A VIEW OF THE SITUATION IN THE DEMOCRATIC REPUBLIC OF CONGO

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

Written by Archbishop Henri – with photo and signature.

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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. This report is based on the research gathered from the DRC.

The research locations: the DRC

While peace was officially declared in the DRC in 2002, fighting is still continuing. Research participants revealed that SV is rife, ongoing, and targeting all women, regardless of age or ethnicity. The SV is generally very violent, resulting in extensive physical trauma. While perpetrators are mostly fighters, civilians also commit SV and perpetrators are rarely caught, prosecuted or punished. SV survivors experience large-scale rejection and stigmatisation, by partner, family and community and receive very little support of any form. While the research participants believe that the church can play an important role in addressing SV and its consequences, it is currently not 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
The Democratic Republic of Congo (DRC)

3.1 Introduction

3.1.1 The recent history of armed conflict within the DRC

The war within the DRC has been compared to the Second World War and the holocaust (Turner, 2007:2), mainly because of the large number of deaths due to the war. Its death toll from 1997 to 2001 has been estimated at 3,8 million (Turner, 2007:2), although various estimates between 900 000 and 5,4 million have been offered (Butty, 2010). The war has also been called "a war against women" (Braeckman, in Turner, 2007:3), due to the high number of female deaths and the atrocious treatment of women by all fighting groups.

In 1996 armed forces invaded the DRC via the province of South Kivu. While the invasion ostentatiously started as a local attempt to oust Hutu militias who had fled their after the Rwandan genocide, the invading group soon declared themselves the Alliance of Democratic Forces for the Liberation of Congo (AFDL) and continued to infiltrate the DRC. The AFDL included four groups that opposed the current Mobutu regime and one of their leaders was Laurent Kabila. Rwanda, it has been said, used these local groups "to provide a (Congolese) face for what was in fact an invasion" (Turner, 2007:4-5).

The AFDL was successful and in May 1997 Mobutu fled and Kabila became president. But quickly his relationship with his international and national support base deteriorated. Thus, in 1998, there was an attempt to overthrow Kabila, which led to a second war. In 2001 Kabila was assassinated and his son – Joseph – became president. He called for peace talks and 2002 a ceasefire agreement was signed by all parties involved in the war (Turner, 2007: 5-8).

Some see these two wars as civil wars; others see them as international wars because of Rwandan, Ugandan and other international involvement at various levels (Turner, 2007:8). The fact remains that the DRC is not yet at peace. Especially North and South Kivu have frequent outbreaks of fighting, with many different rebel groups still present and fighting within the region. The UN peacekeeping envoy, MANUC, is still present, although its withdrawal is planned.

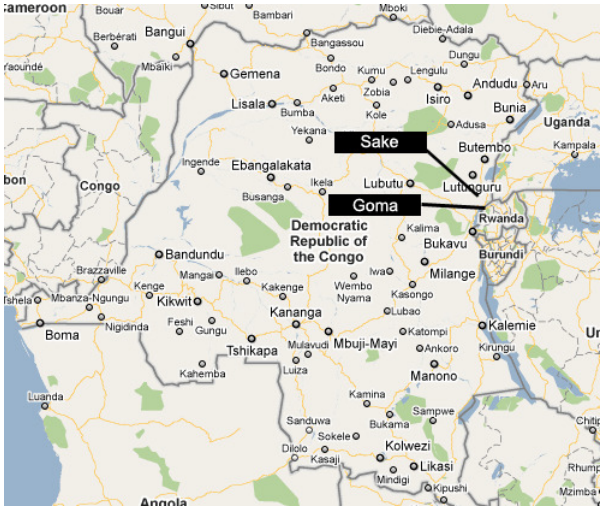
3.1.2 Partner organisations and research sites

The research in the DRC took place in partnership with HEAL Africa (HA). HA is based within Goma, Northern Kivu, but their work is not limited to only this province. The organisation began as a hospital specializing in orthopaedics and fistula repair, but now has many programmes aimed at addressing SV within Northern Kivu and the DRC (HEAL Africa, 2010).

The two communities identified by HA were Goma itself and Sake. Sake is about 35 km from Goma and is a relatively small village. Goma, on the other hand, is a city on the Rwandan border and has been a popular refuge for both Rwandan and Congolese.

Due to the excellent medical treatment offered by HA, many Congolese come to Goma for medical treatment. A high percentage of these are survivors of SV. Thus – as HA accessed people that they know – many of the research participants were SV survivors. Also, many of the participants were not originally from Goma, but came to Goma in order to be treated. Often they had been there for a number of years, as multiple operations are necessary for them to recover from their injuries.

An interpreter was used for almost all of the interviews and sessions. The interpreter was called on to use his knowledge of French, Swahili, Lingala and Tshiluba in order to assist the researcher in interviewing the different participants.



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3.1.3 Research process within the DRC

All the research participants, sites and venues were organised by HA. Different HA bases in and around Goma and Sake were used and participants came to these locations for interviews and sessions.

The research was done according to the research plan, except for the leadership interviews in Sake. On the day that the leadership interviews were to be done, riots against NGO's broke out in Sake. A call was sent out to all NGO's not to attempt entering Sake as this might inflame the situation and the safety of NGO workers could not be guaranteed. By the time the researcher had to leave the DRC, this issue had still not been resolved.

Lastly, it is important to keep in mind that the Congolese who were interviewed during this research project do not see the war as being over. In all their answers it was clear that the war is still ongoing. This was highlighted by the way almost everyone repeatedly talked about "when the war is over".

3.2 DRC Community 1: Goma

3.2.1 Answers and results from 15 questionnaires done during the survey

Eleven women and four men were interviewed for the survey in Goma. The participants were between the ages of 20 and 75. Eight were married, 5 were widowed, one unmarried and one divorced. Six were Goma locals. The rest live in other parts of the DRC, some quite far away. Six of the participants disclosed to the researcher that they had been sexually violated during the war. The participants belonged to different churches.

The participants listed different occurrences during the war, sexual violence being one of many.
Half of the participants saw SV as sex without the consent of the woman. The rest saw SV as having more nuances than only that, for example some mentioned forced marriage, SVAM, inserting foreign objects into the vagina/anus, and destruction of the vagina. Four stated that SV never used to happen before the war and that it is purely a consequence of war.

All of the 15 participants personally know someone (or more than one person) who experienced SV, or they had experienced SV themselves. 80% of the participants saw SV victims as powerless to prevent what happens to them.

All except one participant said that it was impossible to do anything about SV during the war. Half of the participants said that after the war nothing had been done for SV survivors, or that nothing had been done in their village/region and that they had to come to Goma to get help. Those that did mention some form of support said that it was offered by NGO's, and included medical help, counselling, and food/clothes/shelter. Only one mentioned a church helping, by offering family mediation. No-one mentioned anything about any form of government involvement.

SV survivors were described as having serious psychological problems due to what happened. They are stigmatised by the community, are rejected by their husbands and families and have no value or use. They are lonely and they see themselves as being valueless and dirty. They are furthermore physically weakened because of what happened and because of the diseases they contracted, which has economical consequences for them.

Eleven of the participants said that the community rejects SV survivors. They stigmatise, mock, judge, despise, neglect, marginalise, reject, see survivors as useless and assume they have HIV. Four participants said that they community, or at least some of the community, are supportive. They counsel, educate, and have compassion. In most cases, though, the support is limited to telling victims where to go to get medical care.

Six participants said that men and women are equal, while nine said that they are not equal. With those that said that they are equal, there was often a qualifying statement or conditions to the equality added. For example, three said that being raped makes you lose your equality with your husband. Also, though they are equal, there is a culture of attaching more value to a man.

With those that said that the sexes are unequal, most said that this is because of cultural reasons. Culturally men are seen as more important and as more powerful than women. The ignorance of women, men's physical strength, and women's dependence on men were also given as reasons.

Six participants said that their church does nothing for SV survivors or about SV in general. Of those whose churches do something, it is mainly prayer, counselling and general training. Churches were called upon to bring change in people's hearts, which will bring change in their behaviour. They were also asked to start talking (more) about SV and not to say that it is a taboo subject. Economic support and the importance of education in general were also mentioned as being important when addressing SV.

The majority of the participants felt the government carries the most responsibility for ending SV, with NGO's coming in second. Half of the participants felt strongly that the only way to end SV is by ending the war. Furthermore a lot of emphasis was placed on what the government ought to be doing to lessen SV.

3.2.2 Nominal group session

The nominal group session was done with 8 people. Five were women, three were men. The men were all below 25 years of age, while the women were older. Everyone could read and write.

18 original suggestions were offered by the group when they were asked to answer the question "what should the church be doing about SV". Their suggestions emphasised a need for a more holistic approach to SV by the church. The church was also called to work together with other role-players – such as NGO's and government – and to be more involved in the judicial process, by lobbying and pressurising the government to prosecute and punish perpetrators.

The group then individually voted for what they saw as the five suggestions that are most important to implement. The suggestions with the least number of votes were deleted and the following were left:

- Lawyers must become Christians, as the current lawyers are corrupted and that makes the system corrupt
- Churches must have (develop) the resources for a more holistic ministry. This ministry should be on three levels: psychosocial, spiritual, moral
- Church must educate their people about moral conduct and behaviour change.
- The church must lobby/pressurise government to enforce laws that catch and sentence perpetrators
- The church must lobby government to create jobs.
- Churches must discourage the illegal alcohol factories.
- The church must follow the Bible's laws more closely than the laws of the government.

The group was then asked to vote again, out of the options left, for the five suggestions that they think are most important to implement. The following two suggestions received the most votes:

- The church must lobby/pressurise government to enforce laws that catch and sentence perpetrators
- Churches must discourage the illegal alcohol factories.

The rest of the suggestions received an equal amount of votes.

3.2.3 Interviews with SV survivors

The researcher interviewed five female survivors of SV. These women were all based at a HA compound. This compound is used as a safe haven for female survivors of SV who cannot go home due to various reasons. They are allowed to stay as long as they wish to and receive vocational training, counselling and medical support. Many of the women are still undergoing medical treatment at the HA hospital in Goma and have had multiple operations to fix the injuries they have undergone due to the SV to which they were subjected.

The fact that these women have been within the HA structures for a while is reflected in their answers. They feel safe and supported within their compound. Also, as they are geographically slightly isolated, they are not as confronted with community and community opinion. They all attend the same church, but according to the interviewees they only attend the Sunday church services. They are not part of other church activities.

The interviews were unstructured. Compared to other SV survivors interviewed in other locations as well as in the case of the participants of the survey, these women were very comfortable talking about what had happened, without denying the seriousness and impact of what happened. This is testimony to the counselling, care and support that they have received within the different HA programmes. Yet this means that their responses cannot be seen as representative of all survivors of SV within Goma, for the overwhelming majority of SV survivors in Goma have not had such support and care.

The women were all sexually violated between five and ten years ago. They have been in Goma at HA for between five and ten years. The nature of the SV they were subjected to – as far as could be ascertained as it was not asked specifically - includes vaginal rape, often by multiple men, and savage beatings.

Location of SV

Some of the SV survivors were attacked when they were working on their fields, some were attacked when they were hiding in the forest, and others were attacked when they were in their own homes. Some were alone, some were in groups, and some were with their husbands. Thus there seem to have been no 'safe zone'. This was reiterated in many conversations throughout the DRC: there is nowhere that you can be assured of being safe.

Medical treatment
What all the SV survivors had in common – both those interviewed and those surveyed – is that they came to Goma because of the seriousness of the injuries that they suffered when they were attacked. They had heard about HA in different ways. In some cases HA counsellors had come to speak in their community and had identified them as being suited for medical treatment at HA, in some cases their churches sent them to HA in Goma, while in other cases they had heard that treatment is being offered in Goma and thus travelled there. Four of the survivors interviewed at the HA compound in Goma were told to come to Goma by travelling HA counsellors.

Experience of the church
What the survivors interviewed at the Goma HA compound all had in common is a very positive experience of the church in relation to what had happened to them. They stated that the church is supportive, compassionate and treats them well. The one survivor highlighted the fact that the church contributes to their "internal healing".

When asked more closely, though, it became apparent that they all attend the same church. There they are known as being survivors located at the HA compound. They only attend church services and are not involved in other church activities. Thus it may be that this care and compassion is of a superficial nature, of the type that people convey because they know they should. One wonders if the survivors' experience of the church might be different should they attend 'regular' churches as individuals, rather than as a group.

Support that is needed
All the survivors were asked what kind of support they would have liked after they were attacked and what it is that they most want in the aftermath of what happened to them. The following answers were given:

- Help with physical recovery
- Forgiveness
- Change in mentality/attitude/mindset
- Need for peace

Who provided the most support up till now?
All of the survivors said that HA has provided them with the most support, naming specific things such as medical care, food, clothing, counselling and housing. Only one survivor added that she has a supportive family structure, stating that her mother has been and continues to be very supportive. No one else mentioned any supportive individuals.

Experience of the community
All of the survivors have a negative experience of their community. The term 'community' was used to refer to other people in general. They could talk about the 'other people' in their home village or the 'other people' of Goma.

They stated that the community neglect, marginalise and stigmatise them and SV survivors in general. They are mocked for being raped and told that they are useless and no longer have any value. The community does not take a sexually violated woman into consideration and they are overlooked by all. They are labelled and people avoid them.

Three of the survivors have been rejected by their husbands after they were sexually violated by the perpetrator. They stay at the HA compound not only because they are awaiting further medical care, but also because they cannot go home. Their husbands do not allow them to enter their house and he gives no financial or other support.

Suggestions for care/prevention
The survivors were asked for their suggestions regarding how they think the church can assist in care for SV survivors as well as prevent SV. They came up with the following suggestions:

- The church must assist in ending the war, because SV will only stop once the war ends
- Prayer, both for survivors and for durable peace
- Socio-economic support for SV survivors from the church
- Care for orphans

Suggestions for what can be done to stop SV

- Removal of militias and rebels from the forests
- War must end
- Perpetrators must be identified

3.2.4 Interviews with leaders from Goma

10 leadership interviews were done within Goma[1]. In the discussion below these group sessions will be discussed under the title and position of the individual who was the main contact and the dominant voice within the session.

All of the leaders were organised by a HA representative. They included:

- A pastor of a church
- The director of a local NGO
- A Chief of Division of the Provincial Government Division
- The mayor of a district of Goma City
- A vice-president of a Goma youth organisation
- Three Local NGO employees in charge of SV and Gender issues
- A lawyer working with SV cases
- An international NGO representative

The interviews were unstructured, although certain general questions were asked of every leader.

What is the situation regarding sexual violence like?
SV was not such a big problem before the war. While some of the leaders stated that there was no SV before the war, most felt that there was SV, although it was much less common and violent. The war is to blame for it being such a serious problem at the moment. All of the leaders felt that SV is a serious problem in the community, area, province and nation[2].

Why is SV such a problem?
The SV is blamed on the war. During the war it has been used as a way to humiliate others and as a weapon and method of intimidation. Women and girls are seen as valueless tools, to be exploited and violated.

The leaders were all of the opinion that the SV during the war has now influenced Congolese culture to the extent that civilians are also perpetrating SV. Even in the areas where there is no longer any fighting happening, SV continues to be a serious problem. SV within schools, sex in order to procure a job, etc. is common. SV thus now lies on many levels of Congolese society.

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[1] Interestingly, four of these interviews turned out to be group interviews. Though HA had organised individuals for the interviews, the leaders themselves invited some of their colleagues for the session.

[2] It is important to note that none of the leaders spoke about an 'after war' era. They are still at war, even though it is now relatively calmer than it was a few years ago.

> "The community imitates. Now jobless people, drunk or drugged people also rape. Women are considered as weak and an easy target." - Lubasi

One of the main reasons for SV persisting to be such a problem is because perpetrators are not being prosecuted, as the government does not consider SV a serious issue. Some of the NGO leaders furthermore accused the government of putting rapists in key governing positions. It does not seem to be a priority to apply and implement laws curtailing SV.

The role of the government and the judicial system

All of the leaders were extremely unsatisfied with the government and the judicial system. Firstly, they felt very strongly that the government must bring about peace. SV will end, or at least lessen, if there is no more fighting.

The government was accused of not prioritising the issue of SV. This accusation was particularly strong from the quarters of women's rights groups. The government does not see SV as important and therefore not enough effort is put into effectively implementing laws and jailing perpetrators. A government leader echoed this statement, saying that government sees other issues as more of a priority and therefore allocates fewer resources to the issue of SV.

> "The government does not see women as important. How then will people in general start seeing women as important?" - Angelica

Secondly, the judicial system is seen as particularly ineffective. Perpetrators are not prosecuted and, if they are prosecuted and jailed, they are released early. A leader that works full-time within the legal system on behalf of SV survivors explained that there are good laws in place and that some efforts are being put into implementing these. A government leader agreed with this assessment. The problem is not the laws itself, but that there are social, cultural and political obstacles to implementing these laws. In rural areas it is very difficult to implement the laws, especially in the light of the infrastructure collapse during the war. Legal departments and legal help are far away in big cities and SV survivors do not have enough money to access these resources. Also, many SV survivors and their families still prefer to rather do conflict management on their own.

How do people treat SV survivors?

The leaders were all of the opinion that communities in general stigmatise and reject SV survivors. Victims of SV are seen as ridiculous and lose their status within the community. People see survivors as being responsible for what happened to them and they are deemed useless and marginalised.

Families in general reject a family member who has been sexually violated. Sometimes they do not necessarily reject the SV survivor, but they do blame her for what happened to her. Relatives, especially those of the SV survivor's husband, are known to set fire to her house and belongings.

In general, husbands reject wives that have been sexually violated by another man. They do this by either telling her to leave their house, or by leaving themselves. Therefore many wives – if they are physically not too badly hurt – prefer not telling their husbands about what had happened.

Sexual violence against men (SVAM)

All of the leaders who were asked about the issue of SVAM agreed that it is happening within the area and their community. While definitely not as common as SVAW, it seems that SVAM is increasing. Leaders explained that SVAM is taking the form of female fighters capturing a man and forcing him to sexually satisfy them. Furthermore a women/group of women might trick a man into coming into a house and then force him to have sex with her/them by threatening to accuse him of raping her/them if he does not do so. Men raping men is also happening.

In general, though, SVAM is seen as a taboo subject. Men are very hesitant about disclosing it and the problem is compounded by the fact that most counsellors are females and male SV survivors do not want to talk to women about it. Most programmes targeting SV is focused on SV against women and children. Some male SV survivors – according to a NGO leader who works specifically in SV – are disappointed about how little help, compassion and support they get.

> "There seems to be little room for suffering men." - Jacques

What are churches doing and what should churches be doing?

Only one church leader was interviewed, thus the leadership interviews gave quite an 'outsider' perspective on churches[3]. They painted quite a bleak picture of the current role of the church. When asked what churches are currently doing on the issue of SV only the church leader could mention anything. All of the other leaders, though they feel positive about churches, stated that churches are not really doing anything.

> "Churches do know what is happening. But when it comes to doing something they are lethargic." - Claude

SV is a very prominent and serious communal issue, but still it is NGO's who are taking the lead in addressing the problem. Very few pastors are willing to preach and do groups on SV. Sex is a taboo subject for churches and therefore SV is even more difficult to talk about. It is as if churches do not yet see SV as being their problem. Even those who do offer counselling only give spiritual counselling and SV is not seen as a spiritual issue.

Two NGO leaders did not see the church's lack of involvement as negligence or lethargy. They see it as an attempt by the church to maintain the gendered power imbalances present in society.

> "Religious institutions are undermining women. They do not see women as important and they do not see a role for them. That is why they are not and cannot do the things that (our NGO) is doing." - Angelica

This sentiment was echoed by another NGO leader, even though his NGO is a FBO and has very strong ties with the church. He felt that pastors are unwilling to become engaged in the issue of SV, because it will mean addressing the power imbalances inherent between males and females. As pastors are men, and their power comes from these imbalances, pastors do not want to address SV.

Some of the leaders felt that churches are at the head of the suppression of women. For example, many pastors are publicly saying that domestic violence and SV within a marriage should be kept a household secret.

3.3 DRC Community 2: Sake

3.3.1 Answers and results from the 15 questionnaires done during the survey

Eleven women and four men completed the questionnaire in Sake. The participants were between the ages of 15 and 55 years. Nine were married, three widowed, and three unmarried. Eight were Sake locals while the rest had moved to Sake for different reasons. Three of the participants disclosed to the researcher that they had been sexually violated during war. The participants belonged to different churches.

13 of the participants mentioned SV as happening during the war, usually specifying rape of women. Physical violence, displacement, destruction/loss of property famine, poverty and discrimination were also mentioned. The overwhelming majority (13) described SV as sex with a woman without her consent. No-one mentioned SVAM and three brought in nuances of SV between husband and wife ("to tell your

[3] Most of the leaders, though, did belong to a church.

wife to do things she does not want to do; not having a voice to deny your husband"). The emphasis from this group was on the fact that SV is sex without the consent of the woman. How the situation is created (through violence, coercion, or manipulation) was not specified.

Eleven of the 15 participants personally know someone who was sexually violated during the war. The other four said that, though they know SV did happen, they do not personally know a SV survivor. The majority (eleven) of the participants felt that it was simply bad luck for the SV survivors that it had happened to them. The rest said that such things happen during war, so it was due to the war.

The participants all stated that it is impossible to stop SV during the war. But only one participant said that absolutely nothing had been done for SV survivors after the war. Yet it is only NGO's who assisted SV survivors, through medical care, counselling and food/clothes. No churches were mentioned and help from the government was only mentioned once.

The participants were quite vocal about everything that is wrong with SV survivors and about all the problems that they have. What was interesting about these participants is that many were quite openly negative and rejecting of SV survivors, without in any way displaying any embarrassment or shame about having such an attitude. They clearly felt it was the right stance and way of behaving.

SV survivors were described as being medically and psychologically wrecked. They are no longer of any value to the community and they themselves recognise this fact. One man stated that SV survivors cannot be sexually satisfied by their own husbands, because with SV they experienced something so much better, while another said that he cannot even look for a wife in a SV victim's family, because they are all cursed. Four participants did add that one has to be compassionate and advise them to go for medical care.

Six of the participants had only negative things to say about the community's behaviour. The community mocks, discriminates, rejects and stigmatises SV survivors. Nine of the participants made it clear, though, that there are some members of the community that are supportive of SV survivors.

When it comes to the power dynamics between men and women, the emphasis was on the fact that men can work and get money and that this creates dependence on the side of the woman and gives a superior position to the man. Furthermore, men want to keep women downtrodden. One participant made the following telling statement: "Is it actually possible in my culture for men and women to be equal?"

The participants in Sake were even less positive about the role of the church than the participants in Goma were. Seven participants said that their church does nothing for SV survivors. The rest indicated that while the church is doing something, it is not much. Churches were described as being involved mainly with counselling and providing food/clothes.

The government and its different branches were seen by the majority of the participants as the party responsible for ending SV. Most of the participants felt that ending the war was the key to ending SV.

3.3.2 Nominal group session

Eleven people attended the group session. Eight were women and three were men. Of the men two were young (below 30 years) while one was older than 60. The women were quite evenly divided between young and old (20-65 years). Two of the participants were Muslims. Five of the participants could not read or write.

The group could come up with only nine suggestions to answer the question "what should the church do about SV?" When asked to pick the five most important ideas when it comes to implementation, the group voted for the following:

- 1st: Offer socio-economic care to women and SV survivors

- 2nd: Educate people about the consequences of SV
- 3rd: Provide counselling, both for victims and perpetrators
- 4th: Pray for peace, end of poverty, and compassionate leaders
- 5th: Educate people on what SV is; lobby government for employment and for salaries; lobby government to enforce laws and prosecute perpetrators (these three suggestions received the same number of votes)

3.3.3 Interviews with SV survivors

In Sake four SV survivors were interviewed. These interviews were all done at the Sake *Women Rise Up* Project compound. Two of the survivors are involved in the *Women Rise Up* Project.

Two of the survivors were Muslims. Three of the survivors are Sake locals, while one moved to Sake fairly recently. Three of the survivors became pregnant because of rape and all three kept their babies. The interviews were unstructured, though certain questions were asked of all of the survivors.

Location and timing of SV

Two of the survivors were in their own homes when they were attacked by fighters. One survivor was on her way back from the town market where she had been selling charcoal, while the fourth survivor was working in the fields. All of the survivors had been sexually violated recently. One was eight months pregnant with a baby conceived through rape and the other three were sexually violated within the past three years.

Medical treatment

Only one of the survivors went for medical treatment 'immediately' after she was sexually violated. She went two days after the assault had happened. Two of the survivors never went for medical treatment until they realised they were pregnant and had to go for medical check-ups because of the pregnancy.

How does your family treat you?

Only one survivor said that her family is supportive, stating that her parents still allow her to stay with them and that they treat her well. The rest described families (parents) that mock them and their child.

One of the survivors was married when the SV occurred. While she never told her husband about it, "he just knew". He immediately kicked her and their children out of the house and they were forced to move back to the abandoned house of her dead mother.

How does the community treat you?

None of the survivors were positive about the community and their interactions with them. In general the community marginalises, stigmatises and despises them. Only one survivor mentioned that some community members sometimes are compassionate by giving her clothes and soap.

One survivor moved to Sake in order to be in a community where nobody knows what happened to her. The researcher and the interpreter were the first people she had ever told about it in Sake. Another survivor avoids all community interaction.

How do you feel about your baby?

Two of the survivors' babies were about 18 months old, while the third was 8 months pregnant at the time of the interview. They all decided to keep the child, although they do admit that they did not have another option. They only realised they were pregnant a few months into the pregnancy and abortion is not freely available.

All three said that they love their babies. Yet they all suffer because of the children. Their families and community mock them endlessly about the fact that their child has no father. Their families despise the

fatherless child and treat him/her badly, which causes the mother much pain and sadness. All three also dread the time when the child is old enough to understand the taunting and ask questions about his/her father. Furthermore they have a lot of difficulty caring for the child. With no man to help source money and food they have a lot of difficulty keeping the child clean, healthy, fed and dressed.

How does your religious institution treat you and how do you wish it would treat you?[4]
Three of the survivors said that their religious institution did not support or help them in any way. The fourth said that her mosque - although they did nothing to help her as she had never disclosed what happened to her – always tells people to go to HA for medical care, provides counselling, and warns people about SV.

One survivor felt it was important to explain that, although her church has never done anything for her in any way, she still feels welcome in church. It is for her a positive space and she likes going to church, even though she experiences her community as being very mocking and stigmatising.

The survivors were asked what they think religious institutions should be doing for survivors of SV. Counselling and financial help (such as a loan so they can start their own business) was by far the most pressing need. Preaching about SV and pleading the case of SV survivors with political leaders were also mentioned.

SV survivors' self-isolation
It became apparent that some of the survivors engage in self-isolating activities. They feel isolated from the rest of their community, but they themselves keep them apart from the community. There is reason for this – they are mocked and stigmatised – yet by keeping away from others they are avoiding any chance of finding support.

> "How does your community treat you?" - researcher
> "They are always surprised to see me like this (*she is 8 months pregnant*). They say nothing to me, because I never talk to anyone. They all know what happened to me. Why talk about it? " - Nkuni

One survivor moved to Sake in an attempt to escape community discrimination. Now, in her new community, she is scared to tell anyone else and scared that they find out, so she purposely keeps people at a distance.

Is it easy to disclose what happened to you?
All of the survivors agreed that it is difficult to disclose SV. While they are able to disclose to health workers, such as doctors and nurses, disclosing to their own families and friends is very difficult, if not impossible.

> "I decided not to disclose, because then everyone will talk about it. It will be like a song. I am so ashamed." - Lucie

Who supported you in this? And what kinds of support do you wish you had?
Only one survivor mentioned a supportive family/friend. She mentioned her parents as her support structure. Two said that the HA counsellors and medical staff has been very supportive, but also their only support. The fourth said that, while she has had no support, she thinks that maybe HA would help her if she asks them to.

When asked what kind of support would have helped them, and would now help them the most, all of the survivors agreed that it would be financial assistance, especially in the form of income generating grants.

[4] Two of the survivors were Muslims, therefore the question did not specify 'church'.

Then they can take care of themselves and their children and not be at the mercy of their discriminating family and/or neighbours.

3.4 Discussion

3.4.1 The nature of sexual violence

The sexual violence that was described by the participants within the DRC is extremely violent. SV survivors are left with very serious physical damage and this seems to be the nature of SV in the DRC. There is a serious need for long-term medical treatment for SV survivors. There are organisations offering such medical care, but there are not many. There is also a need for transport from rural areas to such medical sites and a need for housing close to medical sites. Furthermore, people in rural areas need to be made aware of the medical treatment that is available.

3.4.2 No specific behaviours or specific target group associated with SV

From the interviews with both SV survivors but also community members in general it became apparent that no specific age group or ethnicity is usually the target of SV. It is very young girls, old women, and everyone in between. Any woman is at risk.

Furthermore any behaviour puts you at risk. Women have been assaulted while working on the fields, while in their own village's market place, and while in their own homes. It has happened at night and in the middle of the day. So at any time of day or night and in any place women are at risk. Some behaviours carry a higher risk, but there is no safe zone. There is nothing a woman can do which will ensure that she is not sexually violated.

This situation is reflected in the overwhelmed, powerless attitude of most women that were interviewed when they were asked about SV. They feel absolutely powerless to stop what is happening.

3.4.3 Perpetrators of SV

When the war started it was fighters that were responsible for perpetrating sexual violence. Fighters from all the different rebel groups and armies engaged in SV. But now sexual violence is also perpetrated by civilians. It seems that a culture of SV has emerged. It has been happening for so long that people have started to see it as normal and acceptable. Thus civilians are now also perpetrating SV.

3.4.4 Rejection by spouse, family and community

The participants made it clear that SV survivors very rarely get any form of support from other people. It is not simply that people think the SV survivor wanted or asked for what happened. Often it is clear and even obvious that the survivor did not want it in any way. But still she is rejected and marginalised. It seems as though people do not take the SV survivors role in the act into account. Simply because she is associated with SV, she is tainted and should thus be rejected.

It is standard for families to reject a family member that had been sexually violated. It is acceptable for a SV survivor to be forcibly removed from the house where she stays. Her house and belongings may even be burnt. No care or support is offered. A supportive family is one that actually allows the SV survivor to stay on in the family home.

The community also rejects, stigmatises and discriminates against SV survivors. Few participants had any good things to say about how community members treat SV survivors.

When a wife is sexually violated by another man, the standard response of her husband is to reject her. He may leave her, but usually she is forcibly removed from their home. He will no longer carry any financial responsibility for her and usually does nothing for their children. This is a common occurrence and it is one of the main reasons why married SV survivors do not disclose what happened to them. The

rejection itself is not the biggest problem. The problem is that if they are rejected by their husbands they have absolutely no means of support. Thus, if a woman is sexually violated and her husband finds out and rejects her, she not only is left with the trauma of the SV, but is also left vulnerable as she has no access to food, money or shelter.

The harsh nature in which SV survivors are treated in the DRC has made SV much more than a traumatic experience because of what was done to the person. The consequences of the SV – rejection by husband, family, friends and community, the loss of food, property and money, the loss of value and self-value, the marginalisation and stigmatisation – makes SV one of the worst things that can ever happen to a woman.

3.4.5 Children born due to rape

A few women were interviewed who have had children that were conceived in rape. These children are stigmatised and mocked by the community. They are taunted for having no father. It is a terrible situation, both for the child and the mother. The child is rejected and stigmatised not because of the ethnic identity of the father, which is the case in some other countries. These children are rejected solely because they were conceived through rape.

3.4.6 SV survivors' self-isolating behaviour

The interviews made it clear that some SV survivors isolate themselves. They feel such shame and guilt for what happened to them that they avoid other people. Of course it is a reality that people generally do reject SV survivors. Yet often these women do not even give anyone a chance to reject or reach out, as they avoid contact with other people.

It could thus be helpful to also work with SV survivors on the issue of the importance of interaction with other people. While the community needs to be trained on interaction with and support of SV survivors, SV survivors must also be trained on how to engage with people despite what has happened to them.

This is linked to the issue of disclosure. Obviously it is difficult to disclose SV. Yet disclosure does not mean that you have to tell everyone you know about it. SV survivors must be taught how to identify supportive people who can keep such information to themselves. This is part of the process of building a support structure for the SV survivors. Ideally such a support structure would already be present, but as it is clear that most SV survivors do not have one, they should be taught how to create one

3.4.7 Family mediation

The term 'family mediation' was used to refer to a situation when a husband wants to reject his wife after she had been sexually violated by another man, and a third party steps in to counsel them in an attempt to reconcile husband and wife. Quite a few churches do family mediation.

The standard cultural, common, acceptable response is for a husband to reject his sexually violated wife. Thus there is a real need for family mediation. Many participants said that family mediation is needed, because the husband does not really understand what happened to his wife. A husband does not realise or does not want to realise that the sexual act happened against his wife's will. Apparently, many husbands tend to believe that their wives enjoyed it and that sex with their husbands can never be as good as it was with the other man.

Counselling is needed to help the husband understand and believe that it was done against his wife's will and also to help the husband deal with the shame that he feels because his wife was violated. Family mediation is not about the wife, but about the husband. Yet it remains very important, because the SV survivor will be in an even more precarious position if her husband rejects her.

3.4.8 Sexual violence against women: a need for training

From the interviews and sessions it is clear that SV and specifically SVAW are very common in the DRC. Almost all of the participants in the research project personally know someone that has been sexually violated during the war or they themselves are SV survivors. Furthermore it has been happening for a long time. SV survivors that were interviewed were sexually violated as long ago as ten years and as recently as eight months ago.

DRC participants associate SV with women and force. In general SV is constantly described as sex with a woman by using force. While some participants did mention other forms of SV, it was not so common. It can be that SV survivors of SV such as forced marriage or those that had sex in order not to starve are not seen by the community (or themselves) as victims of SV. Male SV survivors may also not be seen as victims of SV. Thus it might be that such survivors do not seek to get help and/or are not given help, because they are not seen as SV survivors.

The need for training on SV was repeatedly mentioned by participants. Many explained that those community members who support SV survivors are the ones who have been educated on SV. Training on SV is seen as the key to people treating SV survivors better.

3.4.9 Gender

It can be argued that beliefs and attitudes on gender are contributing to SV. Some of the participants said that culturally women are suppressed. They belong to their parents and are taken away by their husbands and then belong to him. They are not allowed to work and are fully dependent on their husband for money to take care of themselves and their children. This dependence of women and the way they are 'owned' by their husbands is reflected in how easily a husband can reject his wife and how destitute and vulnerable she is if he does so. Women are unable to oppose their husbands, for they cannot survive without them. The traditional gender roles and power structures have thus created the man as all-powerful and dominant and the woman as weak, dependent and without any bargaining power.

If women in general are seen as such beings, it becomes clearer why men find it so easy to sexually violate them. They are easy targets. They are not the same as 'man'. Participants repeatedly said that women who have been sexually violated become "valueless". A woman's value thus only lies within her virginity and if she is married, within her fidelity. This value is of a purely physical nature. It does not matter what her intention and role was within the sexual act. This sexual construct of the value of a woman further serves to dehumanise her. She is not a thinking, feeling, and deliberating being. She is a tool for sex.

If this is taken into account, the community's response to SV survivors becomes more understandable. A woman's value is directly proportional to her being one man's sexual property. If she is this no longer, what value does she have? And again, the commonness of SV within Congolese society makes sense. A woman's value is largely only that of sexual tool. If that is what they are, why not use them for the purpose that they exist for?

Such gendered constructs of 'man' and 'woman' are not innocent and are contributing to SV. They need to be addressed, especially in the light of participants stating that SV is no longer only done by fighters, but that it is a part of Congolese culture. DRC research participants within both Goma and Sake felt that addressing such biased constructs of man and woman is very important in the quest to end SV.

3.4.10 Socio-economic assistance

The need for financial assistance was repeatedly mentioned, both by SV survivors and by other participants, as a suggestion of the help that SV survivors need. Interesting to note is that, though SV survivors do ask for money and clothes and food, their primary need is for the means to start their own businesses so they can become self-sufficient. Micro-loans, seeds, goats, land, etc. was mentioned as the

things they need in order to become self-sufficient. Thus they do not want further dependence. They are ready and willing to work to keep themselves. They just need someone to help them get started.

3.4.11 Absence of government involvement

The government stood out because of its absence. Almost never was any government body or employee mentioned as involved in addressing SV. Instead, when government was mentioned it was in order to state that it is not doing anything.

The local, grassroots people seem not to have any big expectations of their government. They do not expect the government to speak out against SV or to launch programmes and projects addressing the issue. They only have one expectation, namely that the government will end the war. They believe that this will be instrumental in ending SV. The leaders that were interviewed were much more critical of the government. They feel that they government's refusal or inability to see SV as a serious issue that should be addressed is leading to the situation getting exponentially worse.

3.4.12 The judicial system

Both local people and leaders have a very real problem with the judicial system. Perpetrators of SV are not being caught or prosecuted and punished properly. There is a strong feeling that this is contributing to the SV that is happening. Perpetrators see that no-one is being caught or, if they are caught, that they are not punished, thus there is no reason for them to stop doing SV. A culture of committing SV has developed in the DRC and it has happened because people feel they can get away with doing it.

The DRC has the necessary laws in place, but these laws are not being implemented. Also, SV survivors usually do not have the means to ensure that the legal process takes its course. For example, they do not have the money to travel a town/city where they can make a case, they cannot afford a lawyer, etc.

One of the consequences of the judicial system not being effective is that people turn towards alternative ways of mediating the issue. During one group session some of the participants were quite vehement that communities should be allowed to punish perpetrators, arguing that community justice should be allowed by government. Another way of resolving it, which apparently happens quite often, is when the perpetrator or the family of the perpetrator pays a specified amount to the victim's family. The issue is then seen as resolved.

Thus there is a real need for legal help for SV survivors. This is not only help from a lawyer. SV survivors need to be told that they can make a case against the perpetrator and how this will be done. They need financial help, so they can travel to where they need to get. People sldo need to be taught to go to hospital immediately after they have been sexually violated, so they can get the needed medical proof of what happened.

One of the reasons why it is so important that the judicial system should function properly is because of how it can influence the community's perception of SV survivors. In most cases it is too late for the system to now catch and punish perpetrators of ten years ago. But by catching, prosecuting and perpetrating perpetrators of today, a strong message is sent out that SV is not acceptable and that SV survivors are victims, not partners in the sexual act. This can influence how SV survivors are treated by family and the community.

3.4.13 Few interventions in small villages and rural areas

Many of the participants interviewed in Goma actually come from very rural areas of the DRC. They explained that there is no help available to SV survivors where they come from and that is why they came to Goma.

Medical facilities cannot be built in every village. But access to proper medical facilities should be provided in every village. The 'travelling counsellors' that the participants described could help by providing this. Many participants said that a counsellor from Goma came to her village and spoke to SV survivors. Counselling them, she also told them about the medical help available in Goma. For those who wished to go she arranged transport.

3.4.14 The role of the church

Churches do very little to address SV and its consequences. The church seems to not see SV as its business. Though it is aware of it happening, the traditional taboos on talking about sex and sexual matters still apply. It seems that churches will offer very little practical help to SV survivors. They might preach about SV and offer counselling, but they rarely lobby the government or provide homes for rejected SV survivors.

This does not mean that the participants are negative about the church. Even those who were most eloquent in denouncing the church for its lack of involvement also felt very strongly that the church has the ability to do a lot for SV survivors and about SV in general. Participants said that the church is trusted by the people of the DRC and that it has the ability to influence their attitudes and behaviours. Therefore it can bring positive change, if it will only get involved. Also, even those SV survivors that said that their church does nothing for them still see the church as an important source of comfort. Just being in church and hearing the Word gives them comfort and solace.

3.4.15 NGO dependence

Different NGO's and international organisations were repeatedly mentioned as the only source of assistance in addressing SV. They seem to be the only parties doing anything about SV and this has lead to a situation where people are starting to believe that they are the only parties that can do anything. Thus an over-dependence on foreign aid and assistance has developed.

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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