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## Women After the Rwandan Genocide: Making the Most of Survival

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# Women After the Rwandan Genocide: Making the Most of Survival

Since 2009, IBUKA's peer-support program for genocide survivors in Rwanda has given observers a unique opportunity to work with women who experienced the violence of 1994. In 2010 James Madison University's Center for International Stabilization and Recovery began providing technical assistance for this program. This article describes some of the particular characteristics of women survivors in the 19 years since the genocide.

by Cameron Macauley [ Center for International Stabilization and Recovery ]

f the estimated 800,000 Rwandans killed during the 100-day Rwandan genocide in 1994, official Rwandan government figures indicate that around 56.4 percent were men. However, in many communities the proportion of men was much higher.<sup>1,2</sup> The reasons for this are complex, and there is much speculation on the influence of culture, history and human nature on the selection of victims.3 Many women survived only as captives, subjected to rape and torture, while others were permitted to go free. Moreover, Tutsi reprisals against Hutus in the months after the genocide (in which more than 60,000 people died) also targeted males, and in the years after the violence thousands of Hutu men were imprisoned.<sup>1,4</sup> Following the genocide, the majority of Rwandan men were dead, incarcerated or living in refugee camps outside the country.<sup>5</sup> In some parts of the country, up to 80 percent of the population was female.6

What this meant in practical terms was that the Tutsi population in Rwanda—and indeed many Hutu families as well—became dependent on women to lead rebuilding efforts. With so many widows and unmarried women heading households (up to 34 percent of all Rwandan households in 2003 according to one estimate, compared with 25 percent prior to the genocide), some communities were now under the leadership of women who had, only months before, occupied a secondary status in Rwandan society.<sup>7,8</sup>

With that abrupt shift, many other values and priorities were soon permanently altered, in particular those relevant to child care, education and nutrition. Health care services, returning from widespread devastation, now had to focus on gynecological exams and obstetrics for the 20,000 newly pregnant rape survivors. HIV prevalence in the population took a steep jump, and as many as 175,000 of these new patients were Tutsi rape victims. Therefore, HIV clinics were treating predominately women.



Since 2009, a peer-support program for genocide survivors in Rwanda has given observers a unique opportunity to work with women who experienced the violence of the Rwandan genocide in 1994. Since 2010, the Center for International Stabilization and Recovery at James Madison University has provided technical assistance for this program.

All photos courtesy of CISR/Cameron Macauley.

Traditional cultural restrictions on women working in certain occupations, having access to bank accounts and owning or inheriting land were largely abandoned, as women were now in charge of agriculture, commerce, transportation and even construction. In 2008, 45 out of 80 members of the Chamber of Deputies were women, and the 25-seat Senate had nine women. Women currently hold nine cabinet positions including those for commerce, agriculture, infrastructure and foreign affairs. The government recently passed laws allowing women to inherit land and household assets, and to seek



Of the estimated 800,000 Rwandans killed during the 1994 genocide, official Rwandan government figures indicate that around 56.4 percent were men. After the war, parts of the country were up to 80 percent female. Many Tutsi and Hutu families in Rwanda became dependent on women to lead rebuilding efforts.

redress for domestic violence.<sup>13,14</sup> Breaking with pre-genocide social taboos, women have been elected mayors and can join the police force.<sup>15</sup>

### Women and Reconciliation in Rwanda

CISR and its partner organization, IBUKA (Rwanda's largest organization for genocide survivors whose name means "never forget" in Kinyarwanda), encountered women who emphasized that events in the years following the genocide revived agonizing memories of what everyone had survived. The psychological trauma sustained in Rwanda was universal—everyone was affected. Yet for women, that trauma was in some ways profoundly different, and their response to it took on some particularly female characteristics.

Numerous studies suggest that women are far more likely to suffer from severe psychological reactions to a traumatic experience than men, although the reasons for this are not all biological. Survivors who witness the death of their own children—widely considered to be among the most severe of all traumatic experiences—have a high incidence of post-traumatic stress disorder symptoms. The inability to prevent these deaths often led to years of guilt, self-recrimination and sometimes suicide.

Female genocide survivors were also likely raped; between 250,000 and 500,000 Rwandan women were raped between

April and July of 1994, and many of these women were subjected to sexual torture that focused on their femininity.<sup>5,20,21</sup> Few men were held captive or sexually abused. The psychological trauma of female survivors in Rwanda was intertwined with their identity as women, wives and mothers. It also shaped their recovery patterns.

In post-conflict Rwanda, women in female-headed house-holds work and raise children simultaneously, making collective child care a necessity in many communities. Elderly women and pre-adolescent girls are traditionally responsible for child care. Young and middle-aged women participate in agriculture and sell fresh produce in local markets.<sup>22</sup> The large percentage of households now headed by women meant that collective child care had to become more systematic, incorporating mechanisms for cooking for, feeding and safeguarding the health of the children. As a result, Hutu and Tutsi women began to cooperate: By 1997, Rwanda had more than 15,000 grassroots women's organizations and 50 national associations for women, most of them multi-ethnic.<sup>23</sup>

#### **Humanizing the Other**

Women harbored as much bitterness and hatred of the other ethnic group as their male counterparts. However, many Rwandan women have stepped back from the ethnic divide by arguing that genocidal violence was mainly perpetrated by



The psychological trauma sustained in Rwanda was universal. Yet for women, that trauma was in some ways profoundly different, and their response to it assumed some particularly female characteristics

males. Although some instances of female *genocidaires* occurred (a few have even been prosecuted), women generally did not participate in the slaughter. Some Hutu women sheltered Tutsis and saved their lives. <sup>20,24,25,26</sup>

Theorists studying reconciliation in post-conflict settings have argued that dehumanization makes it easier for us to kill our opponents.27 Rwanda is often used as an example of the effects of dehumanizing behavior: In the months prior to the genocide, hate propaganda portrayed Tutsis as cockroaches and argued that they deserved to die.1 The opposite strategy is used to bring former enemies together: Humanize the other side by portraying them as people just like yourself, full of love, hope and kindness, and deserving of respect. The women who cooperated in child care and peer support related to each other as mothers, wives, widows and single mothers facing the same grief and the stresses of heading a household. "We are women above all—this is what brings us together," said Charlotte Karikwera, a peer-support trainer in Kamonyi.

Rwandan women tend to distance themselves from the ethnic divisions that led to the genocide: "Ethnicity is part of a man's heritage—it is something he will strive to defend. Women see beyond ethnicity; they put the needs of their children first," said Clarisse Nzabonimpa, a Rwandan teacher who participated in CISR's peer-support training in Rwamamanga last year. "Women understand the importance of raising children in a stable, safe environment, and for most women organized violence is incomprehensible."

Thirty women currently participate in the peer-support program operated by IBUKA. They emphasize helping other women deal with traumatic memories and encourage a positive cultural shift, away from ethnic division and vio-

lence, and toward a socialization of harmony. This means remembering the horror of the genocide as a point-blank lesson on what happens if people do not live constructively. For these women who deal with heartache and grief on a daily basis, that cultural shift involves the men as well as the next generation. "It takes a terrible event to change our way of thinking," says Adelite Mukamana, a genocide survivor and IBUKA's director of psychosocial programs. "The lessons learned in Rwanda will stay with us for centuries. We could not forget even if we tried. Our goal is to reject violence as social policy and replace it with a fundamental respect for others. It is the only way to create a secure future for us all."

See endnotes page 65



Cameron Macauley, MPH, joined CISR in August 2010 as its peer-support and trauma-rehabilitation specialist. He holds a Master of Public Health as well as degrees in anthropology and psychology, and became a physician assistant in 1983. He has worked in a refugee camp on the Thai-Cambodian border, at a district hospital in Sumatra, as a Peace Corps volunteer in Guinea-Bissau, in Mozambique where he taught trauma surgery for landmine injuries, in an immunization program in Angola and in a malaria-control program in Brazil. Between 2005 and 2010, he taught mental health courses for Survivor Corps in Bosnia and Herzegovina, Colombia, El Salvador, Ethiopia, Jordan and Vietnam

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