage with other people. Counselling and training for SV survivors, helping them and teaching them how to engage with others can thus be very helpful for some SV survivors.

4.2.13 Conception of Biblically ordained roles contributing to SV

The research participants repeatedly described gendered power constructs as being Biblically ordained. When explaining that men are more powerful and important than women, many participants justified this by stating that the Bible said it should be so. Many research participants also explained that their churches preach about and enforce these gendered power imbalances. Scripture is quoted in support for

women being subordinate to men and ordered never to question the decisions and actions of their husbands.

This highlights the need for a Biblical hermeneutic that supports equality and power balances. It calls for training on hermeneutical skills, both for pastors and church members, on how to read and understand the Bible contextually.

4.3 Looking at the problem strategically: the necessary levels of intervention

Strategically one would want to address the issues discussed above. The research revealed these issues as universal to all the different research locations. Arguably these tendencies will also be present in other conflict and post-conflict areas.

In this section an intervention framework, describing the levels of intervention that are needed, is developed. This framework is based on what research participants themselves identified as needed and important. This is important to keep in mind. The framework provided below is a formalised organisation of the research participants' experiences and suggestions.

The framework represents an idealised structure of all the needed categories of interventions that should be present and available within a community.

4.3.1 Strategic interventions: differentiating between prevention and care

It is helpful to differentiate between SV prevention strategies and SV care strategies, though the two might overlap and influence one other. Keep in mind that something might seem to be a strategy of care (such as ensuring that husbands stay with and support wives that have sexually violated by others) but can also be a prevention strategy (if wives know they will not be rejected, they are more likely to report and testify against SV perpetrators, thus ensuring that the perpetrators are caught and do not do it again).

On the level of prevention, strategic interventions should fall within the following categories:

- Awareness
- Attitudinal change
- Values
- Behavioural practices
- Leadership and institutional response

On the level of care, strategic interventions should fall within the following categories:

- Medical care (short-term)
- Medical care (long-term)
- Psychological care
- Financial self-empowerment
- Legal assistance

4.3.1.1 Prevention

- Awareness
  Creating awareness would involve 'spreading the word' about SV. Not only would this break the traditional, stigmatising silence about sex and SV, it would lead to an informed community. Awareness raising is not only about spreading information, but also correcting false beliefs. It is very important that awareness raising takes place in a culturally sensitive manner.

- Attitudinal change

Attitudinal change is about addressing the perceptions, attitudes, and beliefs that lead to SV survivors being stigmatised and shamed. Especially this part of prevention will have to be very context specific and sensitive, for it will have to address cultural norms, traditions and beliefs. Thus one will have to be very culturally sensitive, while at the same time not compromising on important principles.

- Values
  Arguably the basis for effective and sustainable attitudinal change is instilling the right values in people. If people have the right values their attitudes towards SV will be easier to influence and change. Values and attitudes are in a reciprocal relationship. While values influence attitudes, attitudes also influence values.

- Behaviour change
  Obviously behaviour change cannot be achieved separately from attitudinal and value change in the individual. Yet it is important to highlight this aspect of prevention. While one often focuses on the previous three aspects of prevention, behaviour change calls for interventions that actually cause people to change their behaviour. While behaviour change can be a positive result of the previous three intervention types, interventions focussing on behaviour change have as primary goal the achievement of changed behaviour.

- Leadership and institutional response
  This level of intervention calls for community leaders and community institutions that are involved in the fight against SV and actively support other interventions and their messages. It also calls for informed leaders who are positive role models when it comes to SV.

  Most leaders need to be trained about SV. They are under the influence of the same cultural and traditional beliefs regarding SV as the rest of the community. As leaders can have a marked influence on a community, it is very important that they are a positive influence. Thus one has to instil awareness, attitudinal change and the right values and behavioural practices among leaders. Only then will they be supportive of the interventions that are launched.

4.3.1.2 Care

Again, many of the interventions that are here strategically grouped under 'care' will also have a preventative element and effect.

- Medical care (short-term)
  With short-term medical care is meant medical assistance for an SV survivor directly after she had been sexually violated. This would include:
  - Rape kit
  - HIV PEP
  - Pill or scrape to prevent pregnancy
  - Forensic examination and certificate to prove rape
  - DNA-testing of semen/other residue from perpetrator

- Medical care (long-term)
  Long-term medical care refers to those SV survivors who have long-term physical problems due to SV, as well as those who were assaulted a long time ago but only now seek medical treatment for the physical damage they suffered. Such long-term medical care would include:
  - ARV's
  - Operations for conditions such as fistula
  - Treatment for STI's

- Psychological care
  SV survivors need counselling to help them deal with what has happened to them. This includes short-term crisis counselling directly after the event, but also long-term counselling from a trusted counsellor.

  Counsellors must be trained so they are able and capable of dealing with SV survivors. Counsellors must be trusted members of the community and it is important that they never disclose what is told to them. Lastly it is important that there are also male counsellors available. SVAM is a reality in all of the research locations and men find it extremely difficult to disclose SV perpetrated against them to a woman.

  Travelling counsellors are an effective way of providing assistance in rural areas where there are not enough counsellors for every village. Yet psychological care does not only entail professional counsellors. It involved emotional support from family and friends as well.

- Financial support and self-empowerment
  Poverty is undeniably linked to SV. People experience SV because they are poor and desperate to survive, and SV survivors are often trapped in poverty because of what happened to them.

  While short-term aid, such as money for medical/health insurance or money for school fees or food, does have its place in a care strategy, such an intervention in the long-term only creates further dependence and thus vulnerability. Interventions such as vocational training, small-business grants, cheaply renting out plots for cultivation, agriculture co-operations, etc. are ways in which SV survivors can provide for themselves and become independent. Furthermore, such interventions build the survivor's confidence and self-esteem.

- Legal assistance
  SV perpetrators are mostly not being caught, prosecuted or punished. This happens for different reasons. Legal interventions need to focus on what the judicial problem is within the specific context.

4.3.2 Strategic interventions: long-term vs short-term

The situation that has developed in the DRC, Rwanda and Liberia has developed over a long period of time. One has to be realistic and realise that changing it is also a long-term endeavour. Strategically one will therefore have to think both short and long term. Long-term interventions will focus on bringing sustainable change in the dominant culture of SV. Short-term interventions will focus on managing the crisis situations of SV.

4.3.3 Strategic interventions: the importance of cultural sensitivity and local input

The section which follows will look at the levels of SV intervention that are needed, based on the grounded research done in the DRC, Rwanda and Liberia. Yet before one proceeds to identify these levels it is very important to highlight two key prerequisites for intervention in any African country.

Firstly, it is very important to realise that there really is a huge difference between the cultures of the West and of Africa. Furthermore one should not approach strategic intervention planning with an idea of Western superiority. While one does want to bring change, it should not be from the perspective of Western cultural superiority that must be enforced on local culture. Interventions are doomed to failure should one do so, for they will then not be able to function within the nuanced world of local culture. While it is arguably impossible to leave one's own culture behind, sensitivity to one's prejudices can help.

Secondly, in planning actual interventions local participation and input has to be accessed. The research done within the DRC, Rwanda and Liberia is an example of Participatory Action Research (PAR). The

population that were the subjects of the research were also active contributors to the research process. Their voice and opinions regarding what is going and what should be done was the basis of the research and gave direction to what was focused on[5].

One cannot come from the outside and tell people what should be done to better their lives. Especially in Africa this makes people feel humiliated and belittled. One has to work with the people that one wants to help and with them design appropriate strategies and interventions. Otherwise there will never be local ownership of the intervention. It is also important to remember that both locals and foreigners can be from 'the outside'. The RDIS, for example, is a local organisation staffed by local people and their projects still failed until they involved the community in strategic planning processes.

4.3.4 The importance of partnerships and collaboration

Different organisations and partners will have to work together in order to effectively address all the levels of prevention and care as identified above. The need for collaboration between different institutions, organisations and community actors is very important. Everyone brings their own field of expertise and can focus their intervention efforts by using their specific skills.

At the same time it is important that all these different organisations and interventions are part of a bigger, concerted effort. One needs a structure that can work with and coordinate all these different intervention efforts, at the same time creating awareness among partners of the other resources available elsewhere and encouraging collaboration.

To strategically address SV to bring long-term change on a larger scale, a more ecumenical vehicle (than an individual church or church denomination) will arguably be most effective, one that thinks further and bigger than individual denominational issues and grievances. For effective interventions the traditional borders separating different denominations and separating church from other institutions and state will have to be crossed. SV is not only the church's issue. Therefore not only the church can work against it. Thus a flexible body, which can work across religious, denominational, political and cultural borders, would be ideal for guiding, driving and coordinating intervention efforts. Such flexibility is important for it to be able to effectively function within its context. All partners addressing SV must fit into such a body, each with their unique angle on addressing SV.

At the same time, if none such partners or organisations are available and/or willing, the local church can individually still address SV and bring change. It will mean that it will be a more challenging and arguably slower process. Yet it can and must still be done.

4.4 Looking at SV strategically: the role of the church in prevention and care

The following section will look at the strategic role of specifically the church regarding SV, based on the discussion and intervention framework identified above.

While the research participants uniformly agreed that the church is not playing an active role in addressing SV, they were almost all very positive about the church and what it could do about SV. The

[5] In conversation with an employee of the RDIS in Rwanda, he told the story of how the RDIS's projects years ago failed miserably. The RDIS had studied the community, identified its problems and needs, designed wonderful projects to address it, and it all failed miserably. What happened, he explained, was that they never listened to the community and did not make it part of the process. Now they listen to what the community says it needs and also to its suggestions for how these needs should be addressed. Since including the community in its planning processes the RDIS's projects have become effective and successful.

participants believe in the potential and ability of the church to address this issue. Many expressed the belief that the church has the most potential of any institution/organisation to address SV effectively.

Arguably no other institution can influence people as well as the church can, mainly because of the fact that church members turn to the church for guidance. The following unique characteristics of the church highlight its exceptional ability to address SV:

- Members allow themselves to be influenced by their church. It has a guiding role in giving input on correct life choices and behaviour. It has the ability to influence the values, attitudes and behaviour of its members *and members allow and even want the church to do this*.
- The church is trusted.
- Churches are everywhere, involved at grassroots level in even the most rural areas. Thus it has the ability to reach people everywhere.
- Members are seen on a regular basis. They are accessed weekly or even more than once a week.

Taking these unique characteristics into account the church has the ability to work on both the SV prevention and care levels.

4.4.1 Primary strategic steps

Grounded research in six different sites in three different countries has identified five key strategic responsibilities of the church in addressing SV. The research participants have highlighted the following five roles as of critical importance:

1. **The church must actively accept and proclaim SV as part of its mandate and responsibility**
2. **The church must actively seek out partnerships and collaborations – with religious, governmental and non-governmental institutions – in the quest to address SV most effectively**
3. **The church must actively preach, teach and train about and against SV**
4. **The church must actively support SV survivors**
5. **The church must actively work to bring change regarding SV in the entire community, not just within the church (support, teaching and training must be available to all community members and SV survivors, not just to church members)**

The word 'actively' is central to all five strategic responsibilities. These must not only be policy decisions, but must be carried out practically, in different context-appropriate ways. In evaluating its interventions, the church must look at these five strategic responsibilities and honestly decide whether it is fulfilling all five.

4.4.2 The role of the church: designing an action plan

Fulfilling the five responsibilities identified above are the key to the church embracing and fulfilling its role in addressing SV. Yet these steps will take on different concrete forms within the diverse settings in which churches find themselves. Various actions within the different intervention levels will have to be planned and executed in order for the church to effectively fulfil its five key responsibilities and these actions will all have to take the unique context in which it finds itself into account.

The following section will describe how the church should practically go about fulfilling its five key strategic responsibilities. In order to fulfil these responsibilities the five levels of prevention and five levels of care will all have to be addressed. Below is demonstrated how the church can do so. It will need both a top-down as well as bottom-up approach.

4.4.2.1 The overarching church leadership: addressing SV from the top down

The top-down approach looks at what the church should do as a religious community – for example ecumenical bodies as well as Christian councils – and not at what individual churches should do to get

involved in addressing SV. The top-down approach is based on the belief in the role that overarching church leadership can play in bringing change in individual churches.

Church leadership bodies have three key strategic roles to fulfil:

1. **Denominational as well as ecumenical bodies must develop and publically advocate progressive SV policies within its member-churches.**
   Thus a public profile is given to the issue of SV, but member-churches are also pressurised to implement such SV policies. These bodies can develop SV policies based on the five levels of prevention and five levels of care. The practical implementation of these levels (as set out in 6.4.2.2) can be used as a guideline in developing practical action plans.
2. **SV training for pastors who are already in the field, by FBO's, ecumenical bodies, etc.**
   Pastors who are already in the field cannot be recalled in order to be trained. Furthermore many of them have never had much formalised training in any case. They can be trained and influenced through FBO's, denominational and/ or ecumenical bodies.
   One can, for example, work through the Christian Council present in the country, or via the All Africa Council of Churches (AACC).
   Trainings should include:
   - *What is SV?*
   - *Biblical hermeneutics and SV*
   - *How to preach about SV*
   - *How can your church practically support SV survivors*
3. **Training of seminary students on SV.**
   Seminaries are one of the most fertile grounds for connecting with future pastors and training them to be truly active in addressing SV. The seminary environment is a meeting place for African and Western thought and culture, which creates space within students for new thoughts and ideas. SV should be part of the standard curriculum and students should be taught how to preach, train and counsel on it.
   Working with organisations such as the Network for African Congregational Theology (NetACT) one has access to theological seminaries in Africa. NetACT has, for example, facilitated the development and implementation of specialised HIV curriculum in the seminaries of its members.

4.4.2.2 The local church: addressing SV from the bottom up

Local churches do not have to wait on overarching church leadership to take the lead in addressing SV. Based on the five levels of prevention and five levels of care every individual church can develop an effective strategy and action plan for addressing SV within its community.

There are three key strategic steps, which every local church has to go through in order to identify the needed and correct types and levels of intervention for its community. These are:

1. **The church leaders, with input from community members within all sectors, must identify the key SV problem areas and prioritise these key areas**
2. **Identify and meet with all possible partners in addressing SV (religious, governmental and non-governmental) and identify their areas of intervention**
3. **Based on the prioritised key SV issues, as well as partners and their interventions, identify and prioritise the key levels of interventions that are needed and the specific problems that they must address**

Based on the key levels and specific problems identified in Step 3, the church can then carry on identifying the specific practical interventions which must be launched. The following section sets out the areas and ways in which a church can intervene in all of the identified prevention and care levels. It remains very important to take the specific location and context of the church into account when deciding on the most appropriate interventions.

The practical and strategic suggestions that are offered below are based on what the research participants themselves identified as needed and important.

Prevention

- ***Awareness***
    - Publically state that SV is also the church's problem
    - Teaching about SV at Sunday School, Mother's Union, youth groups, etc.
    - Sermons and teachings on SV
    - Actively speak out against SV within church services, group sessions and public meetings
    - Public rallies against SV, with bands and speakers
    - Trainings in the general community on SV
    - Prayer days (public and private) against SV
    - Public awareness campaigns, with door-to-door canvassing and teachings about SV
    - Posters, flyers, booklets on SV
    - Identify those in the community that can be SV activists and train and mobilise them

  The aim of awareness raising is to inform people about what SV is. It should include topics like:
    - The different forms of SV
    - What should be done after a person has been sexually violated
    - Where can a SV survivor go for medical help
    - What does the law say about SV
    - SVAM

- ***Attitudinal change***
    - Bible studies on 'rereading' Biblical texts that are often misused to argue for male superiority and right to abuse women, as well as reading texts that support positive gender relations
    - Sermons and teachings 'rereading' Biblical texts that are often misused to argue for male superiority and right to abuse women, as well as reading texts that support positive gender relations
    - Talk, preach and teach about sex
    - Train parents on how to talk to their children about sex and SV and why it is important to do so
    - Sunday school sessions, MU meetings, youth group sessions, etc. on positive gender relations and power dynamics
    - Trainings in the general community on positive gender relations and power dynamics
    - Pray for attitudinal change in the people of the community

  Specific topics to address when it comes to bringing attitudinal change will be subjects like:
    - What is the role of the victim in the sexual act
    - Why is SV wrong
    - Why should we disclose SV
    - What is SV in a marriage and why it is wrong
    - Why you should care for SV survivors and what type of care they need
    - Why husbands should keep and support their wives who have been sexually violated by another man

- ***Values***

  Interventions that work towards instilling the right values will include:
    - Life skills training for children and youth
    - Sermons and teachings in church and church groups on the Biblical basis for the different values and how these values apply to SV

- Small group sessions (for example, in cell groups) on the different values and how they can be embodied in daily life, with specific application to SV

Values that can lead to a community where SV will not be accepted are:

- Respect
- Love
- Fidelity
- Compassion
- Integrity

- ***Behaviour change***

  The first step would be to identify what behaviour is wanted. Then one identifies what interventions will be needed to enable such behaviour. For example:

  - Organise water and firewood groups, thus ensuring that women never individually go to get water/firewood
  - Lobby the local police that a female officer is always on duty and available for SV survivors to report to, as this can lead to female SV survivors reporting SV more willingly
  - Train local police officers on basic counselling skills, so that they treat SV survivors more empathetically and positively, as this can lead to SV survivors reporting SV more willingly
  - Church leaders should talk to and rebuke husbands that sexually violate their wives, as this may lead to husbands stopping such behaviour
  - Church leaders should counsel and support sexually violated wives, as this may lead to wives reporting it to the police, negotiating changed behaviour from their husbands, leaving their husbands, etc.
  - Create safe venues for youth to socialise, such as church youth clubs, so that night clubs etc. are not their only option

- ***Leadership and institutional response***

  The individual church's leadership and institutional response lies on two levels, namely internal and external.

  Internal:

  - Train ALL local church leaders within ALL the different sectors (Sunday School, MU, etc.) of the church on SV. Constantly work towards attitudinal and behaviour change in all church leaders.
  - Keep all the church leaders informed of all the different SV interventions ongoing within the church and the general community
  - Publically support all other SV initiatives by other role-players
  - Inform church members of SV services offered by other role-players

  External:

  - Training community leaders (general, other churches, government and NGO) on SV
  - Lobbying community leaders and – if possible – government leaders for better implementation of laws regarding SV, support for SV survivors, etc.
  - Keep all community leaders informed of the different SV interventions launched by the local church

Care

- ***Medical care (short-term)***
  - Inform survivor about the importance of not bathing before the rape kit, as well as reminding them to take their original clothing with
  - Provide transport, or money for transport, to a medical facility

- Send family member or church member with the survivor to the medical facility
- Provide money to pay for medical treatment
- Provide immediate basic medical care (first-aid care) in cases where a medical facility is very far away. Because of the threat of HIV, though, the priority remains to get the survivor to the medical facility within 72 hours.
- Provide home based care for the survivor on his/her return from the medical facility

- ***Medical care (long-term)***
  - Identify reliable, trustworthy individuals (preferably trained counsellors) within the church who identify SV survivors with long-term physical problems and can talk to them about seeking medical care
  - Help survivors test for HIV
  - Identify venues for long-term medical care
  - Source money for medical care and/or medication
  - Provide transport to and from the medical facility
  - Help make arrangements for care/support for the survivors' dependents, should it be necessary
  - Provide home based care – should it be needed – for the survivor on his/her return from the medical facility

- ***Psychological care***
  - Counsellors:
    - Identify reliable, trustworthy, empathetic individuals/people who can be trained as counsellors
    - Train counsellors on crisis counselling as well as long-term counselling
    - Train counsellors comprehensively on SV
    - Depending on location, provide transport or money for transport for counsellors to reach people who need their help
    - Ideally the counsellors will be paid (even if only a stipend), so that they can focus exclusively on their job
    - Provide care for the counsellors, in the form of mentors or counsellors
  - Trainings for family/friends of SV survivors on how to emotionally care for and support the SV survivor
  - Trainings for community members on how to emotionally care for and support SV survivors

- ***Financial support and self-empowerment***

  Both short-term aid and/or practical assistance, as well as financial self-empowerment initiatives will be needed.

  Short-term aid:
  - Money for medical care/ medication
  - Clothes
  - Food
  - Building/fixing of house
  - Paying for health insurance
  - Pay school fees of survivor and/or her children
  - Cultivate survivors' fields

  Self-empowerment initiatives:
  - Small-business grants
  - Vocational training
  - Agricultural co-operations

- Gifts of goats/chickens/rabbits for eating, breeding and selling
- Kitchen gardens

- ***Legal assistance***
  - Providing transport or money for transport so SV survivors can attend court proceedings
  - Lobbying government to enforce SV legislation
  - Providing a lawyer or money for a lawyer for SV survivors
  - Providing protection for SV survivors during trial

4.4.3 Necessity of taking into account the nature of armed conflict

The nature of the armed conflict within a country will influence the extent to which the church can practically engage in addressing SV. There are three factors influencing the extent and ways in which the church can engage in addressing SV:

- Whether the area is still an active war zone or if peace has been declared (compare the situation in Goma – an area which still has armed conflict – to that of Rwanda, where there has been peace for 16 years)
- The nature and extremity of the armed conflict (for example, while there is still armed conflict in Northern Kivu, conditions are at present stable enough for the role-players to actively engage in SV prevention and care efforts on a large scale. Compare this to the situation during Rwanda's genocide, when the absolute chaos, confusion and lawlessness made it very hard to do anything)
- The ruling government's stance towards SV (for example, during the Rwandan genocide the government supported the SV, which made it dangerous to publically oppose and condemn it)

Armed conflict is an extremely difficult context in which to oppose and work against SV. Yet this does not mean that there is nothing at the church can do. In situations of extreme armed conflict (such as during the Rwandan genocide) the church can still:

1. Publically condemn and oppose SV
2. Advocate for SV survivors
3. Be a voice for the SV victims, both nationally and internationally
4. Engage with military authorities and the government
5. Provide basic physical and emotional care for SV survivors
6. Provide shelter
7. Pray

Churches will have to honestly evaluate the situation in order to determine what can be done in its specific context to fulfil its five key strategic responsibilities and implement the five levels of prevention and five levels of care.

Yet one has to keep in mind that what the church does before and after armed conflict – and not only what it does during armed conflict – also plays a decided role. The church can create an environment in which SV is less acceptable and common and in which SV survivors are treated with care and loving support. One has to create the right beliefs, attitudes, behaviour and instil the right values before conflict breaks out, for it will be challenging to do so during armed conflict. If the church has the ability to do so, it will create a climate and context wherein it will still be influential even if war breaks out.

Research participants were fairly fatalistic when it came to the actual period of armed conflict, usually stating that it is impossible to do anything about SV while armed conflict is ongoing. Yet looking at what has been done in armed conflict contexts, as well as what should be done, one can argue that the church always has the ability to play a role. If it embraces its five responsibilities it will always see the role that it must play to address SV, as well as a way of playing it.

4.4.4 International organisations: strategically assisting the church in fulfilling its role

Individual churches and even denominational and ecumenical governing bodies can at times be hampered by the politics of their specific community and/or area and/or country. International organisations with a specific focus on addressing SV can thus play a key role in helping the church to embrace and fulfil its role when it comes to SV. As outsiders with specific expertise, drive and resources, such organisations can assist churches in specific ways and in doing so decidedly speed up the process of bringing churches to the point where they active prevent and care.

The following strategic roles for such independent organisations are foreseen:

1. **Identify denominational and ecumenical bodies, both nationally and internationally**
   These bodies should be identified and engaged in conversation regarding the issue of SV. The goal is to have such bodies commit themselves, as well as their partner churches and organisations to active SV engagement and interventions.

2. **Identify and engage international specialised organisations with needed expertise**
   The church is not ideally suited to all the different areas of intervention. For example, it has to bring in outside help in order to provide comprehensive medical care. Yet there are other organisations who have decided expertise in these areas. A two-fold role can be played by international organisations in bringing such partners on board:
   i. Convince specialised organisations to bring their services to areas that need it. Local churches find it next to impossible to access such international partners and their resources, thus such assistance will be invaluable.
   ii. Convince specialised organisations to engage and partner with local churches. Many humanitarian and relief organisations are hesitant to work with churches. Advocacy on behalf of churches, highlighting their exceptional grass roots involvement and knowledge, is needed. The church is wide-spread and trusted and can be an invaluable resource for humanitarian and relief organisations in effectively assisting those who need help.

3. **Identify and support national partners that can drive and manage SV initiatives**
   A body or organisation with a strong mandate for addressing SV will be an important partner for driving the fight against SV, especially in situations where national ecumenical or denominational bodies do not want to become, or are slow in becoming, involved. Such an organisation can plan and implement initiatives, can engage churches in conversations on SV, identify churches that are ready to actively address SV, and support such churches.

4. **In-depth research on SV and SV interventions**
   A thorough review and understanding of the available literature on SV will give a better understanding of the phenomenon, which will in turn be a good basis for designing SV interventions. Such a literature study should also have a specific focus on SV interventions that have been planned and implemented elsewhere in the world. Not only will one get ideas for SV interventions, but the mistakes and successes of other interventions will give an indication of what works and what does not.

   Such a literature study would be invaluable resource material for churches and organisations, to give them a thorough understanding of the phenomenon of SV as well as give them ideas for SV interventions.

5. **Education**
   An international, independent organisation can play a key role in addressing SV, by focussing on education. This lies on two levels, namely formal education for seminary students, as well as training for pastors and church and community members.
   i. Engaging and advocating with seminaries

As was explained earlier, it is important that seminary students are comprehensively trained on SV. An international organisation can meet and lobby training institutions, as well as their international governing bodies/organisations, for inclusion of SV into the standard curriculum. It will also be invaluable to have SV curriculum included in chaplains' training.

ii. Design of seminary curriculum
Training institutions might be receptive to the idea of in-house SV training, but they often lack the resources and/or time to design adequate SV curriculum. An independent organisation can thus assist them by designing the curriculum, training lecturers on it and helping them make it context-sensitive and –appropriate.

iii. Development of training material for pastors, church and community members
The need for comprehensive training on SV for both pastors and church and community members was stated earlier. An independent organisation can assist churches by designing trainings and manuals on SV. Especially if done by an international organisation, these trainings and manuals can more easily be disseminated through different countries. Not only will this save time – as every church and country will not have to design trainings – but the quality of the information, manual and training can be checked more easily.
Such trainings and manuals will be needed for subjects such as:
For pastors specifically:
- *Biblical hermeneutic that supports sexual responsibility and condemns SV*
- *How to preach on sex and SV*

For pastors and church and community members:
- *Lay counselling*
- *Emotional care and support for SV survivors*
- *What is SV and why is it SV?*
- *How to talk to your children about sex and SV*
- *Lifeskills*

4.5 Conclusion

SV is a serious problem both during and after armed conflict. While the church has often in the past hesitated to address this problem it should no longer do so. People believe in the church's ability to effectively and comprehensively address SV and the consequences of SV.

Yet intervention regarding SV should not be limited to times of war. What is done during times of peace is of critical importance. To quote Donovan (2002:18):

> What matters most is that we combine the new acknowledgement of rape's role in war with a further recognition: humankind's level of tolerance of sexual violence is not established by international tribunals after war. That baseline is established by societies, in times of peace. The rules of war can never really change as long as violent aggression against women is tolerated in everyday life.

Thus one has to work at addressing SV within everyday life in communities, regardless of whether the country is involved in armed conflict or not. The local church, with its grassroots involvement in the lives of people throughout Africa, is an ideal vehicle for bringing change in the attitudes, mindsets and behaviour of people. The church must work against SV during armed conflict, but it must also work during times of peace. It must work at establishing a context in which SV will not be tolerated, no matter what the circumstances. It must work to establish a context in which the attitudes, gender constructs, and mindsets of people do not allow for one person to sexually violate another person.

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