

RWANDA

Broken Bodies, Torn Spirits

Living with Genocide, Rape and HIV/AIDS

April 2004

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A Publication of African Rights

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ISBN: 1 899477 45 4

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ACRONYMS

ABUBEF	Burundian Association for Family Well-Being
ARBEF	Rwandese Association for Family Well-Being
AVEGA	Association of the Widows of the Genocide of April
CHK	Kigali Central Hospital
CNLS	National Commission to Fight AIDS
DRC	Democratic Republic of the Congo
FAR	Rwandese Armed Forces
FARG	Fund to Assist Survivors of the Genocide
ICTR	International Criminal Tribunal for Rwanda
PLWAs	People Living With HIV/Aids
RPA	Rwandese Patriotic Army
RPF	Rwandese Patriotic Front
STIs	Sexually Transmitted Infections
SWAA	Society of Women Againts Aids in Africa

INTRODUCTION

For some victims, there is no life after rape; they lose their health and happiness. Women raped during the 1994 genocide in Rwanda lead a uniquely troubled existence and many feel their survival is its own form of torture. They are desperately impoverished, commonly infected with HIV/AIDS and are responsible for several children. They see their lives as “finished” or “another form of martyrdom”; one woman described herself as “a living dead person.”

The suffering of “rape survivors” interviewed for this report is extreme; many see no prospect of recovery. No one can revive the millions killed in genocide and conflict over the past decade in this region, but it is surely not beyond the capacity of governments, international agencies and non-governmental organizations (NGOs), working together, to restore quality of life to these women. *Broken Bodies, Torn Spirits* identifies their problems and some possibilities for addressing them.

Researched in the course of a year across 11 of Rwanda’s 12 provinces, this study is intended as a contribution to the many ongoing efforts to improve responses to rape, HIV/AIDS and other sexually transmitted infections (STIs) in the Great Lakes region and more widely in Africa. It addresses an issue confronting all post-conflict and conflict-ridden societies, particularly on this turbulent continent—the rapid spread of infections in the context of sexual violence. In accounts of rape during the 1994 genocide and their experiences since, 185 Rwandese and 16 Burundian citizens, two of them male, reach out beyond their own dire circumstances as informants and advocates on a critical wider problem. They speak of extreme cruelty compounded by missed medical opportunities and humanitarian failures.

HIV/AIDS is steadily draining the life out of millions of African men, women and children. Awareness of the extent of the pandemic is now high and, increasingly, positive action is being taken across the continent to address the needs of people living with HIV/AIDS and to prevent infections. African governments cannot address this crisis alone and need the full backing of the international community.¹ This report provides yet more evidence to back the campaign to ensure supplies of cheap anti-retroviral drugs in Africa. Only a handful of the women interviewed had taken anti-retrovirals and none had done so consistently. Maintaining the status quo, where the majority of those infected with HIV/AIDS cannot access effective treatment for the condition, constitutes a daily human rights violation.

Recent estimates suggest that some 500,000 people in Rwanda are infected with HIV/AIDS; these statistics may not be totally reliable.² But what is beyond doubt is that the disease represents a national disaster, now and for the future. The Government of Rwanda has made

¹ The United States Government in particular must urgently recognize the extent of its humanitarian responsibilities as the major economic and political power and home to the major pharmaceutical manufacturers of anti-retroviral drugs. For a discussion of the US government response to the crisis of HIV/AIDS in Africa see www.africaaction.org *US/Africa: Broken Promises & Betrayals*, Africa Action, Africa Policy E-Journal, September 20, 2003 (030920).

² These figures are given in the UNAIDS Epidemiological Fact Sheet, 2002 Update, which states: “calculations are based on the previously published estimates for 1997 and 1999 and recent trends in HIV/AIDS surveillance in various populations. A methodology developed in collaboration with an international group of experts was used to calculate the new estimates on prevalence and incidence of HIV and AIDS deaths, as well as the number of children infected through mother-to-child transmission of HIV.” The general difficulty of compiling reliable statistics about HIV/AIDS, including the stigma associated with the disease, and particularly weak surveillance systems in Rwanda, should be noted.

apparent its awareness and concern, but—as in most African nations struggling to meet this unprecedented challenge—provision for prevention of HIV/AIDS and the care, treatment and support of sufferers remains inadequate. All People Living with HIV/AIDS (PWLAs) urgently need appropriate and consistent information, treatment and care.³ Genocide rape victims are a minority within this group—although exactly how many there are remains to be established—but this report emphasises that they have particular requirements and cannot simply be integrated within wider programmes aimed at PWLAs.

This is not the first report concerned with rape in this region and sadly it will not be the last. Rape is a standard weapon of war and tyranny, perpetrated with impunity across Africa, from Algeria to Zimbabwe. The reluctance of some victims and communities to speak out about this crime is understandable but is frequently a barrier to action. In Rwanda, genocide survivors who were raped are reluctant to come forward, but many have been prepared to tell their stories and to testify against their persecutors—partly it seems because they have nothing left to lose. In a brief research trip to Burundi, *African Rights* interviewed 16 witnesses. Their accounts emphasize that conflict and instability continue to fuel the incidence of rape in the Great Lakes region and the prospects for all survivors remain grim.

Rather than the systematic programme of rape implemented in 1994 in Rwanda, women in Burundi fall victim to attack in various contexts. Their experiences illustrate the vulnerability of women of all ages in conflict-ridden societies. Their persecutors range from soldiers and militia to neighbours and thugs. In many respects their everyday predicament resembles that of victims in Rwanda. These women are usually profoundly isolated, have already experienced social rejection or have lost their extended families to conflict or genocide. But the unique struggles of rape victims in Rwanda are also emphasized in contrast. Rwandese women were plunged into an instant, overwhelming and multi-dimensional crisis in 1994, and the rape was just one element of this.

Poverty is a major constraint upon women's ability to reclaim their lives after rape. Their collective predicament is to be drowning in a series of crises, none of them completely soluble. But unless they can find some economic security they will remain utterly dependant upon State or charitable interventions in every aspect of their lives. Not only does this destroy their confidence and self-esteem on a daily basis, it is profoundly insecure. As is evident from women's testimonies, direct financial assistance is at best intermittent and seeking it requires energy, awareness and even money for transport that the women lack. In this context, women are condemned to limp from one handout to the next, and sometimes have nothing to eat.

The only heartening evidence to emerge concerns how women draw support from each other, through women's groups working particularly with rape victims. In this study, women give feedback on some existing initiatives providing informal evaluations of their efficacy. On this sensitive issue, women need advice and assistance from those they can most easily identify with and trust.

We hope and believe the honesty and strength of the 199 women and two men who participated in this project will promote the establishment of appropriate and effective programmes, particularly in conflict and post-conflict situations in Africa. Their accounts provide insights into a range of relevant problems in the areas of HIV/AIDS prevention and treatment, the treatment of other sexually transmitted diseases, trauma, and social issues. Women offer a diversity of private perspectives which merit consideration in attempts to fight the spread of HIV/AIDS and other STDs and to rehabilitate rape victims. In particular, the findings are of direct relevance in the Democratic Republic of the Congo (DRC) where, with

³ See Kornfield R., Babalola S., Awasum D., and Quenum-Renaud B. *Living with AIDS in Rwanda: A study in three provinces. Special Publication No. 22.* Baltimore: Johns Hopkins University Bloomberg School of Public Health, Center for Communication Programs, February 2002.

a negotiated peace settlement and the appointment of a new government, the opportunities to provide assistance to rape survivors are widening.

Although most interviewees did not request anonymity, we have concealed all their identities to protect what remains of their privacy. They participated in this project willingly, but invariably with anguish, reliving their ordeals of sexual torture and rape and explaining in detail the painful emotional and physical consequences. Not all had contracted the HIV virus; some tested negative and even more were uncertain of their status, although all provided useful information. 83 were, however, infected and almost all were ill at the time of the interview, some critically. Through the personal accounts given in this report we are now intimate party to their sense of despair and degradation. They have provided information to help stimulate and define good practice in the care of rape victims and the treatment and prevention of HIV/AIDS, but many of these women will not live to see the systemic improvements necessary to make their lives tolerable.

It is a matter of the deepest regret to all at *African Rights* that some of the women we spoke to have already died since the documentation began. They have left us their testimonies—these are precious records and they will not be forgotten. Nevertheless, their deaths in pitiful circumstances mark an appalling failure, in which we now feel implicated. It would now be unconscionable if the remaining women do not experience any relief as a result of their courageous participation in this project.

African Rights would like to thank the Trust Fund of UNIFEM for the generous grant which has supported the research and publication of this study.

RECORDS OF RAPE Violation Upon Violation

Women generally spoke at length about their torture. Their testimonies make very distressing reading, but they deepen our knowledge about the rapes committed in 1994 and hint at the nature and scale of their incidence in Burundi. We identify some of the common patterns of abuse below, including extracts from a selection of the interviews.

Although rape crimes are not the main focus of this report, their details have another significance in the context of this study. They underline the depth of the suffering that must be taken into account by any medical or social policy oriented towards rape victims. Often, women declared, in one way or another, that they had lost the will to live. Illness, poverty, trauma and isolation are key factors in their despair, and there are direct and indirect links between these difficulties and the violation itself. In many cases it is possible to see how feelings of hopelessness paralyse women and contribute to a reluctance to confront and manage the possibility of HIV/AIDS infection, as discussed subsequently. Recollections of the crimes committed against them help to explain the nature and roots of their distress. Moreover, rape was invariably one element in a succession of traumatic episodes, including other forms of abuse, terror, betrayal, bereavement and displacement.

Women of all ages were vulnerable to rape; the youngest victim we met was just six in 1994 and the oldest was aged 71. 28 women were pregnant at the time of the rape and 31 became pregnant as a result of the rape. It is an obvious point, but these accounts illustrate—in the most graphic manner—how conflict itself has fed and continues to feed the spread of HIV/AIDS. They are a reminder that the struggle for peace and security is intrinsic to the war on the virus. In most cases individuals cannot prove they were infected as a result of the rape, but the implications of gang rape and sexual torture are self-evident.

Rape was prevalent during the 1994 genocide in Rwanda and it remains a threat in every ongoing conflict in Africa and elsewhere. Soldiers, rebel fighters, militiamen, local defence forces and prisoners are all part of the HIV/AIDS equation. Governments must show unwavering commitment to the pursuit of peaceful mechanisms for conflict resolution; to better education and training of their armed forces; and to bringing perpetrators of rape to justice. Many governments have already recognized that HIV/AIDS is the most potent contemporary enemy they are likely to face, though it operates within their own ranks. Dealing with it will require not just vigorous health and education programmes, but an entire cultural shift to acknowledge that militaristic approaches to governance and security and the cultivation of the “macho” attitudes they entail are themselves a large part of the problem. This is transparent in the Rwandese experience, through the testimonies in this report from Burundi and from the accumulating evidence of mass rape in the DRC.

African Rights has previously published analyses and documentation on rape during the genocide, as have other human rights organizations. The data gathered in this project supports previous findings.⁴

⁴ See *African Rights, Death Despair and Defiance*, August 1995; Human Rights Watch, *Shattered Lives, Sexual Violence During the Rwandan Genocide and its Aftermath*, September 1996.

Repeated Violations

Concessa

Concessa's Tutsi husband was murdered in 1994. The family had split up; he hid in the bush with his brothers, while the women and children, including Concessa, stayed together at home in Sahera, Butare. One night, two interahamwe came to search the place. Finding no men there, they raped all the women. Concessa could not identify them. Soon afterwards, the women moved to the home of a Hutu sister-in-law, but again they were found by militiamen, who returned on a daily basis to rape them. She faced a difficult decision.

After a while we decided to seek refuge in the sorghum fields, near the house. As my husband and his brother were still alive, I told them that I wanted to return to my family, as I'd had enough of the daily rapes. My family were Hutu so I wouldn't be at risk. They begged me not to abandon them, since there was no one else who would bring them food.

Concessa's husband persuaded her to stay with a Hutu neighbour so she could continue to help him. But once again she and her female relatives were found and attacked. She said the men "hit us before and after raping us, demanding to know where our husbands were." They had already killed their children and later they discovered the men and killed them.

Angèle

While living in Nyarugenge, Kigali, in November 1990, Angèle went through a roadblock manned by soldiers in Nyamirambo. It was a month after the attack by the Rwandese Patriotic Front (RPF), and all Tutsis were regarded as a fifth column for the RPF. They accused her of being an accomplice of the "*inyenzi*"⁵ and detained her and 12 others. Then aged 20, Angèle and two other women were kept there for two weeks and raped by the soldiers on a daily basis.

Seven soldiers raped me every evening. Later, when they thought that we would be able to identify them, they tied scarves around our faces.

Her health was badly affected, and four years later, the nightmare returned. Angèle explained how she came to be alone in April 1994, after her husband and son were abducted and killed by the interahamwe. Another son was also murdered at his grandmother's house in Kibuye. She found her sister and the two children of a neighbour and together they fled. They experienced several days of terror as they searched for safety and repeatedly met with danger. Afraid not only of the interahamwe but also of the war as soldiers from the Rwandese Patriotic Army (RPA) advanced into the area, the women eventually reached Gishwati forest, only to be assaulted again.

We reached a place where a white man had cultivated potatoes. Some watchmen prepared a meal for us. That night they raped us. We spent three days there, and they raped us every night.

Caritas

Caritas visited her parents' home in Ruhengeri in 1991 when the government and the RPF were at war. The house was invaded twice by large groups of men, some of them familiar to her. She was raped along with her younger sister. She tried to resist and one of the men struck her on the head and she lost consciousness. The same men killed her father and beat her brother up. Caritas became pregnant but opted for an abortion. She conceived again, in

⁵ *Inyenzi*, meaning cockroach, was a term of insult used in general for Tutsis.

November 1993, so that when the killings began in April 1994, she was visibly pregnant, a fact ignored by the three men who broke down her door.

They took turns to rape me. I didn't know them. My private parts were injured and there was a risk that I would miscarry.

Her husband, who had been away in Gitarama, found her. Since the men had threatened to return and kill her, they made their way to Kabgayi hospital where they stayed for two and a half weeks. But as Tutsis were being taken out of the hospital and murdered, they continued their journey, under difficult conditions. Caritas gave birth to a baby boy on the road between Ruhango and Bugesera. After two weeks, an interahamwe, on the run from RPA soldiers, grabbed the baby from her.

He killed him. The soldiers caught him and gave me back the corpse.

Emeline

Emeline has an enduring memory of the political troubles in her home area of Ntarama in Greater Kigali in 1991-2. She was raped and bore a child as a result. In 1994, she thought she was safe when a Hutu woman offered her and five other women took them to her parents' home in Kanzenze.

During the night her brother and some other neighbours raped us. They took three of the women, supposedly to see the sector councillor, but they threw them in the Nyabarongo river.

She evaded death, though not another rape, by denying her identity.

On the way we met two interahamwe; one of them was my neighbour. They stopped us and raped me. Fortunately, a soldier came along and asked me if I was really a Tutsi. As I denied it, he told us to leave.

Catherine

Early on in April 1994, Catherine's husband was murdered. The couple lived in Masango commune, Gitarama. She first turned to a neighbour, but in the days she lived in his house, he raped her. "I had to put up with it to escape death", she commented. Catherine knew the man, but he left the country in 1994 and has not, to her knowledge, returned.

Afterwards, Catherine made her way to her sister's house, only to learn that the entire family had died. In search for a sanctuary, she was introduced to a local man who, she said, "welcomed me, but did nothing except rape me." Again, she succeeded in getting away. This time she decided to stay in the bush where she met three other girls who were trying to reach Kabgayi, where they knew Tutsi refugees were camping.

In the evening we went to one of our friend's houses to ask if we could stay. When her brothers got home they each chose one of us and then raped us.

This third rapist preyed upon Catherine for two days as they made their way to Kabgayi. Once there, she was able to run away from him.

I lied to him saying that I wanted to go to see some patients in Kabgayi hospital and that I'd come back. When we got there I edged my way into the crowd of refugees and stayed with them until June.

She added:

All three men raped me several times. They didn't hit me but what they did was far worse even than death. I abandoned my place of safety each time as I realised that they could even kill me. They brought other women to rape and then murdered them afterwards.

Josette

Josette went to her native sector in Butare, hoping it would be safer than Kibungo, where her husband had been assassinated. But three days later, she and her sisters were raped. This was the beginning of a pattern of attacks, so frequent Josette can barely recall the details, let alone recognize the perpetrators. "They transformed their act of violence", she said, "into a habit, like drinking water." She tries not to think about this period of her life and found it an ordeal to recount her experiences.

I was raped by a lot of people and at different times. I can't think how many times. Each time that the killers found me in the sorghum field or in the house, they did nothing but rape me. Once they tried to throw me in the toilet at the home of my older brother. As we were in a crowd, I slipped between them and escaped. On the way back, when they had just killed all the people who were with me, they found me in the field again. They gave me the big blood-stained stick that they had just used in massacring my people, a short distance away, and they began to rape me in the same field. They were many of them. I didn't even dare look at them and so I didn't recognize them. The génocidaires raped me whenever we met, until they felt satisfied.

Sometimes, you would meet a very nasty man who would beat you before or after his vile deed. Some women or girls were also tortured in their private parts, but that didn't happen to me. Another act of savagery, which happened often, is that you were tortured by seven génocidaires, or even more, at the same time.

Emma

Emma is originally from Kibuye, but was in Kimihurura, Kigali, in April 1994, visiting family friends. Aware that their lives were at risk, her friend advised her to "prostitute herself." Emma soon became the victim of regular rape.

Probably a week after the genocide started, the locals knew that I was staying with this family. The servant was the one who flagged up the fact that I was there. From then on, all the local boys, friends of the servant, came to rape me. I can't be sure how many, or the number of times they raped me. There were a lot of them and they came several times a day. The lady of the house wasn't concerned about me at all. She said that even if thousands of men raped me, at least I'd still be alive. I lived with this situation throughout my stay in Kigali.

As the fighting between the RPA and FAR intensified in Kigali, the family abandoned their house. The husband was killed and his wife disappeared. Emma was left with the servant who had been among the rapists and he took her with him to the refugee camps in Zaire.

He made me his wife in Zaire. I lived under atrocious conditions, under constant threat from him and from others. Despite all this, I held out well. I used to wonder if I'd be able to find a little corner, so I could slip out and get back home to Rwanda, but I was heavily guarded.

Emma became pregnant and when the child was born, his physical resemblance to her was evident. This increased the hostility of her captor who accused her of having slept with a Tutsi. He began to harass her, saying he was sorry that he had not killed her. Isolated and far from home, she was not able to get away from him until 1996, when RPA forces invaded the refugee camps. By then though, she was already pregnant by him again. Emma ended up in Masisi and was then able to get home to Rwanda. She went to Kacyiru in Kigali where the only surviving members of her family were living.

Berthilde

Berthilde was living in Taba, Gitarama. With her sister, she was gang-raped during the genocide, on two separate occasions. Later Berthilde entered into a forced marriage with a Hutu relative to gain protection. She and her sister accompanied his family to the refugee camps in Zaire where, again, they were subject to repeated rapes. She became pregnant.

We were threatened by the other refugees and our tent was burned down. Some Christians moved us into another lodging. The refugees were always raping us and beating us, saying that we were Tutsis. Some novices preparing for the priesthood looked after us. They gave us food because we couldn't leave our beds. They also gave medicine to my sister who had caught syphilis.

At one point, I realized I was pregnant with a child I didn't want. I didn't know what to do. I even tried to bring about an abortion, but that didn't succeed. I gave birth when I was still in Zaire and the child was one more burden that I didn't know how to bear. I didn't have any affection for him.

RPA soldiers repatriated Berthilde in 1998. Back in Rwanda, she was reunited with her mother and two brothers.

Gang Raped

Adèle

After her husband and five children were killed, Adèle left for Nyaruhengeri in Butare, her home area. She hoped she would be in safe hands at the commune office, but militiamen had other plans for her and the other Tutsis who had gathered there. After they murdered the men, they rounded up the women and girls, including Adèle and her aunts, taking them to an unoccupied house.

They used to come and take us one by one to rape us. The gang consisted of many people, including the children of my cousins who were married to Hutus. I stayed there from April until May and each day the killers came to rape us. They did so in the open air, in full view of everyone as if they were in competition. A man married to my cousin was the leader of the killers. He assassinated many members of my family.

Providence

The day the interahamwe came banging on their gate, Providence and her family had been hiding in their house for a month. She was indoors with her husband and child while their maid was in the garden with the eldest child. The maid told the men that the family were not at home. But a woman they met as they were leaving told them that the family had not stepped out since the start of the genocide. They returned and set fire to the house. Providence climbed out the back window with her child and started running. Shot in the leg, she was forced to stop and five of the men—two of whom she knew—led her to the back of a house and took turns to rape her.

I lost a lot of blood so that when the sixth man came over, he was nauseated and left me alone. They had spears, machetes, swords, small hoes and grenades. They said that they wanted to know what Tutsi men had that was so special that they got to marry beautiful girls. One of them said that he was going to put an empty Primus beer bottle inside me, but the others forbade him.

They then beat her, with the intention to kill her.

An interahamwe came and said that my husband was dead and he stopped them from hitting me, saying that I was Hutu.

Pauline

After the death of her Tutsi husband and only child, 32 year-old Pauline and her Hutu mother-in-law shared a house with a group of Tutsi women in Gashoga, Cyangugu. They spent most of the genocide there, prey to the many men who descended upon the house with painful regularity.

They came every evening to abuse us sexually. This continued until we left this place, probably at the end of June or the beginning of July. We were abused by whichever man came by; many of them were unknown to us. In any case, we didn't have the courage to look; it was like drinking bitter medicine. We didn't dare open our eyes. There were so many rapists that I can no longer remember the number of men who raped me.

Dancille

Dancille and her four children were among the few survivors of a massacre at Gatwaro stadium in Kibuye. They withstood three days of continual slaughter at the stadium, led by the interahamwe and the préfet, Clément Kayishema.⁶ Surrounded by dead bodies, Dancille witnessed a series of appalling acts, among them the murder of her husband. As the killers cleared the bodies away in lorry-loads, Dancille and her children sneaked out of the stadium. They turned to the bourgmestre, who advised them to go to Gitesi commune office. As soon as they arrived there, Dancille was confronted by a group of ten men who she believes were all Twa.

They took me behind the detention centre and raped me in turn. They had guns and were lying in wait for Tutsis seeking shelter, who they then killed or tortured in a variety of ways. They left me and I decided to go elsewhere. I came across a crowd of interahamwe. There were a lot of them and they raped me, one after the other. The children were by my side and when they left, they went to tell an old lady. She took me to her house, and tried to ease my pain with warm water.

Dancille made her way back to the home of the bourgmestre and there she met a friend who helped her reach Cyangugu.

Triphonie

A neighbour rescued Triphonie from the massacres in Kigembe commune, Butare. He looked after her and arranged for her to be evacuated to Burundi with a group of men who were transporting beer. Although they took Triphonie to a refugee camp across the border, they assaulted her on the way.

I was raped by three men. Two of them went ahead while the other stayed back with me, supposedly to protect me. The one who stayed behind with me was the first to rape me, and the others followed him.

Triphonie was heavily pregnant at the time.

We were in the bush and I had great difficulty in making it to Burundi. I was afraid of a miscarriage as a result of the rapes.

⁶ Clément Kayishema has been tried and sentenced to life imprisonment by International Criminal Tribunal for Rwanda (ICTR) in Arusha.

Edith

Edith, 34, could not walk very far because she was pregnant. This made it easier for the interahamwe to catch up with her at her hiding place near her house in Murambi, Umutara. Her elderly husband had already left with four of their children. They roughed her up, demanding to know the whereabouts of her husband and their son. They took her back to her house and two men she knew raped her.

I couldn't move anymore and felt very ill. And even the child that I was carrying hardly moved from that day on. When I gave birth, he had some complications and several months later he died.

Assumpta

Assumpta was raped by more than 10 men in the presence of her two-year-old child. The Parish of Nyamata in Greater Kigali had been a safe haven for Assumpta and her family in 1992 when Tutsis in Bugesera came under threat. In 1994, they again turned to the parish. Because the church was overcrowded and hot, and because he was hungry, Assumpta's youngest child would not stop crying. She was outside trying to calm him down when the killers turned up in force. She could not get back in the church as the doors were locked. This saved her life and she hid in the bush.

Two men I didn't know came and raped me. I still had the child on my back. I was frightened that I may have suffocated my son as I had been lying on top of him during the rapes, but nothing had happened to him.

Four of her children and her father died in a ruthless massacre. Assumpta knocked on the door of the nearby convent but was refused entry. She then came across a group of men and women; the women shouted out that she was a survivor from Nyamata. The men took her into the bushes and raped her, one by one. By the time the eighth man approached her, she was bleeding so much that he left, saying: "You'd think it was a cow that had just given birth." This did not deter the next man from wanting to "feel what a Tutsi vagina was like."

Some time after that, a Twa passed by and I asked him to bring my child to me. He did, and he too raped me. A cruel woman passed by and hit me around the head with a large stick. She was going to kill me when four young men appeared and stopped her from finishing me off, saying that they needed to rape me before killing me. One of them tried to rape me, but he found it too disgusting because of all the blood. He kicked me very hard between my legs and I lost consciousness.

Michelle

Michelle, 19, and her parents left their home in Huye for Butare town. They split up and she and her brother went to the office of the préfecture where they remained for more than a month. While there, she was raped on a daily basis by numerous different men.

I remember about six of them. There was a man responsible for our safety, and he too raped me. Many of the girls and women there were also raped; they used to take us behind the houses into the bush. The killers came every day and picked women out. The group of men who came varied from day to day, or indeed they might return several times in one day. They were violent; I myself was slapped by one of them because I didn't want to sleep with him.

A man who worked at the office took Michelle back to his house. But there too she was repeatedly raped.

Lots of other interahamwe used to come to his house for meetings, and they also took advantage and raped me. So that I wouldn't go back there, he told me that all the other refugees at the office of the préfecture had been killed.

After three days she could bear it no longer and she got him to take her back to the préfecture office. Twice, she escaped a massacre; on one occasion it was because soldiers hid her and a friend. "Because they'd raped us several times, they thought of us as their protégés", she commented.

Raped by Soldiers

Cécile

Recently married and living in Kigali with her husband, Cécile, then aged 21, was two months pregnant on 7 April 1994. That morning, in the immediate aftermath of the plane crash of President Habyarimana, soldiers searched her neighbourhood. When a group of six soldiers reached Cécile's house they demanded identity cards. And then—despite the presence of her husband and their neighbours—they instantly began to rape her. She lost consciousness after the first rape.

After a night in hiding, Cécile and her husband returned home, believing calm would be restored with the appointment of a new interim president. But they were invaded, this time by the interahamwe.

They made my husband leave the house, and one of them injured me between the legs with his sword, while he was telling me to spread them. The other one also hit me with the back of his gun, and told me to take my clothes off. That day three interahamwe raped me. Others took my husband away, I don't know where, and I've still not seen him to this day.

Cécile tried to hide in the abandoned homes of her neighbours, but she was soon found and again she was raped.

An interahamwe came to the house during the night. He tapped on the door, but I didn't let him in. He broke the glass pane in the window of the bedroom that I was in. When he lit his torch, he saw me. He told me to open up, or he would open fire inside. When he came in, he said that I should make a choice, between death or doing exactly what he wanted me to do. I would have preferred to die, but he refused to kill me. He threw me on the bed and then raped me. Afterwards, he used his sword, still in its sheath, to torture me even further.

Cécile has had no opportunity to pursue justice. She said most of the men who raped her were soldiers and she didn't recognize them, while the militiaman, who she knew, left for the Congo and has not returned.

Judith

A resident of Kimonyi in Gitarama, Judith avoided the killers by hiding in a neighbour's trench for the first three days of the genocide with her children. They were near the battlefield, and Judith ran when she heard that the RPA had taken control of the area. After one night on Kayenzi hill with local people fleeing the rebels, she returned to collect her children and asked a FAR soldier to accompany for reasons of safety.

One of the soldiers agreed straight away, but we didn't end up at the place where my children were holed up. When we reached a forest, he raped me and abandoned me in the forest. I spent that night there and the *inkotanyi* saved us the following day.

Alodie

Alodie was with her younger brother and another Tutsi girl behind her home in Butare town when four soldiers and two civilians took them by surprise. She knew one of them; he and one of the soldiers took her inside and the soldier raped her.

He forced me to lie down on the mattress. I refused. Immediately he raised his bayonet to me, saying that he had thought of raping me and letting me live, but now he was going to rape me and kill me afterwards.

I was engulfed with fear and gave in. He did exactly what he wanted to do and left me bleeding and vomiting. After he left, the man I knew came in. He hit me hard and mocked me. He asked me who my parents were and I told him, believing that he would then spare me. Instead, he hit me even more. Our family gave what money we had between us. I had 50,000 francs on me. He took this money. Then they took my brother and the maid to kill them.

This civilian was imprisoned and released temporarily following the January 2003 communiqué⁷, although he had not pleaded guilty. Alodie appealed against his release and he has now been sent back to prison.

Emerithe

When her husband was killed early on in April, Emerithe, who was then living in Giciye, Gisenyi, asked Hutu neighbours for protection. As her whereabouts became known, they sent her to stay with another Hutu family. It was there that soldiers found her.

I didn't know the first man who raped me. He was one of my neighbours. He said that as we had refused to marry Hutus, they were going to force us to sleep with them. He led me away, hitting me viciously. He was brutal. I lost consciousness and I didn't know when he left. But I regained consciousness in time to see the second man on top of me and immediately heard whistling. When they raped me they helped each other. The second man was in a rush because they had just tracked down some Tutsis in the near by bushes and he was in a hurry to go and see them being massacred. Even though they let me go back to the house, I didn't move until nightfall because I couldn't walk.

Josiane

Although she lived in Kibuye, Josiane was in Kigali staying with friends in early April. On the morning of the 7th, they left together and were on the run for the next few days. Soldiers, policemen and interahamwe caught up with them near Munema.

The soldiers made us go into a shed and raped us. I was one of three women. They took it in turn. There were a lot of them. One left and another came in. It seemed as if some of the men came back several times.

Once they'd left it was the turn of the policemen. There were four of them; I didn't know any of them. They were brutal, hitting us while asking us to undress or telling us to sleep with them.

⁷ On 1 January 2003, President Paul Kagame announced that those genocide suspects who had confessed—but not those accused of leading the killings—minors who were between 14 and 18 years old during the genocide, elderly prisoners, the chronically ill and “other persons accused of ordinary crimes” would be provisionally released. The measure applied “to detainees who run the risk of being imprisoned for longer than provided for under the law” and the prisoners remain subject to trial through the gacaca courts.

Josiane's relatives found her and for a time they provided a safe place for her. But her husband and children were killed and she had lost the will to live. Her sister advised her to go and stay with a Hutu neighbour who raped her on several occasions.

Raped by a Neighbour or a Relative

Gisèle

Gisèle's husband and three of her seven children were killed near their home in Cyarwasumo, Butare. Gisèle and her remaining children, including a month-old baby, remained in the bush during the day and only returned home at night. One night they were found by a youth.

He threatened to kill us horribly if I didn't allow him to have sex with me. Children are really the most precious of beings to a mother. I could imagine how he'd cut them with his machete in front of me and I decided to give in. The children were very frightened and all went into the other bedroom. He raped me and then left.

Gisèle has identified her husband's killers and was recently distressed to discover that one of them had been acquitted. She was planning to complain about his release at the time of the interview. Although she has not yet seen justice done, either for the rape or for the murder of her husband and children, she is resolute, saying:

I shall continue to accuse them before the courts. Even if I have to die, I would be proud that I'd done my duty and the other inhabitants would know that I was a victim of the truth.

Laetitia

In 1991, Laetitia and her family were harassed and seriously beaten up by neighbours, forcing them to move from Ruhengeri to Gisenyi where they were when the genocide began. Laetitia spent two weeks living in a forest, with nothing to eat but mud, until hunger flushed her out and she begged shelter from some neighbours.

There was a man who was married with two children. When his wife went out to farm, he would abuse me. He raped me three times during the week that I stayed with them. He told me that if I didn't agree, he would call people to kill me. He injured me. When I told his wife about it, she questioned him and he replied that he didn't want any arguments. He told his wife that he was going to turn her out at the same time as me. I didn't want to create problems between them, I went to look for somewhere else.

She was only 14 at the time. She moved from house to house, once hiding for three days in a hole for storing compost, and then spent more days in the forest, barely escaping from a series of other dangers, including almost being buried alive. Before finding her way to the Congo, Laetitia was raped by a soldier whose face was familiar to her. At the end of the genocide, she returned to Rwanda, pregnant from the rapes.

Tabithe

At 17, Tabithe was the eldest child in her family. They lived in Cyangugu. She and her two brothers lost each other when the threat of violence forced them to disperse in April. She initially went to stay with family friends who lived by Lave Kivu.

When our neighbour found out that I was there, he came and took me to his house. I'd just spent a whole week with the first family. He was the *responsable* of the cellule, and the people living there held him in fairly high esteem. He was married with children.

As I was still young, I didn't think that he would ask me to be his second wife. He set me up in a maisonette, which was very close to his home, and told his wife that it was so he could hide me. Nearly every day, he came and raped me. This carried on from April until August, when he left for Congo.

By then, Tabithe was pregnant.

This was a huge load on my mind. I wondered what I was going to do with this unwanted child, worse still the unwanted child of an interahamwe.

The man who had raped her, and whose child she was carrying, had also dispossessed her of her family's land. When he argued that she was "a burden" to him during the genocide, the family sold him their land. He is still in exile, but his wife and children have continued to use the land, leaving Tabithe to seek help from others.

As I no longer had my parents' family land, as soon as I found out I was pregnant, I left his wife to go and live with a widow, a neighbour of ours.

Vénérande

Vénérande's relationship with her brothers-in-law deteriorated when her husband died in 1991. But in 1994, she was confident that they would not let her die, so she took her three children and asked her parents-in-law for asylum in Nyamata, Greater Kigali. After a week, one of her brothers-in-law nearly killed her; she was saved by her mother-in-law but ran out of the house and a neighbour took her in. She went back after her parents-in-law came to fetch her. But three of her brothers-in-law had other ideas.

They raped me and told me that if I refused, they would chase me out of their house. One of them raped me but didn't torture me. The other brother was violent and hurled insults at me. He terrorized me, saying that I shouldn't be surprised to see the interahamwe coming to look for me. They took me to the back of the house when they came back from killing and looting. They raped me regardless of what time it was. On several occasions the third brother, the one who had almost killed me, said that he wasn't going to sleep alone, and my mother-in-law said nothing to save me.

Deliberate Infection

Paul

Paul from Rwamagana in Kibungo is one of two men included in this study. His testimony is a reminder that rape and its consequences are not confined to women. Paul was forced by the interahamwe to have sex with a woman they suspected might be infected with HIV/AIDS. In this case the clear intention was to ensure him a slow, painful death. His eldest son was killed in his home sector and his wife was also murdered, but Paul escaped. However, he was soon caught by other militiamen, this time accompanied by a woman.

They demanded that I have sex with her. She lay on the ground and they told me to show them what I did with my wife. When I refused, one of them beat me with his club and I had no choice but to do what they wanted. They stood next to me, hurling insults which I couldn't repeat to you. They had spears, clubs and bows.

When the deed was done, they told me that there was no death quite like sleeping with a woman with AIDS. They knew very well that her husband had died from AIDS, but I hadn't known this. I didn't even know the lady.

Although we did not come across another instance of deliberate infection in this particular research *African Rights* is aware from previous interviews and the work of other organizations such as Avega, that it was a well-known practice, though usually aimed at women.

Raped in Front of Family Members

Placidia

“They took my dignity away when they undressed me in front of my small children”, lamented Placidia, 35. When soldiers overran their home in Kacyiru, Kigali, and threw a grenade inside the compound, Placidia’s husband died and she and her five children were injured. Though moving with difficulty, because of her injuries and because she had given birth only two months previously, Placidia reached Kibagabaga hill only to find a horde of killers waving machetes. An interahamwe forced her to march towards a mass grave, saying that he was taking her to meet the councillor. To her relief, they were intercepted by a gendarme, a friend of her husband’s, who insisted that she was his wife. He took her to his house where he lived with his Tutsi mother, his sisters and brothers. But like so many other policemen, his day was taken up with murdering Tutsis; his younger brothers had also become interahamwe.

One of his younger brothers, a street kid, came with his bandit comrades, climbed on top of me and raped me. They did so in front of my children, the eldest of whom was in the first year of primary school. I was raped many times, so many that I lost count. They were armed with guns and clubs. The gendarme didn’t know about the situation I was in, and his mother stopped me from telling him for fear that his reaction would aggravate the situation and I would be killed.

She limped from one house to another, only to be thrown out and mocked. She assumed she was safe when a UNAMIR vehicle drove by.

As I didn’t know French, I expressed our suffering to them through gestures. I showed them our wounds and asked them to give us transport. They made fun of me and drove off.

There was more humiliation in store for Placidia.

Near the bar known as Umutekano, the interahamwe ordered a young boy of 13 to rape me. Everyone was watching me, even my children; that really twisted the knife in my wounds.

Today, Placidia’s children remind her of the rapes, but she said that she is “too ashamed to talk about it with them.”

Janvière

Janvière’s search for safety during the genocide took her across several communes in Butare, where she braved roadblocks and had many encounters with killers, losing five of her children. She joined other Tutsis who had put up a spirited fight on the hill of Karama in Ntyazo. Unable to defeat them, the killers brought in military reinforcements, and then came back to finish off the survivors and to rape the women. Janvière was raped alongside her mother.

They put us to one side and we were first raped by two soldiers. Then they passed us to others who raped us in turn. There were very many of them. Later, they continued to hold the younger women and my mother was released. They set up camp and kept me there as their “wife.”

When the soldiers went to hunt Tutsis, it was the turn of their cooks to torment the women. Two of them shared Janvière around the clock. She tried to escape, was caught and punished with continuous rape by a dozen men.

I was the prey of all the militiamen. During the night, I was taken by 12 rapists. I was so exhausted that I passed out. The muscles in my legs and back couldn't hold me up any longer. They also wounded me to the extent that I couldn't hold my urine. They left me to the mercy of dogs. I don't know how long I stayed stretched out on the ground. When I regained consciousness, I found myself with the *inkotanyi*. They told me that they had found me half-dead and that they had transported me on a stretcher.

Delphine

It is hard for 28 year-old Delphine to convey the horror and extreme embarrassment of being raped while heavily pregnant and in the presence of both her husband and her father-in-law. Refused entry into the bishopric of Gikongoro, Delphine and her relatives camped at a school in Gikongoro town.

FAR soldiers guarding the roadblocks came. They took me aside and one of them raped me. On his return, he told the others that it was truly pleasurable having sex with a pregnant woman. Another soldier grabbed me and in turn abused me. Then they discussed my fate. One said that it was necessary to rip my stomach open and kill the Tutsi baby which they called a serpent. The other asked that I be left so that they could help themselves to me in order to satisfy their sexual desires. My father-in-law and my husband were there; they were frustrated but there was nothing they could do.

Her respite came when her father-in-law made it possible for her to mingle with the other refugees. Angry at not finding her, they took hold of her sister-in-law and mutilated her with small pointed bits of wood.

Candide

Candide was forced to lie on the ground while still carrying her baby on her back and raped. Her other child sat beside her. The mother of two children, Candide, 38, comes from Kiramuruzi in Umutara. Her husband left their home separately and was killed on the road. Candide and a group of women gathered at a school.

On 10 April, four interahamwe arrived. One of them is already in prison. They said that they wanted to take us to the primary school. One of them, about 25 years old, led me behind the house into a banana plantation. When I put up a struggle he hit me with the back of his machete and pushed me, so that I fell on the ground. He told me to put the child that I was carrying next to me on the ground. He said that he wasn't worried about the child that I was carrying on my back. He made me lie on my back, and therefore on my child, and he raped me. Afterwards he went to do the same to other women that were with me in the school. The three other men seized hold of the other women and raped them one after the other. We were able to escape from them when some old Hutus came and told them to stop. They were carrying machetes and clubs, but when they raped us they lay them on the ground next to them.

Sexual Slavery

Rachel

Squatting in the sorghum fields with her cousin, Rachel was a frequent victim of rape, so much so that she “couldn’t say how many men raped me.” Some of them came from nearby cellules, but many others were unknown to her. After a while, the girls were advised it would be safe to return home. When arrived in Sahera sector, Butare, they saw that their house had been demolished. Soon afterwards, Rachel ran into Philippe who belonged to the same prayer group as she did. He took her home, “saying that he was going to take me as his wife.” But after two weeks, his parents threw her out. Back in the woods, Rachel had no alternative but to go with a stranger who also made her his “wife.”

I lived with him for two months. A prominent killer, he was cruel towards me. Moreover, his home was a slaughterhouse. Other killers came to the house, not only to have meetings about killing, but also to actually carry out the murders.

Scholastique

Four men murdered Scholastique’s husband in April and then gang raped her at their home in Butare. Scholastique was two months pregnant and the violence of their assault almost caused her to miscarry. Two of them were captured and imprisoned after the genocide, while the others remained in Zaire. Scholastique believes they are all now dead. She went to stay at her father’s house in a nearby cellule, but on 24 June, she was found and raped by a neighbour. This militiaman took her captive in his home.

I lived with this génocidaire under constant threat of death. Every time he would tell me that I was pregnant with a “snake”—the word used to belittle or demonise Tutsis and to portray them as evil—and that he was going to disembowel me. I myself was convinced that this could happen to me, given his behaviour. I said nothing so as not to provoke him. I used to be like his slave; when he got home he abused me.

Scholastique’s persecutor participated in massacres on a daily basis while she lived with him and soon after the genocide he was identified as a killer and arrested by soldiers. Scholastique has no further news of him.

Stéphanie

On 6 April 1994, Stéphanie’s husband was taken away by the interahamwe; she never saw him again. Several days later, militiamen, led by the councillor of Kimisagara, Rose Karushara, returned to her home in Nyarugenge, Kigali.⁸ Heavily pregnant at the time, Stéphanie was forced to the sector office where she found other women and young girls from her neighbourhood.

They kept us there for a whole month. Each evening the interahamwe would come back from their killings and pass by this office, taking women and girls to rape. During a single night, one could easily pass between three or four men. Later, they didn’t have any more discretion—they gang-raped us and in the same communal room. They shared us between themselves as they wished. Even the little girls were not spared. The pregnant women were the most targeted. For the interahamwe, raping a pregnant woman was to claim two victims and that gave them great satisfaction.

⁸ Rose Karushara played a lead role in the genocide in Kigali. For details, see African Rights, *Not So Innocent: When Women Become Killers*, August 1995.

Stéphanie escaped and lived for another month in dire conditions, but was eventually uncovered by the interahamwe. The man who had taken her husband away, then drove her to his house.

It was not out of pity but in order to make me his wife. He gave me water to wash myself and then something to eat before raping me. He did with me as he pleased.

Despite her pleas that she had become infected and was constantly bleeding, he continued abusing her until the RPF's arrival caused him to abandon his home.

Virginie

Virginie was living comfortably with her family in Butare when she was taken in by a soldier to work as a maid. She was 22. It was her only hope of remaining alive. The soldier used her and after a month he insisted that she should "marry." With no alternatives in sight, she remained with the man he imposed on her until after the genocide.

He warned me in clear terms that if I refused this husband, I would die. So, without further discussion, I went to live with this man that they had gone to look for. We lived together for four months and then I fled because he began to be violent towards me. Because I didn't become pregnant, he began beating me, saying that I didn't want to have a Hutu child. He had bought me a cloth. I wore it the whole time because I refused to dress in the clothes of people who had been killed.

Clarisse

Clarisse, 19, and her younger sister were dragged out of a neighbour's ceiling in Kibuye and taken to a mass grave to be killed. Once there, they were surprised to find themselves taken back to their neighbour with the instructions that "he would be our master and us his slaves." They thought the interahamwe had decided to save them, "but we soon got to understand the true meaning of this gesture." Two days later, the génocidaires returned.

They said they would kill us if we didn't agree to sleep with them. One man selected me, saying that he wanted me as his wife. An elderly man said he would give my sister as a wife to one of his sons. He took me to his house where he raped me for three days.

On the fourth day, as the pressure to kill all Tutsis heightened, Clarisse escaped with the help of the elderly man, but her sister, who stayed behind at his house, was killed. At the end of the genocide, Clarisse, who was four months pregnant by then from the rape, came home to find that her entire family had been decimated.

Dative

A Hutu friend in Cyimbogo, Cyangugu, sheltered Dative for a while and then suggested that her best chances lay in staying in a house where a group of Tutsi women had gathered. When two militiamen came to escort her, her friend's husband, who was wary of them, accompanied her. But when they ran into two of his acquaintances, he left her in their hands. He had barely gone a few metres when they, and two other men, joined forces in raping her. And things did not change when she reached the would-be-refuge.

Many men visited daily to abuse us sexually. I have no idea how many men raped me, nor how many times I was raped. There were a lot of them. It became our daily diet. After a while, some of us were taken as their wives, but others were killed.

Prolonged Suffering in the Camps

Gratia

Because she was on night duty at the hospital in Kibungo where she worked as a health assistant, Gratia, then 24, didn't find out until the morning of April 7 that Habyarimana's plane had crashed and that Tutsis were being hunted. She evaded the interahamwe who laid siege to the hospital, and then made her way to the home of her godmother who had a Hutu husband. The family did their best to keep the militia at bay, and when they realized that the killers suspected she was at their home, they led her to a nearby banana plantation. Unfortunately, the militia found her there and took her to a well where they were throwing corpses. Gratia got a shock when she saw that the victims included a friend of hers, who was on the point of death. One of the militiamen, a former patient, saved her and took her back to godmother. A woman who came to visit learned, accidentally, that Gratia was in the house and publicized the news. A band of killers descended on the house and led Gratia away ; one of them proposed that she be given to him as a wife, and he took her home.

He forced me to have sex with him. When I wanted to resist, he really beat me up and I ended up by accepting. He did everything he wanted, and when he left the house, he locked me inside for fear that I would run away. When the RPF arrived in the region, this militiaman made me leave with him to Tanzania. I climbed aboard the vehicle going to Tanzania by force. On arrival, my health became precarious; I was pregnant and I caught malaria often. The living conditions in the camp were very difficult.

My so-called husband didn't concern himself with me. On the contrary, he treated me roughly, saying that my *inkotanyi* brothers were the origin of our suffering. Finally, he abandoned me in a such a state that I didn't have the strength to return to Rwanda. I was also discouraged from going back because I thought I wouldn't find anyone who would take care of me there. Eventually, I found some work at a camp which sheltered Tutsi women and girls who had gone through experiences similar to mine.

Gratia gave birth in the camp and made the journey back to Rwanda. She was overjoyed to find that her mother and two of her younger brothers were still alive.

The other members of the family had been killed. They welcomed me warmly and took pity on me. They thought I had died. I was with my child and they weren't upset about that.

Nathalie

Nathalie's nightmare began when an ex-FAR soldier forcibly removed her from the house where she and several other women were hiding in Cyangugu, took her to the back of the house and violently abused her. From that day on, there was a daily stream of men who passed, so many that the exact number remains a painful blur in Nathalie's mind.

Sometimes they disguised themselves, their bodies covered with banana leaves and their faces with masks. They included some of our acquaintances, but even then we can't identify them.

Towards the end of the genocide, the single men picked out women to be their "wives." The rest were killed or driven to Kamarampaka stadium. Nathalie was selected by a widower who she followed into exile. In Congo, the effects of her experience and the terrible conditions they were living in took their toll on her.

When my husband was killed in Rwanda, I was two months pregnant. The child was born in Congo in the refugee camp. I couldn't tolerate the conditions in the camp with a baby and the remorse I felt, for following a militiaman, weighed heavy on my heart. So I escaped and I came back to Rwanda.

Mercia

The first man who raped Mercia kept her locked in a house in Shyorongi, Greater Kigali, and then gave her to a soldier as a gift. This soldier took Mercia, then aged 22, as his wife and then left her with some fellow soldiers to look after her. They obtained false papers for her, saying that she was a home nurse for a child and took her to the CHK hospital in Kigali. This ruse kept her alive, but she was to pay a heavy price.

I was with other Tutsi women and girls at CHK; soldiers came every day to torture us sexually. All those who pretended to save my life raped me.

Mercia's "husband" returned to search for her on his way to the DRC after the defeat of the FAR.

We lived in a refugee camp as husband and wife. I became pregnant and had the baby before I came back to Rwanda in 1996 with the huge tide of refugees. Since then I haven't seen this man and I don't know where he is. All these men made me suffer. Unfortunately, I don't know where they are in order to bring them to justice.

Raped as a Child

Concilia

Because she was 17, Concilia thought that her age would shield her from rape. Accompanied by her family, she left her home in Mugambazi, Greater Kigali. On their way to Burega, four of her relatives were murdered. The mix of soldiers and interahamwe they came across looked at her; one of them did not care how young she was.

He raped me on the road in front of his companions. I didn't know him. I bled a lot. I couldn't stand up, but afraid of being killed, I followed the others on my hands and knees.

Justine

The man who raped Justine initially took her and another girl to a woman's house for safety in Nyamata, Greater Kigali. However, one week later the woman was ready to call the Presidential Guard to come and kill them, so he came back and took them to his house.

He raped me in the absence of his wife on about five occasions. He would choose between me and the other girl; as he raped one, the other would go outside. One day he told us to lift up our clothes. He hit us and said that he would put sticks between our legs, but we begged him not to and he left us alone.

Justine found herself without any family left. She decided to move in with a man, saying that her experience had left her feeling that she "wasn't a little girl anymore." She was 12 at the time.

I thought that he would be at the same time my father, my mother and my brother. I married towards the end of 1994. We separated after we had two children; the eldest is now six years old.

Bernadette

At the age of just ten, Bernadette was separated from her family and left to crouch in fields near her home in Gishamvu, Butare. A male adult found her there and raped her.

During the following days, she remained constantly on the run from the gangs of killers she could hear roaming around. Later, while sheltering in the reeds, she was discovered by another man who also raped her.

As I was still a young girl, the rape was the first time that I'd had sexual intercourse with a man. It was too painful and it was very hard for me to put up with it. I shouted a lot but the rapists didn't care. I had difficulty standing up and couldn't even walk. Before raping me they also hit me. They were offended that I had rejected their offer to sleep with them.

I didn't recognize any of the men who raped me, so I can't bring them to justice.

Anathalie

Aged 14 in 1994, Anathalie left her home in Gisuma, Cyangugu, which she shared with her parents and nine brothers and sisters. She had just finished primary school and went to stay with her older sister in Gikongoro. When the killing started, her sister went to Butare and Anathalie was left alone in Gikongoro, hiding with sympathetic Hutu families or in the bush.

When I was in the bush, militiaman raped me three times. There were a lot of rapists and I didn't know them.

Malaïka

Until her cousin finally came searching for her in 1995, Malaïka lived with a man and his wife who had agreed to hide her during the genocide though she did not know them. She is a native of Nyamagabe in Gikongoro and was 13 at the time. The family scattered and her parents and four of her siblings went to Murambi while she and two of the other children ran into the nearby hills.

The man who welcomed me had his plans. He raped me every time his wife left for the fields. He forced himself on me. I knew that my parents had died and that I didn't have anywhere to go, so I didn't resist too much as I was scared to lose my life. I lived there under terrible conditions but I was obliged to bear it all given that I had no alternative.

The man is still in exile in the DRC. Malaïka has yet to take an HIV test, but she contracted syphilis for which she was treated.

Dévota

Dévota was seven in April 1994. From Vumbi sector in Butare, Dévota lived with her mother and grandparents. The family abandoned their home and Dévota was with her grandmother in the bush when they were found by the interahamwe. They killed her grandmother, but one of the men claimed she was his daughter and took her home with him. Dévota had never seen him before. She had no choice but to go with him back to his home where she was kept with a Tutsi boy aged about 15. After about a week, he handed the boy to the interahamwe.

He then began to rape me. He asked me: "Have you seen how the others were killed?" alluding to the boy he'd just handed over. If you don't do everything that I order you to do, you will also be killed." He took me when he wanted and did what he wanted to. When I got to the stage that I couldn't walk anymore, he left me for one or two days. Then he began

again. To rape me, he put me on his knees and when I cried, he asked me if I'd really thought that he was my father, as he had told the killers. While he was really hurting me badly, he would tell me, in a nasty manner, to be quiet. I stayed with him for about two months.

He took Dévota with him to Gikongoro, and then from there he joined the exodus of the DRC. Dévota was no longer at his mercy, but she had to beg at the market for food. Soon afterwards a gang of street children moved into the house she was staying in.

There were eight of them. The eldest was 20, but all these children were older than me. They were all boys; I was the only girl. The 8 boys also raped me. Some times they took turns. There were also times when the eldest took pity on me and, after he raped me, he told the others off. He was the strongest; the others were afraid of him. They held me lying on my back while they carried out their will. We lived for a week together like this. Sometimes, they all raped me. Other times it was just the eldest.

A woman who saw Dévota in the market took pity on her. Dévota moved into her house but was left alone with her husband every day and soon he too began to rape her.

He knew through his wife that I had been raped by several men, so he told me: "Bring yourself, you've got nothing to save," meaning that he wasn't the first.

Dévota was raped by this man "several times" even though she was already visibly suffering from a sexually transmitted disease, the consequence of previous rapes. She was too terrified to tell his wife. Although she has now been reunited with her mother, Dévota has not attempted to bring any of the perpetrators to justice. Indeed she prefers to remain silent about the crimes, for fear of being taunted by her peers.

Asthérie

Asthérie from Rutonde, Kibungo, was raped at the age of 17. Her brother, nephew and father were massacred and she was abducted from a place near her home. A militiaman took her to his home, claiming he was rescuing her.

He lived with his mother, brother and sister. There was also another girl there that his brother had brought to be his wife. They told me that they wanted to save my life. At about 7:00 p.m. he led me into his bedroom. His brother was with the other girl in another bedroom. I fought against him, but he was stronger than me. He raped me twice that night. I kept quiet because I knew that there were other people in the house who could make fun of me. During the day, he used to go to the roadblocks to kill Tutsis. The second day, he got home late and did exactly as he'd done the day night before.

Three days later, the militiaman heard that the forces of the RPA were in the area and he fled to Ruramira in Kabarondo district, taking Asthérie with him. He moved into the home of an old lady and Asthérie was sent to work in her fields every day for a week, until the RPA evacuated her to Kayonza. There, Asthérie was reunited with two of her sisters and her stepmother.

Solange

Solange's parents, as well as her seven brothers and sisters were killed at their home in Ngoma, Butare in April. She was then only ten years old. Left to fend for herself, she hid in the fields, then turned to family friends for help. She was taken in by a Hutu woman, married to a soldier, who asked Solange to work as a maid, looking after three young children.

Several weeks later, the soldier returned and urged his wife to flee the advance of the RPA. Solange was taken with them to Cyangugu where soldiers had set up a camp in a secondary

school. Although they were on the run, the soldiers remained committed to the genocide. Solange described the threats and violence she was subjected to, first at the camp in Mururu secondary school, then at a second camp.

Even in this refuge, they continued to kill. They wanted to know who was a Tutsi in order to assassinate them. The family I was with didn't want to hand me over because I was useful to them. The soldiers came to take Tutsi girls to rape them. I was well known by everyone because of this family who had given me asylum. We spent a week at this place; then we went to the secondary school of Gihundwe. There too the soldiers continued to rape young Tutsi girls. They came every day; those who came in the morning were different from those who returned in the evening. They raped us when they wanted to; no one had the right to refuse. If you did, you would be hit hard as well as raped.

I was raped several times by two men who were guarding the military. I didn't know them beforehand and I don't know where they are now. They told me that I was also old enough to be raped like the other Tutsi girls who were there. In fact, I was the youngest of all of them. They told us that our time was up, that we should give in to their desires. These men hurt me. They were violent.

Raped in Burundi

Florence

In July 2002, Florence, 32, from Kamenge zone, was raped by local members of a civilian security patrol. They came to her home initially to demand payment of the 100 francs contribution each household was expected to make to the patrol. Florence's family owed payment for two weeks and they insisted her husband pay an additional penalty. They returned a week later when her husband was away and Florence was alone.

They asked me to open the door, and when I hesitated they said they were going to force the door. So I let them in to our house without knowing what was going to happen. Two of them came in and another stayed outside. They started beating me, and then took turns to rape me. While one of them raped me, the other would threaten the neighbours with his gun, so that despite my cries nobody came to help me.

Marguerite

A month later, Marguerite, then aged 14, and her aunt were also raped by armed men who belonged to the same local defence force in Kamenge zone. Marguerite's aunt opened the door after they had threatened to demolish it, thinking that they would leave after they saw the poor conditions in which they lived.

The two men entered our house. One of them immediately grabbed my aunt and the other one dealt with me. They raped us. In spite of our cries, no one came to our rescue.

Louise

Louise lives in Buhonga zone in Bujumbura rural. She and her husband set up home there in 1993, when fighting broke out, believing that they would be safer near the capital. But there was constant insecurity and in 1998, Louise was raped by four men who broke in while her husband was at work in town.

I didn't recognize any of them. They hurt me with their knives and raped me before looting almost everything in our house. However, they didn't touch my children. I think they were rebels because they were dressed in civilian clothes and they were dirty. Then they went, at least leaving us alive.

In August 2001, Louise was raped again. This time the men were even more violent. By then, both Louise and her husband had tested positive and her husband had died in 2000.

They were armed to the teeth with machetes, knives, guns and grenades. They kicked the front door down, and when my children tried to run away, they killed one of them. Then, they packed up all the belongings that I still had in the house and ordered me to carry them. We walked a long way from my house, to Shingamano hill which is very far from my house. They kept me there for two weeks, in a small forest where there were other women who had also been kidnapped. We did the cooking for them and they raped us. I don't know how many men raped me during the two weeks I was with those rebels; those who came one day were different from those who came the next. I told them that I was HIV positive, but they didn't want to believe me. They said it was a ruse to get out of the rape.

Priscille

Priscille was raped at the age of 71 in her home in Kinama, Bujumbura. A farmer widowed in 1990, she was forced to sell her house after her husband's death. Worried about the insecurity in the area, the new owner allowed her to continue living there. In May 2001, two men in military uniform knocked on her door, demanding money.

I didn't know them. I didn't think they were going to be hostile to me and I joked with them, asking them if people of my age earned money. They reacted badly and began beating me. One of them made me get out of the house, pulling on the sleeve of my tee-shirt. He took me to a small forest close to my home. I didn't notice where the other one went.

He told me to lie down and to choose between his sex and his gun. Even though I'm old, I didn't want to die. He undressed me before I even had a chance to reply. He tore off my clothes and abused me in a brutal manner. While he raped me, his gun was close by and I was very afraid.

Vestine

Vestine left her parents' home in Kayanza province in 1991, at the age of 12, to look for work in Bujumbura. She became a maid and, after eight years, had saved enough to join forces with a friend and become a trader. She and her friend lived in the same house, glad that their business was going well.

One evening, in June 2000, men armed to the teeth came to our house. There were many of them and some wore military uniform. We had to open the door because they were threatening us with their guns. They asked us for money. We lied and told them that we didn't have any money. Some of them were searching the house while others were packing up our belongings to take away with them.

The men became furious after they came upon 24,000 francs hidden under a mattress. As a punishment, they ordered the two women to carry the various items they had assembled.

After a long walk, we arrived in a banana plantation. Four of the men stayed behind with us. Two of them raped my friend while the other two were taking advantage of me. Then they let us go and told us to get out of there fast.

BROKEN BODIES

The Physical Impact of Rape

Rape often causes immediate damage, but this study reveals the long-term consequences. Despite the passage of years since they were raped, women describe ongoing health problems they perceive as resulting from the abuse. We cannot be absolutely certain at this stage whether or not individual complaints are directly related to rape; without medical examinations it is impossible to reach any firm conclusions. Overall, though, it is apparent that many women never fully regained their health.

Although injuries and infection were evident soon after the rape, women did not usually receive prompt and effective treatment; sexually transmitted diseases in particular have persisted. A number of women were treated for syphilis successfully, some during the genocide, but others have lived with pain, year in year out, despite seeking help. A few were unable to overcome their sense of shame and have not gone for tests or sought treatment.

In the course of our research we only encountered one woman who received appropriate care in the immediate aftermath of rape. The response to Fébronie's rape in Burundi in July 2001 was unique. It still falls short of the ideal, but it provides a standard against which other experiences can be measured.

Fébronie, from Muramvya district in Bujumbura, was only 15 when she was raped by two men in soldiers' uniforms. The men had come to her aunt's home, demanding money. She was beaten, viciously raped and left bleeding. Fébronie's aunt is the head of a women's association and was able to call upon the help of friends and colleagues to get immediate treatment for Fébronie.

[My aunt] contacted one of her friends, who worked for the women's peace centre. Her friend came immediately and took me to the hospital. But the doctor refused to see me until I'd been to the police. As a result, my aunt's friend contacted her friends, one of whom was a representative for Human Rights Watch, another a Russian journalist and another a representative of a French voluntary organization. These three people agreed to take care of me, and even gave me anti-retroviral drugs, that had to be taken within 48 hours of the rape to prevent me from contracting HIV. They also gave me contraceptive pills and antibiotics. When they tested me, the results were negative.

Unfortunately, Fébronie has not yet been able to follow up with the second HIV test she was due to take after three months, because, she said, "I wasn't able to do it alone and my aunt, who's a widow, says that she can afford neither the time nor the money." She is, however, currently in good health, is attending school and is relieved that none of her classmates know about the rape.

Care similar to that received by Fébronie is due to every rape victim in the aftermath of an attack. Governments, NGOs and donors must continue to strive to increase awareness and assistance for victims, both through emergency relief programmes in conflict and post conflict societies and through health services across Africa.⁹ The provision of anti-retrovirals within a

⁹ Evidence to support the use of anti-retrovirals (particularly AZT) as preventative remains inconclusive and has been controversial in South Africa. President Thabo Mbeki has publicly voiced his personal concerns about the toxicity of AZT, but in what was regarded as a major shift in policy the

72-hour period seems a distant goal at present in Rwanda, considering the costs involved. The total number of PLWAs in Rwanda known to be taking anti-retroviral drugs at present is tiny. At a minimum, however, information, testing and counselling services must be introduced or improved. This report documents the inadequacy of the provisions that currently exist.

Over the years since mass genocidal rape occurred in Rwanda, victims have gradually been alerted to the risk of HIV/AIDS and some have taken a test. 83 of the women we interviewed, and one of the two men, who had been tested were HIV-positive. Significantly, of those who tested negative, many did not take the follow-up tests required to confirm the initial result. Meanwhile, several women managed to take a test but not to collect their results. Emotional, financial and practical obstacles deter women from discovering their HIV/AIDS status. Yet, the relatively high incidence of HIV infection in Rwanda in 1994, coupled with the fact that a substantial number of the interviewees were raped more than once, makes it inevitable that many contracted the virus as a result of rape. Even though they have not obtained medical confirmation, some suspect they are infected.

The women who know they have HIV/AIDS are invariably ill and living in desperate circumstances. It would be wrong, however, to assume that the rest are in a much better situation. Whether HIV positive, negative or unsure of their HIV status, the majority of women we spoke with felt unwell at the time of interview. One woman after another described similar symptoms—stomach pains, discharge, repeated infections, urinary complications, skin eruptions and gynaecological problems. Even those who had tested negative for HIV saw the rape as the cause of their ill health and struggled on from day to day with little expectation of recovery.

Women raped during the 1994 genocide know the effects of not receiving crucial prompt care; every woman we spoke to would have benefited from better medical attention and information. Their accounts underline the urgency of obtaining cheap anti-retrovirals. They also indicate that basic and available treatments are not reaching victims. Women still need information, testing, advice and antibiotics to treat sexually transmitted infections, minor operations and better food. After the rape and since, appropriate medical interventions could have prevented or halted suffering in all cases.

FACING A DEMON

Rape victims who took an HIV test did so mainly with the encouragement and assistance of an NGO. Women rarely came forward on their own initiative. The sad truth is that there may be few personal advantages, at present, to testing and acknowledging HIV infection in Rwanda. There are simply not yet enough care and treatment programmes. Understandably, in this context, some women question the value of an HIV/AIDS test. The realization that they are HIV-positive may simply “increase their burden”, in the words of an Avega trauma counsellor.

In the stories of HIV-positive women presented here, there are several obvious examples of how the disease is spreading, not just through ignorance, but also through neglect. Looking at these women’s lives from the outside it is apparent that mistakes have been made, both by the medical practitioners women have consulted in the years since the genocide and by the women themselves. Victims give details about the ongoing pressures conditioning their lives; the tragic reality is that most exist in a world empty of choices. Even in the small sample we interviewed, children and partners have been infected. Had the rape victims been tested and advised earlier, these further infections may have been prevented. This study underlines the urgency of identifying, testing and offering counselling to individuals at high-risk of HIV infection; the alternative is socially disastrous.

The means to help women find the emotional and physical strength to deal with HIV infection must be found, on behalf of individuals and African societies as a whole. Education about safer sex is important, but so is generating hope. HIV/AIDS is seen as a demonic force and, at the moment, people have no weapons to fight it. The result is suspicion, nihilism and denial. The wider provision of anti-retrovirals are the best means available to persuade people that there is a chance they can manage their illness. The argument that ultimately many individuals may not be candidates for anti-retroviral treatment, and that more limited palliative care may provide the best medical approach, should not be a distraction. Anti-retrovirals are a means to stimulate a collective mental shift, taking AIDS out of the supernatural and into the medical realm. Used properly, which includes ensuring a sufficient supply of nutritious food, they could have an impact well beyond the individual cases treated with the drugs.

Women living with HIV/AIDS in Rwanda and Burundi vary in their access to treatment and support and in their present state of health. However, none of them were taking anti-retroviral drugs at the time of the interview and only a few had ever had access to these drugs. It is clear that both the governments of Rwanda and Burundi are seeking to increase provision of anti-retrovirals.¹⁰ Those interviewed were generally impoverished and unable even to find sufficient food. Kabgayi Hospital in Gitarama, Rwanda, dispenses antibiotics for the opportunistic infections to which these women are constantly vulnerable. Most of the women fortunate enough to benefit mistakenly refer to the medication as “anti-retrovirals.” Many stop the treatment after a short while, mainly because they lack the money for transport to the hospital.

¹⁰ “Plans are underway to provide HIV/AIDS patients in Burundi with anti-retroviral drugs (ARVs) free of charge by December,” according to an official of the national AIDS body, the Conseil National de lutte contre le Sida in Burundi, see IRIN Plusnews, 14 November 2003.

Helpless

Where provision for HIV-AIDS patients is over-stretched and inadequate, it is not unusual for women to entirely slip through the net, particularly while the condition is in its early phases. Taking the test has simply compounded these women's despair and has little or no impact upon their behaviour or situation. Most of them were not receiving any treatment.

After the genocide, Michelle and her brother lived in Kigali with her cousin for a while. Then she returned to her home region of Butare, but found her family home had been demolished. In recent years she has suffered from repeated bouts of illness, including malaria, diarrhoea and skin eruptions. In January 2002, she decided to take an HIV test and the results were positive.

Michelle is now almost permanently ill with one infection or another. Although she was treated for syphilis after the genocide, she has noticed a return of its symptoms and commented: "I don't think that I was properly treated." She receives a small income from her family fields, which she now rents out. She barely has enough to eat and certainly cannot afford proper medical care. Michelle's only form of treatment is to purchase "tablets from the pharmacy" when she can afford them.

Triphonie, now living in Butare town, was widowed in 1994 and remarried afterwards. By 2001, she was seriously ill but had decided to separate from her new husband who had proved to be "just another burden" for her. After repeated tests and no improvement in her health, it was Triphonie herself who decided that an HIV test was necessary.

I told the doctor everything. The results came back positive. Curiously, once I knew the results, I felt better. There was nothing else for it really, as the problem just added itself to a multitude of others.

In March 2003, I went to Kabgayi hospital to take drugs for the illnesses symptomatic of HIV. The doctor wasn't there and I was given another appointment. I wasn't able to go back as I couldn't afford the transport.

Genocide survivors in Rwanda are eligible for medical and social support through the FARG. If their application is successful, they are given a card which is accepted in lieu of payment at certain hospitals and clinics. Triphonie intends to apply for one but has not yet been able to find the identification documents required.

Triphonie understands that anti-retrovirals represent the best hope of spending more time with her children. She has heard that they are available in three of Rwanda's main hospitals, but has not pursued the matter, saying that "it's difficult to find a ticket to get to any of these places." In reality she, like several other women interviewed, has confused anti-retrovirals with antibiotics, yet it is a mark of her incapacity that even if life-prolonging drugs were available, she would be unable to take advantage of them.

Living in Impala district in Cyangugu is Albertine, a 31-year-old HIV-positive widow. She was left destitute when her husband died; his brother claimed their land. She hopes she will soon gain assistance from the FARG with her medical bills. She has made an application and has been advised that she will qualify but that her children will not. In the meantime, although Avega has stepped in to provide "medical support," Albertine does not know what to do about a chronic cough and the itchy rashes all over her skin.

I don't have any drugs to prevent the illnesses that accompany HIV. I would like some drugs to help me regain my strength. Another cause for worry is my children's education, their food and health care. If I could find the money to set up a small commercial project, I could take

care of their needs. My parents' house is tiny, given the number of people who live there. I need my own house, no matter how small, where I can live with my children. This would also help to ease the burden on my mother.

Alodie from Runyinya in Butare sought treatment after the genocide. One of the worrying aspects of her story was the fact that although she felt very unwell and the doctor prescribed her drugs, she says she was never informed of his diagnosis. She went on to marry and have children, but the problems intensified. Soon they discovered her husband was ill, but again, she says, they were not told the nature of the problem.

With my first pregnancy, I was still having gynaecological difficulties, but this time it was worse. I returned to the doctor and my husband went with me. They took a blood sample from my husband and told us that he had an illness, but again didn't say which one. The doctor prescribed us more medication. Throughout the pregnancy I was afraid of a miscarriage, right up until the time the child was born.

Whenever my husband and I had sexual relations, my illness would recur. I kept going back to my doctor, and he kept prescribing medication for me. My second and third pregnancies were the same.

Eventually, following the birth of her third child, both Alodie and her husband were tested for HIV/AIDS at Butare University Hospital. She described the process and its impact on their family life.

When we went to collect our results, the doctor asked me what I would do if I had contracted the AIDS virus. I replied that I would probably commit suicide. So the doctor said that the results weren't yet back. Two months passed by and I was none the wiser.

I was worried because my husband had got his results back, but had hidden the fact that he was HIV positive from me. I decided to get tested again in Kabutare. This time I got the results the same day. I was frightened, and I had every reason to be. The results came back positive. I passed out. When I regained consciousness I took a bike taxi and went home. I haven't been able to take any drugs because I don't have any means of transport.

A lack of information about the disease and its treatment undermines women's capacity to act. Yvette had been diagnosed as HIV positive only two months prior to the interview. She had her son tested and discovered that he too had contracted the virus. As a civil servant who did not need assistance from the FARG, she did not apply for a card when they were being distributed, and she had not long been a member of Avega. In the early stages of adapting to her condition, she was disoriented by the illnesses that had invaded her body, and had little information about anti-retrovirals.

I haven't taken the drugs to prevent the illnesses that accompany the virus. But somebody told me that it's forbidden to take them if you've had tuberculosis, and that's what I have at the moment.

I would like access to anti-retroviral drugs and treatments for my many ailments, particularly the skin disease that's attacking my whole body. I also need support for my children, given that there is nobody to take care of them. If it were ever possible to cure this virus, I would be able to seek paid employment again.

Because she thought that the violence unleashed in April 1994 would be fairly limited, Gertrude did not accompany her husband when he left their home in Kamembe, Cyangu. A neighbour installed himself in the house and raped her at his convenience until July when he went into exile in Zaire. Gertrude's husband never returned and she has avoided other men. For years, she felt well and strong enough to work vigorously as a farmer. So when she took the HIV test in 2001, then aged 38, because Avega had asked all its members who had been raped to do so, she "did not for one minute believe that I could have contracted AIDS."

Unwilling to believe the outcome, she asked to take the test a second time, and even then had difficulty in accepting that she was HIV positive. With time, she has learned to live with the situation “as there was nothing I could do to change it.”

The only thing that I have is a persistent itching sensation that makes me want to scratch my whole body. I need to eat well, but I’m not in a position to provide myself with a balanced diet, so this is making me progressively weaker. Before, I was living off my strength, but now my strength is fading little by little. I can no longer even farm until 10:00 a.m., whereas before I used to work the fields until 2:00 p.m. without a break.

She has a FARG card, but said she had not taken any drugs for illnesses related to HIV. As for anti-retrovirals, she “didn’t even know that they existed.” Once she did know, she put them on top of her wish list, “as I can’t do anything without my health.” Since both her own family and her in-laws were decimated, the only close relative is a sister-in-law in Kigali who has not found it possible to help her. Her only hope, she believes, would be a business that she could run from home, a prospect that at the moment seems a distant one.

Denise, 43, has become almost entirely dependant on her sister who is herself a widow of the genocide with no education, no resources and several mouths to feed. Denise’s husband died in an accident and then she lost her only child in 1994: he was playing on a bicycle outside the house when armed men pounced on him and murdered him. When the killings began in Kamembe town, she ran to the home of a neighbour, a man she described as “a front-line militiaman.”

She became the “wife” of her neighbour in exchange for his protection. When his fellow interahamwe began to ask why he was keeping a Tutsi woman, she decided to cross the border into Zaire, but was still in Kamembe when génocidaires loyal to the fierce John Yusufo Munyakazi¹¹ descended upon the town. Denise was stabbed and four men, all claiming that they were saving her, raped her. Knife injuries to the stomach kept her in Gihundwe hospital for a year and she succumbed to a variety of other illnesses in the subsequent years. But she never suspected HIV. When her doctor diagnosed herpes, he advised an HIV test which proved positive in January 2003.

Denise was not receiving any treatment because she lives far from a hospital and lacks transport. She is staying with her sister, but is constantly aware of the additional strain she places on a single woman who finds it difficult to provide for five children. Denise knows her dependence on her sister will only increase unless she can regain a measure of health.

My priority is medical assistance as I can’t do anything unless I’m in good health.

Grâce from Tumba in Butare needs to find treatment both for herself and her child. She explained how first she, then her 15-year-old daughter—also a victim of rape—came to take an HIV test and the consequences of the diagnosis. Grâce broke down during the interview and was unable to finish telling her story.

After the genocide, I often had difficulties with sinusitis, but I hadn’t thought that I might have caught AIDS. Staff from Avega came and raised our awareness about the need for taking an HIV test. We asked to be tested. I hadn’t really ever thought that the results would be positive. I was just taking the examination to show that I was heeding their advice. To my great surprise the results came back positive. I can’t explain how I felt at the time. I then sent my daughter to be tested and she too was diagnosed as HIV positive. For the time being she’s returned to school. She’s working well in class, even though she’s very ill.

¹¹ For details about the role of John Yusufo Munyakazi in the genocide, see African Rights, *Witness to Genocide*, Issue 7, *The Killer Behind the Refugee*, June 1997.

Grâce's attitude to anti-retrovirals was instructive. She does not even see the point in seeking help.

I've never thought about taking anti-retroviral drugs. I don't even believe that they work. I'm convinced that there's no drug that can fight AIDS. In my case, only God, who knows that it wasn't my fault that I caught this virus, could perform a miracle and heal me. I find it totally inconceivable that I have AIDS and I avoid thinking about it a lot.

Grâce's mood wavers between anger and pure anguish.

Unfortunately, it's impossible for me to remain indifferent to my situation. The génocidaires murdered my husband and have left me to die slowly from their AIDS.

Dorothée's two young children and her husband were murdered and she was raped by a stranger in Runda, Gitarama. Aged 35, Dorothée still lives in Gitarama. After years on her own, she recently thought of remarriage as her best hope of starting life again: "I was finding it very difficult to face up to life on my own, with only a modest amount of money and with nobody to give me moral support." In preparation for this possibility, Dorothée took an HIV test.

I can't describe the state that I was in when I found out what the results were. I felt as though my life was already over.

Dorothée found it a challenge to describe her situation and express her emotions. She generally prefers not to talk about the rape and the series of subsequent events, but she gave a clear picture of her sorrow and anxiety.

My life is getting worse day by day. I'm very ill and often the illness requires money I don't have. Because of the sinusitis, I'm allergic to dust and that hampers me in everything I do. I can no longer sweep out my house or my yard; I can't travel by moped or by bicycle. To find appropriate means of transport or to pay a cleaner requires money. The life I lead today is indescribable. It is only thanks to God, and the benefactors he sends my way, that I make ends meet. I became a widow when I was still a young woman. Worse still, before I had the time to come to terms with this first hardship, I learnt that I had been infected with HIV. What overwhelms me the most and that I can't accept, is that I don't have a child.

At present, I'm able to take care of myself, but I do worry about my future, about the time when I will no longer be able to get out of bed, because I don't have any family to look after me.

At home, I'm staying with my younger sister, but she's studying at secondary school in Gitarama and she boards there. She only comes home during the holidays. While she's at school, I'm all on my own.

I urgently need help, as I currently have nothing at all. I don't like to sit down and do nothing. All of my money has been used to pay for medical examinations that I've been asked to take. I would like to have some money to restart a small business project. It's the easiest and most practical thing for me to do. Where my house is, is a good place for small businesses, as there isn't much competition.

Not long after she returned to Gitarama from exile in the DRC, Bérthilde, a victim of multiple rapes, was tested for HIV. As a member of an association of women raped during the genocide, Bérthilde heard about Avega's efforts to encourage victims of rape to come forward for the test. The result was positive but Bérthilde has not told the other members of her association. Even more importantly, she admits:

I haven't had the courage, up to today, to tell my mother.

Nevertheless, Berthilde appears to have accepted the news.

I was of course affected, but not too badly because, even before Avega asked us to take the test, I already suspected I was HIV-positive. One of the rapists I brought to justice and who was in prison died of AIDS. I knew some of those who raped me. Some are in prison and others died in exile.

My youngest child is the one I had with an interahamwe. I still haven't had him examined to see if he is infected with HIV. I haven't yet gone to get the medicines. They are given free at Kabgayi hospital, but I can't get a ticket to get there. I'd like help to get these medicines.

The experience of Marie-Christine, from Bujumbura, illustrates just how far there still is to go, not just in providing care, but in raising awareness about the need to seek help. Soon after she was orphaned, at the age of 12, Marie-Christine was raped by a neighbour in Buyenzi. With no family to look after her, she was in the care of her mother's friend, who insisted she marry the rapist. She explained: "I had no choice, as my host had accepted several gifts from the man. Moreover, I had nowhere else to go." She gave birth to two children who both died in infancy. Her health deteriorated steadily over the years and she suffered one illness after another, including abscesses and shingles. Then, during her third pregnancy her doctor advised an HIV test: the results were positive.

I was afraid to tell my husband. But I told myself that this disease could only have come from him as I'd never been with another man. The hospital sent me to the Burundi Society of Women Against Aids in Africa (SWAA) for help. This association ran more tests, but this time on my husband too. It turned out that my husband was also HIV positive. From that day on, we didn't get along.

Marie-Christine has since left her husband and has returned to live with her mother's friend. Her child was also found to be HIV positive.

We're both living from hand to mouth, waiting to die.

Nadia was living in Nyarugenge, Kigali when a roadblock was erected just in front of her house in 1994. Her husband was the first to lose his life there. Unable to move, she remained in her house where she was raped by the interahamwe over several days, despite her pregnancy.

After I gave birth, I took several medical tests, including the HIV test. My new-born baby and I were both positive. It was all truly unbearable for me. I spent some days alone. Then I tried to get myself together and find a little strength to work, out of fear that my children would otherwise die of hunger, considering that they didn't have anyone else to look after them.

Cécile was raped repeatedly while pregnant. Her husband was abducted and she has not seen him since. She is now alone caring for three orphan children. She is infected with HIV/AIDS, is ill with liver and kidney complications and is in need of treatment. She didn't discuss the HIV status of her child.

Jocelyn refused to accompany her husband and four children—two sets of twins—when they ran for cover in Kigali. She remained with her youngest child near Jali, where the militia made her cook their meals and raped her, at least 12 of them a day, for two days. She became pregnant and had to spend most of her pregnancy at CHK hospital in Kigali. In 1998, overcome by a series of gynaecological ailments, she consulted the doctor who had helped her with her difficult pregnancy. He advised an HIV test which came back positive.

The doctor tried to calm me down. He resorted to injections to make me sleep. I was out for three days. When I regained consciousness, I immediately wanted to commit suicide, but the

doctor continued to monitor me closely. He gave me lots of medicines and 5,000 francs from his own pocket. He promised to treat me for free whenever I had gynaecological problems.

The genocide made it impossible for Marcelline to shake off a permanent sense of sadness and apathy. Her husband was killed in their home in Kigali, and her relatives and in-laws were decimated in Cyangugu and Gitarama. The militia in her neighbourhood kept taking her to a nearby mass grave, but instead of killing her, they raped her.

I felt very alone; I needed to have people around me to listen to me. I was unable to recover from the emptiness left by the death of the people I loved. I became a member of Avega which at least provided a framework for expressing our feelings.

She fell ill in 1995, with a persistent cough, malaria and then TB. But it was the knowledge that she had contracted HIV/AIDS which made her world crumble.

When I got the results in 1996, I refused to accept them. I felt deeply agitated and the whole thing was unbearable for me. I was completely desperate. Friends came to visit me in order to comfort me, but it was as if I couldn't see them. I remained enveloped in my solitude.

Marcelline obtained a FARG card, but its limitations in Kigali soon became apparent.

The card is only accepted at CHK. The other medical places refuse, saying that they receive payment very late. It's a great handicap for us, since it is a long journey to CHK. Often, you have a crisis which requires the urgent intervention of doctors. In such a situation, you try to obtain credit at a private clinic, but they rarely agree. Our words are rejected before they have even been heard. God alone can respond to my problems. When I think about it, I find that I can't think and I tell myself that death is taking its time.

A Daily Battle

A number of women interviewed by *African Rights* were receiving some form of regular treatment, usually for opportunistic infections, although some have also been given antibiotics as part of a trial run at Kabgayi hospital. In the descriptions of their symptoms, their circumstances and their treatment, it is altogether apparent how inadequate the medication they receive is, given the range of pressures they face. They are trapped in a downward spiral with illness directly and unrelentingly reducing their ability to sustain themselves and their dependants.

Yvonne was married until her husband recently died of diabetes. She explained how they discovered she was HIV positive, detailing her husband's attitudes and responses. Although she was open about her past, and her husband was sympathetic and supportive, he initially dissuaded her from taking an HIV test.

I asked him not to make love to me before I'd had the opportunity to be tested for HIV and other sexually transmitted diseases. I knew that I might well have caught one of these diseases, even though I didn't have any symptoms.

Yvonne was anxious to prevent the spread of the disease. Her husband responded to her cautious approach with a mixture of fear and resignation, illustrating how difficult the issue of HIV infection and testing remains even in the context of relative understanding.

My husband told me that I had nothing to worry about, because if I had AIDS, there would already be signs. We therefore decided to live together as normal and we had two children. I never stopped asking him to let me take the test though. He said that he didn't want to know if I was contaminated. He didn't want to lose heart, as he might easily commit suicide.

Years later, Yvonne's husband was taken into hospital with a diabetes crisis. While there, she decided to ask the doctor to help her convince her husband of the need for an HIV test. They took three tests and each time Yvonne's results were positive, but they confirmed that her husband had escaped infection. Further tests showed that their children were also free from the virus. Although she felt "tortured" Yvonne gained strength from the care of her husband. At one point she felt so angry that she considered revenge "to spread the disease to every Hutu who might ask me to sleep with him." But her husband helped her to overcome these feelings and encouraged her to believe that "drugs to combat AIDS would soon be discovered", and if not, he assured her that he would look after her if she fell sick. The couple took precautions to avoid transmission of HIV/AIDS and maintained a "good relationship" until his death.

After my husband's death, both my moral and physical wellbeing plummeted. I picked up various different illnesses and developed an allergy to dust. Before I'd always been very brave and studious, but at some point everything crumbled to nothing and I became idle.

Yvonne's children are still very young and she has not felt able to tell them she is HIV-positive. She battles on a daily basis with a range of opportunistic illnesses.

At the moment I've got a number of the side effects of HIV: boils, chronic flu-like symptoms... I'm treated for all these ailments, but I've never taken drugs to prevent these symptoms. Nor have I ever taken anti-retroviral drugs. The FARG pays for medical costs. The house I live in belongs to me. My husband and I built it with our own money. I'm not able to supervise those who work in the fields and my children are still too young to help me.

In 2001 Catherine from Tumba in Butare, who was raped on a number of occasions, decided to take an HIV test to "establish if I could remarry or have a child, as I'd never had one." She was found to be HIV-positive.

I don't know if I caught it as a result of the rapes that I endured during the genocide, or afterwards. I say this given that I lived with a man from October 1994 to 1996 when we separated. What is undeniable is the fact that it has all happened as a result of the genocide, because everything I've done has been to ensure my survival.

Catherine has given up all hope of having her own children, but looks after two orphans and lives with them in the house that belonged to their parents. She feels "abandoned" by her own family as they stopped helping her, following the recent death of her father.

She recalled that in 1995 she was diagnosed with trichomona and received treatment. But symptoms typical of an STD persisted. She has not yet succumbed to the opportunistic illnesses commonly faced by those with AIDS and is uncertain how she will cope, since, she says, none of the appropriate drugs are "available in the University Hospital pharmacy." The FARG has assisted with the cost of health care and she hopes to receive medication from Kabgayi hospital. Catherine is aware that good nutrition will be crucial to her health, but is incapable of obtaining this on her own.

It might be that I fall seriously ill and that I can't find the medicines in the University Hospital pharmacy. I can't afford to buy them myself.

Raped when she was just a child of 14, Anathalie was shocked to learn of her HIV-status. She had returned to Cyangugu after the genocide to live with her sister. Although repeatedly unwell, it was only when she was about to marry that Anathalie was tested. Her HIV-positive diagnosis has destroyed her future and she is visibly crushed. At the young age of 21, Anathalie is watching her life slip away. She found it very difficult to speak about what has happened to her and how she feels.

Since the end of the genocide, I've been very unwell. I had treatment, but I didn't think for one minute that I could have caught AIDS. When I got to Cyangugu, I got engaged. When we were preparing for the civil marriage, we had to provide certain certificates, one of which was to say that we hadn't contracted the HIV virus.

We went to Kigali to be tested and my results came back positive. I hadn't told my fiancé that I'd been raped during the genocide, but I told him everything once I'd got my results. He was really shocked. The news rekindled my bad memories of the genocide. I had real difficulty in coming to terms with the results. I still can't accept what's happened to me today. I avoid thinking about it, but that's impossible.

Anathalie cannot forget as she is so often sick.

We live in a house built by an NGO but it's not solid. We live off crops from our fields; we don't have any other source of income. I'm very weak. I've not taken any medication to prevent the illnesses that come with HIV. I don't even know where they distribute these. If it were possible to receive help, I would like priority to be given to my medical needs and to making our house a bit more solid.

Sometimes Avega helps me. They gave me 10,000 francs when I was convalescing. FARG has also given me a card for free medical care. I use it whenever I need treatment.

The genocide continues to define Josiane's life and explains why she felt powerless in the face of the knowledge that she was HIV positive. Aged 41, she lives in Ngoma, Butare. She realized she would have to take an HIV test when a man who had raped her in 1994 was released from prison due to ill health, and then died of AIDS.

I took the test in July 2001 and the results came back positive. I was in such a state of anguish that I'd have committed suicide if I'd had the opportunity. My friends helped me to come to terms with the situation, and eventually I've learned to live with it. I told myself that I would be better off dead, because I don't have either children or relatives to care for me.

Josiane became pregnant after the rape and she has learned that the child is also HIV-positive. Although she is now receiving treatment at Kabgayi hospital, she was told her child could not take the medication until he was 14. This was a terrible blow and Josiane admits that it caused a breakdown with serious consequences for her child.

When they refused to give my child the medication, I totally lost it. I lost it to such a degree that whenever he asked me for something to eat, I wouldn't give him anything, so that he would die. I was very aggressive towards the little thing. Whenever he called me mum, I would tell him that my children, who would've been able to help me, were dead and that he was of no importance to me at all.

Prayers helped Josiane master her emotions, but the annual commemoration of the genocide in April is a constant setback.

I feel as if I'm reliving the situation. I always dream about my children. I see them as they would have been today, all grown up. And I imagine the atrocities that they went through during the genocide and I feel as if I have died.

Angèle said little about her state of health, except to acknowledge that she is HIV-positive. The mother of four children, the youngest aged just five, she is grateful for help, however limited, from the FARG, Avega and the association, Kanyarwanda, whose representatives leave her basic necessities when they visit.

As a result of the rape I've got backache. I would like to have enough money to complete my house and for us to live on. I also need medication to ease the damaging effects of AIDS.

Irène, a hospital employee aged 57, became concerned about AIDS when she became ill. The decision to get herself tested in Cyangugu was prompted by a hospital encounter with the man who had raped her and the discovery that he was about to die. She braced herself for the outcome in January 2000.

The tests revealed that I was infected with the HIV virus. I was shocked, but there was nothing I could do about it. It was a fact that I couldn't change at this point.

Her next decision was to inform and caution her children.

My children know about my illness. My boy was there when I was raped. I've explained to them how I contracted the disease and given them advice about how they should behave, in order to protect themselves from the same fate.

She was also forthright with her colleagues at the hospital.

When I get overcome with tiredness, they let me go home to rest. What is important is to know what you are and to accept it.

When she learned that some of the women who were raped alongside her in Cyangugu had tested positive for HIV, Dative followed their lead and took the test in 2003 with the encouragement of Avega. The only person she can rely on for help is her elderly mother. She tried to shield the news of her illness from her, but eventually had to tell her so she could understand why she was ill so frequently, and support her. She hopes that "God will let my mother live a long life, so that she can look after me in my final hours." Her husband joined the RPA in 1994 and she has had no news of him since.

I had difficulty in accepting it, but as there's nothing I can do to change my predicament, I've slowly begun to come to terms with it. An NGO built our house. It's not a solid house. It's built of basic brick and clad in earth.

Life as a poor farmer would have been tough under the best of circumstances, but working in the fields is beyond her strength.

My living conditions are really awful. I'm the one who has to work our fields so that we can eat. My mother is very old. I get exhausted after I've worked in the fields for a few minutes. I've started to suffer from mouth ulcers and skin irritations. I've not taken any drugs to prevent these ailments, nor have I taken any anti-retroviral drugs. I do know that they exist however, because I've heard about them on the radio.

Gisèle knows she contracted HIV/AIDS from the man who raped her. She had been tested in pregnancy just before the genocide and found negative and had not had sexual intercourse after the rape. Recently, on the advice of Avega, Gisèle was tested again. Her reaction paralleled the response of many other women in a similar situation.

I was very confused. I wondered how I could leave my children, still so young, and not be there to help them grow up. Eventually I accepted what had happened to me. Misfortune presents itself without invitation and we have to put up with it, as and when it comes.

I'm very ill. The FARG is treating me, but my physical strength is deteriorating day by day. I've heard somewhere that you can get drugs for AIDS, but I don't know where from and so I've not yet been to ask for them. I'm just trying to treat the symptomatic illnesses, but I'm getting more and more of these.

I'm a member of Avega. Although the association doesn't give us financial aid, because it doesn't have the means to do so, it does give us moral support and offers advice on how to deal with the future. I need to be looked after and to have enough to feed my children. My

illness requires me to eat well, but it's difficult, if not impossible, to make sure that I eat properly with the modest means at my disposal.

Alexandra was beaten and raped by nine men near her home in Gikongoro for hiding a Tutsi neighbour. Found to be HIV positive, her priority now is looking after her children.

I often get dizzy spells and headaches. My children are all at primary school. I'm bringing them up on my own and it's not always easy, because of my state of health. The FARG is giving me health care assistance.

Azelle lost three children, her husband and other relatives in 1994 and she was raped, again and again. She lives with her two remaining children in her home village in Kamonyi, Gitarama. At the suggestion of Avega, Azelle went to Kigali to be tested for HIV in 1999.

Even though I knew that I could have caught HIV, the positive results still shocked me.

The news brought memories of the genocide and the loss of her family to the forefront of her mind.

I couldn't handle the situation. I can't see a future either for myself or for my children who will become orphans.

Azelle took medication at Kabgayi hospital for three months, but said she did not continue as she lacked the money for transport. "My body", she added, "is in need of nourishment, but I can't get hold of any."

I'm the only one left in my family and I'm not capable of farming our fields. The genocide left me with injuries that prevent me from working. Apart from the AIDS, I also have back pain and I'm still very fragile around my private parts. Whenever I walk for any length of time I have complications.

My family was slaughtered, as was my husband's family. So who's going to look after me in the difficult times of my illness?

Domina and her husband left their home in Kigali and felt safe as they approached Butare. But they were separated at a roadblock at the entrance to Butare. He was led towards a mass grave and she was taken to the office of the préfecture and raped so often and with such violence that the pain in her thighs became unbearable. Her husband escaped to Burundi and they reunited after the genocide. She told him what had happened, and found him understanding. He took up his old job as a driver for the UN and the family did the best they could. Some years later, alarmed by the state of their health, they took an HIV test.

The response for both of us was positive. It came as a huge shock to my husband. Within a few months, he died.

With three children of their own, and nine orphans for whom she is responsible, Domina could not find the words to describe the situation in which she now finds herself.

My husband and I were the only survivors of our respective families. So all the orphans of our families lived with us. Now that I live alone with all these dependants, you can imagine all the problems I face knowing very well that I'm HIV positive.

A resident of Kigali, Emma faced up to the news of her infection with fortitude. Despite her fears of rejection from her community, she is countering prejudice with determination. Her health has not yet deteriorated significantly, but she worries about the days to come. She spoke of how she came to be tested and of the impact of her infection upon her relationships and attitudes.

An old grandmother in my extended family asked me to go and live with her, so that's what my children and I did. We still live with the old lady today. Since the genocide, I've had a lot of temporary illness and pain in my lower parts, but I never thought that I might be contaminated with the AIDS virus. I told myself that I felt the way I did because of the long journey and the difficult conditions I'd put up with in Zaire. My aunt noticed that something wasn't right, however, and she would always ask me to go and get tested, to see if I was HIV positive. She didn't tell me outright that she was worried. She said it was so that we could plan my future since I had suspended my studies in the third year of secondary school.

Emma heeded the advice of her aunt, but was immediately plunged into a cycle of fear and depression when she learned that she was HIV positive.

When they told me the news, I felt as though I'd been given an electric shock, as though the day of my death had already arrived. I was very anxious because if the neighbours ever found out, they'd ostracise me. My biggest fear was that other people would identify me as HIV positive. I was afraid of what the neighbours would say to me. I sought refuge in prayer, and little by little, I was able to accept my fate. When I came to live in the settlement with my grandmother, I said nothing to anybody. I feared that they'd throw me out if they knew my secret.

The initial response of those she spoke with only made her feel worse.

Some people tried to make me understand that I was responsible for what had happened to me, that I should never have gone into exile, that I should have escaped the interahamwe. That was another blow. But how? How could I have eluded their vigilance? I'm not so stupid as to ruin my life if I could have done otherwise. It was obvious that the people who said this had not experienced the genocide.

Fortunately, Emma found a neighbour who did understand because she too had been raped in 1994. Following her advice, Emma said she decided to "break the silence."

I'm no longer afraid to speak about my situation. Being able to speak out is a relief. I know that I'm not the only one to have gone through this terrible ordeal.

Emma's principal concern at the moment is how to feed her family. Old friends have been supportive in general and she relies upon them and the errands she runs for neighbours to supplement the small income from her fields.

I don't know how long I can go on living like this. But when I think about what happened in the past, I feel that I can be optimistic. Maybe after my death, my children will have somebody who will look after them. I can't be sure about that though, since it certainly won't be anyone from my family as they have all been killed.

She has given some thought to the question of whether she would take anti-retroviral drugs, although she has never actually been to see if she can obtain them. She is informed about the conditions under which they work and believes they are unlikely to be suitable for her anyway because of her poor diet.

I decided not to take them in order to avoid the unpleasant side effects which are inevitable if you are malnourished like I am. I'm not being stubborn or ignorant in not taking the drugs.

Even before I had myself tested, I didn't want to have relations with a man. That's why I talk openly about being HIV positive, so that nobody makes a mistake about me.

Emma points out that although her HIV status is a constant threat to her health, so is her poverty, a statement which reflects reality for so many of the women we spoke to.

I'm poor. But sometimes I wonder if I died of starvation, would they say that it was from AIDS?

Irène was fortunate in that her older brothers came to her rescue and bought her anti-retroviral drugs.

I looked as if I'd never been ill. I regained my strength and became myself again. My brothers continued to find me these drugs, but they stopped in March for lack of funds. The doctor told me that I should not have taken the drugs at all because it's dangerous to take them and then stop suddenly. Right now I'm at crisis point.

Irène's prospects became even more worrisome when one of her brothers himself contracted AIDS.

He has to buy drugs for himself as well as support a family. He isn't in a position to solve my problems as well as his own. Currently Avega helps me as much as it can and I recently got a card from the FARG which will allow me access to free medical care.

My children are still young. The eldest is in the fifth year of secondary school, while the other is already finishing the common-core syllabus. FARG pays their school fees, but I have to take care of everything else.

My first priority is to find the drugs. I get a salary of 9,000 francs at the end of the month which allows me to meet some of our needs. The other problem is rebuilding our house, so that I can leave my children in a house which is in a decent condition.

Irène has given thought to what she could do to generate funds, but lacks the start up capital.

When I was still taking the anti-retroviral drugs I didn't suffer from many illnesses, but at the moment I've very sick. I owe 16,000 francs to the hospital pharmacy. My salary isn't enough to solve my family problems as well as pay off the debt. I don't know what else to do to get the money. If I had the money I would set up a business, trading in drinks. I planned the project and the start up costs came to 500,000 Rwandese francs.

Kept in a house with a group of other Tutsi women in Winteko, Cyangugu, rape was so widespread, said Pauline, "that everybody and anybody abused us." Because of gynaecological problems, Pauline sought treatment. When the doctor asked her if she had been raped, she was frank in her response. He told her that she had an infection and prescribed drugs for her. Shortly afterwards, she took the test for HIV at the suggestion of Avega. She was initially taken aback by the positive result.

However, looking back at what I went through during the genocide, there was no doubt that they were right. I was particularly afraid of a young boy; he was an adulterous tramp.

Since I learned that I'm infected, I've suffered twice from herpes zoster. I got some treatment, but I've not taken any drugs for the virus. I've started to become ill often, from pain in the kidneys and back, and from headaches, particularly when I stay out in the sun too long or carry something heavy.

I'm living with my cousin. As she's studying at secondary school and is a boarder, when she's at school, her little sister comes and spends the night with me. Their mum sends them to me, as she knows that I'm HIV positive. She is very affectionate towards me and gives me moral support as well as helping me financially as much as she can. Even when I feel as though I'm lumbered with an embarrassing problem, I can always turn to her.

Pauline tries to work in her fields so that she can sell the crops and support herself. She is grateful that the FARG pays her medical expenses and that Avega offers her "the psychological help which is so fundamental."

Nobody else in my family or my husband's family survived, except my paternal uncle's wife. She doesn't earn enough to be able to support her family as well as to shoulder my problems.

My neighbours don't know that I'm living with HIV, and we get on well. Those women who were with me during the genocide, who shared my pain, suspect that I'm HIV positive, because they too were contaminated.

My state of health prevents me from launching a business, but if I were able to find some domestic animals, I'd be able to rear them. If I could have a cow, for example, that would provide me not only with manure, but also with milk to drink and to sell. Normally, when I want milk, I have to go and buy it, but that's when I have the money for it of course. It's hard to find food to eat, and my diet is not at all balanced.

Nathalie, also from Cyangugu, was forced to accompany a man, who had kept her as his wife, into the refugee camps in the DRC. She became sickly on her return to Rwanda and a female relative, who knew what she had endured in 1994, advised her to go for an HIV test. The news in April 2002 confirmed her worst fears.

Knowing what I went through the genocide, I couldn't expect any other outcome.

A persistent nose-bleed and the injuries from a nail-studded club cause her additional pain and stress. Her child has not yet been tested. She lies awake at night, unable to find solace even in sleep. She lives alone with her child in a house she built, but with her lack of means, the house is often inundated with water. Her greatest need is for food. A cousin gives her what he can, when he can, but her child is often hungry. Avega has been an important source of moral support, but has not been able to give her material assistance. FARG pays for her, but not for her child.

I have not taken medicines to ward off opportunistic illnesses, but I go for treatment whenever I fall ill. I'm becoming weaker and weaker and I don't eat properly.

What I would like is to have anti-retroviral drugs, the means to prepare the future of my child and a solid house. In my condition, I can't do anything, not even engage in petty trade. And I don't have a child, nor a brother or sister who could help me. Even when I am seriously ill, I remain alone in the house. It's a terrible problem when you are infected with HIV/AIDS and you have no-one to lean on. Since she found out that I'm infected, there is a possibility that my aunt is going to sell the little field that I exploit, when it should normally be her who looks after me. My neighbours know that I have HIV and they don't bother me.

Marie-Grâce, a farmer in the town of Kibuye, was not surprised when the test she took in March 2002 revealed she was positive. She was gang raped on two separate occasions in 1994, once in front of two of her children. The second time, she was beaten until she fainted, and later found herself naked and bleeding.

I'm ill and I'm not able to cultivate our land. The interahamwe broke my ribs. I'm renting out some of our fields. The rent is used to pay for someone to farm the rest of our land. This is how we manage to survive.

Given her isolation, she wonders how she will manage ill-health.

I wonder what I'm going to do since I live alone. Whenever I get sick, I feel my solitude. I have told no-one I have AIDS because they might marginalise me.

Louise, 38 and from Bujumbura rural, told her husband about the rape and he took the decision that they should be tested for HIV/AIDS.

We went to the hospital and that day the results came back negative. But we were told to go back after three months, and that time the results showed positive for both of us.

My husband died in 2000, but before his death he never mistreated me; he used to say that what had happened was beyond my control.

My child is more than a year old now but they haven't given him an HIV test. They said they have to wait until he's a bit bigger. They just told me not to breast-feed him so that if he were born healthy, he wouldn't get infected.

Louise is currently being treated for tuberculosis.

I'm often sick. When I think that I'm going to die and leave my children on their own, I get very upset.

Today I live with my six children. The eldest is in the third year of secondary school and the others are in primary school. When I had a bit more strength I used to farm for our upkeep, but now I don't have the strength any more.

Florence from Burundi went to the hospital the day after she was raped and was given some tablets. Three months later she took a test and was found to be HIV-positive; a follow up test given by SWAA-Burundi confirmed the result. SWAA-Burundi was unable to offer her further assistance due to existing commitments. Florence is living in poverty and has been diagnosed with tuberculosis.

Before, I could do some petty trading, but these days I can't do that any more. I don't have any more money or strength and I have tuberculosis. Sometimes my oldest child is forced to skip school in order to look for something to eat. He works as a mason. I don't know if he will succeed in the national test to go on to secondary school since he has been away so much this academic year. But he didn't have any choice as he couldn't bear to watch us die of hunger.

Every morning, I have to go to the dispensary to get the tuberculosis medicine. It's a big problem to get there on foot as I don't have the money to pay for a bus every day, but luckily the medication that I have to take is free. If not, I'd be dead. But when I get sick with something else, I have to pay for the treatment.

IN THE DARK

Fear and Powerlessness

Often women were aware of the risk that they may have contracted HIV/AIDS, but hesitated to take the test. Their reluctance stems mainly from the sense of powerlessness they feel in relation to all aspects of their lives, and particularly with regard to HIV/AIDS.

It is discouraging, from the perspective of the women interviewed, that there is a cost involved in HIV testing; that transport is usually needed to get to the right hospital or clinic; that there is a delay in collecting the results; and that more than one test is needed to confirm a negative result. These difficulties might in many cases be surmountable, were they not overshadowed by two fundamental deterrents—the stigma associated with HIV infection and the fact that treatment is inaccessible or inadequate. Until women are given a real sense of hope that by taking an HIV test they will access treatment and support, it is understandable that some prefer to remain in the dark about their HIV status. Several women we interviewed appeared seriously ill and to have symptoms of HIV/AIDS infection. They have not been tested and remain uncertain of the cause of their illness.

Numerous genocide survivors have a card issued by the FARG and they can take an HIV test free of charge in a number of hospitals and clinics. Yet, some still insist that they cannot afford the test. This may be because they are not aware that the card covers the test; have difficulty reaching a hospital or clinic where the card is accepted. Or, it may, as pointed out by Justine Imananimwe, a FARG representative responsible for HIV programmes, betray a reluctance to discover their HIV status.

They often use lack of means cover up their anxiety about getting tested.

Théodette lives in Ntongwe, Gitarama. She was captured by a militiaman who kept her at her home for over a month, raping her on a continuous basis. Her husband was killed and, after escaping in May 1994, Théodette had a miscarriage. Now aged 47, she has four children to care for and the family live off the harvest from their fields. Théodette has regular stomach pain and has a card from the FARG which covers the cost of her medical care. She was tested for HIV/AIDS at Kabgayi hospital in May 2002 but does not know the results.

They told me to go back after three months to pick up the results, but I couldn't get the ticket to get there.

She remains concerned about her health and wants “another ticket so that I can take the test for AIDS again.”

Candide and a group of women locked themselves in a house in Murambi, Umutara. But four interahamwe arrived and raped them. Aside from constant headaches and back pain, Candide suffers from serious gynaecological problems.

Avega gave me some tablets but as these didn't heal me, I was sent to CHK in 1997, where the doctor gave me stronger medication. In 1998, I took the test for AIDS at the CHK, but I lost the ticket for picking up my results.

A counsellor from Avega visits her, and her married sisters-in-law help her, but she has yet to renew her expired FARG card without which she cannot find treatment for her ailments.

Nola, living in the same sector, is also ill and took an HIV test. However, she confesses, “I was too afraid to go for the results.”

Thacianna from Kabarondo district, Kibungo says that Avega organized HIV testing in 1997 “but we haven’t yet received the results.”

Given the background of the men who raped her, and their conduct in 1994, Phidentia in Gikongoro believes that they must have infected her with HIV. But she cannot be certain until she gets tested. Because she has not become ill, she has concentrated her energies on prosecuting the culprits.

Véronique from Umutara told her husband she was raped. She did so mainly because the scars of her ordeal are present on her body and she did not want him to think that she was a “prostitute.” Her husband, also a genocide survivor, accepted the news and, she says, “he puts up with my condition really well.” However, the couple have not taken an HIV test.

Women inevitably worry that by seeking treatment they will expose themselves to further upset, humiliation or embarrassment. The prospect of having to discuss their rape with a man, even in this professional context, is daunting and one reason why women have endured illnesses in silence for years. Josette is a farmer living in Sahera, Butare. She was raped too many times for her to count and now, aged 39, she clearly needs treatment and tests. She explained her reluctance to visit the doctor.

Even today I have stomach pains that I don’t know how to describe. But I think that they have something to do with the consequences of the rape. I haven’t been for treatment because I don’t dare tell my problems to a male doctor. But I feel all the same that I must overcome this shame to get treatment. I don’t know if I have caught a sexually transmitted disease. They say that the symptoms of syphilis show up late. But I’m not familiar with the symptoms to know whether I’ve caught it or not.

Josette also pointed out that although she has a FARG card allowing her free treatment, it is not accepted at the local clinics and she would have to journey to Butare University Hospital. “When you’re really sick, it isn’t easy to get there because of the lack of transport,” she added.

According to her doctor, Bernadette from Butare was infected with an STI, trichomona. She was only ten when she was raped and has consistently suffered pain since then, which increased when she began menstruation. Although the doctor treated the disease, her symptoms continue. She has not returned for further treatment or tests.

I was scared to take the HIV/AIDS test for fear that I would be shattered by the news that I’m contaminated.

I’m ashamed to visit a male doctor each time, to talk about my problems, and at home there’s no one else older than me from whom I could ask advice.

Solange was also aged ten in 1994, and, despite the evident injuries, is too nervous about taking the HIV test.

Even today I still suffer from the consequences of this rape. I went to see a doctor who gave me a lot of pills. But sometimes the soreness in my lower stomach returns. I haven’t had the courage to go and take an AIDS test. But I’d like to know if I’m in good health. I always fear the consequences of rape and that I won’t be able to give birth. I think that this rape has damaged my lower stomach.

Alivera feels that the passage of time makes it difficult to talk about HIV now.

I was ashamed to go to have an AIDS test because nobody else knows what happened to me except for my daughter. Would I say that I committed adultery or what?

That she is sick is obvious to Valérie, aged 45, who lives in Umutara. But conscious that her elderly mother and her brother's two orphans depend on her, and only too aware of her poverty, she feels she must conserve what little energy she has on taking care of them.

I don't get any assistance. I haven't yet taken the HIV test, but as you can see, I'm sickly and I often have to go to the hospital. When I have a bit of strength, I try to work my brother's fields so that we can eke out a living.

Danielle was raped on many occasions while searching for safety in Umutara, once in front of her mother. Taken by a militiaman to the refugee camps in Tanzania, she was pregnant on her return.

I've gone for an HIV test, but I haven't dared to go and fetch the results. I have a terrible fear of AIDS. Luckily, I'm not sickly but I'm an insomniac. I don't have a card for medical treatment. I recently fell very ill and it was the district office that had to pay for my hospital expenses.

Euphrasie from Gikongoro was raped once during the genocide and then later in an attack upon her home in 1995, which left her pregnant. She was treated for the wounds left by this second rape, but she is concerned that she may also have contracted an infection.

Some of the men who raped us have since died of illnesses. This makes us doubtful about our own health, as we fear that we may have caught sexually transmitted diseases, such as AIDS. I've not taken the test for HIV. I don't even know where to go to get tested. I would've been by now if I knew.

Yolande was beaten into a coma near her home in Gikongoro in April 1994. When she awoke, nearly a month later, she realized she must have been raped as was later confirmed by the man who found her; she was then only 16. Her father and two of her siblings died at their local parish, and her mother, devastated by their loss and weary of one neighbour after another shutting the door in their face, committed suicide. Yolande tried to kill herself too, but desisted after her first effort failed.

She later married because, she said, she needed someone to help her bring up her younger sisters, her only remaining relatives. She did not tell her husband about the rape, and when rumours reached him, she denied them. She wonders why she has not become pregnant after two years of marriage. She also suspects she may have been infected with HIV/AIDS. She has a FARG card but believes she gets a lower standard of care because she is not paying and wishes she could access "proper medical treatment."

I'm very sick and as time goes by, I'm getting weaker. I've not been tested to see whether or not I've contracted the AIDS virus. I don't even want to do it. I'm agitated enough as it is and I don't want to add to my worries.

Adèle was gang-raped during the genocide and has lost the will to try and fight her current illness.

I haven't gone for a medical examination. But I'm very unwell with a cough that won't go away. I am getting thinner from one day to the next. I've had enough of life. It means nothing to me.

Lydie in Kibungo has consistent headaches and stomach pains. She has not yet had an HIV test believing that it would only serve to "upset me further."

Illuminée, aged 48, is a resident of Kabarondo district in Kibungo. She and her four children escaped the killers, but from her hiding place she witnessed the murder of her husband. Illuminée testified against his killers—the same four men who raped her. They are now in prison.

Illuminée was left torn and bleeding by gang rape; she is now frequently ill with repeated infections. With so many practical problems on her mind, such as her leaking roof and the question of how to pay the school fees, she has given little consideration to her own health. She has not taken an HIV test, nor has she accessed FARG assistance with her medical bills.

Life is very difficult. I live from hand to mouth because of poverty and many illnesses. I don't have any livestock and I'm so ill that I'm not able to farm. I would like to have some money to farm and earn a living for my children. Otherwise they risk dying of starvation. I do have problems with my health, and I don't have the means to get treatment.

Viviane, 29, was raped, again and again, in Gisenyi, sometimes on her own and other times in the company of other captive women. After losing a lot of blood over an extended period of time, she was told by the hospital that her womb was damaged. Frequent headaches are another burden.

I haven't taken the AIDS test because, if ever I found out that I had this illness, I couldn't contain myself.

Adrienne, living in Umutara, has held back from the test for the same reasons, in addition to problems of mental health and urgent practical issues that demand her attention and drain her of energy. Aged 27 in 1994, she was raped many times in a very public manner and her husband was murdered.

No-one else in my family survived. When I go for treatment, I have no-one to look after the children and the house. That creates a big problem for me and makes me reflect so much that I run the risk of having a [mental] crisis. I have become like someone who is disabled; I'm no longer able to work, especially work that demands strength. For example, I can't farm which only makes my poverty worse. I don't know if I have AIDS. I've never gone to take the test; that would only aggravate my situation.

FRAGILE HEALTH

Such was the ferocity of the attacks upon many of the women we spoke with, that they were left seriously ill as a result. They described their physical state in very distressing terms. Undoubtedly many rape victims did not survive the genocide and some only did so because they were found and either hospitalized or given medical treatment fairly soon after the assault. Given the collapsed state of Rwanda's health system as the genocide and civil war came to an end, and the huge demands upon it, the fact that some of these women received the assistance they did is to be applauded. In fact, there are some accounts here of doctors showing tremendous concern and giving care above and beyond their duties. Yet, because of the disastrous circumstances, many women who needed medical attention inevitably went without, while treatment was inadequate for others.

Numerous women still live under a constant shadow of pain or discomfort which reduces their capacity to work, look after and provide for their families. They are either not receiving treatment or have not been diagnosed and treated properly. Medical care for genocide rape victims in Rwanda can be summarized as "too little, too late." In particular, women found to be infected with a sexually transmitted infection (STI), at one time or another after the rape, had usually received treatment, yet continued to suffer the same symptoms. The failure to respond adequately to curable STIs is of close relevance to concerns about the control of HIV/AIDS.¹² Some sufferers have been tested for HIV/AIDS and found negative; others urgently need to be tested.

Dévota was raped as a young child of seven; the direct consequences for her health have been debilitating. Reunited with her mother after the genocide, Dévota has been taken to the doctor regularly with the apparent ongoing symptoms of an STI, despite treatment. She does not appear to have been informed of the specific cause of her illness. However, she has been tested and is not HIV positive. She is now in fifth year of primary school, having had to repeat several times due to frequent absence. Her mother is working and looks after her, but despite visits to the doctor she remains unwell.

These pains even prevent me from sleeping. I cry out very loudly. So I have to consult a doctor.

I've hidden my story from the other children. I don't want them to make fun of me. They could say that I'm a woman. None of them went through the same problems as I did.

By July 1994, Sandrine was left in an appalling condition after repeated rapes over a long period.

I couldn't walk. I had a terrible pain in my private parts. When I got to Rango, I tried to look for medicinal plants to treat myself. I found some herbs and with the help of warm water I was able to reduce my pain.

This "wasn't enough," Sandrine admitted, but it was all the treatment she received for many years despite ongoing problems. It was only years later, with the help of *Abasa*, the women's group of which she is a member, that she eventually sought medical assistance. She was

¹² "Strong evidence supports several biological mechanisms through which STI facilitate HIV transmission by increasing both HIV infectiousness and HIV susceptibility. Also significant is the observation of a sharp decline in the concentration of HIV in genital secretions when the infection is treated." p 7, UNAIDS/WHO Epidemiological Fact Sheet, Rwanda, 2002 Update.

hospitalized and given “a lot of medical examinations and medicines.” She found the process confusing. Although she describes painful symptoms which would seem to be related to the rape, she is not sure exactly what is wrong with her: “I don’t remember very well if I’m suffering from AIDS.” Aged 67, Sandrine finds it hard to look after herself. She often needs treatment, but she cannot make the journey to hospital on foot and only goes when she has money for transport.

Charlotte was pregnant when she was raped by one man after another. She took “traditional medicine” at the time because, due to the threat from génocidaires, she was unable to reach a clinic or the hospital. She didn’t see a doctor until September 1994 when she was told to stay in bed because of the risk of miscarriage. Years later, the *Abasa* association encouraged her to take an HIV test, which was negative. But, as Charlotte notes, she “only took it once.” She now relies on over the counter medicines.

Brutalised many times over, Stéphanie from Kigali tried to no avail to alert one of her rapists to her condition—she was eight months pregnant and covered with blood and pus. The RPA took her to Biryogo health centre which was the only functioning health centre around there at the time, and the treatment offered must have been limited given the extreme conditions. They treated her for the venereal diseases she had caught. Later, at her sister’s house, she gave birth to her son after which her health began to deteriorate.

I went for treatment at CHK. But because I had delayed in going, they told me that my reproductive parts had become damaged and I couldn’t have any more children. As if that wasn’t enough, they told me that I had AIDS. I was really shocked to hear that I had AIDS. I nearly went crazy.

Hiding in bushes and deserted houses, near her home in Butare, Chantal was raped by more than ten men. She knew some of her tormentors and they have since been arrested. Eventually she sought refuge with a local councillor, a friend of her father’s. The price of safety under his roof was his right to rape her whenever he wanted. Her choice, she said, was “between a bad life and death. At times I asked myself if the day would ever come when this wretched life would be over.” Aged 29 she is now married with one child. She had been treated for an STI following the genocide but is frequently unwell.

Before 1994, I rarely went for treatment. Now, I go to hospital almost every month. After the genocide, a doctor carried out urinary tests and told me that I had an infection. All of it is as a result of the rape, because before this I’d never slept with a man. A representative from ARBEF made me take the AIDS test and fortunately I don’t have it. If I had the money I’d go for a second test though, because I can’t rely on just the one. Moreover, my health is fragile and I’m hospitalized at least once a month.

Assumpta from Nyamata in Greater Kigali was also raped and assaulted by more than ten men until she finally lost consciousness. When she woke up, she found herself laid out on a bed and the genocide had ended. Because of shortages, there was no medicine and she had to rely on hot water to ease the pain. Later, the severity of internal injuries made it necessary to insert a clip to help her, but this eventually had to be removed as it made it difficult for her to sit down.

Unfortunately, the doctors found that my uterus was damaged and told me that they would have to operate to remove it.

However, a female doctor advised me to have an AIDS test before undergoing the operation. I was frightened at first, given the number of men who had raped me. Then later on, around 1999, I decided to have the test because I really needed to have my womb removed. I suffer terribly when it becomes displaced and the bleeding doesn’t stop. The test results came back positive and the female doctor told me that, as I had AIDS, I wouldn’t be able to undergo the

operation. So, I am still tormented by my uterus. In order to put it back in its place I need to be anaesthetised; even today it has come out and I'm going back to the hospital to have it put right again. At the beginning of 2002 and also in November, I retook the test and the results turned out positive again. Right now, when I think about it, I want to kill myself and die. If only I didn't have this pain from my womb, because that stops me from doing anything.

She concludes:

My suffering isn't visible, like it is with people who have very noticeable scars or who had limbs chopped off. But my wound is there, inside.

Initially, Cassilde had consulted a "quack" about the health problems she experienced following the rape. After some time, she realized she would need to see a doctor. She was diagnosed with gonorrhoea and she was rare in that her treatment was successful. However, Cassilde was not forthcoming about the issue of HIV/AIDS and it is therefore unlikely that she has been tested.

I got myself treated with the help of the director of Butare University Hospital, Dr. Nicodème Rukeribuga. He helped all of us a lot; treated us, gave us free medicines and foodstuffs and found us work. I owe him a lot and I thank him for everything he's done for us.

Asthérie from Kibungo was raped at 17; soon afterwards she noticed symptoms of an infection, a "result of the rape." But it was years before she received treatment through Avega. Asthérie has also now been tested for HIV and the results were negative. Still a young woman, and with two younger sisters dependant upon her, Asthérie now has a job. Although she remains poor, hers was a relatively hopeful story among so much desperation.

Juliette, a widow of 43, was raped by three men in a banana plantation in Nyamata and lost three of her children. She has not gone for an HIV test, but finds it difficult to control her bladder and has irregular periods. She was recently hospitalized to check pains in the stomach and gynaecological problems. Though she said she had a health card, she could not meet the hospital costs and the hospital confiscated the card. Too sick to work in her fields, she lends them out to others but feels that she is under-paid. The house that was built for her by an NGO has more or less collapsed and the kitchen has become her home.

Henriette and five of her seven children were among the multitude of Tutsis who tried to fight off soldiers and interahamwe during a large-scale massacre at the Parish of Ntarama in Greater Kigali. Two of her children died. Outside the church, a man asked her for money. With no money in sight, he struck her on the head with a machete and dug deep into her private parts with a club, forcing her to bleed heavily. With her remaining children, she stayed in the marshes for two months, washing her wounds with water.

The bleeding continued well into 2002 when she was transferred to CHK. Doctors there established that her womb had been damaged. They treated her and the bleeding finally stopped. The injuries to her head made it necessary for her to seek psychiatric treatment at Ndera hospital.

Two of Drocella's children and her husband were murdered. She now lives with her remaining son and daughter in Butare town. She was raped and beaten badly by soldiers and interahamwe on a daily basis for around a month.

Before I used to have a very sore back and pains in my womb. I'm sick. Now I have a terrible cough and skin problems. I consulted a dermatologist and they've done some tests. The results should come from Kigali. I no longer have the strength to cultivate my fields. My children and I are going to die of hunger.

A resident of Nyamirambo in Kigali, Prudencienne was powerless to protect her husband and eight children when disaster struck in April 1994. As a Hutu, she was made to feel that she must be punished for marrying a Tutsi. Her eldest daughter died in a massacre in Rebero. She jumped over the corpses, including that of her daughter, and stayed in the bushes. Friends and neighbours, both men and women, ignored her pleas for help ; instead, they called out the militia. As she was being hit on the chest with a bludgeon, she saw her sons being beaten to death and then passed out. She regained consciousness after her daughters doused her with water. When militiamen took her daughters to rape them, she tried to beat them off with her cloth. But she collapsed when she was hit on the back with a *massue*. Her daughters were then killed. Unable to do anything else, Prudencienne lay down next to their bodies. The people who buried her daughters took her back to her house which had been razed to the ground.

The following morning, she pleaded with two young men who came by to kill her. They decided to rape her for three consecutive days. She left for Greater Kigali, sleeping in the forest and living on bananas used for making beer. Found by the daughter of a friend who mistook her for a corpse, her friend helped Prudencienne as they walked to Gikongoro, where Prudencienne's family lived. Only her friend's vigilance prevented her from throwing herself in the Akanyaru river. When she reached her parents' home and told them what had happened, her mother had a heart attack and died.

Prudencienne's womb became displaced, for which she was treated. But she has other ailments.

I get my period twice a month. I bleed profusely and it lasts a whole week. I don't know if that is related to the rape. I've become very sensitive to noise. When I hear noise, I cry out or I faint.

Her wish is to obtain a card which allows her to have free medical care, help with repairing her house and the means of earning a modest living.

TORN SPIRITS

The Emotional Impact

All the women included in this report are deeply traumatized and it is likely that most are clinically depressed. Some received limited counselling, but efforts to repair the emotional damage in the Rwandese context meet with a series of complexities, unique to genocidal rape. Victims have to contend with their ongoing grief, fear, disappointments over the past decade and anger towards genocide perpetrators and those they consider sympathizers. Rapists frequently insisted that they were “saving” women, by taking them as “wives.” Some killers considered rape a profound torture and left women alive so that they would suffer enduring pain and loss. But a contrary view—that the victims of rape were fortunate to be spared—also prevails. On occasion women were offered a direct choice between death and rape, but even when they were not, they often feel confused emotions about their survival.

Women suffered rape as an individual act of aggression against their person, but also, as an attack upon their community and identity. Some women express their belief that they should have died with their families. Many of them appear vulnerable to a sense of “survivor guilt,”¹³ although it remains largely unspoken. Moreover, rape victims have faced negative reactions from their own relatives and community, especially if their rape resulted in pregnancy.

Because the psychological impact of rape is more easily hidden than its physical effects, it is likely that the women who do not come forward are the worst affected. It is widely agreed that the numbers of women who have spoken about what happened to them are few compared to the overall number of victims. Whether young or old, infected by HIV/AIDS or not, the outlook shared by these women is bleak. They do not expect to live long and their greatest fears are for their children. As this report shows, opportunities for victims to improve their lives are scarce and their troubles are very real, but women are also debilitated by their state of mind. Their ill health prevents them from thinking about the future, instead their minds remain persistently focused on the genocide and the bitterness and pain associated with it.

Adèle lost five children and her husband. Along with grief, she now battles with the memory of the rapes.

The cruelties I experienced during the genocide have affected me profoundly. I can't forget them. It is unthinkable to see someone who has just killed your brothers and sisters, your parents, and then turns around to you and asks you to sleep with him. Our morale was badly tortured and even now the feeling hasn't gone away. It's impossible to put it out of your mind.

The notion that time can heal wounds does not seem to apply, indeed some women, particularly if they are unable to work and keep busy because of illness, reflect upon the horrors they experienced as much, or more, today.

We feel it more today since we have the time to think about it. I can't get to sleep.

Triphonie does not like to be asked questions about her life in 1994, or since. It is not difficult to understand why. She has tried hard to rebuild her life. But, despite her courage and determination, her situation and health have steadily deteriorated, culminating in her diagnosis as HIV-positive in 2001. Her family was wiped out, all except for two children. “I blame myself today”, lamented Triphonie.

¹³ This condition has been described principally among survivors of the Holocaust and is increasingly recognized.

I ask myself if I could have resisted the rapes. But how could I have done so? I don't know.

With her home destroyed in 1994, she has been left to wander from one temporary accommodation to another, creating a permanent sense of dislocation.

I don't have anywhere to live; my house was demolished and I don't have the means to build myself another one either. I'm not stable. I've lost count of the number of houses I've lived in since the end of the genocide. The problems that I have today make me think of the brutality that I experienced during the genocide.

Triphonie remarried and tried to make a new life, but "things went wrong."

We had to separate after five years. We didn't get on. He didn't help me to upgrade our home.

But it was his lack of understanding and the failure to provide her with emotional support that ended the marriage.

Sometimes I'd be overcome with emotion, thinking about what I'd experienced during the genocide, but he didn't want to hear me talk about it. He kept saying that he wasn't the one who murdered my family. I couldn't put up with it. He didn't help me to regain the appetite for life that I'd lost since the genocide. Instead he was just another burden, and I had to leave him. When I married again, I thought that I'd be able to rebuild my life, and I relied heavily on my husband. Unfortunately I was disappointed once more.

Her anguish about the future of her children is palpable.

I'm living in a house where I must pay the rent myself. At the moment, I'm not capable of paying the rent and the owner has given me a notice of only five days. I don't know what to do anymore, or where to go with my children after five days. It's hard for me to raise my children. But for now I'm mainly preoccupied with their future. Where am I going to leave them after my death? Who is going to look after their education? I have no idea. I don't like to be asked to testify about this history. It makes me feel as if I'm reliving it.

Concessa's family died in the massacres. She regrets that the men who raped her for several weeks did not kill her, especially as she continues to live in fear of rape.

My security is not completely assured. A lot of rapists threaten us at the moment because they know that our area is inhabited only by widows who aren't able to fight them off.

"If only I could die", Sandrine said. She occasionally gets help from one of her survivor friends who belong to the same association, Abasa. All but one, the youngest, of her children are now dead; her family were "all massacred." Ill and barely on speaking terms with her neighbours, Sandrine, at 67, looks forward only to "a good death" to release her from a life of "sickness, hunger and bitterness."

Véronique was raped by so many men that she lost consciousness only to wake up and witness the killing of people around her at the commune office in Muhazi, Kibungo. She was beaten again, and then stayed among the corpses for three days. She has not been tested for HIV/AIDS.

Today I regret that I did not die that day. Those men and women who died are now at peace whereas I am still here to suffer even more. I am handicapped in the true sense of the word. I don't know how to explain it. I regret that I'm alive because I've lost my lust for life. We survivors are broken-hearted. We live in a situation which overwhelms us. Our wounds become deeper every day. We are constantly in mourning.

It is with good reason that Concilia feels she has been “cursed” since childhood. Her mother died when she was a month-old. Brought up by a step-mother who resented her, her siblings and grandmother died in the genocide and she was raped at the age of 17. Her father, who had become physically handicapped gave her no support when her stepmother forced her to leave her home. She found consolation when she married a demobilised soldier, but sadly he died of AIDS in 2000. By then the mother of a young daughter, Concilia could no longer cope when she was diagnosed as HIV positive in February 2002.

When I heard that, I immediately felt a sense of desolation in my heart. I’ve never had any luck in my life. Nothing good happened in my past, and it is the same with my future.

The opportunistic diseases she has begun to live with, including shingles, leave her feeling battered and bruised.

At the end of each month, I must go to Kabgayi hospital to pick up free medication. But sometimes I don’t make it because I don’t have the money, 2500 francs, for transport. And I must wait another month. When I take the medicines, I feel very fit. When I don’t, my health is precarious.

As for so many survivors, illness and poverty are closely inter-twined.

My husband left me nothing. When I still had my strength, I could manage to find food for myself and my child. But since I’m in poor health, I can’t even find the money to buy milk for my child.

The lack of affection and support from her one surviving relative, her father, is a source of immense pain for Concilia.

My father has also forgotten me. He has never visited me since my husband died. He doesn’t want me to become another burden to him. I remain alone, in despair. The world has turned against me.

Avega has helped her with her medical needs, but she regrets that they could not, for lack of means, assist her with the travel to Kabgayi.

If I had studied like the others, I could have found the means to live. I don’t think about it any more. That’s in the past. I’m waiting to die. To find what to eat, for me and my child, is sufficient for the little time I have left on this earth.

She knows that her daughter of two years and four months has no-one to count on, and not even a home she can call her own. She feels she had no choice but to ignore the advice she was given about protecting her child against the transmission of HIV.

According to medical advice, the child should not be breast-fed. As I have no other means of feeding her, I haven’t respected this advice. Happily, the child remains unharmed. Whenever I think about the child’s future, I am overcome with anguish. What will her fate be after my death? There won’t be anyone from the family to look after her, not her aunt, not her uncle, not her grandmother as they were all exterminated during the genocide. It’s such a shame!

In another year, my child would have grown up a bit more. I worry about her a great deal. I don’t dare take her to my father’s home seeing that he turned his back on me, an adult. Who is going to look after my child?

The neighbours keep their distance, isolating Concilia even further.

I have now become a cursed person in the eyes of my neighbours, all the more so since they know that I have an incurable disease. Now, my lavatory is very old, and when I go to my neighbours’ houses to take care of my needs they chase me away, protesting that I come to

bring them AIDS. They don't come near me; they consider me an outcast. Whenever I share a drink with the others, using a straw, they must first wipe it before continuing to serve the drink. So I'm wary of introducing myself in gatherings of many people.

Mental Distress

Enatha's two children, aged four and three, and her husband, a trader, were killed in Gitarama. Pregnant in April 1994, she was gang-raped. She remained in Bugesera for a while and eventually made her way to Kigali in 1997 to reunite with her surviving brother.

I stayed at his place with my child. But his wife couldn't stand me. She resented me a lot, saying that I was a burden on the household. Sometimes she would leave her husband in order to force him to throw me out. She was his second wife; his first wife was killed in the genocide. Finally, my brother gave in to his wife and advised me to return to Ntongwe. I asked him to tell me where exactly, since we didn't have a single relative there. Moreover, I didn't have a home there. Before the genocide, both my father and my mother were alive. We also had grand parents as well as members of the extended family. In my father's house, we were three girls and four boys. His response shocked me, since I had no other relative to comfort me. Everyone on my husband's side had been killed. Rather than go to Ntongwe, I approached the Christian friends with whom I prayed in the Adventist Church. They each made a contribution in order to rent a decent house for me.

She was fortunate in finding a husband, a pastor in her church, who agreed to get married after she told him that she had been raped during the genocide and that she was HIV positive. But his relatives were less understanding.

After I knew that I had AIDS, my husband also went to get tested. The doctors found that he was not affected. He underwent the test three times and the results always came back negative. He remained kind towards me, but his family already suspected something. They saw that I had given birth but that I was not breast-feeding the baby. I told them that I didn't have milk even though my breasts were swollen and very often the milk made my shirts wet. I myself could see that I had become a problem for my husband and, above all, for his family. For that reason, I asked him to look for a house to rent for me and to pay the rent for a few months, then to let me manage on my own. I asked him to give me food for the baby from time to time.

From incurable headaches to a state of forgetfulness, the separation from her husband destroyed what was left of Enatha's life.

Sometimes I take the bus and forget the bus-stop where I should get off. Or, I go past my house or I forget where my house is located. Worse still, I've begun to faint like someone who's epileptic.

On the advice of Avega, Enatha went for treatment to Ndera psychiatric hospital. The fainting diminished, but her other difficulties persist, compounded by chronic lack of sleep and "too much reflection."

My head aches continuously and I still have memory lapses. I might even forget that I had met you and that we talked for a while.

I've always got thoughts racing through my head. After everything I've gone through, I can't stop myself from thinking. I ask myself too many questions but I don't find any answers. Above all, I can't understand what's happened to me. All too often I spend nights without closing my eyes. At Ndera, they gave me tablets, but when I swallow them, I feel sleepy all the time and I become very weak. I also cough a lot. Right now, I live with my two children, the orphans of my sister-in-law and another orphan, to whom we are not related, but who we met in Bugesera and who had absolutely nothing.

Fortunata, 51, was at home in Muyira commune, Butare, in 1994. A neighbour allowed her and two of her children to hide underneath a bed in his home for two weeks, then chased them away, threatening to kill them himself. On the way to the commune office, a man grabbed Fortunata, forced her to lay down on the ground and raped her in front of her children. The day after they reached the commune office, there was a well-organized massacre. Fortunata and her children eluded death again. They lived in a eucalyptus forest until they were found by the RPF. She later learned that her other two children had been killed. She found the burden of her losses, and what she lived through, too much to bear.

I became traumatised. It used to be very serious. Sometimes I would even spend the night outside without realizing it. But for the moment it's better. I contacted some nurses who are skilled in that field, and we've talked on many occasions.

When *African Rights* interviewed Thérésie Mukabitorwa, it was apparent that she was mentally ill, as she herself acknowledged and as was later confirmed by the local representative of Avega. She has no way of explaining her living conditions or what she experienced during the genocide. Her husband and one of her two sons died in 1994. Her other son was not present at the time to shed light on the background to her illness. She is poverty stricken, judging by her house and her clothes and looks older than the age she gave, 75 years. Her three-year-old grandson keeps her company at night, otherwise she is alone. She relies on what her son can give her or looks to her neighbours. She asked for a cow so that she could have milk to drink.

Thérésie was found to have contracted HIV when Avega helped the women in Impala district, Cyangugu, to go for tests. She said she was raped during the genocide "by a lot of people." She does not understand the severity of her virus and she believes that she can be cured. She doesn't know how the virus is caught and therefore risks contaminating her grandson with the sharp objects that they share at home. Saying "that she had no idea if the doctor gave her medicines" she seeks solace in alcohol which aggravates her mental distress.

THE PRIMARY CONCERN

The Future of Children

Overwhelmingly, the women we spoke to were single mothers; many were also caring for orphans. They all fear for their children's lives and those who are very ill or have tested HIV-positive worry intensely. Commonly, they believe that if they had a home to leave to their children they would be more secure, but most were in temporary, rented or shared accommodation. They all felt the future for their children was grim—and not without reason.

Terminally ill women need to be given help to plan for their children's life when they are gone. In Rwanda and Burundi there are already so many orphans, left by the genocide, conflict and upheaval the nations have known. But programmes to care for AIDS orphans must now become a priority. Beyond the development of programmes to care for AIDS orphans, women, and indeed their children, require assistance, information and reassurance in this area. Organizations like Avega, or community leaders that women know and trust, given the resources, could strengthen their capacity to counsel women and help them make practical arrangements. If women believe their children will survive them and will be provided with care and opportunities, they are much more likely to come to terms with their illness, and to be able to cope on a daily basis.

The prospect of death is unbearable to women when they think about the life awaiting their children. Florence from Burundi expressed her sense of despair.

I can feel my death coming nearer. I ask myself what will become of my children when I'm dead, and I cry every night before I go to sleep. I often get insomnia.

Alodie is HIV-positive but she believes she will “die more of sorrow than of illness.” Her concerns for her children are at the heart of the matter. She is living in a rented house, but is already far behind with the payments. The owner has been patient and understanding, but she cannot be sure how long he will remain so.

My circumstances are bad in every respect. But if I had a house at least, which I could leave for my children when I die, I would be a bit happier. Maybe some kind-hearted person will help them, but such a person will have to be found somewhere.

“Who” asked Grâce in Butare, “is going to bring up my children when there are no surviving members of the family?” Grâce's story is among the most heartbreaking we have ever recorded. Now aged 40, she has a family of four children to look after, and she has been their sole carer since her husband was murdered in 1994. She is infected with HIV/AIDS which she feels certain was a result of the rapes she endured. Even more devastating for Grâce was that her eldest daughter was raped at the age of only six, and she too is HIV positive. She was pregnant with the youngest at the time of the rape and has not had him tested, but she said the other two children are fine.

Once I'd found out my results, I started to think about the problems my children will have. The situation became worse when I learnt that my eldest daughter was condemned to the same fate. My daughter has been braver than me, but you can see that she worries about the future of the little ones. She wonders how they're going to live without their mother and their elder sister. She asked me not to tell anybody that we're HIV positive. When I'm out and about, I see everybody looking at me and I've convinced myself that they all know that I contracted the AIDS virus.

Before 1994, the family was relatively secure economically—Grâce’s husband was a teacher. They have moved back into their home which, though looted and damaged, was not completely demolished and Grâce has done her best to repair it. What she wants, above everything else, “is to have my life back.”

Knowing that this is impossible makes it futile, in her view, to have aspirations.

My wishes cannot be realized unless I retrieve my life. Otherwise, there’s nothing else I want.

She prefers not to go on living, but her sense of responsibility to her children gives her a purpose to continue the battle for their sake.

I need to live a bit longer so that I can bring up my children who aren’t ill. Before the genocide, I had never lived in poor or difficult conditions. My husband was a teacher in a secondary school in Butare. He provided for all my needs, as well as those of our children. We didn’t want for anything. Life is finished for me now. I don’t know what to do anymore.

Triphonie echoed Grace’s question: “Where”, she asked, “will my children go after my death?” She is doing her best to run a small business to make ends meet. She is infected with HIV/AIDS and fears one of her children, born soon after the genocide, may also have caught the virus. Mindful of the cost, she has not taken him for a test. She can see no hope for either herself or her children.

Sometimes I don’t work for two weeks because of illness. Bit by bit I shall go bankrupt. I’m living in a house, for which I personally pay the rent. Currently I’m not in a position to pay the rent, but the landlord has only given me a five-day extension. I don’t know what to do anymore. Where am I supposed to go with my children at the end of these five days? It’s difficult for me to bring up my children, but for the time being I’m mainly concerned about their future. Where will they go after my death? Who will see to it that they get an education? I’ve got no idea.

When she heard she had contracted HIV/AIDS, Alodie collapsed. Her commitment to her children and the encouragement of her friends helped her to regain some strength.

I spent two whole months at home, doing nothing but waiting for death. I used to think that there was nothing left for me but to die. I lost my sanity, worrying about my children, who would be condemned to a life alone. I felt guilty that I had brought them into the world. I even wanted to commit suicide, and spoke to my older sister about my plans. She stopped me from carrying out my intentions. I continued talking about ending my life to friends, and they made me see reason.

My children are fine. I’ve had them tested and the results came back negative. After a while, my husband fell seriously ill and passed away in February 2002. I no longer needed to live with him, because of his perpetual threats. I put up with it for the sake of my children. If it hadn’t been for them, I’d have left him.

Thoughts about how her children will manage in life also prey on Berthilde’s mind constantly. Her own three children, and the orphan she has taken in, as well as her invalid mother, are the sole charge of Berthilde living in Kamonyi, Gitarama. She knows that her mother can do little for the children, so she has not told her about living with HIV.

We are living in extreme poverty. Everyone in the house is dependent on me. The four children are all at primary school. They are still too young to look after themselves.

Another worry is getting a house. Then, at least, after my death my children would stay in their home. I worry about their future without any resources or anyone to help them. If I had some money I would engage in some small business so that I can meet the needs of the family.

Josiane is HIV positive and although she was given anti-retroviral drugs at some point, her child who has also tested positive is not yet eligible. Josiane's distress at her inability to care for her living child and her memory of those she has lost is intense. As noted earlier, she admits losing control to the point that she became aggressive towards her son and deprived him of food believing it would be better for him to die sooner rather than live on in these circumstances.

My life was destroyed 100%. I have no people or possessions around me. I had a house on the Rango pilot estate. I fell ill and was hospitalized. When I got out of hospital I found an empty house. Everything had been stolen, even the rabbit I was rearing.

Praying helped Josiane to overcome her sense of despair, but the annual commemoration of the genocide in April sharpens her pain and the memories of children who would have been her companions and source of economic support today.

During the period of mourning for our genocide victims, I feel as though it had all happened only yesterday. I felt as though I'm living through it all over again.

I always dream about my children, seeing them as the grown ups they would have been today. I also imagine the atrocities that they must have experienced during the genocide and it makes me feel like a living dead person.

Three of Odette's children were murdered in 1994. One has died since; she believes the neighbours poisoned him. She is HIV positive and asks herself how her three children will cope as her condition worsens. Anxiety that the neighbours might poison them is never far from her mind. She encouraged one of her daughters to marry young so as to have some security.

I live amongst my executioners. I don't know where my children will go after I die. We have no relatives. How are they going to survive with these monsters? I'm very worried about them.

Before my daughter married, she used to help her little sister work the fields, so that we could find enough to eat. When I'm well enough, I try to do what I can to ensure my children's survival. We live off the money I get from the occasional work I do. I had to tell my daughter to stay at home and abandon her schooling, so that she could help me with the household chores, but I'm frightened that she'll be poisoned like her brother was.

Living in a makeshift house with a tent for the roof, Daphrose finds the prospect of dying of AIDS all the more agonizing because of the conditions in which she will leave her four children.

What I would like is to have whatever would help my children, particularly as some don't have much to eat. I need school materials for them, and a house that I can leave them.

Azelle has little doubt that a bleak life awaits her two children aged 15 and 12 for whom she is the sole carer. They are in school but they are neither fed nor dressed properly. Azelle, who is HIV positive, has no answers to her children's questions.

When the children talk to me about their problems, it hurts me as I realize that I can't help solve them. I go to bed and cry, because I have no solution.

They come home at midday, like the others, and return to school without having had anything to eat! How are they ever going to succeed in such a situation? It's very hard.

I need help to repair my house and to start up a small business. During the holidays, my son could help me with a business and I'd be able to earn enough to feed my children and buy them uniforms, so that they don't look any different from the others at school.

A Home of Their Own

One of the most pressing issues faced by most of the women we interviewed is housing. Either they do not have a home of their own, or the house was constructed poorly and is visibly falling apart. In a country where rainfall is abundant, the fact that many of their houses have leaky roofs is a cause for major concern. They need to know that their children, most of them with no or a few impoverished relatives, will not be homeless after they are no longer there for them.

The tender age of her daughters—three years and 18 months—the absence of close relatives apart from her elderly mother and a young sister in secondary school and the fact that both she and her husband are HIV makes Ernestine in Cyangugu extremely pessimistic about the lives her children will lead. Her husband has sought solace in drink; his state of mind adds to Ernestine's woes.

It's very important to me that we build a house for our children. We've nowhere to leave them. They're not legally recognized, so their father's family won't take any responsibility for them. The children are still very young. I really need a house for my children as their father will never worry himself about their future.

I also need more capital for my business so that I can diversify and run it profitably. We risk leaving our children destitute and in terrible conditions since we don't have any savings for them. Whenever my husband finds a part time job, he's quite happy to drink beer with his wages, without giving a thought for putting money aside for his children.

If Avega didn't exist, I would already be dead. The association has given me so much financial and moral support. My mother doesn't know about my health. I've hidden the fact that I'm HIV positive from her. The only people I've told are my husband and my younger sister.

Faced with a multitude of problems, Laurence said she does "not know how to prioritise because each of them is as fundamental as the next." A farmer aged 57 from Munyove in Impala district, Cyangugu, she had a child as a result of the rape, and four other children by her husband from whom she had separated before 1994. When her body became covered in boils, she took the HIV test at the behest of Avega. Her response was one of stoicism.

I had no alternative but to accept my fate. We all suffer at some point in our life and we can't shy away from that.

Only one of her children is in school, and even that child is in primary. But Laurence can do little for them.

I'm not able to anything, because I've begun to get very sick. I don't know of any treatment for my illness. The doctors will see what is possible. Avega built my house, with the help of a priest from the Parish of Cyangugu who had some young white men with him. The house is still in a bit of a state, but it's still far better than it was before. It's enclosed on two sides.

When Avega can, it helps us, but at the moment the association is just providing us with advice, as it has no more money. I rely totally on Avega for help, except when I fall seriously ill, then people from my church visit me and bring me food. I can only rely on charity to help, with both clothes and food. If I could find a domestic animal to rear, I could look after small cattle. That would allow me to meet some of my own needs myself, while I'm still alive, and it would help my children in the future. That's not enough for four children. But there's nothing else I can do.

As with so many other women, Vénérande in Nyamata does not know where her four children and orphaned nephew, all in primary school, will live, after her death, given the precarious state of her house. And where, she wonders, will they find concerned relatives to see to their welfare and education. Her own family was killed, and relations soured with her in-laws after her brothers-in-law took advantage of the genocide to rape her.

I'm very weak now. I'm not able to farm and I tire easily. My fields aren't fertile.

I need something to help me to keep my children alive and some money to rebuild my house so that, if I die, my children won't be left in a house that lets the rain in. I would also like some medication to ease my pain.

In Ruhengeri, Providence, who is HIV positive, is similarly at a loss to know where her children will live when she dies.

I would like help with the roof of my house, so that when I die I will leave my children safe.

Caritas decided to return to her native Ruhengeri after her husband died in Kigali in mid-2001. A few months later, she tested for HIV under pressure from Avega, and learned that she was positive. The mother of five—four of them born after the genocide—and with orphans dependent on her, her priority is to get hold of anti-retrovirals “so that I can bring up my children.” She ended the relationship with the father of her youngest child, two months at the time, without telling him why. He responded by withholding support for the child.

I also want to have the necessary means to look after their needs. The eldest is in the second year of secondary school and FARG pays his school fees. I have a card for access to health care paid for by FARG. But I've got four children born after the genocide and FARG doesn't provide anything for them. I'd also like to have my children tested for AIDS but I don't have the money to pay for it.

I don't have anywhere to farm. Life's very difficult for me; I live from hand to mouth.

Erina, 33, the mother of two children born in 1995 and 1999 respectively, is a rare case in this study, in that she has a job. She earns very little but is able to care for herself and puts a little aside as a saving for her children. Raped first by a neighbour, and then gang raped by four militiamen in Umutara, she went for a test after she learned that one of these men died in exile from AIDS. Her initial reaction was entirely predictable.

I found it difficult to contain myself. I was frightened and I cried a lot.

The thought of her two children gave Erina the strength to accept the results. Still physically strong and not showing signs of illness, she is one of the recipients of the treatment offered at Rwamagana Hospital which helps keep her strong.

Since then I've thought about how to bring up my children. I've not told anyone, other than my mother, that I'm HIV positive. I've taken anti-retrovirals and I'm continuing to take them free of charge at Rwamagana hospital. I try to get treatment quickly when I fall ill, and I also treat my children. Nobody gives me any help. I work in my older brother's little shop, where I earn 7,000 francs every month. This money keeps me going.

Every time that I sense death getting closer, I wonder where my children are going to stay. I hope that my brother will take care of them. If not, where else is there for them to go?

Rose, 50, was taken to a destroyed house in the town of Kibuye and raped by four men. They also beat her and broke her arm. Four of her seven children died. Her response to the news that she was HIV positive mirrored that of most women interviewed for this report.

I lost hope. I wonder where my children will go when I die. They are still so young.

Her eldest, a son, does not go to school because, she said, he remains mentally scarred by the genocide. The other two attend primary school. With a broken arm, she cannot farm. Stomach pains, headaches and kidneys that do not function properly would, in any case, limit her productivity. Rose earns little by renting out her fields as her land is infertile and she cannot afford the necessary quantities of manure. She has tried to repair her house which was demolished in 1994, but when it rains, the house is, she said, “noticeably leaky.”

In 1998, Marcelline was told by local officials to hand over the house she occupied in Kigali to its owner. Widowed in 1994 and diagnosed as HIV positive in 1996, and with five children to care for, she turned to the FARG. She was directed to Kimironko, to a group of houses which were only partially habitable.

Water penetrated the walls and the roof, and still does. It’s even forced its way into the bedrooms. There were no pipes at all. Rain destroyed some of the houses and others are close to collapse. There is neither water nor electricity. To obtain water, you have to walk a long way to reach the river down there. The village is far from everything, both social and health infrastructure, and is surrounded by bushes full of mosquitoes. As a result, a lot of people have chronic malaria.

After some months, a small group of people were given the means to improve their houses ; Marcelline was not one of them. At the same time, people who could afford the prices bought land and built solid houses in the area. Worried that her house would collapse on them, Marcelline visited the offices of FARG. She received 15,000 francs and was told that her name would be included on a list of people who were going to receive emergency assistance every month. When she did not see her name on the list, she asked the person in charge for an explanation.

He replied that they had started with the most vulnerable people. His response really disappointed me since I’m also in need : a widow with AIDS, with no means of subsistence, without a home and responsible for five orphans. Is that not someone who is vulnerable ? I’m very sickly and I’m always at the hospital. I was in hospital over last Christmas and New Year’s. I rarely sleep and my head is always hurting. I ask myself a thousand and one questions: where will my orphans go after my death? What is going to happen after my house is destroyed?

Children In Need of Special Care

While most of the women are struggling to provide for their children’s every day needs, some also have to contend with children who require special care as a result of the trauma they endured during the genocide. Not only were these youngsters witness to extreme instances of violence being carried out on close relatives and all around them, some had to watch as their mothers were being raped.

Pélagie from Humure district in Byumba has her hands full making sure that her five children have enough to eat. The oldest, she said, “lost his mind because of what he saw during the genocide and no longer goes to school.” Gang-raped in a bush covered with corpses, she would like to establish if she is HIV positive, but “lacks the means to find out.” She works fields that she rents from her neighbours. Her own land is located in Murambi which, following administrative reforms, is now situated in the province of Umutara. According to Pélagie, she has been told that she cannot recuperate land “that now belongs to another commune.” Under these circumstances, she has no choice but to ignore the plight of her oldest son.

Henriette has to take both herself and her son for psychiatric care at Ndera hospital, a journey that is far from her home in Bugesera, incurring additional costs.

My son who was wounded on the head. For three years I've been taking him to Ndera hospital to see a psychiatrist. Because of the injury to my head and all that I lived through, I was admitted to the same hospital from June to October 2002. For the time being, I only go back to get medicine for both of us. The doctor has told me that I mustn't work because of damaged nerves.

My three children and I live in a house in a government-constructed village. But it's not very strong and it leaks when it rains. The eldest of my children is in the second year of secondary school; FARG pays his fees. My husband is still alive but he's very old. I'm his third wife; the others have died. Avega gave me 20,000 to help me during the dry spell and I used it to buy some goats. Our fields are tended by the neighbours as neither my husband nor I can farm them. The neighbours work them and give us a bit of the harvest.

Drained of energy by illness, Drocella regrets that she cannot give her troubled teenage son the time and attention he needs.

My son causes me serious worries. He began by studying in Kibuye but the pupils beat him up and he changed school. When he began to show signs of trauma, he couldn't stay in the boarding school like the others but lived in the headmaster's house. As I'm very sick, I couldn't go to see him and arrange these matters.

Because she has not recovered from the injuries to her leg in 1994, Donatille cannot continue her work as a farmer. One of her two daughters works as a maid in Kigali, but the second daughter has had to abandon school.

She is traumatised because of what she saw during the massacres. She no longer goes to school.

ON THE MARGINS

The Price of Isolation

Women survivors in Rwanda are grieving and bereft of the love they most need to nurture their recovery from rape. They have lost members of their immediate family, relatives and friends and often cannot integrate into the communities they now live in. Some widows have remarried; usually they make it clear that this was a decision made for practical reasons. Several women spoke of their reluctance to form relationships with men since the rape.

It would be difficult to overestimate the importance of social networks in sustaining individuals in countries like Rwanda where state provision for health and social services is limited and employment and housing are scarce. Often the Church helps to fill the gap. The work of CARITAS-Rwanda and all Rwanda's religious groups offer some assistance to PLWAs, as an official from the National Commission to Fight AIDS pointed out. We heard a few women speak of compassion shown by members of their church or clergy, but in this largely Christian society, it is striking that most women did not mention their church at all, indicating that they have found little or no assistance from this source.¹⁴

Rape victims have largely withdrawn from society and their isolation increases their vulnerability. Alongside their own hesitancy to get involved in their communities, and an important factor in shaping their attitude, is the hostility they have experienced from certain groups or individuals. This has been very destructive to their confidence and sense of well-being and, for some, it has seemed the final proof that there is no place for them in this world. The fact that some of these women have testified against the men who raped them or killed their families, leading to their imprisonment, has sharpened the animosity towards them.

A Sense of Unease: The Distance from Neighbours

Chantal admits being scared of her neighbours, though she recognizes that they also fear her.

We live together with our neighbours, but they don't trust us. They say that since they killed our people, we don't want them to live either, that if we don't kill them today, we will do so tomorrow. When they see anyone asking us questions, they're frightened that we're going to testify against them.

Chantal has remarried and fortunately her husband is kind and helpful. She has told him about the rape and is grateful for his understanding. However, she admits that her main reason for marrying him was "to survive" and that "getting married wasn't enjoyable."

Catherine now lives in Butare, far from Masango in Gitarama, where she lived during the genocide. But there too, her neighbours make her feel unwanted.

¹⁴ Women were not interviewed specifically on this question, however it is worth taking into account the reality that several Christian Church leaders in Rwanda have been accused of complicity in the genocide. African Rights has published a number of reports on this issue, for instance see: *Witness to Genocide, Issue 14: Father Hormisdas Nsengimana, Accused of Genocide; Sheltered by the Church*, November 2001. Father Nsengimana is currently in the custody of the International Criminal Tribunal for Rwanda (ICTR). This background is likely to have affected attitudes towards the church. Meanwhile, although they are often involved in caring for AIDS orphans, Churches have frequently failed to respond appropriately to the HIV/AIDS pandemic, see for instance: IRIN Plus News *Religious leaders expose damning attitudes towards HIV/AIDS*, 22 September 2003.

My neighbours are not happy about my presence. They break my things. They are always trying to turn the knife in my wounds.

People who live close to Judith's home in Gitarama know that she is HIV positive because she testified about her experiences in the local church. The distance between them grew wider.

We don't have close relations. I don't visit them and they never visit me.

Solange, 19, has not been tested for HIV but fears she may be infected and that she may also have internal injuries which will prevent her from having children. Her neighbours make it difficult for her to meet potential partners.

If my Hutu neighbours find me chatting with someone, they tell him that he's going to be infected with AIDS because they know everything that happened to me. When I think about all these things, I wonder why I survived.

Her only salvation, she believes, would be a partner who was exceptionally understanding, a prospect about which she is not very optimistic.

I can't get married unless I find someone I can tell everything to and who will agree to live with me despite that.

Belancille would like to live in the house which her husband left for her. Instead, she is paying rent which she can ill-afford.

I was forced to move because I was being harassed morally by my neighbours. I became afraid for my security.

The neighbours, she said, have turned the two children of her co-spouse against her. With both their mother and father dead, Belancille feels responsible for them and worries about their relations with her two children. In a world where they have few relatives, she is only too aware of how important it is for the four children to feel a sense of mutual solidarity.

They are not going to consider each other as brothers. I feel that my neighbours will then blame me for being a bad mother.

The Fear of Stigma

The social stigma associated with HIV/AIDS is debilitating in itself, but it also discourages women from forming associations that bring them together or taking part in their meetings. Like Chantal, Régine had "no choice but to marry. I was going to starve to death in this house." She too feels alienated from the people living around her.

I wouldn't say that we live in harmony with our Hutu neighbours. Every time they see that our association is meeting, they say we're bragging about our rape. When we go to celebrations and we get together in large numbers, they point at us and say: "Look at the AIDS victims."

Azelle cannot forget the hatred and anger felt towards her by the men who raped her in 1994. She has returned to her home village in Gitarama and now lives among the neighbours who turned on her during the genocide. She describes an atmosphere of suspicion that blights her everyday life.

My house is just in the middle of the homes belonging to the families of the men that tortured us. These interahamwe built our houses as part of their community service, to help pay for the

houses they destroyed during the genocide. The house isn't at all solid. It's already starting to deteriorate. I think that they built it that way on purpose.

In our neighbourhood there's an association of people who are living with HIV, but we can't be members as we don't want those who contaminated us to know because they'd be happy to see us suffering. I was hit when I was raped and the men's genitals were like pieces of wood. They really made us suffer. I can't begin to describe their animosity.

Even though we live alongside them nowadays and greet them in the streets, we haven't forgotten what they did during the genocide. Among my neighbours, nobody comes to visit me. I don't visit any of them either and I'd never ask them for help. What I find most overwhelming, is that they can see that I'm in a dire situation. I honestly think that they're celebrating what they did.

My neighbours still bear a grudge against me for sending their relatives, who participated in the genocide, to prison. Those brought before the courts haven't yet been sentenced. They were transferred to Gitarama central prison and I don't know where they are.

After learning that she was HIV positive, Alice, living in Bujumbura, contacted SWAA who agreed to provide her with food every two weeks. She uses half for her own needs, and sells the rest so that she can pay her rent. But when her regular clients found out that she was infected with HIV, they refused to buy from her.

I have to wait until night-time and go somewhere no-one knows me in order to sell something. And I also have problems in my neighbourhood because the women there don't want me to use the same line to hang up clothes for drying. Or they stop their children from coming to my home to play with my kid.

Alice even had to ask the staff of SWAA not to visit her home in their vehicles marked with their name "so that the neighbours don't become suspicious."

After a visit, those who weren't aware of my situation would know and would make fun of me and my child. It's not easy living with HIV/AIDS; luckily SWAA helps us cope psychologically.

Alphonsine in Gituro, Bujumbura, is also grateful to SWAA for giving her both practical and moral assistance. Still, she is forced to keep moving house to avoid the hostility of neighbours.

When the neighbours become aware of my status, they chase me away as they're scared of becoming contaminated. They taunt me and I end up by fleeing. They don't want their children to play with mine. At the moment, I'm paying 1,000 francs for a room let by a family. When this family finds out that I'm HIV positive, they will certainly make me leave the house. To live in peace, you have to keep going somewhere where you're not known.

The Divisive Issue of Justice

Because of her determination to pursue justice, Adèle is subject to threats and condemnation in Butare.

The neighbours wouldn't even give me water because I denounced their husbands to the judicial authorities. They always threaten me, saying that they are going to throw stones at my house and that if I ever cried for help they would say that I am mad.

I've brought a complaint against those who raped me. When gacaca begins in my cellule, I will be there to denounce them, come what may.

Renata faces similar problems in Gikongoro because she refused to testify in favour of her sister-in-law.

I was beaten by a man who lives here in Gikongoro. I told those in charge of justice about it. I even spoke about my problem to a Minister who had come to visit Gikongoro town. But the case has yet to be resolved. The prisoners who have been released come to brag in front of me.

A Painful Rejection: Disowned by Family

Rejection by their few surviving relatives is not only a source of emotional distress that we cannot even begin to imagine, but it also deprives genocide victims of rape of their tenuous links to a support network.

Battered by her experiences, the interview with *African Rights* was the first time that Prisca, 35, told an outsider about how she was raped in Zaire and that she is living with HIV. Four men from Bugarama in Cyangugu raped her as she tried to cross the border into Burundi in search of her brother. A farmer, she is now living in another part of Cyangugu. She married a soldier after the genocide with whom she had two children. His death in 2002 aggravated her health, the news that she was HIV positive crushed her and her brother's response was the proverbial last straw.

When my brother found out that I was HIV positive, he abandoned me. In his eyes I was good for nothing. I thought about killing myself because I couldn't see who would look after me while I was ill.

I used to feel so embarrassed at the thought of having to tell a complete stranger what happened to me during the genocide, worse still having to tell them that I'm HIV positive. This is the first time that I've told a stranger everything.

Prisca and her children, aged only seven and three, live in her brother's unfinished house. Given his attitude, she does not know how long they will continue to have a roof, of sorts, over their heads.

I don't know where I'll live if my brother ever wants his house back to live in or do something else with. He said he wouldn't loan it to me forever.

"I am", said Esther, "faced with problems to which I have no solution." Worries about the health and future of her children, food, medicine, loneliness and the loss of dignity plague her mind.

All aspects of my life are in dire straits. I've so many needs that I don't really know where to begin. I'm not capable of working the fields, yet I have to feed us, care for us and meet all our other needs. Today I would rather die than to compromise my dignity any further. Avega hasn't yet offered me any assistance, but I've only just become a member. The FARG also recently gave me a card allowing me access to free medical care.

I've not taken the children to be tested yet, but they seem to be okay. They aren't unwell. I live off the land, but that doesn't guarantee that I find food everyday. Sometimes, I visit friends or neighbours with my child. We stay there until they give us something to eat and then we go home to sleep. My eldest child lives with her paternal grandmother. She asked me if she could and I gave in because I could see that it wouldn't be easy for me to educate her properly.

I need a cow to rear so that I would have manure and also milk to drink. I can't set up a business as I don't know how. The most important thing is that I need drugs to prevent the illnesses that accompany HIV. When my brother was looking after me, he used to buy me medication. But now that he's cast me out, I can no longer afford them.

It is perhaps inevitable that some relatives would find it difficult, if not impossible, to welcome the children born of rape in the context of genocide. Laetitia's older brother, on whom she is economically dependent, wants nothing to do with her child. Her relations with him and his wife are tense. Her mother and five siblings died; another brother is a soldier and a younger sister lives in Cyangugu. She was tested for HIV in 2001 by Avega, and fortunately she has not contracted the virus.

I have to live with my older brother even though he didn't want that. My brother doesn't help me at all; he even refuses to buy me laundry soap. He sold all the land that our family still had, and he sold a cow that FARG gave me, as they gave to other survivors. I could study at a technical school and then earn a living, but there's nobody to look after my child. I still haven't had the health care card given out by FARG. I need somewhere to live because I don't get on well with my brother or with his wife.

Damaged Relationships

The women we interviewed were usually single. Their relationships after the genocide have frequently been marked by complications and anguish, related in some measure to the rape. These are damaged lives in which trust and self-confidence are missing. The result is that women do not always speak of their experiences and their partners may then be left unwittingly at increased risk of contracting HIV/AIDS. Each account is uniquely painful, but the common thread is of women with no expectation or even hope of finding a fulfilling partnership; sometimes their family life as a whole is affected.

Patricia from Sahera in Butare is one of several women who spoke of the negative impact rape has had upon their attitude towards relationships. She was living with her parents when the massacres began in 1994. They were taken to Kabakobwa to be killed but a neighbour intervened to prevent Patricia's death. He then handed her over to his brother who used her as a sexual slave. She sneaked out after a week, but was found by an interahamwe killer who took her as "his wife", raping her daily and even forcing her to accompany him into exile in Burundi. Patricia endured this torture for two months before she persuaded him to let her return to Rwanda by promising she would bring some money back.

Patricia, now aged 29, was left without any desire to either find a partner or have a family.

Because of what these men forced me to go through, I feel that I wouldn't want to get married. I don't want to have sexual relations any more. And then the men from here want to marry me because they think that my parents have left me a lot of things.

Because she feels that the men who raped her dishonoured her, Belancille, now living in Butare, said that she "cannot stand men and has not wanted to remarry." She was living in Gikongoro in 1994 and was employed by the tea factory in Kitabi. Her husband was murdered and a colleague allowed Belancille and a group of other Tutsis to shelter in his home; she was badly wounded when militiamen dragged them out of the house and set upon them. She later found her way to Kigeme hospital. On 22 April, Belancille and other Tutsis were led to a mass grave to be killed. Five militiamen took her into a nearby bush and took turns to rape her. She crawled back to the hospital, and, mistaking their voices for the doctor who had helped her, she opened the door to face three of the same militiamen. They raped her again. She is too fearful of AIDS to take the test, too preoccupied with the acute pain in her leg which was injured during the genocide and too immersed in the difficulty of looking after two children on her own.

Albertine spoke of the years of torment she has endured since 1994, revealing how fear and social pressure trapped her into an abusive relationship, pregnancies and HIV infection. She was first raped while staying in a refugee camp in Nyarushishi in June 1994. The man insisted

she become his wife and even after the genocide, Albertine “stayed with him against my wishes, because I was ashamed of what everybody who knew would say.” Subsequently, her new “husband” was repeatedly unfaithful, and in April 2002 he died of an unknown illness. She was four months pregnant at the time. Albertine explained how she came to realize she could be infected with HIV soon after the birth.

I continued to feel uncomfortable and was constantly ill. When I was full term, I gave birth to a beautiful big baby. Yet, as he got older he became thinner and thinner. He is very ill nowadays. This was my fourth child. We had three others. The oldest is seven years old; they are all still very young. As I watched my fourth child, and noted that my illnesses weren't going away, I decided to take the HIV test. Avega helped to arrange this and the results came back positive.

Albertine has been able to turn to her family for help, in contrast to many other survivors. Both her parents are alive and she and the children have moved in with them. She emphasized how important they have been in enabling her to come to terms with her situation.

Once I'd learned that I was HIV positive, I relived my terrible past and felt traumatised. My family comforted me a great deal. I told myself that I shouldn't put the blame upon my shoulders and make my life even more miserable as I wasn't responsible for the situation. Even today, when I think about it too deeply, I tell myself that it's not just me who's been a victim, and that there are others in a worse state than me. This calms me down.

Her father has been an invalid since the genocide and the burden of caring for Albertine and the children falls mainly upon her mother, who grows food in their fields.

We live from day to day, thanks to the grace of God. We eat when we can, but sometimes we go all day without food.

Together with her cousin, Alexia was raped by seven boys who had turned up to loot from the house in which they hid after escaping the organized killings in Kamarampaka stadium in Kamembe, the commercial centre of Cyangugu. She fell ill soon after the genocide. But she didn't think about HIV. Instead, she met a man and set up home with him; after two stillbirths, she had two girls. When she was pregnant with her second daughter, she found out that she was HIV positive. Avega had advised her cousin to go for the test, and Alexia had followed suit. The baby was found to be in good health but she doesn't know about her first daughter as her common-law husband refused to allow her to be tested.

I've been able to accept the news, even though it doesn't stop me from blaming myself for what happened. I can't face up to my past.

Her partner, who is now also HIV positive, had even more difficulty in dealing with their situation.

When he found out that I was HIV positive, he was very angry with me. We argued constantly. Before I became his common law wife, I'd hidden the fact that I'd been raped from him. I got fed up with the daily clashes and I left him, returning to live with my mother. He found that he couldn't live on his own, and he came to take me back with him. I've survived thanks to support from Avega.

Guilty that she did not tell him about the rape, Alexia feels that she must tolerate her husband's lack of responsibility even when it threatens their collective welfare. She believes that he is in mental distress.

I've not yet taken any drugs against the side effect illnesses that come with the virus. Nor have I taken any anti-retroviral drugs. Avega promised to find us some sponsors who would be able to help us pay for them. Recently, I've become more and more unwell and weak.

My husband has become a drunkard. He took money from my business, saying that as Avega were helping me, he had no need to work. As I feel responsible for the fact that we are not well, I do everything I can to put up with his behaviour and look after him whenever he falls ill. He had some land on which to build a house, but since he discovered that we were HIV positive, he's refused to build. At the moment we no longer have the money to build a house even if he did agree to it. He used to be a driver, but now that he's not working any more he's becoming quite insane.

Alodie's husband is now dead, but she stayed with him throughout his illness and bore his relentless accusations.

My husband went mad. He didn't tell anybody, but he became a drunkard. Dissension invaded our home and we only ever said hurtful things to each other. It was total chaos. He said that I had contaminated him. One minute he'd be really angry towards me and the next he'd be apologising and telling me that it wasn't my fault, that I was raped and that I didn't stand a chance of defending myself. He told me that before he'd married me, he'd never had a partner, so it must have been me who infected him. We were no longer able to talk about our family problems in public. He often said that he regretted ever having survived the genocide, knowing that he was now to die of AIDS.

As an orphaned child, Marie-Christine from Burundi was a victim of rape and forced marriage. She is now and has her own child to look after. She has been rejected by her husband, who accuses her of infecting him with HIV, and by her guardian.

After the birth of my third child, I had to leave because I couldn't put up with it any more. My husband had even started to beat me, saying that I'd brought him bad luck.

She turned to her mother's friend for assistance and now lives in her shed. Marie-Christine has nowhere else to go though she feels humiliated and upset at the treatment she receives there.

We didn't get on once this woman and her children found out that I was HIV positive. The whole family teases me and nobody wants to eat off the same plate as me. I'm treated very badly, but fortunately SWAA provide me with something to eat, otherwise the children and I would starve to death.

Living in Bujumbura, Florence was similarly let down by her husband. He left her the day his test for HIV proved negative.

I explained the situation to him and he took it very badly. He didn't want to understand me. From that day on, he mistreated me and he didn't want to sleep with me any more.

His friends advised him to have himself screened for HIV too, and when he did he was in good health. That was the day that he left; he holds me responsible for what's happened to me.

For the moment, I've no one to help me. My husband doesn't help at all; he says that I'll have to sort myself out as far as bringing up the children is concerned, and that most of them don't belong to him anyway [the three children from my first marriage]. It's hard for me to be able to feed my children; the oldest is in the 6th year of primary school.

When the Child of the Rape Becomes a Problem

Among the women we interviewed 31 became pregnant as a result of the rape. These children are a constant reminder, to them and to their relatives and new partners, of their painful and embarrassing experiences. They are a source of conflicting feelings and necessarily affect their relationship with others.

Clarisse, from Kibuye town, was 19 when she was raped. At the very moment when she needed her family, upon discovering that she was pregnant from the rape, she also found out that her parents and 11 brothers and sisters had died. She found a paternal uncle in the DRC and returned with him from the camps to Rwanda, but he died of illness in Gisenyi.

I had lost all hope. So when a widower of the genocide who was in the same refugee camp in Congo asked me to live with him, I accepted. I didn't have a choice given my situation. We married officially in July 1995. I had given birth to a girl in February of that year. In the beginning, there were no problems between me and my husband. But as the days passed, he changed and wouldn't give me money to buy milk for the child or to take her for treatment. He told me that he didn't want the child of an interahamwe, so I should give her to the interahamwe and let them take care of her.

I now have four children, including the one I had with the killer. I would like some help raising my daughter as my husband can take care of the others.

Clarisse left her husband as he became more violent towards her "because of the child." But with nowhere else to go, she came back home and her husband, she said, "continues to mistreat my daughter." She does not know her HIV status.

I haven't yet taken the test to determine whether I have AIDS, but at the beginning of our relationship, my husband fell ill with syphilis. The doctor said that I was the one who had infected him, an infection I got from the interahamwe who raped me.

At the age of 22, Mercia was raped by several men, first in Greater Kigali and then at CHK hospital in Kigali. Later, when she found someone she wanted to marry, a man whose first wife had died in the genocide, she told him everything. Her husband was understanding, but Mercia's own attitude to the child born of the rape is more ambiguous.

Sometimes, when I think of the circumstances in which he was conceived and of his birth, I'm overcome with negative feelings and I wonder why I didn't abort, or why the child didn't die at birth. But I calm myself down by confiding in God. I tell myself that it was God's will.

Véréna lives with her mother, siblings and maternal relatives in Bugesera. She was 19 in 1994 and was raped by a number of men in Gitarama, as a result of which she gave birth. She has recovered from syphilis and has tested negative for HIV, but has continuous pain in her back and lower abdomen. Her family's lack of affection for her child is all too evident.

My family look badly on my child. I love my child, but when I fall ill I hate her because it was the rape and genocide which is at the root of all my suffering, and then I hit her. I've had no assistance except from Ibuka who always help us, even morally. I'd like to find some money to go into trading so that I can support myself and my child. In that way, I could rent fields and cultivate them. I need at least one goat that I will be able to raise at home.

Warding Off the Loneliness: The Longing for a Child

Several women we interviewed expressed their lack of interest in men after their ordeals. However, as mentioned before, many are forced to take on husbands or live with men for economic support. Others, who wanted above all to have a child, formed relationships principally with that goal in mind.

Apart from an aunt and a younger sister who was a few months old in 1994, the rest of Claire's family had been decimated by the end of the genocide and their home in Umutara demolished. She was gang-raped to the point where she passed out. Aged 19 at the time, she was not married nor had she borne any children. Afterwards, she sought several ways to alleviate the loneliness.

For the time being, I'm living with the two orphans and a child that I had last year. In fact, I did want a child, but I didn't feel able to live with a man my whole life. When I fell pregnant, I confessed to the father that I would not be able to live with him and that he could make his life with someone else.

Claire, who lives in a house built by Ibuka, has been too frightened to take the test to find out if I was HIV positive. She says that she is not "unwell" but has had stomach pain since the rapes.

Whenever I'm ill, I use a card that the FARG gave me in order to get treatment. I don't receive any other assistance. I work part-time and I cultivate our fields. I would like to have some capital to start up a small business because my work's not guaranteed.

Hyacinthe, now living in Umutara, also prefers to be a single parent.

At first, I felt intense hatred towards men because of the rape. But later, I wanted to have children and I had two. I'm bringing them up on my own because I didn't feel capable of living with a man all my life. Because I haven't got the money, I haven't taken the test to determine if I have HIV/AIDS or not.

Virginie's only surviving relative is her sister. She decided to have her own baby and to take in an orphan, but sees no prospect of getting married and leading a stable life.

To be raped is a degrading stain. So I told myself that I couldn't have a husband. But instead of dying without having a child, I gave birth as a way of consoling myself. And then I felt humiliated. I wasn't a girl anymore but nor was I a woman. I then decided to adopt a child.

ELUSIVE JUSTICE

Very few of the women we encountered had seen their abusers prosecuted—another concern affecting their state of mind negatively. Some were emphatic that they would continue to pursue justice but others could not even identify the perpetrators and are unlikely to ever experience relief from their overpowering sense of grievance. Even if they have a chance, the prospect of testifying against a perpetrator is distressing for all rape victims. For some it is simply too daunting to contemplate.

In Rwanda, there has been a serious and concerted attempt to eradicate impunity for rape crimes and those responsible for sexual torture are legally deemed genocide suspects in the “first category”, subject to the most severe sentences. Meanwhile the International Criminal Tribunal for Rwanda (ICTR) broke new ground in defining rape as a crime against humanity. Awareness of the firm legal ground for their claims may well have encouraged women to bring charges against their persecutors when they might otherwise have kept silent. However, even in this receptive atmosphere, rape is a uniquely difficult crime to prosecute and in the process women may be subject to further humiliation and pain, as illustrated by the accounts we heard.

There is another burning issue in Rwanda. Women are seeking justice not only for the crimes committed against them personally, but also against their immediate family. The result is that women’s preoccupation with justice is broad and their bitterness at its limitations can affect every aspect of their being.

There is hope that the confessions being elicited through the gacaca¹⁵ process, recently established to expedite genocide justice, will reveal the identity and whereabouts of some perpetrators. Some women who have kept their rape hidden may remain reluctant because of the public and local nature of gacaca, but others plan to take their cases to the gacaca courts.¹⁶ The renewed sense of hope offered by gacaca relates in part to the possibilities it holds for genocide prosecutions in general. As regards rape it is important to note that gacaca will only be one step in the process towards bringing a prosecution. Because it is deemed among the most serious crimes, rape will continue to be tried in ordinary courts and gacaca judges can only pass on information to them.

Demanding Justice

Claudette, from Humbure in Byumba, was raped by someone she knew. He found her and her two children hiding in the sorghum fields and led them to his house where he raped her and then locked them in. Neighbours broke down the door and rescued them. She testified against the man and is satisfied that “he remains in detention, even up to today.”

Agathe from Ruhengeri now lives in Kigali. Forced to live with a neighbour, Jean, as his wife, she became pregnant and would vomit every time she met eye to eye with any of the

¹⁵ The gacaca system was launched in June 2002 to prosecute genocide suspects except for the leaders and planners defined as “category one” criminals. It draws upon a traditional justice mechanism to create trials within the community, placing the emphasis on confessions and truth-telling.

¹⁶ “Rape is deemed a category one crime and therefore is not to be tried under gacaca. When accusations of rape arise during gacaca trials, the judges are expected to verify what has been said, as far as possible, and then pass on the information to the ordinary courts. They have the ability to do so in a closed session and to pass on the information discreetly.” See p 38, African Rights, *Gacaca Justice: A Shared Responsibility*, January 2003.

two men who housed her immediately after the genocide. She has been determined to see her perpetrators behind bars and has testified against two known génocidaires.

I was a prosecution witness against Bigirimana and Kayigamba; they're now in Ruhengeri prison. Jean hasn't come back. If he had been there I would I would have had him imprisoned too because he made me suffer.

The pursuit of justice has alienated Providence from most of her family. But she went on to testify against key perpetrators in her home region of Ruhengeri.

My paternal uncles say that I've imprisoned their people and they can't help me. I was a prosecution witness against Aloys Rwabaringa who's living abroad, the former bourgmestre of Mukingo, and Kajerijeri who ordered the interahamwe to rape me and who is now in Arusha. I've had Bijeberi, Maninga, Juma, Oswald and Bralima imprisoned.

In Josette's eyes gacaca presents a real opportunity to pursue justice. She has been elected as an *Inyangamugayo*, a judge.

I didn't dare to go and make a complaint before the courts, even in order to denounce those who killed my loved ones, but I will raise my case in the gacaca courts in order to ease my sorrow. I am one of the judges. What is sad is that there are suspected génocidaires among the judges who could sabotage the process.

She is sensitive to the remaining obstacles for most women.

The fact that you were raped is considered a scandal and it's difficult for the victims to talk about it. They prefer to be quiet.

Josette draws some satisfaction from the knowledge that at least the men who raped her sister have been prosecuted.

They've already been judged except for one.

Rachel expressed her hopes and fears for the forthcoming gacaca trials.

We're going to expose the killers. I'm afraid because I know that I live in their midst.

The people who killed our families and friends are free. We've done everything we can to have them arrested, but to no avail. With gacaca, however, we're going to spill the beans even if the people who've been elected as judges include the killers. We don't have any confidence in them. But what can you do?

Adèle initially received help from lawyers in pursuing a claim for damages in Butare, but has so far been unsuccessful. She has identified rapists and killers to the judicial authorities and now looks to the gacaca system to deliver justice. When two lawyers were working with them, it raised her morale, but now she says her neighbours mock her and she wishes she could move elsewhere. She concludes:

They used to help us a lot with our demand for damages and interest and we felt relieved by their presence. They really did everything they could despite the fact that the guilty were not punished and the damages and interest were not recovered. I don't know who gave them this mission, but I thank them for it. Today, as they're not there, the neighbours make fun of us. It would be better if I moved to a place where no one knows me and where they aren't interested in me.

We need legal assistance because we are despised. We really need to someone to strengthen our voice. That will encourage us and prevent us from feeling abandoned.

Cassilde, also from Butare, agrees. She can remember nine of the men who raped her and believes there were more. Most of the perpetrators, to her knowledge, went into exile and have not yet returned, but she has lodged a complaint against three individuals whose files, she said, were “at the public prosecutor’s office.” She has heard nothing since and does not know if they are now in prison although she continues to hope they will be brought to justice. She has neither the confidence nor the knowledge of the system necessary to follow this up. Like many women, she needs help in navigating the bureaucracy of the law.

I need a lawyer for the trials and for damages. In general we need someone to reinforce our voice while we give our statements, as they are really neglected. When we talk about what the génocidaires did during the genocide, we are often taken for being crazy exaggerators. Those who we’re accusing and testifying against are being released. That’s demoralizing for us.

Anger at Releases

Long delays in the administration of justice demoralize women as Cassilde emphasized, but there is also particular anger at the release of certain individuals under the terms of a government communiqué issued in January 2003.

Frida insists she has identified the men who killed her husband, but one of them was recently acquitted and released from prison. This has shocked her, deepening her anger and grief.

I saw the men who murdered my flesh and blood with my own eyes. I witnessed it all. I turned them over to the justice system. However, some of them were released after they admitted their crimes, whilst others were acquitted. And our loved ones have been left to rot under the earth.

Nevertheless, Frida is determined “not to give up hope.”

I shall continue to accuse them in the courts. Even if I have to die, I would be proud that I’d done my duty and the other inhabitants would know that I was a victim of the truth.

We are hated wherever we go. The families of the génocidaires say that we do nothing but cry and unjustly imprison their people. All that the justice system has done is to sow seeds of confusion among the people. There is no justice for the victims.

“We will never”, says Yolande, “have justice.” She was wounded and beaten unconscious by a young boy in 1994. While in a coma, she was apparently raped and she suspects he may have been the perpetrator. He was detained in Gikongoro central prison, but his case has not yet come to court and she fears he may recently have been released.

I’m really in despair about getting assistance from the legal system. This young man, for example, was classed in the third category, and was recently released. He confessed to his crimes and yet he’s still at the root of my suffering today. It may even be him who raped me. What we want is unbiased justice. We the survivors have been sacrificed beyond all comprehension.

In Umutara, Candide’s testimony helped to put two men behind bars—a boy who she accused of killing her in-laws and a man she says murdered her neighbours. The boy is due to be released and the man did not serve long in prison.

He bribed someone and he too is now free. He is a rich man and lives in Kigali.

Euphrasie feels let down, especially by the government decision to release elderly prisoners.

Things are too ambiguous where justice is concerned. It is, for example, inconceivable to see elderly men walk free, when they are the men who encouraged the younger ones. It is a source

of immense anguish for us to think that we may well be living alongside our torturers, who've never been punished for their crimes.

Berthilde from Gitarama identified several of her rapists, and has heard that some of them died in exile, but others have been imprisoned. She testified against one man and he was convicted but has since died. In another case, she was distressed to discover the alleged rapist has been released after the January 2003 communiqué.

I went back to the public prosecutor's office to complain. He shouldn't have been freed because his crimes were in the first category. He has still not been re-arrested. I'm waiting for justice to respond.

She pointed out the irony that it is her, and not her tormentor, who lives in the shadow of fear.

I'm the one who's apprehensive about crossing the road whereas he doesn't have any problem. Nearly all the génocidaires in our region have been set free; it's said they've confessed to their crimes.

Two of the three men who raped Alexandra have since died, and one is now in prison. She has also provided information against a member of the same gang in Gikongoro, as responsible for killing a Tutsi man she had given shelter to. He has since been released. As a Hutu, she was put under intense pressure.

The Hutus regard me as a traitor because I protected a Tutsi and testified against a Hutu. Even if he is free for the moment, his family look badly upon me.

Dancille was raped by more than ten men; she only recognized two of them. She spoke of her experiences of genocide justice in Kibuye, including her view on the prisoner releases.

I don't know the names of the men who raped me except for two of them. One wasn't imprisoned. The other one was, but hasn't been tried yet. The man who assassinated my husband is also in Kibuye prison as is the man who killed my son. Neither of them has stood trial yet.

Whenever I am suffering, my children cry and remember the time of the rape. They say that it's because of these men that I'm hurting in this way. They don't get tired of my sickness but try to console me.

Two of her attackers have been sentenced to death, but Nola in Umutara has decided she will not co-operate with the justice system in Rwanda. She was raped by seven men and has also identified many of the militiamen involved in an attack upon her husband, a Protestant pastor, and the Tutsis he was sheltering. Although several have been imprisoned, others are "still free." Nola was particularly upset by the release of two individuals she accused in the aftermath of the communiqué in 2003. She claims they owe their freedom to a "corrupt" officer who "lost their files."

I have been so discouraged that I shan't give anyone else's name any more, not even to the gacaca proceedings. I'm not going to testify against anyone. I don't even want to sit and listen to the gacaca hearings. I've testified for nothing. Nowadays I've let everything go. Following the example of the State, I've had to stop pursuing my assailants.

"Among the men who raped me," laments Rose from Kibuye town, "only one of them returned to the country and was imprisoned. The others fled and have never come back." In addition, she testified against two prisoners only to hear that they had been released. With her health deteriorating, she wonders if she will get another chance at justice, a reminder that many of these women do not have much time left.

I was astonished to hear that they had both been released. These were true murderers. I'm now feeling so ill that it worries me that I'll not be able to testify at the gacaca proceedings before I die or get too ill.

Trauma in the Process

By bringing charges against the men who raped them, women risk aggravating tensions with their communities, making their lives harder on a daily basis. They described a hostile atmosphere or an ongoing sense of fear which is felt equally by women testifying about other genocide crimes.

Unlike many victims, Patricia knew all the men who raped her. One has since died; another lives in Cyarwa in Butare and the third, who kept her in sexual slavery for two months, is in prison. His relatives live nearby and it is very disturbing for Patricia that they continue to insist that she is his "wife."

He has two sisters who often go and visit him in prison. They give me nasty looks because they're angry with me. They want me to go and see him and take him something to eat. They are always reminding me that I'm his wife. They don't want to understand that if I had had a choice, I wouldn't have lived with their brother, a man whom I saw killing a lot of people. He even killed my aunt in front of my own eyes.

Diane returned to her house in Nyarugenge, Kigali, after the genocide, only to find herself pursued by the families of genocide suspects.

The interahamwe and their families really threatened my security; they would throw stones on to the roof of my house during the night, breaking the windows etc... The wives of the génocidaires went to court to say that my father and I had been at the roadblocks where Tutsis were killed. These were pure lies intended to put me behind bars because I'd been an eyewitness to what their husbands had done during the genocide. The other survivors came to my defence.

I have carried on living with these continual threats from the interahamwe. As for justice, nothing was being done to punish the criminals. We were always filing our complaints in the relevant courts but the criminals would be imprisoned one minute and released the next without so much as an explanation from the courts.

"We are", added Diane, "tortured by bitterness" when it comes to the issue of justice both at home and abroad.

We have experienced injustice not only in the Rwandese courts, but also, and above all, through international justice.

With the launch of gacaca, Diane had to become even more vigilant about her security.

The police intervened to put all my neighbours on guard and my safety was more or less assured. In view of the situation in my area, Rwanda Women's Network decided to take me to a village for widows that it had just built in Kagugu.

Phidentia, from Karama in Gikongoro, lost her Tutsi husband and one child to the genocide. Told that she was married to a Tutsi, a man pushed her to the ground and raped her. Her husband and son were dragged out of her parents' home and murdered by men who were her relatives, family friends and neighbours. She has not allowed those ties to dissuade her from seeking justice. She and her family have since been the targets of serious threats for speaking out. While some of the men are in prison, others have been released or have never been arrested.

They bribed the judges and were released unjustly. Afterwards, we were under constant threat. My family and I were seriously beaten by unknown people. They came in a lorry with a prosecutor whose name escapes me and thoroughly thrashed my father and my younger sister. A certain man from the family of those who killed my husband and child, is the one who is behind this plot. I brought a case against him but it hasn't been resolved yet. After some days, the one who killed my child was set free. I went again to bring a case against him. I warned the judges and the prosecutor, reminding them that corruption against the blood of the victims of the genocide would bring them curses. He was reimprisoned.

To silence her, Phidentia, now 40, found herself yet again a victim of rape, this time in broad daylight.

Since the end of the genocide, the people I have denounced in court pursue me through their families. Every time I speak the truth, I receive threats. I am wrongly threatened by all sorts of people. One day, a man named Eugène took me into his house and raped me. Everyone on the road witnessed the event but no-one intervened to help me. I have spoken of my problem to the relevant authorities but no-one has resolved it up until now.

I need to bring the people who have hurt me to justice. The officials in the lower courts are their accomplices. I need to be protected against their threats.

Phidentia, in common with a number of other women, was grateful for the legal assistance she had received, but complained that there was no follow-up.

We had a lawyer who helped us a lot in the trials. He gave us advice, told us which papers were required in order to claim damages and interest, but we have not received damages. He came for the first trials and has not returned since.

Originally from Nyamagabe in Gikongoro, Renata now lives in Gikongoro town for fear of going back to her house. In 1994, her husband was ready to give her and her children up to the killers. His family are still angry with her.

I was intimidated because I refused to give evidence in defence of my sister-in-law. A man beat me up for that. He stays here in Gikongoro. I denounced him before the courts and I even spoke of my problem to a minister who came to visit Gikongoro town, but the matter wasn't solved.

Given the confidence and bravado of former prisoners, Renata doubts that many survivors will be forthcoming with information.

Those who were freed come to brag before me. Some who were released recently told us to dig graves and to measure ourselves inside, telling us that they would again throw us in the graves. And we are asked again to testify against the génocidaires! It would be surprising if any of the victims dare to do so.

Dorothee was raped while hiding in a neighbour's home. She believes the woman who gave her shelter also gave the rapist the key to let him in. Instead of bringing charges against her, Dorothee lives in fear of her

The woman who helped the rapist passes me by every day. I never say hello to her. I'm the one who's afraid of her. I don't want to bring her to justice. That wouldn't be the solution for me seeing those who committed more serious crimes are still at large. They have even been brought before the courts and then granted impunity. All that the justice system has achieved is to create misunderstandings between the survivors and the families of the génocidaires. They look down on us because we have brought criminal charges against their brothers. Nowadays we prefer to remain silent as it's not in our interest to speak up.

Drocella expects to become a target because of what she knows.

In my sector of origin, only my sister and I escaped the massacres. With gacaca about to begin, I'm afraid that my neighbours will kill me since I am the only one to testify against them.

Francine, living in Kabarondo, Kibungo, feels the hostility around her but is grateful to have some support from Avega.

I was a prosecution witness against those who killed my family, but some of them are still in exile and haven't returned. They haven't yet appeared before the law and their relatives give me bad looks. Avega has advised us to form associations and gives us tickets when we have to travel far in order to testify.

Although the men who raped her have disappeared, Dative in Cyangugu has told the court about the crimes she witnessed.

Some of the men who attacked us during the genocide were brought to justice, but many of them fled the country and have never come back. Those who are in prison were not among those who raped me. But I was an eyewitness to their violence against the other women who were with me. For that reason, I was called upon to give evidence during the public prosecutor's inquiries.

Distress in Court: Experiences in the ICTR

The experience of testifying about rape is agonizing for victims, however determined they are to bring charges against their torturers. In all judicial processes it is imperative that the prosecution, the defence and the judge be aware of the emotional stress involved in giving evidence on such an intimate subject, aggravated in the case of Rwanda by the intimidation these women face, particularly those living in the countryside. They need to be treated with due care and respect. In the course of questioning witnesses, however, this important consideration can often be disregarded. In a number of instances, the expert defence lawyers allocated to genocide suspects at the ICTR in Arusha, for instance, in focussing upon the interests of their client, undermined women's self-esteem and provoked outrage. Judges failed to intercede on their behalf. It is a bitter irony that the institution which has increased international recognition of the heinous nature of rape, has also been the forum for the humiliation of rape victims. It is important to say that the Tribunal is clearly making efforts to improve practices and reduce the chances of further incidents.¹⁷ With regard to sexual crimes, the Sexual Assault Investigations team has been revived and a Gender Advisor has been appointed, based in Arusha. It is hoped that these developments will prevent further incidents of the kind described below.¹⁸

In 1998, after prodding from the International Centre for Human Rights and Democratic Development, together with various other organizations, the ICTR issued a statement where it reaffirmed "the importance it attaches to the issue of women victims and witnesses of the Rwandan genocide of 1994, and to provide public information on the steps the Tribunal has taken in order to enhance its effectiveness in this area of its work."¹⁹ It also talked of strengthening the investigations of crimes against women and reinforcing its Sexual Assaults investigation team. By the end of 2002, prosecution of sexual crimes had almost ground to a halt with the Cyangugu trial appearing to drop rape charges when in fact there was strong

¹⁷ Several key posts that have been vacant for a long time have been filled, and some new ones have been set up to address some of the shortfalls in the organization.

¹⁸ See also statement by African Rights, *New Appointment at the ICTR: An Opportunity to Mend Fences*, February 2003

¹⁹ ICTR Press Release, Arusha 18 February 1998
<http://www.ictr.org/ENGLISH/PRESSREL/1998/104.htm>

evidence. In addition, there had been several incidents which had left some female witnesses wondering whether they were the defendants. Furthermore, communication between the Tribunal and the survivors who make up a substantial percentage of the ICTR's witnesses, was at an all time low, leading to mistrust and misunderstanding between the two parties.

While the Tribunal is to be commended for relaunching the Sexual Assaults Investigation team, they require a great deal of support as the team consists of only two people and they face an uphill task, not only in prosecuting rape and investigating about rape, but also, together with the Gender Advisor, in creating an environment that is much more sensitive to the experiences of their female witnesses. They must also re-establish the faith of women who have been victims of rape in the Tribunal.

Vanessa is from Ruhengeri but is now living in Kigali. She went to Arusha to support the case against Juvénal Kajelijeli, the former bourgmestre of Mukingo in Ruhengeri. She described her feelings in the witness stand.

I didn't have a problem speaking out except when it came to the rape; that was difficult. It was the first time I was talking of such things in front of men. I asked a member of Avega if I could write down my testimony and then show it to them. But she reassured me and told me I must not be scared to speak out... I tried.

I had no problem in pointing out Kajelijeli and saying what happened. I could easily describe what he was wearing. It became more difficult when I was questioned about the rape by three men. The Tribunal showed they didn't understand and I cried. I felt ashamed to be crying in front of Kajelijeli. They insisted on my telling them what happened in detail. As a Rwandese woman, I felt humiliated but I was clear.

The torment did not end with the trial. Soon afterwards, Vanessa learned that though she had testified anonymously, details about the case had reached Rwanda and she was now a target of individuals sympathetic to Kajelijeli; she has had to flee Ruhengeri as a result.

On leaving Arusha, Vanessa was presented with a form where she could talk about her experiences and any difficulties she faced.

I didn't say anything. I felt that if I wrote something negative when so far from home, it would lead to problems.

Brigitte was involved in the same case and was also made to feel insecure. She believes that Kajelijeli's lawyer was responsible for exposing them. The rules of disclosure allow the defence to have details of the witnesses before the trial, and this may be how the information leaked to her home area. She spoke of her anger and despair, beginning with the trial.

What I found most difficult in Arusha was speaking about rape, especially in front of men. Talking of sex, and in such detail was difficult for me. I tried my best but I didn't give all the details and show the full extent of what I had gone through. I felt I had not said enough. At one point they asked me to explain things further. I said, "Don't you understand? I was raped!" The judge said they needed more detail and that they didn't understand. I asked in French: "You don't understand about being raped?" They said they didn't so I spelt it out. At that point, I was asking myself what I was there for. What had I come to do here? I felt tortured.

When I saw Kajelijeli I felt bad because he was well looked after and healthy. I was suffering, and all my suffering was due to him. Yet he was fine.

What really hurts me is that during the genocide I was raped and my security was destroyed. And now after the genocide it is happening again.

The incident involving a woman known as Witness TA has become notorious when the judges burst out laughing as she was questioned by an overzealous defence lawyer.

Another fact which distressed me was that they told me to stand up in front of an overhead projector to point my finger, on the map, at the place where I was when Chalôme raped me for the first time. They forced me to keep my finger stuck on the photo although I was suffering back pain. When I felt very tired, I asked them for a chair. The interpreter was seated just beside me. When *he* became tired, they replaced him and the others continued asking me their questions.

I spoke for a long time until I felt exhausted. I didn't have the courage to drink the water that was brought to me. I didn't ask them for a break so as not to give them time to prepare other questions.

She also witnessed the strain on a fellow witness in Arusha at the time.

A witness who was with me felt uneasy about the questions they were asking him. The following day, he didn't turn up for the hearing and they said it was a pretext for staying in Arusha for a long time and earning more money. It reinforced his pain.

In addition to the problem of guaranteeing the anonymity of witnesses, lack of clarity and co-ordination about their security once they return to Rwanda has also confused them. It would be helpful if they are clearly told of the procedure to follow in situations where they feel threatened or their identities have been revealed. This is an area in which the ICTR, the government and local authorities need to work together closely.

When Witness TA came back to Rwanda, she discovered that her whereabouts was common knowledge.

When I arrived in Rwanda, I found out that everyone know where I was, although I didn't tell anyone. I had taken my annual holidays so that I wouldn't be noticed. But to my great astonishment, people knew about it.

TA persisted despite the difficulties because it was very important for her personally to speak out.

I wanted to give my testimony. It was the first time I was speaking publicly of these massacres. I was knifed during the genocide, through to my breast. Before, I hadn't had the opportunity to talk about it and so I wanted to. I did my best to be brave. I cried a lot. The lawyer congratulated me afterwards on doing so well.

Like TA, other witnesses also want to ensure that their perpetrators face justice. Brigitte was overwhelmed by the fact that she was actually getting the chance to go and testify against her rapist. She was initially contacted by Avega who arranged for her testimony to be taken in Kigali before heading on to Arusha.

I was questioned by a man. When a man questions you, it's not easy to respond but all the same, it was necessary to talk. I was raped horribly but I had to talk about it and I found them understanding. They asked a lot of questions and I answered all of them and said Kajelijeli led the men who raped women. Afterwards, they told me that I may have to go to testify in Arusha. Because Kajelijeli's deeds had so affected me, I found it difficult to believe that I would get to go, but I wanted to give evidence against him.

The return home was followed by threats that forced her out of her home and town.

And now after the genocide it's happening again. I'm living on the streets. Yet the génocidaires are protected; they eat and sleep well. I ask myself whether I am truly a human

being or not. I ask myself if they, at the Tribunal, know what they are really doing, and whether other people know what is happening. Sometimes all I can do is cry.

There is a man, Joseph Nzizorera, who was a minister and is now in Arusha. I have a testimony against him. But after going through what I did with Kajelijeli, I wonder if this time testifying would kill me.

Giving Up

Aged 19 and orphaned during the genocide, Bernadette feels there is no longer any prospect of justice.

I don't know how we could be helped in terms of seeking justice. I'm alone as all my family perished. Whenever I go back to the hills where I was born, to ask our old neighbours who killed my family, they say that they know nothing about it. I didn't know the men who raped me and I wouldn't know how to bring a case against them in a court of law.

Rosette, who lived in Gitarama in 1994, and does not in any case know the perpetrators, has other priorities on her mind.

I haven't brought anyone to justice and I don't know those who killed my husband. I have been able to find out about only those who looted our property and destroyed our house, but that matters little to me. I don't attach any importance to it as I am preoccupied solely by the future of my children since I may die at any time.

Catherine, who was also in Gitarama, said that justice "is our biggest problem."

We'll never see justice as many of us didn't recognise the perpetrators. I identified one of the men who raped me, but I don't know where he's living now.

Alivera stayed with the man who raped her for over one month and knows him well as he was a family friend. She also knows exactly where in Kigali he lives, and is bitter that she is too powerless to make him accountable for his conduct.

I haven't started any proceedings against him. He's far richer than I am and I know that he could easily corrupt the judges. I'm scarcely able to feed my children. I cannot waste what I have in useless trials.

However, I'm very aware that what he did was a serious crime and I do regret the fact that I haven't been able to take him to court so he can answer for his actions.

Overwhelmed by her situation, Concilia has no energy for justice.

My life is fragile. I've given up on the pursuit of justice. I can't bear the burden. Where is the benefit for me in having people imprisoned when those who are already detained will soon be released thanks to gacaca? As for damages, we've received nothing, even though it's a long time since we lodged the complaints. So far, there have been no favourable results.

Despondency and fear about justice weigh upon Gertrude in Cyangugu.

The people who killed our families are being brought to justice through gacaca. But there's no real hope that the victims will see real justice. Nobody wants to admit responsibility for their crimes. While the survivors are trying to provide details about what they heard or saw, the families of the génocidaires are in denial. They say that the survivors' minds are twisted because of trauma or because they want revenge so much. Today, we are afraid to testify in public, in case we are burned alive in our houses.

At 53, Landrada, from Nyamata, feels isolated and is tired of repeating her story of the genocide with no results.

We've pressed charges but our killers haven't been tried yet. And those who appeared in court were found innocent. They said that the victims of the genocide of Tutsis had committed suicide.

During the trials we didn't have lawyers, but the génocidaires did. The interahamwe who killed our people don't want to come forward. We've filed our complaints to claim damages and compensation, but at the current speed of the trials even the youngest amongst us won't get anything.

Even where the cases make it to court, a range of obstacles make it difficult for women, particularly poor women living in remote areas, to pursue the matter through to its conclusion, as Dalie, also from Nyamata, explained.

We don't have anyone who could help us legally. Even when we win the case, the interahamwe make appeals against the decisions and we don't get to know the results about that. Emmanuel Twagirayezu, Semanyenzi's son, was a prominent killer and was condemned to death in the Nyamata Court of First Instance. When the case was taken to the Court of Appeal in Kigali, we walked all the way there, but the hearing was conducted in French and we understood nothing. We don't know what happened.

Before the genocide, Twagirayezu was a big businessman in Nyamata. While the case was being heard, he was in Rilima prison. But I don't know if he's still there. His lawyer came every day but our lawyer, found for us by Ibuka, was nowhere to be seen.

Yvonne emphasized the seeming contradiction that while she is battling on a daily basis with poverty and the opportunistic infections associated with HIV/AIDS, medication is available to the genocide suspects in detention in the ICTR in Arusha.

It's really disappointing and upsetting to see the men who raped us well looked after and housed in Arusha when we can't even get hold of aspirin.

Contrasts in Burundi

In Burundi, Florence demonstrated that it is possible for women to bring successful prosecutions. The day after she was raped, she went straight to the nearest army base to make a complaint. She knew the guards who raped her would have to return there as they had obtained their weapons from the soldiers. With determination and persistence, Florence succeeded in bringing the men to justice.

I gave descriptions of the two men and they were recognized. Later, with the soldiers' help, they were put in prison. They were released after several days, and I went back to plead before a female judge. She did a lot to help me and had them sent back to prison. For the moment, each one still has to serve more than ten years.

It is often the case in Burundi, as in Rwanda, that women do not recognize their attackers. But Marie-Christine's story highlights the issue of child abuse and just how far there is to go in gaining justice for victims. Marie-Christine became an orphan at the age of 12 and it was only a few days after finding shelter with a family friend, that she was raped. She described the incident and her new guardian's response.

He locked me up in his house for two long weeks. As soon as he noticed that I was ill, he let me go. The woman who'd welcomed me into her home wanted to bring charges against him, but the man suggested taking me for his wife and she accepted.

I had to return to live with him, but against my will. I had no choice as my host had accepted several gifts from the man. Moreover, I had nowhere else to go.

PATCHING WOUNDS

Assistance for Rape Survivors

For many women, survival depends upon piecing together shreds of assistance from various sources, with few consistencies and constant uncertainty. Cécile's example is typical; she rents out her family fields, which brings in a small income and neighbours helped her in putting up a makeshift home, the roof made of tent canvas. But given her need to provide housing, food and education for the children and her own medical needs, Cécile finds it impossible to make ends meet.

Avega gave me 20,000 francs in 2000, and pastor Jean Gakwandi, who works for the Solace Ministries for the Episcopal Church, donated goats to some of us. Kanyarwanda helps us too; the first time they gave us five kilos of rice and sugar, the second time 10 kilos of sugar, one kilo of milk, 10 kilos of noodles, 10 kilos of sosoma, 10 packs of washing powder and one litre of oil. The third time I was ill so I didn't participate in the meeting.

What I would like is to have a house, medicines to ease the damaging effects of AIDS, clothes for the three orphan children that I look after and money for their school fees. I also need something to help me make a living.

Emma from Kigali spoke of the other potential sources of assistance for rape survivors and of their limitations.

The FARG sometimes gives financial aid, but not very often, certainly no more than once a year. The year just gone, I was given 10,000 francs and since then I've received nothing else. Nobody else helps me. I'm a member of the Rwanda Women's Network. Although I've received moral support, it hasn't yet been possible for them to provide me with financial support.

Women's associations are, at present, the main source of assistance for rape victims and women living with HIV/AIDS; both in Rwanda and Burundi they have proven their value. In terms of education and moral support they provide a critical link between women and services and must be encouraged and facilitated. Over the last few years, organizations such as Avega and SWAA in Rwanda and Burundi have gradually developed and strengthened programmes aimed specifically at rape victims, particularly as their own members began showing the signs of HIV/AIDS infection. Women draw strength from their relationships with other victims. As they find it so hard to relate to other people, these networks introduce essential constructive and positive aspects to their lives.

The results are generally commendable, both on a practical and emotional level, although not all programmes have been equally successful. Among the weaknesses are that women in rural areas are least likely to receive help and there is an overall a lack of consistency. Both are usually related to financial constraints. Women have generally only received intermittent, partial or temporary assistance for persistent, all embracing and terminal problems. The "moral support" Emma mentioned is an important reason why women seek out associations for rape victims. When she learned she was HIV-positive, she turned to a woman in her community for help. She explained how the link has helped her.

I first told her when I wanted to be a member of their association so that I could gain some financial aid. The association disbanded before I received any assistance and I regretted having said anything to my neighbour. She continued to approach me and today I'm no longer

afraid of talking to her about my situation. With this strength to talk openly, I feel relieved and I know that I'm not alone in suffering this awful fate.

Basic Assistance: Turning to the FARG

African Rights' observations here, and in other research²⁰ show that the Fund to Assist Survivors of the Genocide (FARG) has offered vital assistance to many survivors of the genocide and that many rely upon it for school fees and medical care. This is the principal State agency to which victims of genocide rape in Rwanda can turn. What is also apparent, however, is that there are limitations, meaning that some of the most needy are unable to benefit. Firstly, the FARG medical card is only accepted in a restricted number of hospitals and pharmacies and they are not able to cater for demand. Many women had to pay for drugs which were not available in the hospital linked to FARG. Secondly, there is a clear case here for the FARG to review how to best reach survivors in rural communities. Rural women are least likely to manage to organize and submit an application with the necessary paperwork. If they do manage to obtain the card, rural dwellers often live far from the hospitals where the card is accepted. They may either be too ill to travel or they may be unable to afford the transport costs.

While the FARG did not initially anticipate paying for HIV tests and supporting PLWAs, it has recognized the problem and has begun working to specifically address the plight of rape survivors. Justine Imananimwe, responsible for programmes at the FARG explained their work to date.

We're still at the identification stage. The problem is that the people who are affected don't want to reveal their status publicly. The identification began in Butare province and in Kigali city, but we aim to carry it out in all the provinces.

We already know of 301 HIV positive men and women. The vast majority, more than 95%, are women who caught the infection after they were raped during the genocide. It's important to note that these 301 are just the known cases. There are certainly others who haven't revealed their status.

Emerithe, living in Butare, has received assistance from the FARG programme. She was remarried in 1995 and is one of the few women we spoke to who can rely on a husband for moral support. But as an unemployed survivor, he also needs the assistance of FARG. The couple have a child to look after and Emerithe had recently lost her job. She is unwell with gynaecological problems, but she did not comment on her HIV status despite prompting from the researcher.

The FARG pays my healthcare expenses. I have four orphan children who study and their school fees and medical expenses are paid for by FARG. The assistance from FARG is not enough, but I'm aware that there isn't enough money to meet every survivor's need.

As far as medical care is concerned, FARG only collaborates with Butare University Hospital, so when we can't get the prescribed drugs in the hospital pharmacy, we have to go and buy them ourselves.

The reality that essential drugs are sometimes not accessible through the hospitals where FARG cards are accepted is a frequent concern among beneficiaries. Women often end up having to pay for treatment regardless of their card.

²⁰ For a discussion of the administration of the FARG in relation to school fees, see pp 56-58, African Rights, *The Heart of Education, Assessing Human Rights in Rwanda's Schools*.

Drocella is ill and doing her best to provide food for her family, but she has not had an HIV test. She has a FARG card though, like Emerithe, she sometimes has to pay for her medication.

Unfortunately we can't get hold of all the medicines we need with this card. When medicines aren't available in the hospital where we get treatment, we purchase them ourselves.

Berthilde discovered recently that she is HIV-positive. She was grateful that her "health expenses are taken care of by the FARG." Although at present she is not being treated with anti-retrovirals, she incorrectly believes she may access these free at Kabgayi hospital. In fact she has confused them with antibiotics.

Josiane appreciates the assistance from FARG, although again she has been misinformed and believes the Fund also provides anti-retrovirals.

The FARG does all it can to cover the cost of our medical treatment. I can't complain about them. Sick people are treated thanks to FARG. FARG's finances don't allow them to see to all of our needs, but it's not for want of trying. I don't receive assistance from anybody else.

Without FARG, Adèle knows that it would be even more of a battle to educate her daughter and to cover their medical expenses.

The FARG pays the school fees for my child who is in her fourth year of secondary school. They also pay for health care for me and my child. I can't, however, find all the things my daughter needs. FARG only pays the school fees and I need help to buy everything else.

And I also need to have somewhere to lay down my head so I'm not continuing to wander here and there.

A distressing reality is that because of the paperwork involved in applying to the FARG, some of the most desperate women have nowhere to turn. Michelle has been diagnosed with AIDS but has no FARG card.

In order to get a medical care card from the FARG, I need to go back to my village of origin. It's a long process now that I'm very ill. I don't have any money for transport, and even if I did, I couldn't give the time necessary to collect all the necessary signatures.

Seeking Shelter: An Elementary Need

The basic issue of housing is one that preoccupies virtually all the Rwandese women we spoke to. They are either worried about the condition of their home, or do not have a home of their own. Those who are renting are the most insecure and, unable to afford the rent, they are in constant fear of eviction. Others relying on benefactors or relatives also feel anxious that they may have to leave.

Women describe the particulars of displacement and insecurity. This is by no means unique to rape victims and is not directly related to the violation or its consequences. But it contributes to their despair. The indications are that initiatives to provide decent homes for the all the people of Rwanda must continue and intensify, with the recognition that some of the construction which has taken place since the genocide has been of a low standard and houses are already crumbling.

A counsellor from SWAA in Rwanda noted that housing was a concern for all the HIV-positive women she encounters, but particularly so for genocide survivors, noting that there was no organization they could refer women to for assistance with this particular problem.

They are generally living with friends or members of extended families. Often, when these people find out that they have contracted AIDS, they throw them out.

Concilia lives in a housing village with her daughter in Nyamata. The house is falling apart but she understands that all the same she is fortunate to have some sort of roof over her head.

I pleaded with Avega to repair the kitchen and the toilet for me. They said they didn't have the resources, adding that they couldn't rebuild annexes while others have to spend the night in the open air. I was convinced by their argument.

The Rotary Club has built a clutch of houses in Sahera, Butare. Rachel was one of the beneficiaries.

The houses are starting to deteriorate. Ours has cracks everywhere. We've been told that the Club is not going to fix them up.

Adèle has already had to move out of her house built by the club in Sahera.

It had deteriorated by itself since the foundation wasn't holding up. At the moment I'm staying with friends.

Agnès is living in a house built by the NGO, SNV, in Impala, Cyangugu. She has HIV/AIDS, and next to the need for medical treatment, she listed housing as a priority.

Our house has to be repaired so that it's a bit more sturdy and durable. It's not very solid, and is crumbling as time goes by.

FARG has constructed several villages which is one way of ensuring that survivors are sheltered and also do not feel isolated. The women who live there realize that they are among the fortunate ones. Prior to 1994, Nadia, from Kigali, was comfortably supported by her husband who used to sell artefacts. Raped by several interahamwe while pregnant, Nadia emerged from the genocide HIV positive. She now lives in the housing village in Kimironko.

Although the house is not in a good state, I don't have to pay any rent and I am not stressed about the problem of housing any more.

The house Odette occupies is in a precarious state. "The wind has already lifted the roof off." And she has had to bear the costs of repairing it herself.

Judith is in a similar predicament.

An NGO, whose name I don't know, built our house. It's not very solid, with holes all over the walls and the roof.

Raped as a child of 14, and with her parents and siblings dead, Justine found herself a partner at the end of 1994. They separated after the birth of her two children. The house where she was living belongs to his brother.

He told me that he is going to kick me out unless I rent it. I can't find this money because I'm not even in a position to feed the children. My husband doesn't have relatives who can take care of the children, and since we weren't officially married, I can't get some of his land.

I have received no assistance. I haven't even been to FARG. It's only now that I'm beginning to look for the papers that prove I'm a survivor to see if something can be done for me.

Catherine is looking after a number of orphans in Butare town. The house they live in belongs to the family of these children.

If ever their relatives wanted to take the house back, they would force me out. I need my own house so that I can feel stable.

The house built for Adrienne in Umutara by an NGO was left unfinished. She has tried to complete it with small contributions from friends, but was unable to raise the necessary funds.

Even today it remains in a poor state, letting water through. I can't fix it because the repairs cost at least 46,000 francs. I would like to have a solid house.

Mélanie, 46, lives in Nyamata, with her remaining two children aged 10 and 12. She lives in a cluster of houses in Rwakibirizi built by UNHCR.

There is no foundation and it has doors only on the outside.

Françoise, also from Nyamata, found her house half-demolished in 1994 and fixed it up herself. Unfortunately, heavy rains destroyed it in 2001.

At first I lived in a neighbour's kitchen. Today I live in a home which has been rented for me by FARG for three months. Apart from my three children, I have others I'm looking after, my sister's orphans. I need my own home. I'm not too young and I would like to leave my children a suitable place to live when I die.

CREATING COMMUNITIES

The Critical Support of Women's Organizations

Across Rwanda women's associations, especially those founded by survivors, are strengthening and demonstrating their capacity to support victims. An official at the National Commission to Fight AIDS acknowledged the need to provide separate provision for genocide rape victims.

Women raped during the genocide are isolated. They aren't open and they don't like joining associations of other People Living with HIV/AIDS for fear of humiliation. It's a very vulnerable group and they need permanent counselling. It would be better to identify them and encourage them to form an organization, even if it was exclusively limited to women and girls raped during the genocide.

Azelle is a member of Avega, and cannot imagine turning to any other group working on behalf of people living with HIV/AIDS. She has nothing, but she is determined to retain her dignity and not to risk letting the men who raped her know the details of her current circumstances.

I'm completely destitute. Even though I'm able to provide myself with porridge, that's only thanks to some 10,000 francs that Avega gave us. I used this money to buy rock salt and I sell it at a higher price so that I don't use it up immediately. In our neighbourhood there's an association of people who are living with HIV, but we can't be members as we don't want those who contaminated us to know. They'd be happy to see us suffering.

AVEGA: Strength in Numbers

The genocide widows association, Avega AGAHOZO, stands out as instrumental in bringing Rwandese women affected by the genocide together and in offering unique and vital assistance. It remains the sole lifeline for many women, although it lacks sufficient funding to meet their needs. Avega has some 25,000 members across Rwanda. It works to better the lives of genocide survivors through a variety of programmes, including advocacy and micro-credit schemes, and the organization runs a medical centre and counselling services. After surveying 1125 of its members in 2001 Avega reported that "some 80% remain severely traumatized, and about 70% of them have tested HIV positive."²¹

The work of Avega has raised awareness of the plight of genocide survivors in Rwanda and beyond, particularly on the issue of sexual violence, emphasising that "amongst Avega's members, the issue of rape and the resulting infection of HIV/AIDS constitute the ultimate violation of human rights."²² It has also worked practically to deliver assistance to affected women and families. Rape victims need both medical care and moral support. Membership of a women's association like Avega enables women to feel they belong and are understood. Although Avega is a national network, its HIV programmes do not cover members in all provinces of the country. According to Rose Mukamasana, in charge of Avega's Medical and Social Services:

In the provinces where we have offices our activities are more organized. We have offices in Greater Kigali, Gitarama, Kibungo, Ruhengeri, Butare, Cyangugu and Kigali town. We haven't yet begun in other provinces due to lack of resources, especially personnel.

²¹ See their website at avega@rwanda1.com

²² See *ibid.*

Our research highlighted the disparities in provision. In the provinces where Avega is well established, like Cyanguu, more members had been tested and several spoke of the encouragement they had received from Avega. In contrast, in Byumba particularly, many of the few remaining survivors are scattered and none of those we interviewed had been tested, all of them citing their lack of means. One woman, Claudette, explained that poverty had even prevented her from joining Avega: “I lack the money required for membership fees.” Lydie in Muhazi, Kibungo, gave the same reason. She has a FARG card but says: “I’m not a member of Avega as I don’t have the 1200 francs (about \$2) joining fee.”

An important factor was how close the Avega representative in each province was to the members. In some provinces the representatives knew enough about their members’ histories to be able to identify some women who were raped and were HIV positive. In one province, however, the representative had no idea and insensitively asked the members in public, at one of their gatherings, who among them had been raped during the genocide.

Avega members often spoke of the important part played by the organization in their lives. For some, it has been mainly a source of guidance and moral support, with staff they can talk to. For others assistance has been more concrete, with mixed results. Feedback from rape survivors is relevant to Avega and other similar groups as they plan for the future.

Building Morale

Concilia regrets that Avega cannot finance the medicines she needs for AIDS, but adds:

As for psychosocial help, nobody takes care of us except Avega. It’s very comforting to find someone who understands your problems, if only to soothe you morally, telling you that you’re not alone in being subjected to violence. That helps me to bear the situation a bit.

Berthilde too draws strength from Avega.

Avega helps us especially with our morale. Their staff visit us regularly and give us a lot of advice which has been indispensable for our survival.

Paul was one of only two men we interviewed for this report; he was forced into sex during the genocide and deliberately infected with AIDS. As a widower afflicted with grief, illness and poverty, Paul has much in common with the female members of Avega and the decision of the organization to include him in their assistance programme was both logical and humane. He relies upon their help and advice and testifies to their good work.

Avega tested me for AIDS in 2002 and my results came back positive. I had been too frightened to have the test before, because the interahamwe had admitted that the lady had contaminated me. Avega advised me to have the test, to be sure about the state of my health. I was also beaten with a club in 1994 and that still gives me trouble.

The survivors in my area don’t isolate me. In fact, they help me a great deal. Whenever I’m ill they make porridge for me. I live in a housing settlement with widows of the genocide. The World Food Programme comes to Avega every month and gives us provisions, including a half litre of oil, two kilos of peas, sorghum flour and two kilos of corn flour. Avega takes care of our medical needs and never asks us for payment. The Avega counsellors give us moral support, helping us to not feel alone and advising us about how to behave around others.

Denise is HIV positive and is seeking both medical and social assistance. She appreciates that Avega’s “funds are very limited”, but welcomes the counsel she gets from the organization, “such as how to cope and improve our living conditions.”

Living in Gikongoro, Euphrasie has not managed to access help from FARG and is not sure how to do so. She is, however a member of Avega.

Avega gave me some provisions, domestic equipment and animals, many of which have since died. In addition, Avega gave us counselling about the experiences we had during the genocide so that we can cope better today.

For Clothilde, formerly a market trader in Cyangugu and a street peddler, Avega is the only institution that has tried to cushion her against the consequences of losing her husband and nine children in the genocide. She is now 51 and lives in Cyangugu town. Clothilde and her family had sought refuge at the Parish of Nyamasheke in the commune of Kagano. In the confusion of the attacks, a man took her by the arm, led her into the priests' residence and raped her. Afterwards, she said she "spent the night on the altar" and two days later, bleeding from grenade splinters and machete wounds, "I walked out of the church, leaving the corpses of my children, other relatives, friends and acquaintances behind me."

After the genocide, some national and international organizations began working on building houses for the survivors whose homes had been demolished. They prioritised and started with housing for widows who had children. As I didn't have any children, I was sidelined, and they stopped the construction of houses before mine was built. I moved into the house of a militiaman, an old neighbour of ours, in exile in the DRC. The other neighbours poisoned me and I was ill for a long time. My nephew took me to his home in Kamembe. That's where I lived. After a while, his wife grew tired of me and I decided to leave the family to go and live in a house of my own. I rented a very small house, for 1000 francs, for two months. Then, representatives from Avega paid me a visit. They were moved by my situation and bought me another house, which is where I live today. I live alone as there's nobody left in my family.

Avega also prompted her to take an HIV test when it was rumoured that a woman raped by the same man had died of AIDS. Buoyed by the negative result on the first occasion, she was left with nothing to hold on to when it was later confirmed that she was indeed HIV positive. Again, she turned to Avega.

Avega's representatives gave me a great deal of moral support. I used to live with a feeling of total desperation, but they made me stronger. I pray that God will look after them.

The FARG pays my medical care costs and I was one of the first to receive a card allowing me access to free treatment. Unfortunately, our hospital doesn't have enough drugs available.

Not only do Avega offer counselling to women but they also encourage them to support each other. Nola has lived with mental trauma, on and off, for some years, making it difficult for her to develop her milk business project. She is grateful that Avega has given her invaluable advice, as well as the chance to help other women in the same situation.

I took part in the training about trauma. When I don't have problems of my own, I help other counsellors.

Landrada, raped at 53 by two men, feels exposed by the death of her husband and three children, and by shame. She is, she said, "shattered from repeating her testimony" since nothing tangible ever comes out of these encounters. This makes her all the more aware of the important role of Avega in her life. The sense of belonging which Avega has given Landrada has made it possible for her to regain her sense of self-respect.

I've had no other source of assistance except Avega. They help us materially and make it possible for us to overcome our sense of isolation. We've had enough of people who come round all the time, asking us to give our painful testimonies. Nothing ever comes of it. They give us advice about our behaviour, especially to the younger ones, so that the families of people who killed our loved ones won't make fun of us: when you respect yourself, others

respect you too. Often, people in despair like us need to hear comforting words. It's terrible to be alone even though you had family and children.

The aid we get isn't enough in material terms and regarding medical care. We live in the village that FARG built for us; we're safe and don't have any problems with living together. I need a health care card, and we also need lawyers for the genocide trials.

But above all, Landrada would like to be able to stand on her own two feet.

I'd like to have the money to become a mobile trader, because if someone gives you money and you don't invest it in small projects, then it's easily wasted.

Poverty, Illness and Inexperience: Undermining Economic Recovery

Avega has sought to improve the economic circumstances of its members through loans for small business projects. Awareness of these schemes is growing and several women felt they would offer a chance for them to support themselves and their families. For instance, Albertine has AIDS and perpetually feels unwell, but her resolve to find a means of providing for her children was typical: "If I were given some financial help to set up a small business, I would be able to provide for all their needs." Agnès, aged just 21 but already ill with AIDS, wished she could set up a "chicken-rearing business." While Emma, also HIV-positive, believes she could solve her ongoing financial worries if she was given the opportunity to do so.

Until now, I've felt quite strong. I've not yet reached a point where I've been weakened by the illness. If I had the money I'd set up a small business project because it wouldn't be tiring. As I've got experience of this sort of work, it would be easy for me to get back into it. Profits from a small business could help me to see to my needs as well as those of my children.

However, Rose Mukamusana of Avega acknowledged that such loans are only suitable in certain cases.

Income generating projects demand a certain skill to plan a promising project. In town, this is possible. They can benefit from micro credit schemes and are in a position to pay the loan back. But in the countryside it's more complicated. Their projects are often in agriculture, they quickly collapse and can't reimburse their loans. They have no experience. In addition, they don't own anything they can mortgage. Rather than risking the bank holding onto their houses, we prefer to give them a little money which they don't have to pay back. For HIV-positive women, we don't even have the hope that they can envisage a long term project. Their life expectancy is too short, given the deplorable conditions they live in—poor nutrition, both in terms of quality and quantity, no medicines etc.

Rape victims come from various backgrounds and some will have the skills to undertake a small business, even when their health is fragile. But women's determination speaks partly of desperation and micro-credit is not always a viable route out of their poverty. Some women we spoke with are already carrying out small businesses with varying results.

Gertrude is unstinting in expressing her gratitude to Avega.

Avega shows us how to combat the loneliness and the sorrow so that we can make the most of all aspects of life.

But with three children to feed and send to school and no longer able to farm, the loan of 10,000 francs for a business project was necessarily diverted—to purchase uniforms and school materials. An NGO built a house for her, but she says it is not solid and is unlikely to last long. Thieves find it easy to force the door, and did so recently when most of her meagre belongings were looted.

As mentioned earlier, Clothilde is a street trader in Cyangugu, which, she said, “doesn’t guarantee me money.” Avega gave her a loan of 50,000 francs to set up a business, a project which she was unable to fulfil.

I received the money at a time when I had a multitude of urgent problems to resolve. I didn’t use it correctly and I quickly went bankrupt. I don’t see how I’m going to be able to pay back the money. Avega also gave me a goat and I still have that.

Usually I sell palm oil by the jerry can. Sometimes sales are good and other times they’re not. I need funds to have a promising business, to help me to survive without having to always resort to handouts from benefactors.

Enatha was fortunate in that she married a man who was supportive after she told him about the rape. Forced to separate from her him because of pressure from his family, she became physically ill and psychologically fragile and had to seek treatment at Ndera psychiatric hospital. Understandably, she found it difficult to manage her financial affairs.

Avega had given me a loan of 50,000 francs to use for business, but I wasn’t successful. I gave the products to clients and I would forget to ask them to pay me. When they paid me, I would give them back money in excess of what the product they bought cost. After only a few days, I found myself bankrupt. I went to explain my situation to Avega, especially as they were aware of my health situation since I was one of the patients treated for trauma and AIDS. But I was asked to respect the terms of the contract. I have just now reimbursed only 20,000 francs which I obtained from FARG. This sum was an emergency assistance given by the Fund. I really needed it, but rather than use it for my survival, I preferred to reimburse Avega so that I wouldn’t be considered dishonest and be rejected.

FARG also bought me a house in Bibare and included me on the list of people in a difficult situation who require an emergency monthly assistance of 20,000 francs. Unfortunately, this assistance is irregular. Often, I receive it after three months and I am given the equivalent of one month, without a settlement of the arrears for the previous months.

I would like to find permanent assistance. If I knew, for example, a fixed date on which I would receive it, I could organize myself and make a list of things to buy, going with the list to the market as soon as I obtain the aid. Otherwise, I can’t conceive of a project that I could do, or of a future, given the state of my health. With a head that is always pounding, a vertebral column that is almost broken, it’s impossible to work.

Together with another woman, Tabithe used a substantial loan from Avega to start a business in Cyangugu selling drinks.

Usually, we live off farming. It’s a good living in the countryside, especially when you have the means to work the fields to the maximum. Unfortunately I lose my strength from time to time.

Purchasing empty bottles and racks was very expensive and absorbed a significant part of the money. At the moment, we’re not really making a profit as the little we do earn goes to pay off the loan. We’re then left with nothing.

She has thought of alternative ventures, but as she has no money and is in poor health, she has no confidence that they will come to fruition.

If I had the financial means, I’d set up a public telephone facility. It’d be very profitable because it would be the only one in our neighbourhood. A lot of people would want to use it. If not, I’d set up a hairdressing salon. There isn’t one of those in our neighbourhood either; women have to go to Cyangugu town which is a long way from here.

Above all, we need medication. We can't do anything if we're not in good health. Nobody can do anything without moral and physical strength; without this, even the money given to us would be wasted.

Alexia is HIV-positive. She explained why she has been unable to take proper advantage of the 80,000 franc credit extended to her by Avega.

The money disappeared in no time at all, not because the business went bankrupt, but because I had other needs to satisfy that were more important than my business. Of the 80,000 francs, only 30,000 remains. I'm responsible for my entire family's needs: food, rent and the children's education.

Shortly after being diagnosed with AIDS, Gaudence received a loan of 20,000 francs from Avega to help her with her plans in Kigali.

As I was always in convalescence, I wasn't in a position to begin the project. I tried to sell milk in a kiosk in Remera. But it collapsed before I had paid the loan back. I was often having relapses and I used the money to get treatment for myself.

When Avega lent her 10,000 francs, Jocelyn in Kigali gave it to one of the orphans she looks after so he could use it to sell second-hand shoes. Initially he was successful. He ran into trouble when he ventured into central Kigali; the shoes were confiscated by members of the local defence who discourage street-hawkers. Now, Jocelyn feels too ashamed to visit the offices of Avega, cutting her off from the one organization where she feels at home.

I'm still embarrassed that I haven't paid Avega back. I can't go there without their money.

Ancille used to help her late husband, a trader in Kigali. She earned enough, by selling products, to look after her two children. Things changed in 2000 when she was found to have contracted HIV. She became so disheartened that her business deteriorated. Trauma counselling by Avega's staff helped her "confront life again." Avega also lent her 30,000 francs.

I've only reimbursed 7,000 francs although the deadline passed a long time ago. This affects my relations with Avega as I'm then included on the list of people who have failed to honour their commitments. That really upsets me because I appreciate the fact that Avega has helped me a lot. If I could get help, I would first of all pay back this debt before increasing the capital for my business.

In Ruhengeri, Providence does embroidery work from home. She became a member of Avega in 1998, and in 2002 she received a 50,000 franc loan.

I did some trading, but as I was always sick I made a loss and I didn't carry on. Now, I embroider tablecloths at home. I'm waiting for a card from FARG for health care. If I fall ill and I have no money I use traditional medicine. The landlord of the house that I rent has put the price up and has told me that it will be raised from 2000 francs to 4000. I can't get that kind of money and I don't know where I'll go. That's why I want to have a house of my own, and also some money so I can rent a shop and trade like I used to before so that my children and I can get by.

There is no doubt that in developing countries women have a record of successfully exploiting micro-credit schemes. Equally it is certain that women who are ill and depressed will be constrained in what they can do and are unlikely to be in a position to take full advantage of such opportunities, however great their wish to do so.

Abasa: Solidarity in Suffering

In the Abasa association, Spéciose said, women have found a place “to share our suffering.” Abasa was recently established in Butare to bring together those widows of the genocide who had been raped, giving them a local focal point and structure. Josette pointed out that Abasa translates as “those who resemble each other”; the members feel comfortable in sharing their problems with those they know understand them. The association organizes training for women in practical skills such as sewing and basket weaving. Membership has positively influenced their outlook on life and their prospects for economic survival, although the fledgling association lacks funds.

Charlotte spoke of a recent project organized by Abasa to train women in sewing. She hopes that through what she has learned she could generate an income. Abasa has also helped her pay for medicines she cannot obtain elsewhere.

I was given a machine from the United Nations Development Programme. We’ve already started to do sewing, embroidery and basket weaving, but we’ve not yet sold any of our products. We’ve also got cards for health care from the FARG. Medicines are given to us free of charge by the University Hospital pharmacy, and when this pharmacy doesn’t have the drugs we need, Abasa helps us to buy them.

Chantal is among those learning dressmaking at Abasa and she also received a goat. She commented on the social aspects of being a member: “When we meet, we chat and raise each other’s spirits.” Angélique also gains practical and emotional benefits from belonging to Abasa.

Abasa supports me a lot. When we go there, we share our problems and we feel more or less soothed. Recently, each member received a goat.

Rachel is grateful to Abasa for arranging an HIV/AIDS test. She understands that Abasa is not yet in a position to offer her any financial assistance, but appreciates “the opportunity to chat and give each other encouragement.”

Sandrine has been fortunate to have the help of friends, one of whom took in her son because she was unable to look after him. But too unwell to work, she recently became homeless and very much needed assistance. Abasa let her stay in their meeting room, and later arranged for her to get a house in a village for poverty stricken people built by the Rotary club.

I received a goat from Abasa which has given birth and now I’ve got two of them. Although it’s not much, I can use the manure from my goats in the fields. But because of illness and my advanced age, I can’t farm. The members of our association help each other materially and morally. For instance, once they gave me powdered milk and sugar.

The SWAA: Vital Care for Some

The Society of Women Against AIDS in Africa (SWAA) has branches across Africa including in Rwanda and Burundi. The experiences of women in Bujumbura show that it has been limited in its ability to assist new cases, but is vitally important to the HIV-positive women it has taken on in the past.

Louise from Bujumbura rural was referred straight to the SWAA-Burundi by the hospital where she was tested. Since January 1999, the association has given her practical support.

Even the clothes I’m wearing were given to me by SWAA. They give me foodstuffs too, (maize, rice, beans, oil) every fortnight. At the start of the school year my children get some

school equipment from SWAA, and the only thing I have to sort out on my own is the school fees. SWAA take care of our health care as well.

Today I live with my six children. The eldest is in the third year of secondary school, the others are in primary school. When I had a bit more strength I used to farm to keep us, but now I can't do that any more. So, we live off what we're given by SWAA.

Marie-Christine from Bujumbura and her son have also benefited from the assistance of SWAA, but she is also responsible for her niece who doesn't qualify for assistance.

SWAA help me in a number of ways, including with health care and the supply of provisions. The association will only care for the natural children of the benefactors however, which means that my niece gets nothing from SWAA. If ever she falls ill I have to manage and provide for her health care myself.

SWAA helped Carine from Karama in Bujumbura to accept her HIV status, to become stronger by associating with other members, to receive food and medical supplies every two weeks and to obtain a loan.

In addition to counseling by the staff of SWAA, we find there other women whose situation is worse than ours which helps us to accept our fate.

The life I lead, I owe to SWAA. On two occasions they gave me a credit of 30,000 francs, and 60,000 the third time. I've already paid back 34,000 francs. With this money, I buy things like soap, rice, beans and other items which I resell. With this small-scale commerce, I earn my living.

The SWAA were, however, unable to extend any help to Frida, beyond arranging for her second HIV test. She was told that they had not been able to take on new cases since 2001 and Frida was raped in July 2002. She concluded: "For the moment, I've no one to help me."

In Rwanda, SWAA faces similar constraints. It has given assistance to some 2000 HIV-positive women so far through its offices in Kigali, Gitarama, Kibungo and Greater Kigali. Although we did not come across any Rwandese women currently receiving help from SWAA, the organization has assisted genocide rape victims. A counsellor working at the Kigali office had observed that this group of women "show particular difficulties in admitting that they are HIV-positive" and are very pessimistic about the future.

FUTURE HOPES

The incidence of rape during Rwanda's genocide has been relatively well documented and, from the outset, the implications in relation to HIV/AIDS were pointed out by human rights groups.²³ Rwanda in 1994 was a society in collapse. Restoring basic services and finding trained medical personnel to fill a void left by the genocide and mass exile were among the immediate priorities. Yet, if ever there was an illustration that humanitarianism is only a brief footnote in international relations—meaningless to the majority of the world's poor and needy—it is the fate of the genocide rape victims, now reaching their lowest ebb. Despite many alerts to the problem, women are living in misery and dying in agony.

There is reason to hope for imminent improvements in the arena of HIV/AIDS education, care and treatment in Rwanda, although without a dramatic reduction in the cost of anti-retroviral drugs, these will struggle to keep pace with the expansion of the disease. The Government of Rwanda established a National Commission to Fight AIDS (CNLS) in 2001 to develop strategies, raise funds and co-ordinate programmes. Rwanda has since received support from, amongst others, USAID, the Global Fund to Fight HIV/AIDS, the United Nations Development Programme (UNDP), the Clinton Foundation, and recently gained World Bank funding for a Multi-Sectoral AIDS Project.²⁴ A comprehensive national approach is essential, and the government is correct to prioritize treatment and care as well as poverty alleviation in its agenda. It is also significant that among the first tasks undertaken by the Office of the First Lady's work on HIV/AIDS was fundraising for Avega, an acknowledgement of the crisis facing rape victims of genocide.

But while the programmes for PWLAs will scale up, the assistance available to genocide survivors as a sector of Rwandese society is unlikely to do the same. Now, almost a decade since the 1994 genocide, specific attention to the plight of survivors, never an international priority, looks set to wane. This is far too soon. The comments and experiences of most genocide rape victims suggest that they will never feel comfortable in groups where there is a possibility of meeting a relative of the men who raped them, or simply of exposing themselves to people who they believe betrayed them. According them separate treatment is not contrary to the promotion of tolerance and unity, nor is it an invitation to condemn or stereotype Hutus. Some of the rape victims are themselves Hutu widows, persecuted along with their Tutsi husbands. Providing separate and effective support systems for genocide rape survivors is an essential gesture of respect to people stripped of all else.

African Rights' research offers a strong endorsement of the ongoing work of women's associations for rape victims, including Avega and SWAA in Rwanda and Burundi. Future programmes for HIV/AIDS sufferers in Rwanda should work with these groups to address the crisis within the communities they serve. There is undoubtedly scope to build on existing associations and to form new ones in outlying areas. We can only hope that this report will help stimulate action to alleviate the economic and emotional deprivation of rape victims in Rwanda and in the Great Lakes region.

²³ See African Rights, *Death, Despair and Defiance* and Human Rights Watch, *Shattered Lives*, op. cit.

²⁴ This initiative has received World Bank funding of US \$30 million, to be spent on treatment and care, raising awareness and poverty-alleviation.