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**Healing from Genocidal Rape: An Exploration of the Trauma Healing Process among
SEVOTA Members**

SIT Rwanda: Post-Genocide Restoration and Peacebuilding Spring 2022

Independent Study Project

Delaney Bluhm

May 14, 2022

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Abstract

Through a case study of SEVOTA, this paper examines trauma-healing practices among genocidal rape victims. Its primary research objectives are to identify the resources available to victims immediately post-genocide through the present, critically examine how these resources have helped victims heal, and observe any existing or impending challenges to healing from rape-related trauma in Rwanda. It concludes that building a community and providing resources to help with certain situations (such as funding for medical treatments or children's school fees) are effective methods of trauma-healing among genocidal rape victims in Rwanda.

List of Abbreviations

AVEGA: Association des Veuves du Genocide (Association of Widows of Genocide)

GAERG: Groupe des Anciens Etudiants Rescapés du Génocide (Graduate Students Association of Genocide Survivors)

ICTR: International Criminal Tribunal for Rwanda

NGO: Non-governmental Organization

SEVOTA: Solidarité pour l'Epanouissement des Veuves et des Orphelins visant le Travail et l'Auto promotion (Solidarity for the Development of Widows and Orphans to Promote Self-Sufficiency and Livelihood)

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I. INTRODUCTION AND BACKGROUND TO THE STUDY

I.1 Introduction to the Study

After World War II, rape was explicitly stated as a crime against humanity in international law, yet, it was not until September 2, 1998 that the first person was tried *and* convicted of rape in an international tribunal. Jean Paul Akayesu, the former mayor of Taba (now Kamonyi), Rwanda, was found guilty on nine out of fifteen counts that charged him with genocide, crimes against humanity, and violations of the Geneva Conventions. The 2015 documentary *The Uncondemned* shows the journey of the lawyers, investigators, and advocates that worked to prosecute Akayesu and the courage of the women who testified against him at the International Criminal Tribunal for Rwanda (ICTR). One woman due to testify was starting to get nervous about doing so, but one of the lawyers told her that rape during war and genocide has happened everywhere, and her testimony would be a way to help the world hear all those other women who could not be heard. She testified, and with her and others' testimonies, Akayesu was convicted.

It is no secret that rape has been used as a war tactic for centuries. However, it is frequently mentioned in passing, with a focus and outrage directed at massacres. Yet, rape victims are usually kept alive and thus must live with the trauma daily. Akayesu's conviction was important to women around the world that have been raped during war and/or genocide, but the world cannot take the conviction of a rapist or rape inciter as the only tangible step toward healing. 28 years after the genocide against the Tutsi in Rwanda, many women are still healing from their rape(s). Without adequate counseling and mental health resources available to them, it is likely that these women are suffering in silence. Therefore, it is of great importance to research how victims of mass systematic rape have healed and coped with their trauma in order to help victims around the world.

I.II Background to the Study

Around 100,000-250,000 women were raped during the genocide against the Tutsi in 1994 (United Nations, 2022), and a 2001 study revealed that 70% of rape survivors of the genocide were HIV-positive (Kolluri, 2018). Not only do these women have to deal with the psychological damage of being raped, but they also must deal with the physical damage as well. While HIV and other physical effects of rape can be treated relatively easily by doctors, the psychological toll facing these women is harder to recognize and treat. With a stigma facing rape victims, in not only Rwandan society but across the world, it is hard for women to reach out for help in this realm, especially while in a nation recovering in so many other ways from an atrocity.

I.III Statement of the Problem

It is not clear the resources made available to rape survivors in post-genocide Rwanda, and those resources available may be inaccessible to those in rural areas. Thus, research is needed on those resources available in Rwanda for survivors. Because it has been 28 years, however, many women may have healed from or blocked out this trauma to a point where help may be too late. Therefore, it is also crucial to examine how Rwandan women were able to heal in these 28 years because their methods may be beneficial for other systematic rape victims if they also do not have the resources available to them. Victims' families and children of rape are also crucial to examine in this research since they also experience indirect trauma from systematic rape. Finally, it is vital to explore the applicability of the resources provided in Rwanda to other situations of sexual violence around the world since trauma will always need to be healed.

I.IV Research Questions

1. What were/are the resources available to rape victims in post-genocide Rwanda?
2. To what extent have these resources helped rape victims heal from the caused trauma?
3. What, if any, are the existing or impending challenges limiting/delaying healing from genocidal rape-related trauma in Rwanda?

I.V Objectives of the Study

1. Identify the resources available to victims immediately post-genocide through the present.
2. Critically examine how these resources have helped victims heal.
3. Observe any existing or impending challenges to healing from rape-related trauma in Rwanda.

I.VI Study Relevance

Studying the effectiveness, accessibility, and applicability of resources available to rape victims, children of rape, and their families is extremely important because if resources are ineffective and inaccessible, there is no use in having them. Furthermore, the applicability of resources to other instances of sexual violence is important to note in order to help the global population of victims heal in effective ways.

II. RESEARCH METHODOLOGY

II.I Scope

While the scientific domain of this paper seems to be psychology because of its focus on trauma healing among a specific subset of genocide survivors, the more accurate domain is peace studies. I am not qualified to comment on, let alone research, the psychological intricacies in trauma healing, but this psychological aspect is key to peace studies, specifically in a post-genocide context.

Given the time of research, it was not possible to interview a large population of genocidal rape survivors. This is why this research uses a case study approach with SEVOTA, an organization founded to help women and children after the genocide. Through interviews with its founder and members of the organization, I am able to see how any organization like SEVOTA can be integral in trauma healing in post-conflict situations.

II.II Presentation of the Case Study

SEVOTA was founded on 28 December 1994, just months after the genocide against the Tutsi ended in Rwanda. Godelieve, the organization's founder, is a survivor of the genocide, and during the violence, she prayed that if she and her family survived, she would do something good for the world. When the genocide ended, she initially wanted to open an orphanage, but a priest friend of hers discouraged her from doing so. Because everything in the country was destroyed, there was nowhere to build an orphanage or resources for those children. In October of 1994, she was praying in church and saw images of women who were suffering and crying, then they were happy and laughing. She also saw images of children who were sad and naked, then they were happy and laughing. These images that came to her while she prayed inspired her to create SEVOTA, a cooperative made to assist orphans and widows of the genocide in her home district of Taba (now Kamonyi). Since its founding in Taba, SEVOTA has expanded to eleven districts, focusing on genocide survivors and women who were raped during the genocide for the

programs they provide (see Appendix A). SEVOTA partners with professionals in these eleven districts in agriculture, therapy, business, early childhood development, education, public policy, and women's and human rights. While this organization was expanded tremendously since its founding, its members in Taba do not necessarily focus on all these other programs. From my observations in attendance of a SEVOTA meeting, the members prioritize community and faith, and other programs SEVOTA offers are supplementary.

II.III Data Collection

The primary methods of research were observation and interviews with genocidal rape survivors who are SEVOTA members. My observation was of the first SEVOTA meeting since before the start of the COVID-19 pandemic in the Kamonyi district (former Taba), where SEVOTA was founded. The observation notes I took during this meeting are too extensive to include in their entirety, but I have included a summary of them in Appendix B. I worked throughout the research period with the founder of SEVOTA, Godelieve, in order to identify and interview four SEVOTA members who represented the range of genocidal rape victims that the organization serves. After the meeting in Kamonyi, Godelieve led my translator and I into a private office so we could proceed with the interviews of these four women (see Appendix C for Interview Notes). The meeting and interviews took place toward the end of the research period, after two meetings with Godelieve to learn more about SEVOTA and its work.

Secondary research methods included meeting with the Vice President of GAERG (see Appendix D for these interview notes) to understand the mental health services this organization provides. I then completed some internet research of other organizations to determine any trauma healing resources they provide to genocide survivors and if these included anything specific for genocidal rape survivors. This part of the process took place throughout the entirety of the

research period, with no specific times and dates (except for the interview with the Vice President of GAERG).

II.IV Ethics

The main ethical concern of this study was the invasion of privacy as trauma is deeply personal and difficult to discuss. To counteract this, I only interviewed those who have already shared their stories and were willing to share with me, an outsider to Rwanda and SEVOTA. While they shared with me their true names, I will not be using those names in this paper in order to maintain their privacy. Despite interviewing those who were willing to share their stories with me, there was concern that they would not want to share once we sat down for the interview. If this was the case, I planned on having my translator let them leave and ask Godelieve if there were other women who I could interview. If there were no other women, I would have worked with the interviews I was able to complete. Thankfully, all four women were willing and able to talk to my translator and me, and this concern was not a problem.

Another ethical concern was how to find genocidal rape survivors to interview for this paper. This is why this research was conducted through a case study with SEVOTA; this organization is well known for helping genocidal rape victims. Thus, I did not have to rely on word-of-mouth to find genocidal rape victims, and I did not have to try to interview women who were not ready or able to discuss with anyone, let alone an outsider, what has happened to them. Furthermore, in order to gain the trust of SEVOTA members, I first attended and participated in the SEVOTA meeting. By speaking, singing, and dancing with these women, I was able to gain a certain amount of their trust, which is crucial in being able to discuss trauma with someone.

II.V Limitations

The most pressing limitation to this study was time. The research period itself was not long (only a little over a month), and much of this period was spent scheduling instead of actual research.

Because of this time limitation, I was not able to meet with more SEVOTA members, specifically genocidal rape victims, as I was not able to attend more than one meeting in the one district. If I could have met with more members, especially in different districts, I would have been able to obtain more information on how SEVOTA's programs helped these women cope with the trauma relating to genocidal rape. I also would have been able to be more definitive in my answers on how these programs and resources have helped as the scope of the study would have been more inclusive.

Another limitation was the language barrier. I have a rudimentary understanding of Kinyarwanda (the language spoken in Rwanda), so I relied on translators for my interviews. I obtained the information I needed in these interviews, but there is to be some missing pieces from the translation as not everything translates perfectly between English and Kinyarwanda.

III. LITERATURE REVIEW AND DEFINITIONS OF KEY CONCEPTS

III.I Literature Review

III.I.I Theories of Rape

In order to fully understand and analyze how Rwanda has healed in a post-genocide context, specifically after the systematic rape of women, one must understand theories regarding rape not only as an incident but as a crime of war. It is important to note that definitions of rape vary from culture to culture and in different disciplines. In this regard, this paper utilizes this definition of rape: sexual acts against a person who did not consent to these acts, was coerced to consent, or was in fear of their life during these acts.

Baron and Straus (1987) attempted to integrate four theories of rape: rape as a result of gender inequality, the circulation of pornography, culturally legitimate violence, and social disorganization. Their research looked at data from the fifty United States and concluded that three of the four theories are supported in their integrated model, those being gender inequality, pornography, and social disorganization (Baron & Straus, 1987). Most important to the focus of the paper is that states with lower status of women in relation to men experience higher rape rates (Baron & Straus, 1987). The major drawback of Baron and Straus's report is their research focused solely on the United States, which can prove difficult to apply their integrated theory to other countries and cultures. For instance, pornography may not be as easily accessible and widely distributed in some countries, so their integrated theory cannot apply to those countries. Mardorossian (2002) offers a further explanation of rape theory through a feminist lens. Instead of looking at rape and sexual violence strictly through a theory, she reminds us that "[T]heory means speculation, and speculating about traumatic experiences has always been a contentious agenda" (Mardorossian, 2002 p. 747). This quote signifies the harm theory can cause to those that have experienced events such as rape, but Mardorossian encourages the development and

use of theory in academic contexts not only to facilitate a healthy discipline but also to lead to the prevention of such crimes.

The works of Baron & Straus (1987) and Mardorossian (2002) are vital in the study of rape in society, but they lack the research into rape as a crime of war. Gottschall (2004) and Henry (2016) both theorize wartime rape. Gottschall evaluated the four leading theories on the prevalence of wartime rape, which include the feminist, cultural pathology, strategic rape, and biological reasoning theories, by evaluating each theory/data fit and the theory's fit with the fewest assumptions and posits (Gottschall, 2004). His conclusions include that the feminist theory has poor data fit, and the cultural pathology theory can help to understand the dynamics of wartime rape but does not provide a lot in understanding wartime rape in its entirety (Gottschall, 2004). It is understandable that Gottschall finds poor data fit with this theory, especially when the work of Mardorossian (2002) acknowledges the lack of comprehensive rape theory in all lenses, not just the feminist one. Gottschall proposes that wartime rape is not just sociological and not just biological; there needs to be a biosocial theory to account for the main reasons for wartime rape (Gottschall, 2004). Henry (2016) agrees with this conclusion by saying "utilizing theories of intersectionality can contribute to a much deeper understanding of the causes, consequences, and impacts of wartime sexual violence" (p. 46).

Furthering the discussion on wartime sexual violence are Alison (2007), Burnet (2015), Kolluri (2018), and Arie (2010). Both Alison (2007) and Burnet (2015) explore the patriarchal and masculine roots of wartime rape. Not only does she discuss the male-female power relations within wartime sexual violence, but Alison (2007) also offers further explanation of ethnicity in its relation to the subject. This is particularly interesting in the scope of this paper because the proposal of enemy women representing the maintenance of an ethnic group and thus the victims

of wartime sexual violence is seen in the case of the genocide in Rwanda. Tutsi women were raped during this genocide as they were not only targets of violence due to their ethnicity, but also because they represented a continuing enemy through motherhood. However, Alison's paper is not entirely applicable to Rwanda's case because her argument that ethnicity supplements the gendered power relation does not consider the intricacies of the patriarchy seen in Rwanda, where women have more implicit power within the household than in a typical patriarchal society. Burnet (2015) specifically studies sexual violence in the Rwandan genocide and discusses the issues arising from Western legal definitions of rape not always applying to African women due to the culture around sex. Furthermore, she discusses the weaponization of rape, especially in the case of Rwanda, through physical, symbolic, psychosocial, political, and economic ways (Burnet, 2015). Burnet's research corresponds with Arie's (2010) and Kolluri's (2018) as all three discuss the weaponization of rape in war and genocide. Kolluri (2018) specifically addresses the use of HIV/AIDS in the 1994 genocide. Arie (2010) examines the mass rape experienced during the Bosnian genocide and expresses how rape works as a long-lasting weapon, through physical and psychological trauma.

Overall, all the aforementioned works and countless others have created a variety of theories regarding rape, both as a phenomenon and a crime of war. However, rarely do they address the healing process after the instance(s) of rape occurs.

III.I.II Gender and Rape during the 1994 Genocide against the Tutsi

After discussing the theories of rape, both as an incident and a war crime, it is important to look at the specific circumstances regarding rape in the 1994 Genocide against the Tutsi in Rwanda.

As the history of war and patriarchal societies point out, women are seen as property and property is part of the spoils of war. Thus, rape of women is seen in arguably every single armed

conflict the world has experienced. During the 1994 genocide against the Tutsi, the case is no different.

Propaganda leading up to the genocide pinned Tutsis as the enemy and encouraged the elimination of their ethnicity. One crucial piece of propaganda that would ultimately spur the genocide into action was The Ten Commandments of the Hutu, published in the December 1990 issue of *Kangura* (a Hutu extremist newspaper) by Hassan Ngeze (Nowrojee, 1996). Four of these ten commandments specifically deal with women:

Every Hutu should know that a Tutsi woman, wherever she is, works for the interest of her Tutsi ethnic group. As a result, we shall consider a traitor any Hutu who: marries a Tutsi woman; befriends a Tutsi woman; employs a Tutsi woman as a secretary or a concubine.

Every Hutu should know that our Hutu daughters are more suitable and conscientious in their role as woman, wife and mother of the family. Are they not beautiful, good secretaries and more honest?

Hutu woman, be vigilant and try to bring your husbands, brothers and sons back to reason.

The Rwandese Armed Forces should be exclusively Hutu. The experience of the October [1990] war has taught us a lesson. No member of the military shall marry a Tutsi. (Nowrojee, 1996)

It is no secret that forbidding something tempts the person to obtain what has been forbidden, and these commandments exemplify the forbidden fruit of Tutsi women for Hutu men.

Therefore, when the genocide began and laws were forgotten, it was easy for Hutu men to forcibly obtain Tutsi women, stereotyped as seductresses, beautiful, and desirable yet inaccessible (Nowrojee, 1996).

Rape during the genocide was committed by individuals and gangs, some using weapons to rape, and many mutilating the women before and after the rapes. It is not the place of this paper to detail the stories of these women who survived the rapes, but it is important to understand the severity of the trauma these women faced. In his 2009 article, Christopher Mullins examined the nature and dynamics of the genocide and identified three broad types of

assaults that had occurred: opportunistic, sexual enslavement, and genocidal rapes. Genocidal rape is defined as “a systematically organized military tactic of terror and genocide...used to generate fear...humiliate the population...derogate women...and create a cohort of mixed-ethnic children to maintain the humiliation/spoilage/domination” (Mullins, 2009 pp. 721-722). Given the propaganda against Tutsi women and the acts committed upon them during the genocide, it is fair to use Mullins’ definition of genocidal rape in the Rwandan context and in the context of this paper.

III.I.III Rape Treatment and Healing

Since most theories on rape and wartime sexual violence lack the analysis of treatment and healing of rape, it is important to examine the literature on how to treat rape victims and help them heal from that trauma. Though the existing literature does not reflect the resources identified in Chapter IV, it is crucial to identify that the definition used throughout this paper for resources available for genocidal rape victims include mental health professionals, medical treatment and care, economic support to improve the quality of life, and/or combatting loneliness and isolation that came as a result of rape or genocidal rape.

One common form of literature found regarding healing from rape is the analysis of literary works. Jean-Charles (2014) uses Yvonne Vera's *Under the Tongue* and Calixthe Beyala's *Tu t'appelleras Tanga* as literary examples of moving to a victim-survivor narrative when discussing rape, not only in academic contexts but also in everyday life. She states that this is especially important for black women because these women are often victimized too much, and at the same time, their trauma becomes part of a stereotypical narrative of a “strong black woman” (Jean-Charles, 2014). Even though she calls for the victim-survivor narrative as a scope to study literature, she also explains that by using the term “victim-survivor,” one is reminded that surviving rape is a process, and not always a linear one. Because it was beyond the scope of

her study, her work did not address how reframing rape survivors as victim-survivors can be a step in the healing process of said victim-survivors.

Most existing literature on rape treatment and healing explores these processes in health sectors. Walby et al. (2015), the World Health Organization (2020), and Ruckman (1992) published similar processes for treating rape victims immediately post-assault in the health field. The former two contain sections on following up with the rape victim post-treatment, but these sections are quite short. Walby et al. (2015) do list important physical and psychological health impacts of rape, but their treatment regimen lacks specific care for the psychological effects after the initial treatment process. Ruckman (1992) only discusses immediate help and healing, rather than the healing process in the long run. While these three works provide excellent treatment plans for health sectors immediately post-assault, they lack two important considerations that this paper hopes to address, at least in the case of Rwanda: (1) how can you treat rape victims when access to these health services was not available immediately post-assault and (2) how to help rape victim-survivors heal in the long-term.

McGlynn (2011) explores the alternatives to punitive, carceral punishment in terms of justice for rape victims. By exploring a post-conviction restorative justice campaign, she examines the intertwinement of justice and healing/relief for rape victims through restorative justice programs (McGlynn, 2011). While criticizing the emphasis one author places on only post-conviction restorative justice, McGlynn addresses the need for more restorative justice programs throughout the world and the need for more empirical evidence that clearly establishes the dangers and/or benefits of these programs in sexual offending cases (2011). The combination of McGlynn's research and the previously stated research on post-sexual assault treatment and

healing provide stepping stones into deeper research of not only institutional treatment but community- and individual-level healing processes.

III.I.IV Children of Rape

It is important to note the amount of literature on children of rape, defined as children born from a pregnancy that resulted from a rape. Because most of this literature is journalistic in nature (see Paquette, 2017; Torgovnik, 2009 & 2019; and Drury, 2019), it shows an interest in the public of how women and their children live and heal together given their circumstances. Weitsman (2008) does examine issues of identity among children of rape, specifically post-ethnic conflict, as well as the effects of mass rape on women's identities. This paper will attempt to cover the healing process of mothers who had a child out of rape and that child as a subset of the research question of what resources were/are available to women who experienced rape during the 1994 genocide. This paper will also attempt to fill the gaps previously mentioned regarding psychological healing and treatment of victims outside of the health sector.

III.I.V Role of NGOs in Peacebuilding

As this research utilizes SEVOTA, a local NGO, to serve as a base for the resources available for genocidal rape victims, it is important to look at previous literature on the role of NGOs in peacebuilding efforts. There is extensive literature on the role of NGOs in peacebuilding and conflict resolution, but there are just a few to be highlighted for their relevance to the topic at hand. King'ori (2012) and Tarapatova (2019) both examine case studies of NGOs' roles in peacebuilding in two different regions (northern Kenya and Southern Ukraine, respectively). King'ori (2012) concludes that the peacebuilding efforts carried out by the NGOs in the Isiolo District, Kenya would be more effective if they involved women and children who are often sidelined in the peacebuilding process, and Tarapatova (2019) concludes that peacebuilding work from NGOs in civil society can be applied at all stages of a conflict, not just in the post-conflict

stage. These findings prove important in the research to follow in this report because SEVOTA is a local NGO that involves exclusively women and children, and its work continues even though Rwanda has moved from the post-conflict stage to the peacekeeping stage.

Furthermore, Aall (1996) identifies the first role of NGOs in the peacemaking process is to pursue traditional relief and rehabilitation services, which is at the forefront of SEVOTA's vision and mission. Crowther (2001) finds that local NGOs in post-war peacebuilding have a significant advantage over international NGOs and government bodies in psychological change and reintegration, specifically community building. Because SEVOTA exemplifies this role of a local NGO, it is important to highlight the existing research that supports the work of similar organizations in this capacity.

IV: DATA ANALYSIS AND CONCLUSION

IV.I Data Analysis

Throughout this research period, I was able to learn a significant amount about the resources, their effectiveness, and existing challenges and hardships for genocidal rape survivors in Rwanda. The brunt of this research was focused on SEVOTA as a model for these resources and an example of healing among this demographic. As stated previously, I interviewed Godelieve (the founder of SEVOTA), the Vice President of GAERG, and four SEVOTA members who are genocidal rape victims. One SEVOTA member I interviewed contracted HIV during the genocide from rape. She and another member have children born of rape. The two other members I interviewed testified in the ICTR about genocidal rape that occurred in Taba (now Kamonyi). Their ages varied, the youngest 46-years-old and the oldest in her 60s. All four were interviewed in a private office in Kamonyi, down the street from where the SEVOTA meeting was just held, by myself and a translator (who translated my questions from English to Kinyarwanda and their answers from Kinyarwanda to English). What follows is an analysis of testimony, interviews, and secondary internet research that pertains to the research questions at the beginning of this paper.

IV.I.I Resources Available

In two separate interviews with the founder of SEVOTA, it was clear the variety of resources made available for its members. These include individual and group counseling, economic support (such as small loans to start farming projects and school fees for children), and pieces of training that span multiple topics (including civic education, conflict resolution, human rights, communication skills, and project management). SEVOTA meetings themselves bring together faith and community to aid its members in their everyday struggles as well as any overarching struggles they may have. These resources are available to all members of SEVOTA, including genocidal rape survivors. In relation to genocidal rape survivors, the organization would have a

meeting on a separate day and time for these women to come together and talk about their experiences specifically relating to the rape(s) that occurred. This was the case for the time immediately after the genocide and SEVOTA's founding, but because these women were able to utilize the resources SEVOTA provided for them, they have healed from their trauma extensively, or at least learned how to better cope with it, and no longer need these meetings.

Mental health services are also provided by GAERG and AVEGA. Where GAERG is an association of graduate student survivors and its resources are available to every survivor, AVEGA is a widow's association and its resources are available to genocide widows and their families, which includes genocidal rape survivors. GAERG's mental health resources are best characterized by its mental health clinic which is located near Ntarama Genocide Memorial. From my secondary, internet research, it was obvious there are no resources available for genocidal rape victims specifically. This does not mean this specific demographic does not have access to the resources provided by organizations like SEVOTA, GAERG, and AVEGA. However, because there are no specific programs and resources publicized for genocidal rape victims, these women may feel they cannot reach out with issues specific to this trauma because it is still taboo to be a rape victim in many cultures.

The two women I interviewed who had children from rape talked about how important the resources and programs SEVOTA provided to their children were. These resources and programs include paying school fees, counseling, clubs, and sports. One of these children just graduated from university, which was emotional for the mother to talk about because she was 18 at the time of the genocide and when she became pregnant and thus unable to finish her studies. It is not the focus of this research to discuss the resources for children of rape, but the resources for these children benefit their mothers as well, who represent the demographic of this paper.

IV.I.II Efficacy of Resources

It is simply not enough to know what resources are available, especially if they are not working to help their beneficiaries. To evaluate the efficacy of SEVOTA's resources for genocidal rape victims, I was able to interview four of its members. These four women represented those who went to the ICTR to testify about their rapes, women who contracted HIV from rape, and women who had children as a result of the rape(s) that happened to them. All four women stated that the work SEVOTA has done and continues to do in combatting feelings of isolation and loneliness and providing school fees and other funds for medical care has been significant in helping them heal and cope with their trauma. Of the women who had children as a result of rape, they stated that SEVOTA taught them how to love these children and that it has helped them significantly in coping with the trauma they endured.

SEVOTA meetings themselves focus a lot on faith. The meetings start with a prayer and a reading from the Bible. Then, the women are encouraged to give thanks to God in a testimony-like manner. At the meeting I attended, many women gave thanks to God for helping themselves or loved ones through sickness or gave thanks to SEVOTA and Godelieve for all the help they have been given, especially in the commemoration (of the genocide) period. The energy of the meeting room was calm, yet there was an immense feeling of weight being lifted off of everyone's shoulders as the women gave thanks to God for helping them through hard times. This was the first meeting the organization has had since the COVID-19 pandemic started, so there was a lot of chatter, song, and dance among the women who were happy to finally be together after so long. There is not a quantifiable way to present how I could tell these women were healing in front of me, but I can confirm that it was obvious that simply having a community is vital in trauma healing in the post-genocide context.

IV.I.III Existing Challenges and Hardships

Despite the efficacy of SEVOTA's programs, there are still some existing challenges and hardships for genocidal rape survivors. On a micro-level, the women I interviewed discussed their chronic pain as a result of the rape(s), including headaches and backaches. They also told my translator and me that they still have trauma. While this may seem to counteract what was said in the previous section, the truth is that trauma never truly goes away. Thus, trauma-healing could also be referred to as trauma-coping since an individual learns to cope and manage said trauma instead of ridding of it entirely. Of the two women I interviewed that have a child of rape, they discussed the hardships of having a fatherless child, including the issues they have with their remaining family because they have a child whose father was a perpetrator of the genocide. One interviewee emotionally discussed how she has no male friends because she cannot love men, which is a reason she is not married.

On a macro-level, Godelieve cited many existing challenges to genocidal rape victims. One major issue is that many of these women are now living with AIDS, meaning they are always sick, and some even have children who are infected because they are infected. Furthermore, these women do not have good support from the government. Godelieve recommends that there should be a specific government body that works for genocidal rape victims and supports their needs, such as medications and treatments for the HIV/AIDS they contracted during the genocide. She also mentioned that women who were forcibly married to genocide perpetrators during the genocide (which Mullins (2009) defines as sexual enslavement) are stuck in terrible marriages with no way to leave. All of these issues also tie into the issue of poverty in Rwanda. Those living with AIDS cannot afford their medication. Those forcibly married do not have the means to leave their marriage and family. A final challenge that still exists regarding genocidal rape is that young women who are children of rape become

abandoned by their partners (whether married or not) once it is discovered they are children of rape.

IV.II Conclusion

While there are obvious differences between the micro- and macro-level challenges still facing genocidal rape survivors, all of them deserve to be addressed and treated in the proper manner. It is recommended that the government of Rwanda take into consideration the work of local NGOs like SEVOTA and implement projects that specifically target genocidal rape victims with economic and psychological assistance. It is also recommended that any organization that focuses on trauma-healing for any demographic consider this study's findings on community and attempt to integrate or better its existing programs. Organizations that work with genocide survivors should also consider creating and promoting programs and resources specifically for genocidal rape victims so these women do not feel ashamed of being rape victims and can get the help they need to start healing.

Though this research was a case study, it is a start to fill the gap in the existing literature that rarely focuses on specific demographics' trauma healing in a post-conflict context. It is important that more research be done on this topic, as very little work has been conducted in addressing the healing of a specific demographic in post-genocide Rwanda. This research could even look into other genocides that included mass, systematic rape of a population to see if there are differences in trauma-healing in different cultures. Future research should attempt to be more comprehensive and detailed, instead of focusing on a case study as this would provide a more comprehensive understanding of trauma-healing among genocidal rape survivors.

The main lesson I have learned from this research is that community is so crucial in trauma-healing of any kind, especially that of genocidal rape victims. This is crucial in a culture where being a victim of rape is looked down upon because this creates isolation and loneliness.

As a victim of sexual assault, I know that without my friends and family, I would not have coped well with what happened to me. I recognized how important they were at that time for me, but I never associated them with coping and healing until this research.

Overall, it can be stated that community and faith serve as great trauma-healing programs for genocidal rape survivors in SEVOTA. Programs on mental health, combatting loneliness, and generating resources for a better quality of life seem to be the primary methods of helping the women I interviewed. Furthermore, because this case study was able to identify resources and existing challenges and analyze the efficacy of these resources, the research objectives at the start of this paper were achieved. More research would be needed to look at the similarities and differences between genocidal rape victims' healing processes and other genocide survivors' healing processes, but from my time and experience in Rwanda and research conducted, I believe it is safe to say that the approach of SEVOTA in trauma-healing is not necessarily unique but is underutilized.

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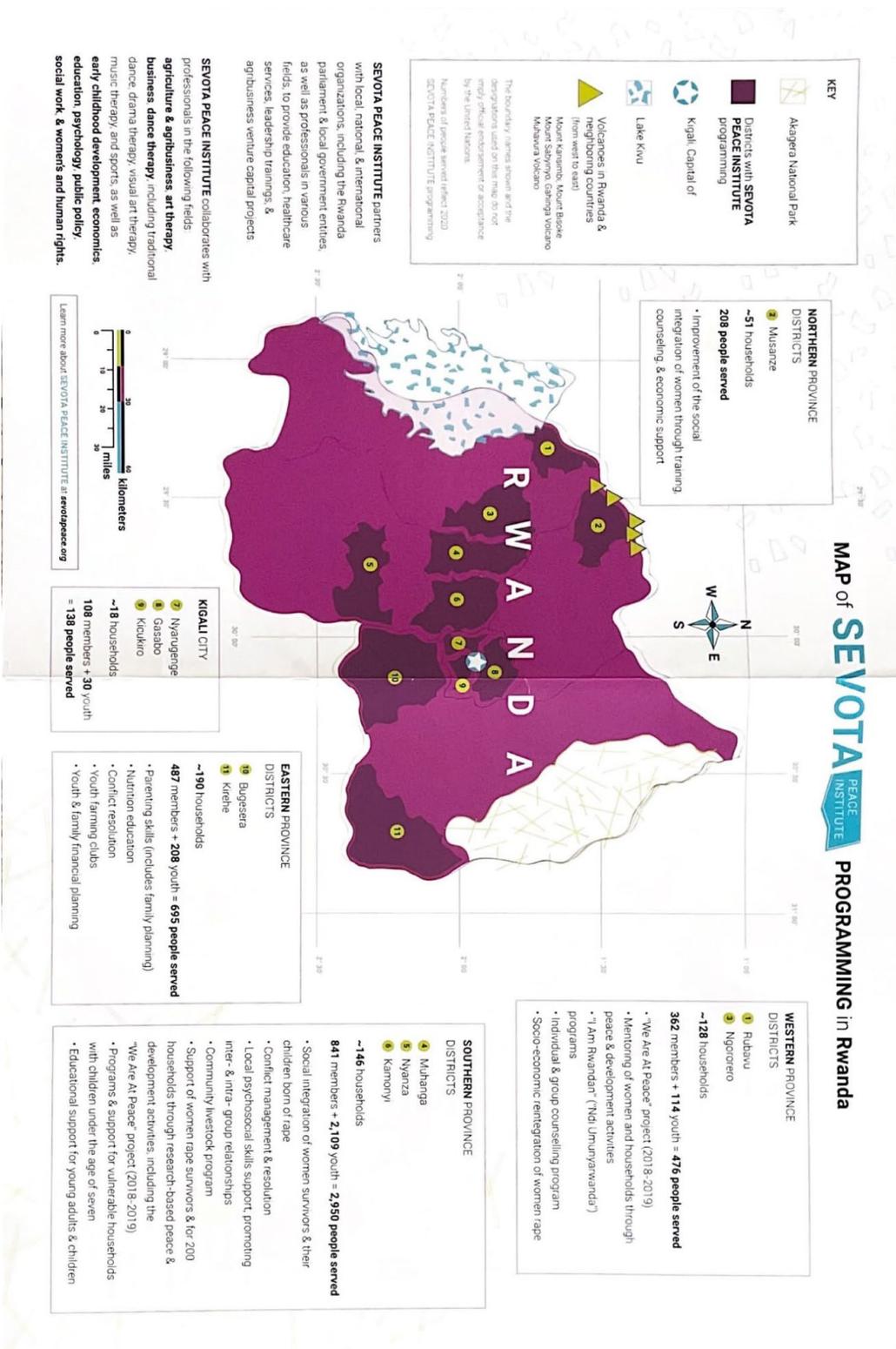
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Appendix A: Map of SEVOTA Districts and Programs



Appendix B: Observation Notes

1. **Background about the fieldwork** Account for how the fieldwork was organized: Who did the work? What were the dates of fieldwork? Where did the researcher stay during fieldwork?
 - a. Godelieve planned the meeting and travel to Kamonyi, relaying that information to Celine, who then informed me. I was there for one day, so I did not need to stay anywhere. The meeting was on Thursday, May 5, 2022.
2. **Introduction: the research locality** Introduce the locality (localities) where the field research was conducted including the reasons for selecting this locality (these localities).
 - a. Kamonyi is the district where Jean Paul Akayesu was mayor during the genocide. He ordered many rapes of Tutsi women in this time and was tried for crimes of genocide, including using rape as an act of genocide. It is in this district where just 5 months after the genocide was over, Godelieve established SEVOTA to help the widows and women who were raped come together and heal.
3. **Relevant observations** A summary of the relevant observations conducted in the research locality (localities).
 - a. Much of the SEVOTA meeting was religious in nature. They begin with prayer and a reading from the Bible and moved on to devotionals. After each devotion, the woman who spoke was encouraged to do a small walk which was fun for everyone in the meeting and seemed to boost the confidence of the woman. There was a lot of song and dance among the women. One could feel the sense of community among the women and how being able to talk, sing, and dance together helped with healing.
4. **Information on/and acquired through the means of conversations with local people, local authorities, key informants.** A summary of the observations notes on the information on/and acquired through the means of conversations with local people, local authorities, and key informants in the research locality (localities).
 - a. I took notes on the interviews I conducted with SEVOTA members (4 in total). I learned about their experiences in the genocide and how SEVOTA helped immensely in their healing.
5. **Strategies used to locate the informants** A description of the strategies used to locate the informants.
 - a. Godelieve, the director of SEVOTA, picked out the 4 women I interviewed as she thought they would be good interviewees given the information I was looking for.

Appendix C: Genocidal Rape Victims' Interview Notes

*Note: The names used for the informants are not their true names to protect privacy.

About the interview

Interview ID (number or code)	4
Research topic	Healing from Genocidal Rape-Related Trauma
Scientific area/ Domain	Psychology/Peacebuilding
Name of the locality where the interview took place	SEVOTA meeting, Kamoni District, Southern Province
Interview date	05/05/2022
Interview recorded?	Yes No Partially (explain why)
Language of interview	Kinyarwanda (translated)
Interpreter used? Or research assistant? If yes, His/her name	Interpreter: Agnes

About the informant

Name used for the informant	Vivienne
Gender	Male Female
Age	n/a
Occupation	n/a
Experience in relation to the subject	Personal Family or friends Other (specify)
Locality	Native From another part of the country From another country, [country of origin]
Short description of strategy used to locate the informant	SEVOTA member picked out by Godelieve

Interview Notes

I learned about Vivienne's story, how SEVOTA has helped her heal, and some challenges she still faces today because of the genocide and her rape. She was not very emotional when giving her story, which I attribute to her telling this story multiple times and because she has been able to heal a lot of that trauma through SEVOTA. She mentioned how Godelieve taught the women not to be lonely.

About the interview

Interview ID (number or code)	5
Research topic	Healing from Genocidal Rape-Related Trauma
Scientific area/ Domain	Psychology/Peacebuilding
Name of the locality where the interview took place	SEVOTA meeting, Kamoni District, Southern Province
Interview date	05/05/2022
Interview recorded?	Yes No Partially (explain why)
Language of interview	Kinyarwanda (translated)
Interpreter used? Or research assistant? If yes, His/her name	Interpreter: Agnes

About the informant

Name used for the informant	Annette
Gender	Male Female
Age	n/a
Occupation	n/a
Experience in relation to the subject	Personal Family or friends Other (specify)
Locality	Native From another part of the country From another country, [country of origin]
Short description of strategy used to locate the informant	SEVOTA member picked out by Godelieve

Interview Notes

I learned about Annette's story, how SEVOTA has helped her heal, and some challenges she still faces today because of the genocide and her rape. She was a little distant during the interview, but still answered the questions. The first thing she mentioned that May 4 (the day before the interview) was the anniversary of the night the interahamwe came to her house and took everyone; 11 men raped her that night. She also mentioned the feelings of loneliness and how SEVOTA helped to overcome that.

About the interview

Interview ID (number or code)	6
Research topic	Healing from Genocidal Rape-Related Trauma
Scientific area/ Domain	Psychology/Peacebuilding
Name of the locality where the interview took place	SEVOTA meeting, Kamoni District, Southern Province
Interview date	05/05/2022
Interview recorded?	Yes No Partially (explain why)
Language of interview	Kinyarwanda (translated)
Interpreter used? Or research assistant? If yes, His/her name	Interpreter: Agnes

About the informant

Name used for the informant	Jeanne
Gender	Male Female
Age	n/a
Occupation	n/a
Experience in relation to the subject	Personal Family or friends Other (specify)
Locality	Native From another part of the country From another country, [country of origin]
Short description of strategy used to locate the informant	SEVOTA member picked out by Godelieve

Interview Notes

I learned about Jeanne's story, how SEVOTA has helped her heal, and some challenges she still faces today because of the genocide and her rape. She was very emotional, especially when talking about her son who was born out of the rape. She became more emotional when discussing the fact her son just graduated university and the feelings of hatred and resentment, she had towards him when he was born because of his unknown father and the fact she was not able to complete her studies because of the genocide and subsequent pregnancy. She focused on how SEVOTA helped her and others like her learn to love the children they had out of rape.

About the interview

Interview ID (number or code)	7
Research topic	Healing from Genocidal Rape-Related Trauma
Scientific area/ Domain	Psychology/Peacebuilding
Name of the locality where the interview took place	SEVOTA meeting, Kamoni District, Southern Province
Interview date	05/05/2022
Interview recorded?	Yes No Partially (explain why)
Language of interview	Kinyarwanda (translated)
Interpreter used? Or research assistant? If yes, His/her name	Interpreter: Agnes

About the informant

Name used for the informant	Brielle
Gender	Male Female
Age	n/a
Occupation	n/a
Experience in relation to the subject	Personal Family or friends Other (specify)
Locality	Native From another part of the country From another country, [country of origin]
Short description of strategy used to locate the informant	SEVOTA member picked out by Godelieve

Interview Notes

I learned about Brielle's story, how SEVOTA has helped her heal, and some challenges she still faces today because of the genocide and her rape. She had a child out of rape, and SEVOTA helped her raise this son. She noted that children of genocidal rape are fatherless and that is still a big challenge today because the mothers and children do not even know the name of the father in most cases.

Appendix D: Vice President of GAERG Interview Notes

About the interview

Interview ID (number or code)	3
Research topic	Healing from Genocidal Rape-Related Trauma
Scientific area/ Domain	Psychology/Peacebuilding
Name of the locality where the interview took place	Cerle Sportif, Kiyovu, Kigali
Interview date	02/05/2022
Interview recorded?	Yes No Partially (explain why)
Language of interview	English
Interpreter used? Or research assistant? If yes, His/her name	n/a

About the informant

Name used for the informant	Dimitrie (Sissi)
Gender	Male Female
Age	n/a
Occupation	Development Office at World Bank
Experience in relation to the subject	Personal Family or friends Other (specify): volunteer/VP of GAERG
Locality	Native From another part of the country From another country, [country of origin]
Short description of strategy used to locate the informant	Contacts from Celine (AD)

Interview Notes

I took notes on the work GAERG does with trauma healing for genocide survivors and other organizations that could aid in my research.