

A VIEW OF THE SITUATION IN LIBERIA

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



Report commissioned by Tearfund

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Foreward

The church faces multiple challenges that require it's response, for example, we want to know how best to respond to violence biblically, as we strive to understand and live out our faith in the face of perceived and real challenges from other religions, secularism and traditional beliefs and practices.

Onslaughts by social vices often perplex us, for example poverty, witchcraft and sorcery, human trafficking, corruption, high unemployment rates, HIV and AIDS and gender issues.

Violence especially against women and children, at home and in communities, requires our prompt and reasoned response, too. Sexual violence (SV), mainly against women and girls, although sometimes against men and boys too, is quietly devastating our population. Cultural and societal insensitivities and expectations have made it difficult for SV survivors to reveal their hurt and brokenness openly. When they do, the church is usually not in a position to help them significantly. Yet, these hurting people are with and among us in our Churches and communities –they are desperately yearning for someone to reach out to them with Christ's love. Someone must listen to them; someone must help them. This is also part of Jesus Christ's gospel.

Proverbs 31:8-9 enjoins us to act on behalf of such person: 'Open your mouth for the mute, for the rights of all who are destitute. Open your mouth, judge righteously; defend the rights of the poor and needy.' (ESV version)

Although sexual violence has been with us for some time now, our societal structures have often made it difficult to understand it properly and therefore help survivors meaningfully. We have also not been able to arrest, punish or prevent perpetrators. Now is the time to face this situation.

Who should be in a better position to speak for the voiceless and destitute – in defence of the poor and needy – those whom others have brutally violated sexually – if not Christ's Church? Is that not part of why Jesus Christ came into this sinful system – to give strength to the weary, hope to the despairing, grace to the weak, health to the sick, purpose to the lost, life to the dead and peace to the restless? Who should better seek the welfare of the downtrodden if not Christ's Church?

But one reason why the Church is often slow in responding to these situations is it's acute lack of sufficient information and knowledge for meaningful action. This too, is partly because we are not undertaking the necessary research that will bring such issues to the forefront. As a result, we do not know the depth of this problem, nor are we prepared to act on behalf of those it hurts.

Thank God for Tearfund and those who have made this original research on SV in Liberia possible, so that the church can know, understand and act from a position of adequate information – to enable SV survivors find solace in our Church community and message; hope in our structures and programs and

have a reason to face the future with the full assurance and great expectation of better things.

Today, this research is a ready tool in our hands, to defend and restore the dignity of SV survivors. Therefore, on behalf of United Liberia Inland Church (ULIC), all Christ's followers in Liberia and the good people of this Republic, I enthusiastically welcome this report and warmly recommend it to the Liberia Christian community. Let us take this report and run with it, for perhaps, those hardest affected by SV have something we can learn – something we need to know in order to function better together as a community. Perhaps other faith communities will follow us as we shed more light on this dark area in our society, and together, ensure a better society.

I pray that we – denominational leaders, pastors, teachers, opinion leaders, students, church members from all walk of life and members of the larger society

– will use these research findings to build a healthier, happier, holier and humbler Church and Christian community. May we use these research findings to support government's efforts at rebuilding a more functional and humane Liberia.

On that note, I ask us all to volunteer and serve those SV survivors, who walk, sit, talk, play and work daily with us.

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Executive summary

Introduction

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

The research locations: Liberia

Liberia survived a 14-year long war, which ended in 2003 and included large-scale SV. During the war SV targeted all women, regardless of age. The extreme post-war poverty and high unemployment is causing ongoing SV, with girls/women and boys/men selling sex in return for money and/or food. Research participants identified teenagers as the most common targets of SV. SV survivors in general are stigmatised and rejected, although some families and/or individuals are supportive. There is strong dissatisfaction with the judiciary system, as perpetrators are not caught and/or punished and bribery is common. The church is accused of seeing sex and SV as non-spiritual matters and therefore not the business of the church. At the same time the research participants are convinced that the church can and should play a central role in addressing SV and its consequences.

General tendencies common to all the research locations

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

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

The intervention framework: addressing prevention and care

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

- Prevention:
 - awareness raising
 - attitudinal change
 - instilling values that oppose SV and the values underlying SV
 - behaviour change
 - positive and supportive leadership and institutional response
- Care
 - medical care (short-term)
 - medical care (long-term)

- psychological care
- financial support and self-empowerment
- legal assistance

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

The role of the church in the intervention framework

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

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

The role of the overarching church leadership

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

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

The role of the local church

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

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

The role of international organisations in assisting local churches

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

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

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

Conclusion

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

Chapter 1

Introduction

1.1 Introduction

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

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

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

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

The research is a baseline study as

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

1.2 Project background

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

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

- The DRC is unique as it is still, relatively spoken, a war zone. Militia, rebel groups and armed forces are still present and fighting throughout the DRC, but especially in the eastern regions.
- Rwanda experienced a horrific genocide 16 years ago. It has a unique context as the period of official armed conflict was so short – 3 months – and as it happened 16 years ago.

- Liberia's war officially lasted 14 years and ended more recently, namely seven years ago. Both officially and according to Liberians the war is now over.

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



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1.3 Introduction to the research report

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

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

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

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

1.4 Terms and abbreviations used in the report

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

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

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

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

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

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

Chapter 2

Research methodology

2.1 Introduction

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

2.2 Research goal and objectives

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

The key research objectives were as follows:

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

2.3 Research methodology

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

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

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

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

The following was the method of field research:

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

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

2.4 Research partners

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

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

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

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

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

2.5.1 General introduction

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

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

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

2.5.2 Section 1: Survey

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

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

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

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

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

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

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

2. How would you define sexual violence?

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

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

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

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

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

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

5. During the war: did anyone do anything to stop the sexual violence?

This was asked to see whether anything had been done, because if it had been effective it could be used as a starting point in an intervention. The question was also asked to explore the participants' experience of the war.

6. What happened to the survivors of sexual violence after the war?

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

7. What do you think about women who have been sexually violated?

Very few people would admit to discrimination or stigmatisation. This question was mainly asked so that the next question would be answered more honestly. This question would give the participants the space to differentiate between themselves and the community, thus hopefully leading to more truthful answers regarding the behaviour of the community.

8. What does your community think about women who have been sexually violated?

Answers to this question would give an indication of the community's attitude towards SV and SV survivors.

9. Are men and women equal in your community? Why do you say so?

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

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

10. How does your church treat survivors of sexual violence?

The participants were asked which church they belonged to and then asked this question. This was to get an indication of churches' involvement in SV and SV survivors.

11. Whose job do you think it is to stop SV?

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

12. What do you personally think should be done about SV?

This question was fairly general, asked so that the participant can give any more thoughts they have on SV.

2.5.3 Section 2: Nominal group session

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

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

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

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

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

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

2.5.4 Section 3: Individual interviews with SV survivors

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

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

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

The following questions were asked of all survivors:

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

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

2.5.5 Section 4: Leadership interviews

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

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

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

The standard questions to leaders were:

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

Chapter 3

Liberia

3.1 Introduction

3.1.1 The recent history of armed conflict within Liberia

The recent past of Liberia is rife with armed conflict. The country was involved in a civil war for 14 years, with a series of coups and counter-coups creating a volatile boiling pot where armed response was seen as an accepted way of responding to differences.

In the beginning of the 19th century the United States of America identified Liberia as the region of Africa to which freed American slaves can emigrate and live in independence. Thus started a history of Americo-Liberian discrimination against the original indigenous people of Liberia, a situation deeply resented by the oppressed indigenous tribes (Adebajo, 2002:19).

This discrimination against and exploitation of the indigenous tribes is seen as one of the main reasons for the civil war, or at least for the coups that triggered the civil war. In the years before the 1980 coup, presidents Tubman and Tolbert did try to bring about equality between all tribes, but it was not successful nor effective (Adenajo, 2010:22). In 1980, amid a food crisis and serious international debt, 17 indigenous non-commissioned officers under the lead of Master Sergeant Samuel Kanyon Doe launched a successful coup (Alao et al., 1999:18). Doe turned out to be a very despotic ruler and beatings, torture, and assassinations were characteristic of the Doe regime. A counter-coup in 1985 failed, but in 1989 war broke out when the National Patriotic Front of Liberia (NFPL) - 100 men led by Americo-Liberian Charles Taylor - entered Liberia via Nimba county to take on the Doe government. Attacks and counter-attacks on ethnic groups led to civilians joining the fight, splits developed in the NFPL and splinter groups joined the fight, and a full-scale civil war developed (Alao et al., 1999:20-23). The fighting, despite many attempts at peace treaties and democratic elections, continued until 2003.

3.1.2 Partner organisation and sites

The research in Liberia was done in partnership with EQUIP Liberia. EQUIP Liberia is a local NGO that was founded in 1999. It has a strong focus on health interventions, such as supporting health clinics, health education of people, feeding malnourished children, prevention and treatment of illness, etc. EQUIP Liberia furthermore has a strong mandate to bring justice for the Liberian people and are thus involved in Gender Based Violence (GBV) education and intervention, protection of survivors, and assisting survivors in accessing justice for crimes perpetrated (EQUIP Liberia, 2010).

The research itself was done within Nimba County, a county in the north next to the Guinea border. Nimba County was often the focal point of the fighting, due to the tribal groups that traditionally live there. The research itself was done within Ganta, the commercial capital of the county, and Saclepea, a smaller town south-east of Ganta.



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3.1.3 Research process within Liberia

Research took place at strategic locations identified by the EQUIP Liberia staff. Research participants walked to these locations or were transported there by EQUIP Liberia vehicles. In Liberia an interpreter was necessary with 20% of the interviews.

3.2 Liberia Community 1: Ganta

3.2.1 Answers and results from 16 questionnaires done during the survey

Twelve women and four men completed the survey questionnaire in Ganta. They were between the ages of 17 and 52. Six were married, two were widows, and eight were not married. Ten of the participants have lived in Ganta for ten or more years (five of them were born in Ganta). The rest have recently moved to Ganta for different reasons. One of the participants disclosed that she is a SV survivor. The participants belonged to different churches.

Only five of the participants mentioned SV in any form, although the subject had just been mentioned by the researcher as the topic of the research. Physical violence, displacement, medical issues, destruction/loss of property, famine, discrimination, suffering, poverty, and difficulty getting education were mentioned. SV was explained by the majority as sex by physical force or with the threat of a gun. Only one participant mentioned that SV can be because of a need for food/security, while only one other participant mentioned that it can be forced marriage.

Six people said that they do not personally know anyone who had experienced SV during the war or after. They have heard many stories, but do not personally know a survivor. Six participants said that there is no reason why SV happened to the specific victims, while two blamed the war. The rest blamed women/girls, cultural practices and norms, and the general wickedness of mankind.

Seven of the participants said that no-one tried to stop the SV. The rest mentioned international organisations and the government or armed forces as trying to end it, but it seems that this was limited to verbal opposition. Seven participants said that nothing has ever been done for SV survivors.

Thirteen of the participants said that they feel bad if they think of or see a SV survivor. They personalise what has happened to the survivor, immediately thinking about how they would feel if it happened to them. The participants see SV as harmful, spoiling the SV survivor's life and that survivors often get HIV. At the same time all of the participants mentioned things that should be done for survivors, especially medical care and counselling.

Half of the participants see the community as supportive while the other half thinks the community treats SV survivors badly. Either way, the behaviour is not very extreme. The 'negative' community members laugh and mock, but do not actively discriminate. The 'positive' community members feel sympathetic and sorry for them, but do not actively assist them. The most they will do is counsel them.

Ten participants said that men and women are unequal in their community, while six said that they are equal. When asked why, those that saw the genders as being equal emphasised that the war brought a change in the power dynamics between male and female. Now women also work and find food and provide for their families. This has brought equality between the sexes. Two participants quoted the Bible and/or basic human rights as proof for the statement that the men and women are equal.

Of the ten that said that the men and women are unequal, two said that women are more important and powerful than men, while the remaining eight said that men are more important and powerful. When asked why, those that said that men are more important emphasised the importance of physical strength. As men are physically stronger they can work better and more and thus they control the household. Other reasons for the superiority of men were their higher education and the Biblical commandment that men should be the head of the household.

Fifteen of the participants said that their churches preach on or about SV, but only one mentioned it without being asked. Five participants said that their churches do nothing for survivors of SV, or about SV in general, except for preaching on it.

Six of the participants felt that ending SV is the government's responsibility. Specific emphasis was put on the fact that the judicial system has to function more effectively. Four participants saw the church as having the most responsibility for ending SV. It should, on different levels, be more involved and vocal about SV. The participants gave varied suggestions for what should be done about SV. The majority emphasised that that stronger action should be taken against perpetrators.

3.2.2 Nominal group session

Twelve people attended the group session. Eight were women and four were men, all more or less between the ages of 30 and 50 years. Only the four men were comfortable with reading and writing.

The group came up with 39 suggestions for what the church should do about SV. These suggestions covered a very wide range of areas and gave a leading role to the church, calling it to be more holistically involved with SV. The group individually voted for the five most important ideas. The suggestions with the least votes were deleted, where after the group voted again. The following two suggestions received the most votes:

1st: Help survivors by paying school fees for their children and helping them (the survivors) start a small business

1st: Pray:

- Against SV
- For Liberia
- For all churches
- That couples stay together
- For widows and orphans
- For youth
- That men will support their abandoned children
- That people stop going to night clubs
- That schoolchildren and teachers do not exchange sex for good grades
- Against alcoholism
- For children, so that they listen to their parents
- For street children, so they go back to their parents

The following two suggestions received the second most votes:

2nd: Stop gossiping and respect privacy and confidences shared in private

2nd: Church and schools must train children on appropriate dress codes

The following suggestions received the third most votes:

3rd: Vocational training for SV survivors

3.2.3 Interviews with SV survivors

The researcher interviewed six survivors of sexual violence from Ganta. Five of the six survivors were sexually violated during the war by fighters. The sixth survivor – a 14-year old girl who came with her mother – was sexually violated five months before the interview. All except one of the survivors were sexually violated by more than one man and in all of the cases it was done by strangers. Two of the survivors were taken as ‘wife’ by a fighter and stayed with him for an extended period of time (in one case for 15 years). Three survivors bore children due to rape.

The interviews were unstructured. All of the survivors were willing to talk to the researcher, though the young girl survivor found it difficult to talk in front of her mother. All of the survivors belonged to different churches and came from different neighbourhoods in Ganta.

Date and location of sexual violence

Five of the survivors were sexually violated during the war, the earliest attack happening in 1990 and the latest in 2003. Three of these survivors were fleeing out of Liberia when it happened, and in one case it happened again in refugee camps in Guinea. The other two survivors were assaulted in the towns where they were staying at the time. The sixth survivor was drugged at a local bar, where after she was taken to the house of one of the perpetrators and raped.

Medical treatment

Three of the survivors never went for any medical check-up after the sexual assault and have received no medical care. Two others only went for medical care years later, when they started experiencing problems, such as bleeding when they fell pregnant. Only one described serious genealogical problems due to the rape, having had two stillborn children and now an inability to conceive.

The one clear exception is the survivor who was recently assaulted. She was taken to the health centre at Saclepea – a process funded and facilitated by EQUIP Liberia – where a full rape kit was done and she received all the necessary medications. DNA tests were also done and a rape certificate received for use in court.

Have the perpetrators been caught and punished?

In none of the cases have the perpetrators been caught and/or punished. Most of the survivors have never again seen the men who assaulted them. In two of the cases the situation is complicated by the fact that the survivor stayed with her assailant, as ‘wife’, for many years. Although the one survivor was in the end abandoned by the man and the other survivor was kicked out by his parents, no steps have ever been taken against the men.

In the case of the recent sexual assault, public pressure caused the case to be abandoned. Although there was conclusive proof of the rape and the identities of the perpetrators, the perpetrators were between the ages of 14 and 16. Their families, other community members, and the police put pressure on the survivor’s family not to prosecute. Due to this pressure, as well as financial difficulties, the case was abandoned.

How does your family treat you?

Three survivors reported that their families have been supportive, i.e. not rejecting them because of what had happened to them. Two survivors said that, though they are still staying with their families, they are

mistreated by them because of what happened. One of these survivors had a child due to the rape and both she and her child are mistreated and abused. The last survivor has been unable to find any of her family after the war.

In the case of the 14-year old survivor, her mother frankly admitted to being very angry with her child for the shame and embarrassment that she has brought on the family. During the interview she was very vocal about how angry she is with her daughter.

Do the people in your community know what happened to you? How does the community treat you?

Four of the survivors explained that they have not told anyone in their community about what had happened to them, as they did not want to be mocked and gossiped about. One survivor moved to Ganta just so no one in her community would know what happened to her. One survivor whose community does know what happened to her said that she is treated differently from other women, that community members gossip about her and point fingers. Therefore, she says, she avoids them.

The one exception, again, is the 14-year old survivor. She says that she is not treated differently by community members.

Does your church know what happened to you? Does your church support you, or other SV survivors, in any way?

Four of the survivors had not told anyone at their church about what happened to them. When asked why not, they indicated that they do not want to talk about it as they felt ashamed and that they do not want church members to gossip about them. In any case, the church did nothing for SV survivors, so what was the use? Two survivors said that one or a few people at church know. While some counsel them, other church members just gossip.

Is it easy to disclose in your community if you have been sexually violated?

Survivors were asked whether it is easy to disclose sexual assault and whether they think survivors in general disclose or rather keep quiet about it. Most of the survivors indicated that they think survivors rather keep quiet, as SV is such a shameful thing and you do not want other people mocking you. One survivor said that she does think it would actually be better to tell others (even though she has not) because it helps to talk about such things.

Where did you find support?

Survivors were asked who supported them and what kind of support they wish they had. All of the survivors, except for one, had one or two people that they found supportive, usually a friend or a neighbour. The support was of different kinds, but usually a place to talk about it and/or someone who helps with food/clothing.

When asked what kinds of support they wish for, the following was said:

- That people will approach them, talk to them and offer help
- Financial help with school fees and food
- Counselling
- Help in supporting children
- Help in getting an education
- That people will talk to their parents, so that they will forgive them

Being taken as a 'wife'

Two of the survivors had been taken as 'wife' by the men who raped them. They lived together and both survivors had the children of the perpetrators. One woman stayed with the man for 15 years, until he abandoned her.

These women do see it as SV, for they identify themselves as SV survivors. Some people in their community also see it as SV, for they were identified as participants for these interviews by other community members. Yet the complicated nature of their situation has not been assessed or addressed. The survivors admitted and/or insinuated confusion about how they feel about themselves, the perpetrators and their children. For extended periods of time they lived with these men, were dependent on them, and had their children.

What should the church be doing about SV? And how should the church support SV survivors?

The survivors were all asked what they think the church in general should be doing about SV and how the church should be supporting SV survivors. They came up with a lot of suggestions, emphasising the need for emotional and financial support.

3.2.4 Interviews with leaders from Ganta

Twelve leadership interviews were done in Ganta. The participants were from different faith groups and religious denominations. Nine were men and three were women. They ranged from young to old. The leaders were from the following walks of life:

- A teacher and founder of a youth organisation
- A vice-principal, deacon and Sunday School teacher
- Three community leaders
- Two community youth leaders
- A computer shop owner and community leader assistant
- A church youth leader
- A public relations officer of a religious youth association
- The head of a regional women's prayer team
- A NGO director

Was sexual violence common during the war? Was it part of an orchestrated strategy, or a by-product of war circumstances?

All of the leaders said that sexual violence was common during the war. All agreed that it was not a planned strategy, but rather a sad by-product of chaotic circumstances where those with (weapon) power can do whatever they want. Also, civilians were forced to employ whichever means to survive and source food.

Is sexual violence still as common? Who are the primary targets of SV?

All but one of the leaders said that, though SV is definitely still happening, it is not as common as it was during the war. All the leaders except for one indicated that the victims are young people. When asked to specify, most said it was girls between the ages of about 13 and 17, though some said the girls are as old as 30 years. The one person who did not say the primary target is youth said that young children, those younger than 10, are the primary targets.

When asked for their opinion why it is mostly girls of this specific age group that are survivors of SV, the leaders gave varied responses. One leader says a habit was established during the war, when men could have whichever women they wanted. This is continuing and as men prefer young women, that is why they are the usual victims. Another said that traditional healers and fortune tellers prescribe having sex with a virgin for different problems.

Yet the majority of the leaders found the reason located in the behaviour of the survivors themselves. They blamed young girls' way of going out at night and walking around, their modern way of dress, their refusal to listen to their parents, and their sex drive.

Two leaders gave poverty as the reason. This age group needs money, especially in order to be able to pay school fees. As their parents cannot provide it, they are forced to employ such means. They have no other way of getting money.

How are SV survivors treated?

When it comes to families there is no standard way in which families treat survivors. Some families are supportive, some families are not. It is clear that most families to some extent do blame the survivors, either for what happened to them or for the shame that this had now brought on the family. Furthermore, the issue of SV being treated 'in the family way' was raised. This is when families decide not to go to the police with the case, but rather handle it themselves. Such mediation happens between the family of the perpetrator and the family of the survivor. This also usually happens when the perpetrator and the survivor come from the same family.

The majority of the leaders indicated that some community members will support and encourage survivors, while others will gossip and stigmatise. In general it was indicated that community members are not too harsh on survivors.

One leader highlighted that the problem often lies with the survivor herself. Such a woman (the leader was gender-specific) feels inferior because of what happened and therefore she isolates herself. Another leader explained that the reason why community members treat survivors the same as other women is because the community members do not know what happened to her. Survivors will not disclose what happened to them. If they did disclose they might be discriminated against.

How will a husband treat a wife if she is sexually violated by another man? And does SV between a husband and a wife ever happen in your community?

No clear answer could be found on the question of how a husband treats his wife if she is sexually violated by another man. Some leaders said that he would support her, while others said that he will desert her. Some simply stated that they have never heard of a case so they do not know what generally happens. Thus it became apparent that there is not a standard cultural response to this situation.

Two responses were quite thought provoking. One leader insinuated that if a wife is sexually violated it is actually her own fault. Another leader bluntly stated that it is not possible for a wife to be sexually violated, specifically raped, as only virgins can be raped. Thus, if a woman is sexually violated by a man that is not her husband it is not really considered an issue, as she is not a virgin. Her husband might be angry about it for a while, but it will probably be resolved.

The leaders were asked whether sexual violence between spouses is happening within his/her community. One leader stated that SV between a husband and wife is impossible. The rest of the leaders stated that SV between husbands and wives is happening and that the government condemns it. Yet it is kept quiet and couples are left to sort it out themselves. It seems that community members are not aware that it is actually a form of sexual violence. It is seen as an accepted part of married life. It was clear that, for some of the leaders, the concept of SV within a marriage is a funny idea.

Sexual violence against men: does it happen within your community and do people talk about it?

As a group the leaders were much more responsive to the idea of SVAM than any of the previous communities. Only two smiled (slightly) when the topic was raised, one said that it does not happen with African men, and one said that it does not happen in her community specifically. The rest of the leaders all said that it is happening within their community.

The fact that SVAM is not talked about, and that some men are not even aware that what they are experiencing can be classified as SV, was highlighted by some of the leaders. The need for awareness and education on this issue was emphasised.

Is the 'modern way' of dress a contributing factor to SV?

All of the leaders – with one exception – agreed with this perception that the modern way of dressing is contributing to SV, some quite vehemently. All of them said that though women do not deserve to be sexually violated because of the way they dress, SV is sometimes the result of the way they dress as some men cannot control themselves. All of these leaders – with the exception of two – said that laws and regulations governing the way women dress would be a good thing.

The one constant exception was a Muslim man. He felt strongly that clothing should not be an issue and that women should be able to wear whatever they wanted to without being in danger of being sexually violated. Still, he admitted, his Muslim background made him more comfortable if women dress more conservatively.

What are churches doing about SV? And what should they be doing?

When asked what churches in general are doing about SV, the non-holistic approach of the church became apparent. Quite few said that churches are doing nothing. Leaders that said that churches are doing something specified that they preach, train and pray about SV.

3.3 Liberia Community 2: Saclepea

3.3.1 Answers and results from 15 questionnaires done during the survey

Eleven women and four men completed the survey questionnaire in Saclepea. They were between the ages of 26 and 68. Ten were married, one was widowed and four were not married. Twelve of the participants were either born in Saclepea and have always lived there, or they have lived in Saclepea for more than ten years. The other three had moved to Saclepea recently. The participants belonged to different churches. One participant used to belong to the Roman Catholic Church but now no longer attends any church.

Physical violence, destruction/loss of property, famine, lack of medication, and displacement was mentioned as having happened during the war. Only five people mentioned sexual violence in any form. All of the participants explained SV as something that a man does to a woman. Furthermore 'force' was repeatedly mentioned. Only one participant said that forced marriage is a form of SV. Other dimensions of SV were not mentioned.

Only half of the participants personally know someone who had experienced SV during the war. Nine of the participants said that there was no specific reason why SV happened to the people that it happened to. Those that did give reasons blamed the women themselves or the fact that the perpetrators were all-powerful.

All of the participants said that no-one did anything to stop the SV during the war. No-one did anything because it was war and they knew they would be killed if they opposed it. Half of the participants said that nothing was ever done for SV survivors after the war. The rest mentioned international and local organisations that did different things.

All of the participants said that they feel sorry for women who have been sexually violated, because it was done against their will. The majority could/did not say anything more on the subject. Four added that SV survivors should be assisted, by giving them counselling and medical treatment.

Half of the group saw their community as being supportive of SV survivors, while the other half was of the opinion that the community stigmatises and discriminates against SV survivors.

Fourteen of the participants said that there is inequality between the sexes. Nine of those said that men are more powerful and important, while five said that women are more powerful and important.

Those that said that men are most important/powerful mostly said it is because of their superior physical strength and their ability to find work and find food. One person mentioned the Biblical commandment that men should be the head of the household and one other participant stated that culture and tradition have placed men above women.

The five participants who stated that women are more powerful and important all said that the war has brought about this change, as men used to be more powerful and important. But now, after the war, women are also providing food and shelter, making businesses and are doing everything themselves. Therefore they are now the powerful and important ones. One participant also added that one of the reasons for the change is the fact that there are now much more women than men.

Eleven of the participants said that their church does nothing for SV survivors or about SV in general. When asked about it specifically, thirteen of the participants said that their churches preach about SV. Of those that said their church does do something, prayer, counselling and financial assistance was mentioned.

Twelve of the participants said that it is the government's responsibility to end SV. The primary means, they thought, was through catching and jailing perpetrators, with serious punishments.

3.3.2 Nominal group session

Fourteen people attended the group session. Seven were men and seven were women. The group members were mostly pastors, pastors' wives and other church leaders. They were between the ages of 30 and 60 years. Half of the group was comfortable with reading and writing.

The group came up with 37 suggestions for what the church should be doing about SV. The group were asked to individually vote for the ten most important ideas. This was done and the ideas with the least number of votes were deleted. The group voted again and this time they could choose only five options. The following two suggestions received the most votes

1st: Pray about SV, specifically that government will listen to the people's needs

1st: Pastors must train community members – not just church members – on SV

The following two suggestions received the second most votes:

2nd: Church leaders must unite, forget differences, and work together

2nd: Set up a strategy (programmes) so that there is constant SV education and awareness

The following suggestion came in third:

3rd: Provide counselling for SV survivors

3.3.3 Interviews with SV survivors

The researcher interviewed five survivors of sexual violence, all of whom reside in Saclepea. All five were sexually violated during the war. Three of the five survivors were kept as 'wife' by their assailants for an extended period of time. Three of the survivors bore children due to rape. All of the survivors were willing to talk to the researcher and were relatively comfortable doing so. They belonged to three different churches.

Date and location of sexual violence

All of the survivors were sexually violated during the war, some as early as 1992, and others as late as 2003. Four of the five were in their own homes, or on their way to the town market, when they were captured by their assailant. Only one was in the forest, fleeing because of the war.

Medical treatment

None of the survivors were able to access medical treatment after they were sexually violated, as it was during the war and all such services were either not available or not accessible by someone in their position. Only two have, after the war, gone to hospital to get tests and evaluations. None of the

survivors suffered serious physical damage due to the sexual violence. One survivor had contracted an infection which gave her stomach pains, but the medicine she received from the clinic cured it.

Have perpetrators been caught/punished?

In none of the cases have the perpetrators ever been caught or punished.

How does your family treat you?

Three of the survivors described supportive families, stating that their families allow them to stay at home. One survivor's family was upset when they first found out, but now they take good care of both her and her child. One of these survivors described her family as being incredibly supportive, with a father and mother who constantly counselled her and "gave me more attention, to help me get over it".

One of the survivors has never told her family what happened, even though she stayed with her assailant for six years and bore him three children. Not disclosing was made easier by the fact that she lived far away from her family and that there was an ongoing war. Yet even now, after the war, she has not told them. Her family also does not ask where and how she got the children.

The fifth survivor was forcibly removed her home by her stepmother when she disclosed what had happened to her. Her stepmother also threatened everyone who tried to help the survivor. This led to the survivor moving away to a new community, where less people knew and her stepmother was far away.

Do the people in your community know what happened to you? How does the community treat you?

Two of the survivors described a community that ridicules them because they were sexually violated. For one it became so bad that she moved to a different town just to get away from it. Two of the survivors said that the people in their communities do not know what happened to them and that they are not telling them about it, as they are ashamed about what happened and fear being mocked about it. Only one survivor described a community that is supportive, saying that they have on occasion provided food for her and her son.

Does your church know what happened to you? Does your church support you, or other SV survivors, in any way?

None of the survivors were negative about their churches and the way their churches have been treating them. At worst the churches were not helping them, but they were not actively discriminating against them.

At best, though, churches were only telling survivors to go to the hospital. Only in one case did a church practically assist a survivor and that was by giving food and paying her school fees for a while. In general they are doing nothing.

Is it easy to disclose in your community if you have been sexually violated?

When asked whether they think that survivors of SV are disclosing or not, all of the survivors said that survivors are supposed to report it to the police and that the perpetrators can be caught and jailed. But when asked whether they think survivors are actually doing this, most of them said that they think many are not, because they are ashamed of what happened and that it is difficult to disclose such a thing.

Where did you find support?

Two of the survivors mentioned their family as a good source of support, one survivor saying that her mother is always counselling her. Two of the other survivors mentioned a friend as being supportive, while the fifth survivor mentioned a lady from church who sometimes gives her food and soap.

When asked what kind of support they would have wished for, the survivors mentioned the following:

- Someone who could give the finances so they can attend school

- Financial support
- Medical support
- A house

Being taken as a 'wife'

Three of the survivors were kept as wife by their assailants and two bore children for the men. The one survivor stayed with the man for 6 years, until he died. None of them ever tried to escape. The fact remains that these assailants were a source of food, money and safety during a war.

What should the church be doing about SV? And how should the church be supporting SV survivors?

The survivors were asked what the church should be doing about SV in general and how they can help SV survivors specifically. While they emphasised the need for counselling and financial support, they also called on the church for assistance in navigating the legal system, so the perpetrators can be caught and punished.

3.3.4 Interviews with leaders of Saclepea

Seventeen leadership interviews were done in Saclepea¹. Of the 17 leaders, only four were women.

The leaders were:

- Five church leaders
- An orphanage director
- An Imam
- Two school principals
- A youth coordinator of a district
- An administrative assistant of the city mayor
- A news supervisor at a local radio station
- The leader of International Red Cross GBV programme
- A student leader
- Three zone chiefs

It is important to note that most leaders talked about 'girls' when speaking about SV, not about 'women'. This highlights the fact that SV in this community is associated with a younger age group. On the other hand, when asked to define 'girl', some leaders described a woman of up to 30 years as a girl.

Was sexual violence common during the war? What type of SV was most common?

All of the leaders agreed that there was a lot of sexual violence during the war. Only one leader – a chief – qualified the statement by saying that it was not that common in his control area.

When asked what kind of SV was most common during the war, the response highlighted that two forms of SV happened most often. Once-off rape (by an individual or group) and then leaving the survivor behind, and forcibly taking a woman/girl to another location and keeping her as wife was the most common during the war.

Is sexual violence still as common? Who are the primary targets of SV? And what form of SV is most common?

All of the leaders agreed that SV is still happening after the war. One leader was of the opinion that it is now more common than during the war, while the rest felt that there is less SV post-war.

¹ While the EQUIP Liberia staff organised 12 participants, more people had turned up voluntarily. This seems to be because of the group session that took place the previous day. Many of the participants were leaders and had spoken very positively about the experience. Thus people turned up on the next day, expecting the same kind of session and hoping to be part of it. The researcher interviewed everyone that turned up.

Leaders were asked which age group is most often the target of SV. The overwhelming majority identified teenagers between the ages of 12 and 15 years. The highest age group mentioned was 30 years (“girls of 18-30 years”) while four leaders identified girls of younger than 12 years as the primary target group.

Some of the leaders were asked why they think that specific age group (which they identified) is most often the survivor of SV. They all had different reasons, but mainly they said that it is because of the social situations in which these girls venture. Traditional rituals as well as the war-established habit of raping young girls were also mentioned as possible reasons.

When asked which form of SV is now the most common, two types of SV were identified. The first was that of a man/men raping a girl and then leaving her. The second was that of a girl engaging in sex in return for money/food/good grades at school.

How do people treat SV survivors?

Fourteen of the leaders said that families are supportive of SV survivors. Twelve of those leaders went on to qualify the statement. For example, if the survivor’s own “bad behaviour” led to SV, then the family will not support her. They might also decide to support her, but they will tell her that they are not happy with her. Two leaders said that families stereotype, condemn and reject family members who are sexually violated, while a five leaders said that some families support and other families reject.

Some families are so ashamed, both for themselves and for the sake of the family member who has been sexually violated, that they will not take the SV survivor to the hospital or to the police station. They will avoid any situation, even if it can help the survivor, that may lead to other people finding out what happened. The issue of handling the situation “in the family way” was also mentioned. Instead of going to the police, the family of the survivor will only speak to the family of the perpetrator, thus finding a way of resolving the situation (such as a cash payment to the family of the survivor).

Six of the leaders felt that community members care for SV survivors, or that they at the very least do not actively do anything negative to them. Three leaders felt that some community members are supportive, while others may sometimes treat SV survivors badly. The rest of the leaders very strongly stated that community members stigmatise, marginalise and reject SV survivors. They are labelled and condemned for being a survivor of SV. Especially youth were identified as being guilty of doing this.

In your community, do survivors of SV disclose what happened to them?

Stigma is seen as a main reason why survivors do not disclose. As SV survivors will then be stigmatised by the community, they choose not to tell anyone about what had happened to them. This is the reason why SV survivors tend to move to another community. When too many people in their community know about what happened, the stigma and discriminatory treatment get too much for them and they move away to a community where nobody knows about it.

One leader highlighted an important aspect of community involvement. In African culture (by this he meant his culture) if you report SV, you are condemned by the community and seen as a common enemy of the community. By disclosing and reporting what happened to you, you disturb the peace of the community and bring discord. Therefore you are seen as enemy by everyone in the community. This is the reason why SV survivors do not want to disclose what happened to them.

How will a husband treat a wife if she is sexually violated by another man? And does SV between a husband and a wife ever happen in your community?

All except one of the leaders felt that a husband will keep and support his wife if she is sexually violated by another man, because she did not want it. Only one leader felt that there might be some husbands that feel that their wives have been defiled and thus will no longer want them. The shame that a husband

feels because of what had happened to his wife may lead to him not allowing his wife to seek any help or disclose what happened to anyone, as he does not want people to know of his shame.

All of the leaders agreed that SV can happen between a husband and a wife. Some of them volunteered this information without being asked. Thus it seems that they are sensitised to this issue. When asked if it is happening in their community, only one leader said that it was not. The rest all agreed that it was happening and that it is relatively common.

They all agreed that it is a very sensitive subject and that people very rarely disclose it. Wives are ashamed to admit to such a thing and they do not want to bring shame on their husbands. They also have no-one who will provide for her and her children if the husband is arrested and taken away. Most of the leaders felt that the people in their community do not even see SV within a marriage it as SV. Thus, even though SV between husband and wife is relatively common, people do not disclose it or address the issue.

Sexual violence against men: does it happen within your community and do people talk about it?

Half of the leaders said that SVAM is not happening in their community. The rest said that it is happening in their community, but that it is not as common as SVAW and that people do not disclose it if it happens. Furthermore, many people are uncomfortable talking about it and many think that it is something that cannot happen. Survivors of SVAM receive no support from anyone and their friends will mock them if they say such a thing had happened to them. It was clear from the leaders' responses that they see SVAM only in relation to the SV being perpetrated by a female.

Is your government doing enough about the issue of SV? Is the judicial system working?

Fifteen of the leaders felt that the government was trying its best and doing a good job if one takes the post-war circumstances into consideration. The judicial system is another story. Leaders were very negative about it. They believe the government has put in place the right laws and processes, but that these are not being implemented. Perpetrators are not being jailed, or are released after a very short time. Again money is the main problem. Bribes are common within the judicial system and thus perpetrators are released or not even tried if they or their families pay the right people. Furthermore, survivors can only find justice if they have enough money to ensure that a fair trial happens. They also have to pay for transport to the venues. Most people do not have enough money and thus the case is abandoned.

Is the 'modern way' of dress a contributing factor to SV? Should there be a law governing dress?

All except for two of the leaders felt that the way some women dress is playing a role in sexual violence. Everybody made it clear, though, that dress is a *contributing* factor to sexual violence and that it is not the only cause of SV. Leaders felt that there should be laws or rules governing the way women dress, which will ensure that women and girls are always dressed modestly. Three leaders said that there should not be actual laws, but that women and girls should be trained and taught about modesty, so that they will then dress modestly.

Two leaders felt very strongly that dress plays no role in SV and both of them were men. They believe that SV is the result of inherent desires, not the result of the way someone dress. Furthermore, one cannot and should not dictate what someone should or should not wear.

What are churches doing about SV? And what should they be doing?

When asked what churches in general are doing about SV, the leaders said that churches are currently mainly praying, counselling, teaching and training on SV.

3.4 Discussion

3.4.1 The nature of SV during the war

Compared to the DRC and Rwanda, it seems that SV was either less common during the war, that people are very uninformed about what happened to others, or that SV survivors almost never disclose. The surveys revealed that about half of the participants do not personally know a SV survivor. In other interviews it also became clear that people often know no-one who was sexually violated during the war.

Two forms of SV were most common during the war. These were that of raping a woman and leaving her behind and, secondly, that of forcibly taking and keeping her as wife. Interestingly, when asked to define SV participants only described the first situation. Other forms of SV were rarely given in a definition of SV.

3.4.2 SV during the war vs. post-war SV

It seems that a distinction is made between wartime SV survivors and post-war SV survivors. Most of the research participants also tended to emphasise the current SV situation. When talking about SV survivors they would talk about post-war SV survivors and the resources available to them. Research participants usually had to be prompted to talk about sexual violence that happened during the war and/or about wartime SV survivors. It seems as though wartime SV and SV survivors are seen as something of the past, which has been dealt with.

SV during the war happened to any woman and it happened in any situation. But current, post-war SV is happening within a specific context and age group. Girls, especially girls between the ages of 12 and 18, are most often the victims of SV. Different reasons are given for this, but research participants mostly put the blame on the SV survivors themselves. Girls make SV happen either because of the way they behave (their dress, where they go at night, by not listening to their parents, etc.) or by trading sex for money, food or good grades. The good thing is that people do seem to see this as SV. The tragic thing is that SV survivors are usually blamed for what happened to them.

Younger girls are also relatively often the targets of SV. This is because traditional healers prescribe raping a young virgin as the cure for many diseases, usually for curing HIV. Other traditional practices also call for sex with a young virgin.

3.4.3 SV within a marriage

Most of the research participants agreed that SV does happen between husband and wife, but that it is something that is never disclosed. It shames a wife to admit such a thing about her husband. She does not want to bring shame on either him or herself, so it is not disclosed. Furthermore it might be that many wives do not realise that what they are subjected to is SV. Husbands might also not know that what they are doing is SV. It is seen as a normal part of being married and thus people do not complain.

Outsiders will also not talk to a couple about it. Even if one suspects that a wife is being sexually violated by her husband, no-one will ever raise the subject with him or her. SV between spouses is a personal matter.

3.4.4 Poverty as driving force behind SV

The participants explained that girls are often SV victims because they give sex in return for money, food or good grades. Almost all of the participants explained these girls' behaviour by saying that they are in extreme poverty and it is their only way to survive.

Unemployment is very high in Liberia. Food is still scarce and very expensive and people are very poor. Many parents cannot properly care for their children. Some of them send their children to give sex in return for food or money, but some children decide to do so themselves. It is done by both boys and girls.

Liberia is the only research location where participants themselves repeatedly mentioned SVAM. It was mostly mentioned within the context of boys or men having sex in return for money or food.

Children, especially girls, often have sex for money, so that they can pay school fees. Parents can sometimes provide food, but do not have enough money for schooling. Desperate for an education that can elevate them from their current position, girls prostitute themselves in order to have money to pay school fees. At the same time many participants said that many girls have sex for money simply because they want money to buy fancy clothes and other products. Their parents do provide food and school fees, but the children want luxuries, so they use sex as a means of getting money to buy it themselves.

3.4.5 Support from other people for SV survivors

In general it seems as if people in Liberia are less overtly nasty to SV survivors. Chances are that a SV survivor will find some kind of support, either from a family member or a friend. But one cannot expect the community as a whole to treat SV survivors well.

Families can be supportive or rejecting of a family member that is sexually violated. There is no standard response, it depends on individual families. The behaviour of the SV survivor can play a role in her family's response. If she was well-behaved before the attack they will support her and care for her. If she was badly behaved, they will blame and reject her.

It does seem that all families will to some extent blame the SV survivor for what happened. SV brings a lot of shame not only on the survivor but on the survivor's family as well and she is blamed for this. So even if the family allows her to stay at home and pays for her medical treatment, they will still make it clear to her that they are angry with her for what happened. Thus, while there is support, the family is usually not the most supportive of environments.

SV is often handled "in the family way". Then the families of the victim and the perpetrator will get together and resolve the matter. This can be by paying a specified amount to the victim's family. Thus the matter is resolved and is never taken to the police.

It seems that husbands are supportive of wives that had been sexually violated by other men. Almost all of the research participants could not think of a case where a husband had rejected his wife because she had been sexually violated by another man.

Community members can be either supportive or stigmatising. It seems, though, that community members in general react negatively rather than positively to SV survivors. The community's negative reaction usually takes the form of mockery, stigmatisation, and gossiping. Usually it does not go as far as active discrimination (such as the burning of her house or refusing her entrance in public places).

3.4.6 Sexual violence against men

Liberia was the only research location where participants themselves raised the subject of SVAM. People also seemed more comfortable talking about it when asked about it. Although it is not seen as very common, it is happening.

Poverty is seen as the main reason for SVAM happening. Just as girls are desperate for food, money and education, so are boys. Thus there are many boys and men who have sex, with either men or women, in order to get money. SVAM was always mentioned within the context of poverty. No other reasons for it happening were offered by any of the participants.

3.4.7 SV survivors' self-isolating behaviour

The issue of SV survivors isolating themselves was also mentioned in Liberia, both by general participants and by SV survivors. Some of the SV survivors admitted that they refrain from too much interaction with

their neighbours and other community members. Especially those who have elsewhere been subject to a lot of abuse for being a SV survivor are very hesitant to interact with others. They live in fear that people will find out and thus they rather avoid them.

Some participants who are not SV survivors also mentioned that SV survivors often keep to themselves. They said that this is why it is difficult to help them, as they keep away from other people all the time.

3.4.8 Disclosure

Based on how people usually respond to SV survivors, it is clear why participants said that SV survivors prefer not to disclose what happened to them. Research participants immediately said that SV survivors are supposed to report it to the police. It is clear that the community is well-trained on what should be done after SV. But when asked whether they think SV survivors are actually doing it, most participants said that they do not think so. SV is such a shameful thing that they think SV survivors prefer to hide it from other people.

3.4.9 Need for specialised counselling

SV survivors mentioned their need for counselling. It was agreed that it makes a big difference to their acceptance of what happened as well as their ability to carry on with their lives. But during the war SV often took the form of forcibly becoming someone's wife. This leaves different psychological scars to those a survivor has when she is raped and left behind. Women who were forced to become wives need specialised counselling.

About half of the interviewed SV survivors experienced this situation. They stayed with the perpetrator for years. They were dependent on him for food, shelter and safety. The perpetrators fathered their children. The perpetrators are in many cases the reason why they were able to survive the war. Thus such a SV survivor has mixed emotions regarding what had happened to her. She feels anger at him, but also gratitude. She feels violated, but also cared for. She feels relief that she survived, but also guilt because she did. Such SV survivors thus need special counselling.

3.4.10 Need for education

Schooling and school fees were mentioned by almost every research participant. Illiteracy is high in Liberia and many people were never schooled, or never finished their schooling, because of the war. Yet there is a very strong desire for learning, both from men and women.

It seems as though an education is seen as a way to escape poverty. Participants repeatedly said that education will be the way that they can better their circumstances. Many of the interviewed SV survivors saw an education as more of a priority than food or shelter.

Yet because of poverty many Liberians cannot go to school. SV survivors and other research participants repeatedly said that help with paying school fees will be one of the key contributions that can be made to help SV survivors, but also to prevent SV. If school fees are paid, people will not have to prostitute themselves in order to find the money to pay it. Furthermore the research participants believe that if people are educated they will not engage in SV and will be less vulnerable to it.

3.4.11 The modern way of dress

Liberia is strongly influenced by America and Western culture. The "modern, American" way of dress is common. Such dress clashes with traditional standards of dress and is causing a lot of friction and even anger.

When talking about SV, research participants often raised the issue of modern dress codes. It is clear that there is a clash between traditionalists and those who are embracing the West. The traditionalists are blaming the Western dress for the ongoing SV. While most feel it is not the only cause of SV, they

consider Western dress to be a contributing factor. Most research participants also felt that a government law or regulations governing dress would be the right solution to this problem.

3.4.12 Gender

It seems that the war has brought about changes in the dynamic between male and female. Men used to be more powerful than women, because they were able to work, find money and food and provide for the family. Power seems to be strongly connected to the ability to provide. Thus, with women now also being providers, the traditional power structures are questioned and/or reversed. The activities that made men superior are now also done by women and thus their superiority is questioned.

This change in the traditional cultural roles and power balances cannot but cause conflict and problems. Some participants referred to such problems.

Participants indicated that physical strength, associated with men, is also an indicator of power. Not only does physical strength give men the ability to work harder, they can also physically enforce their will. They can beat their wife and children and physically fight to get their way in other situations.

3.4.13 Training as key to changing attitudes and behaviour

In many different contexts participants mentioned the difference that training has made in people's attitudes and behaviour. For example, the families who support a family member who has been sexually violated are said to do so because they had been trained on SV and the importance of not ostracizing a SV survivor. Also, community members who approach SV survivors and support them through counselling, visiting them and helping them in different ways are said to do so because they were trained on SV and how to support SV survivors. Many participants said that training is the key to changing people's attitudes towards SV, SV survivors and the way they behave towards SV survivors.

3.4.14 The government and the judicial system

In general it seems that people are happy with their government. They feel it is doing the best that it can under the circumstances. But they are very unsatisfied with the judicial system.

Almost all of the participants complained about how corrupt the judicial system is. If a SV case is brought to trial, the case will be settled in favour of the party who paid the most money. It is standard procedure for judges, lawyers and other court officials to take bribes. SV survivors only receive justice if they can pay to ensure that it happens. SV survivors must travel to different venues, paying transport costs themselves. They must have the time and the money to constantly pressurise police and other government officials to do their jobs and they have to pay for lawyers. Most SV survivors do not have money to do this and that is why so many cases are abandoned.

Some NGO's have become involved in this issue. They are setting up networks, providing transport and/or lawyers, etc. to help ensure that SV perpetrators are caught, prosecuted and put in prison. But it is an uphill battle.

3.4.15 NGO dependence

When asked which groups are addressing SV and helping SV survivors, NGO's and international organisations were always mentioned. Churches and the government play basically no role. Some participants stated or insinuated that there is an over-dependence on international actors.

The issue of NGO's was specifically discussed with a few research participants. While they are very grateful for what is being done by these organisations, they fear that it is causing a situation in which Liberians will never learn to take responsibility for themselves. As long as foreigners and specific local organisations do it, there is no need for communities and community members to get involved. Also,

NGO's and international organisations come with their own agendas and these agendas often do not address the needs and situation in the most effective and positive way for the Liberian people.

It seems that some participants felt that, for things to truly change in Liberia, local Liberian structures should be active in bringing the change. That is why churches and the government are so important. NGO's and international organisations should be an aid, not the only option.

Chapter 4

Strategic suggestions

4.1 Introduction

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

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

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

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

4.2 General patterns

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

4.2.1 Marginalisation and stigmatisation of SV survivors

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

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

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

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

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

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

4.2.2 The current role of the church

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

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

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

4.2.3 The judicial system

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

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

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

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

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

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

4.2.5 Need for collaboration

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

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

4.2.6 Counselling

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

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

4.2.7 The common form of SV

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

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

4.2.8 Medical care

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

4.2.9 Poverty

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

4.2.10 Prayer

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

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

4.2.11 A culture of SV: the dehumanisation of women

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

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

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

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

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

4.2.12 SV survivors avoiding other people

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

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

4.2.13 Conception of Biblically ordained roles contributing to SV

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

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

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

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

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

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

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

4.3.1 Strategic interventions: differentiating between prevention and care

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

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

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

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

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

4.3.1.1 Prevention

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

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

- **Values**
Arguably the basis for effective and sustainable attitudinal change is instilling the right values in people. If people have the right values their attitudes towards SV will be easier to influence and change. Values and attitudes are in a reciprocal relationship. While values influence attitudes, attitudes also influence values.
- **Behaviour change**
Obviously behaviour change cannot be achieved separately from attitudinal and value change in the individual. Yet it is important to highlight this aspect of prevention. While one often focuses on the previous three aspects of prevention, behaviour change calls for interventions that actually cause people to change their behaviour. While behaviour change can be a positive result of the previous three intervention types, interventions focussing on behaviour change have as primary goal the achievement of changed behaviour.
- **Leadership and institutional response**
This level of intervention calls for community leaders and community institutions that are involved in the fight against SV and actively support other interventions and their messages. It also calls for informed leaders who are positive role models when it comes to SV.

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

4.3.1.2 Care

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

- **Medical care (short-term)**
With short-term medical care is meant medical assistance for an SV survivor directly after she had been sexually violated. This would include:
 - Rape kit
 - HIV PEP
 - Pill or scrape to prevent pregnancy
 - Forensic examination and certificate to prove rape
 - DNA-testing of semen/other residue from perpetrator
- **Medical care (long-term)**
Long-term medical care refers to those SV survivors who have long-term physical problems due to SV, as well as those who were assaulted a long time ago but only now seek medical treatment for the physical damage they suffered. Such long-term medical care would include:
 - ARV's
 - Operations for conditions such as fistula
 - Treatment for STI's

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

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

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

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

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

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

4.3.2 Strategic interventions: long-term vs short-term

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

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

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

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

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

population that were the subjects of the research were also active contributors to the research process. Their voice and opinions regarding what is going on and what should be done was the basis of the research and gave direction to what was focused on².

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

4.3.4 The importance of partnerships and collaboration

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

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

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

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

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

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

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

²In conversation with an employee of the RDIS in Rwanda, he told the story of how the RDIS's projects years ago failed miserably. The RDIS had studied the community, identified its problems and needs, designed wonderful projects to address it, and it all failed miserably. What happened, he explained, was that they never listened to the community and did not make it part of the process. Now they listen to what the community says it needs and also to its suggestions for how these needs should be addressed. Since including the community in its planning processes the RDIS's projects have become effective and successful.

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

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

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

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

4.4.1 Primary strategic steps

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

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

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

4.4.2 The role of the church: designing an action plan

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

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

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

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

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

Church leadership bodies have three key strategic roles to fulfil:

1. **Denominational as well as ecumenical bodies must develop and publically advocate progressive SV policies within its member-churches.**

Thus a public profile is given to the issue of SV, but member-churches are also pressurised to implement such SV policies. These bodies can develop SV policies based on the five levels of prevention and five levels of care. The practical implementation of these levels (as set out in 6.4.2.2) can be used as a guideline in developing practical action plans.

2. **SV training for pastors who are already in the field, by FBO's, ecumenical bodies, etc.**

Pastors who are already in the field cannot be recalled in order to be trained. Furthermore many of them have never had much formalised training in any case. They can be trained and influenced through FBO's, denominational and/ or ecumenical bodies.

One can, for example, work through the Christian Council present in the country, or via the All Africa Council of Churches (AACC).

Trainings should include:

- *What is SV?*
- *Biblical hermeneutics and SV*
- *How to preach about SV*
- *How can your church practically support SV survivors*

3. **Training of seminary students on SV.**

Seminaries are one of the most fertile grounds for connecting with future pastors and training them to be truly active in addressing SV. The seminary environment is a meeting place for African and Western thought and culture, which creates space within students for new thoughts and ideas. SV should be part of the standard curriculum and students should be taught how to preach, train and counsel on it.

Working with organisations such as the Network for African Congregational Theology (NetACT) one has access to theological seminaries in Africa. NetACT has, for example, facilitated the development and implementation of specialised HIV curriculum in the seminaries of its members.

4.4.2.2 The local church: addressing SV from the bottom up

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

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

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

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

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

Prevention

- **Awareness**

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

The aim of awareness raising is to inform people about what SV is. It should include topics like:

- The different forms of SV
- What should be done after a person has been sexually violated
- Where can a SV survivor go for medical help
- What does the law say about SV
- SVAM

- **Attitudinal change**

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

Specific topics to address when it comes to bringing attitudinal change will be subjects like:

- What is the role of the victim in the sexual act
- Why is SV wrong
- Why should we disclose SV
- What is SV in a marriage and why it is wrong
- Why you should care for SV survivors and what type of care they need
- Why husbands should keep and support their wives who have been sexually violated by another man

- **Values**

Interventions that work towards instilling the right values will include:

- Life skills training for children and youth

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

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

- Respect
- Love
- Fidelity
- Compassion
- Integrity

- ***Behaviour change***

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

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

- ***Leadership and institutional response***

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

Internal:

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

External:

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

Care

- ***Medical care (short-term)***

- Inform survivor about the importance of not bathing before the rape kit, as well as reminding them to take their original clothing with

- Provide transport, or money for transport, to a medical facility
 - Send family member or church member with the survivor to the medical facility
 - Provide money to pay for medical treatment
 - Provide immediate basic medical care (first-aid care) in cases where a medical facility is very far away. Because of the threat of HIV, though, the priority remains to get the survivor to the medical facility within 72 hours.
 - Provide home based care for the survivor on his/her return from the medical facility
- **Medical care (long-term)**
 - Identify reliable, trustworthy individuals (preferably trained counsellors) within the church who identify SV survivors with long-term physical problems and can talk to them about seeking medical care
 - Help survivors test for HIV
 - Identify venues for long-term medical care
 - Source money for medical care and/or medication
 - Provide transport to and from the medical facility
 - Help make arrangements for care/support for the survivors' dependents, should it be necessary
 - Provide home based care – should it be needed – for the survivor on his/her return from the medical facility
- **Psychological care**
 - Counsellors:
 - Identify reliable, trustworthy, empathetic individuals/people who can be trained as counsellors
 - Train counsellors on crisis counselling as well as long-term counselling
 - Train counsellors comprehensively on SV
 - Depending on location, provide transport or money for transport for counsellors to reach people who need their help
 - Ideally the counsellors will be paid (even if only a stipend), so that they can focus exclusively on their job
 - Provide care for the counsellors, in the form of mentors or counsellors
 - Trainings for family/friends of SV survivors on how to emotionally care for and support the SV survivor
 - Trainings for community members on how to emotionally care for and support SV survivors
- **Financial support and self-empowerment**

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

Short-term aid:

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

Self-empowerment initiatives:

 - Small-business grants
 - Vocational training

- Agricultural co-operations
- Gifts of goats/chickens/rabbits for eating, breeding and selling
- Kitchen gardens
- **Legal assistance**
 - Providing transport or money for transport so SV survivors can attend court proceedings
 - Lobbying government to enforce SV legislation
 - Providing a lawyer or money for a lawyer for SV survivors
 - Providing protection for SV survivors during trial

4.4.3 Necessity of taking into account the nature of armed conflict

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

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

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

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

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

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

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

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

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

The following strategic roles for such independent organisations are foreseen:

1. Identify denominational and ecumenical bodies, both nationally and internationally

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

2. Identify and engage international specialised organisations with needed expertise

The church is not ideally suited to all the different areas of intervention. For example, it has to bring in outside help in order to provide comprehensive medical care. Yet there are other organisations who have decided expertise in these areas. A two-fold role can be played by international organisations in bringing such partners on board:

- i. Convince specialised organisations to bring their services to areas that need it. Local churches find it next to impossible to access such international partners and their resources, thus such assistance will be invaluable.
- ii. Convince specialised organisations to engage and partner with local churches. Many humanitarian and relief organisations are hesitant to work with churches. Advocacy on behalf of churches, highlighting their exceptional grass roots involvement and knowledge, is needed. The church is wide-spread and trusted and can be an invaluable resource for humanitarian and relief organisations in effectively assisting those who need help.

3. Identify and support national partners that can drive and manage SV initiatives

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

4. In-depth research on SV and SV interventions

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

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

5. Education

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

- i. Engaging and advocating with seminaries
As was explained earlier, it is important that seminary students are comprehensively trained on SV. An international organisation can meet and lobby training institutions, as well as their international governing bodies/organisations, for inclusion of SV into the standard curriculum. It will also be invaluable to have SV curriculum included in chaplains' training.
- ii. Design of seminary curriculum
Training institutions might be receptive to the idea of in-house SV training, but they often lack the resources and/or time to design adequate SV curriculum. An independent organisation can thus assist them by designing the curriculum, training lecturers on it and helping them make it context-sensitive and –appropriate.
- iii. Development of training material for pastors, church and community members
The need for comprehensive training on SV for both pastors and church and community members was stated earlier. An independent organisation can assist churches by designing trainings and manuals on SV. Especially if done by an international organisation, these trainings and manuals can more easily be disseminated through different countries. Not only will this save time – as every church and country will not have to design trainings – but the quality of the information, manual and training can be checked more easily.
Such trainings and manuals will be needed for subjects such as:
For pastors specifically:
 - *Biblical hermeneutic that supports sexual responsibility and condemns SV*
 - *How to preach on sex and SV**For pastors and church and community members:*
 - *Lay counselling*
 - *Emotional care and support for SV survivors*
 - *What is SV and why is it SV?*
 - *How to talk to your children about sex and SV*
 - *Lifeskills*

4.5 Conclusion

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

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

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

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

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