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Truth-Telling as Talking Cure? Insecurity and Retraumatization in the Rwandan Gacaca Courts

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This article presents unique material from in-depth interviews with 16 women in Rwanda who have testified in the gacaca, the village tribunals initiated to enhance reconciliation after the 1994 genocide. The aim of the interviews was to learn more about how testifying in such a public event as the gacaca affects psychological health. Do the women find the experience healing or retraumatizing? Are there other effects involved? There has been an assumption that testifying in truth and reconciliation commissions is a healing experience for survivors, and healing has been a central concept in the general reconciliation literature and in political rhetoric around truth commissions. However, the findings of the present study are alarming. Traumatization, ill-health, isolation, and insecurity dominate the lives of these testifying women. They are threatened and harassed before, during, and after giving testimony in the gacaca. The article provides a picture of the reconciliation process that we seldom see.

Keywords truth and reconciliation commissions • healing • security • psychological health • Rwanda

Introduction

DURING THREE MONTHS – from April to July 1994 – nearly one million Rwandans were killed in one of the most extensive genocides of our time (Prunier, 1995; Melvern, 2000). The genocide in Rwanda was the culmination of a century of ethnic discrimination and violence, and four years of civil war. Neighbors murdered neighbors; family members murdered family members. Sexual violence was systematically used by Hutu extremists towards Tutsi women and girls as a method of war, not only to inflict pain and humiliation but also to spread HIV – and thus ensure the end of the Tutsi people (Human Rights Watch, 2004).

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Ethnicity played a crucial role in the Rwandan genocide. Since precolonial times, Rwanda has been the home of three ethnic groups: Hutu, Tutsi, and Twa.[1] The Tutsi, by tradition cattle herders, were the small elite, holding political power, privileges, and higher social status than the vast Hutu majority, who were peasants. The Twa, a Pygmy group, were very few and greatly discriminated against by both Hutu and Tutsi.[2] These social roles have pertained throughout recorded history and were gravely accentuated by the Belgian colonists. After Rwanda gained independence in 1962, radical Hutus took power in the country and severe discrimination against Tutsi began. Tutsi were excluded from all official posts, executed at random, deported to unfertile regions of the country, and forced to flee. Waves of violence, massacres, and pogroms followed in the decades to come.

Hutu extremism thrived on subjugation, poverty, and fear. On 6 April 1994, an airplane carrying President Juvénal Habyarimana was shot down while landing at Kigali airport, by whom is still unknown. This event unleashed an unforeseen 100 days of horror, both for Tutsi and for many moderate Hutu. Men, boys, and male babies were among the first to be killed. Women and girls were subjected to massive sexual violence; many of those who were killed were first raped (Baines, 2003: 487). Corpses were left unburied in the sun and dumped into latrines. 'Killings came to be referred to as *umuganda* (communal work), chopping up men as "bush clearing" and slaughtering women and children as "pulling out the roots of the bad weeds"' (Mamdani, 2001: 194). The genocide ended in July, when the Tutsi-led Rwandan Patriotic Front (RPF) took hold of Kigali. The country was in ruins.[3]

After the genocide, the new Rwandan government was faced with the task of making peace, in every village on every hill. The traditional conflict-management mechanism of *gacaca* was initiated by the government in 2002 – now to deal with the major crimes of genocide instead of, as previously, minor crimes such as theft.[4] The gacaca was introduced to promote truth, unity, and reconciliation in the country.

[1] The constitution of the population has been estimated as being: Hutu 85%, Tutsi 14%, Twa 1%, both in pre-independence and in post-genocide Rwanda; see Kumar et al. (1996: 271) and the CIA Factbook at https://www.cia.gov/library/publications/the-world-factbook/geos/rw.html (accessed 8 August 2007).

[2] Women have historically had few basic citizenship rights and have lived under considerable social control, relegated to the domestic sphere, having in average nine children; see Baines (2003). Contraception was illegal under the dictates of the Roman Catholic Church. Today, a law has been enforced enabling women to inherit land, and Rwanda has the highest proportion of women in parliament in the world. However, there are severe problems. For example, rates of domestic violence are exceedingly high and the subordination of women in the stongly hierarchical structure of the family continues to exist; see Ministry of Gender and Family Promotion (2004).

[3] For more detailed accounts of Rwanda's history and the genocide, see Lemarchand (1970); Prunier (1995); Uvin (1998, 2001); Des Forges (1999); Mamdani (2001); Dallaire (2003); Reyntjens & Vandeginste (2005); Straus (2006).

[4] The crimes of the genocide in Rwanda have been divided into three categories: Category 1 consists of instigators and leaders of the genocide and sexual violence; Category 2 covers killings and serious attacks that may or may not have caused death; Category 3 deals with offences against property. Those accused

The gacaca involves the entire country, every village or neighborhood having its own gacaca court with locally elected judges and mandatory participation by the villagers. On the day of gacaca, scheduled once every week, the nine selected judges, the villagers, the accused, and the witnesses assemble for the trial. The witnesses give testimony, the accused gives his or her account, and the audience also has the right to speak. The judges ask and listen. They determine the verdict on the accused. The gacaca courts are a traditionally based *functional equivalent* to a truth and reconciliation commission (TRC).[5]

Owing to the devastating events of 1994, dividing into ethnic groups or discussing ethnicity is banned in Rwanda today – the country's population is Rwandan. Yet, ethnic belonging remains important in the minds of people and in everyday life. The surviving Tutsi form a small minority throughout the country, while the Hutu, including former *génocidaires*[6] and their families, are in the vast majority. It is in this setting that the gacaca takes place: survivors testify surrounded by former enemies.

In initiating the gacaca process, Rwanda follows a path similar to many countries emerging from internal conflict today. Truth and reconciliation commissions have become an important part of peacebuilding. There is a rich theoretical literature on the significance of reconciliation as a post-conflict peacebuilding strategy (Hamber & van der Merwe, 1998; Minow, 1998; Lederach, 1999; Rotberg & Thompson, 2000; Hayner, 2001; Helmick & Petersen, 2001; Kotzé, 2002; Bloomfield, Barnes & Huyse, 2003; Brounéus, 2003; Long & Brecke, 2003; Bar-Siman-Tov, 2004; Stover & Weinstein, 2004; Borer, 2006).

The underlying assumption in much of the peacebuilding literature, as well as in political rhetoric, is that truth-telling is cathartic or healing and will thereby advance reconciliation. The present study critically examines this basic assumption by looking at whether it finds empirical support in a group of women genocide survivors who have given testimony in the gacaca process in Rwanda. On the basis of psychological research, a contrasting expectation of truth-telling could be made, as we will see below – namely, that there may be risks for retraumatization. The results of the present study are alarming. Traumatization, ill-health, isolation, and insecurity dominate the lives of the testifying women. This study presents a novel understanding of the complexity of reconciliation and raises questions about the design of truth commissions.

under Category 1 are tried in the national courts or the ICTR (International Criminal Tribunal for Rwanda). Individuals accused under Categories 2 and 3 are treated in the gacaca (pronounced 'gatchatcha') courts in their home communities. 'Gacaca' literally means 'grass' in Kinyarwanda, referring to the tradition of assembling outdoors on the grass for the proceedings.

[5] The term 'functional equivalent' is used in anthropology and sociology, and was suggested in this context by Adele Jinadu (personal communication, 4 December 2003).

[6] *Génocidaires* is the term used in Rwanda for the perpetrators of the genocide.

The Assumption of Truth-Telling as Healing

Several important schools of thought have led to the assumption that truth-telling is healing. Theological thinking in the area of reconciliation as a peacebuilding mechanism emphasizes how truth leads to forgiveness, healing, and reconciliation (Lederach, 1999; Tutu, 1999; Biggar, 2001; Helmick & Petersen, 2001). The South African TRC was led by Archbishop Desmond Tutu, which brought a spiritual dimension to both the practical work and the rhetoric of the commission (Meiring, 2000). One slogan during the process read 'Revealing Is Healing', and in its final report the TRC stated that giving testimony served a therapeutic function (Truth and Reconciliation Commission, 1998). The South African TRC has been an important model and source of inspiration for other countries after internal conflict. Furthermore, the assumption of the healing power of TRCs has also been influenced by the psychoanalytical literature, where testimony in therapy often is seen as an important ritual for individual healing (Agger & Jensen, 1990; Skaar, Gloppen & Suhrke, 2005). For example, it is assumed that through the process of giving testimony about torture, the pain is shared and the feelings involved transformed from shame to dignity (Agger & Jensen, 1990; Herman, 1997; Minow, 2000).

However, there is very little empirical knowledge of these processes, even from a therapeutic point of view. Claims such as the above need empirical backing to become credible – or evidence to be falsified. Mendeloff (2004) argues that the beneficial claims made in the literature of truth-telling and truth-seeking mechanisms on reconciliation and peace have been based on flawed assumptions and faith rather than on empirical evidence. He argues that there is a need to restrain the enthusiasm for these mechanisms in the absence of empirical knowledge. As Kotzé (2002: 166) observes: 'We still await studies about the psychological impact of truth commissions.' DeLaet (2006: 170) states that 'scholars and practitioners of transitional justice must give greater attention to individual psychological processes [in truth commissions] if they genuinely believe healing and reconciliation are integral to promoting peace and justice in the long term'. Since it is 'the victims' suffering that is now at the core of how truth commissions operate' (Hamber, 2006: 212), it is their experience that requires analysis. The present study contributes to filling this lacuna.

The Impact of Legal Intervention on Psychological Health

The lack of empirical knowledge regarding truth commissions and their effect on victims is not surprising considering that research on the impact of legal intervention on the mental health of crime victims in general is practically nonexistent (Herman, 2003). As the Western legal system by tradition is offender-oriented, the focus of legal-process outcomes has been on 'what happens to the offender, rather than what happens to the victim' (Herman, 2003: 165). Some findings suggest that *not* confronting the perpetrator face-to-face in court may be better for the victim's psychological health (Herman, 2003: 162). A Canadian study of adult survivors of childhood sexual abuse found that all participants (n= 93) experienced that giving testimony 'disrupted lives and relationships . . . [causing] nausea and vomiting, as well as psychological distress' (Herman, 2003: 164). However, as Herman points out, stressful as it may be at the moment of testimony, this may not be harmful in the long run. Lacking research, we do not know.

Herman does draw one important conclusion on the basis of existing knowledge: restorative justice programs, in which the crime is seen as a violation of relationships and the offender and victim meet to mend this relation, 'can be effective only when the safety of the victim and other potential victims has already been secured. No victim can safely participate in these programs as long as the perpetrator retains the power to harass or intimidate her' (Herman, 2003: 163).

Sexual Violence in Rwanda

In recent years, a wave of research has emerged demonstrating the importance of focusing on the experiences of both men and women in and after war (Tickner, 1992; Jones, 2000; MacKinnon, 2005). War strikes men and women differently. More men are killed in war, while women are subjected to non-lethal violence and 'far more vulnerable to sexual violence and predation' (Human Security Report, 2005: 107).

However, men are also raped, and women are also killed. Non-lethal violence such as sexual violence 'can have long-term lethal consequences' (Olsson, 2007: 26) due to stigmatization and the consequential loss of security, or to sexually transmitted diseases, such as HIV/AIDS. McKay (2000) argues that, owing to the stigma attached to sexual violence, truth-telling processes may involve more risks for women than for men. Yet, the different realities of men and women in and after war are under-researched (Olsson, 2007).

Addressing this lacuna is essential, as stereotypical assumptions about men and women both in war and in its aftermath may lead to misguided decisionmaking that may undermine security and peace. Very little is known of women's experiences of the truth-telling process – a gap it is hoped the present study will help to fill.

Sexual violence against women and girls was part of the genocidal strategy in Rwanda. The sexual atrocities committed were ruthless. The women in the present study were subjected to sexual violence such as gang-rape; rape with guns, beer bottles, or other objects; sexual slavery; and sexual mutilation.[7] Several were raped after having witnessed their families being killed and, despite begging to be killed, were left alive – in order to prolong their suffering. At least three of the women were infected with HIV during the genocide. Two have children from rape. It has been estimated that between 250,000 and 500,000 rapes were committed during the genocide.[8] We need to know how these women are coping in the process of reconciliation.

The Psychological Theory of Truth and Reconciliation

Three recent findings within psychology of relevance for truth and reconciliation commissions provide the theoretical starting points of this article and require further elaboration. First, there have been reports in South Africa that suggest a risk of retraumatization for individuals giving testimony to the Truth and Reconciliation Commission (de Ridder, 1997; Byrne, 2004); the gacaca being a functional equivalent to the TRC, lessons may be learned from this. Second, there is the recent recommendation that the practice of early psychological intervention after trauma, so-called *one-session debriefing*, should cease, as it may increase the risk of post-traumatic stress disorder (PTSD) and depression (Rose et al., 2002). One-session debriefing and witnessing in a TRC have one important common denominator: they both involve short and intensive trauma exposure. If there are risks involved in one-session debriefing, this may also be the case for giving testimony in a TRC. Third, there are novel theoretical explanations in cognitive-behavioral therapy (CBT) and neuro-psychology for why short trauma exposure may lead to retraumatization.

[7] Similar accounts have been documented elsewhere; see, for example, Human Rights Watch (1996, 2004).

[8] Estimations by the UN Special Rapporteur on Rwanda, quoted in Jones (2002: 81) and Human Rights Watch (2004: 7). Rwanda's National Population Office has estimated that between 2,000 and 5,000 children were born as a result of rape; see Human Rights Watch (2004: 8).

Healing and Retraumatization in the South African TRC

Despite considerable attention on the South African TRC, very little focus has been directed on how victims experienced testifying before the commission. However, one study and some anecdotal evidence exist, suggesting that some survivors experienced giving testimony in the TRC as cathartic, while others were further traumatized, *retraumatized*, by the experience. Byrne (2004) conducted in-depth interviews with 30 black South African survivors who had testified in the South African TRC and found that a small number (n=7) experienced testifying as positive and relieving, whereas for the majority (n=24) it had been painful and disempowering. Twelve survivors felt they obtained new information from the TRC that they appreciated. Expecting to hear the truth and not hearing it (n=14) was, however, emotionally very difficult.

De Ridder (1997: 33), a clinical psychologist who assisted witnesses in the South African TRC, reported that a 'worrying number [of witnesses] . . . find that in the weeks following their deposition, there is a return and intensification of symptoms associated with the original violations as well as the onset of new symptoms that may be related to an actual retraumatization caused by retelling the story'. Allan (2000) argues that even though some individuals experienced giving testimony as cathartic, this does not necessarily imply that it actually was therapeutic. Furthermore, we do not know how general the feeling of catharsis was. Allan (2000: 198) states that the question remains 'whether the process brought about an enduring change for the better, or merely short-term symptomatic relief', and calls for research in the area. He warns that the 'myth' – that testifying in a TRC is a healing process – can involve risks. For example, survivors may be misled to testify in the belief that it will be good for them; there is also a risk that governments that believe in the myth will fail to arrange for treatment needs, and thus the belief may deprive people in grave need of treatment from adequate help, as their needs are not adequately appreciated (Allan, 2000: 199; Allan & Allan, 2000).

As mentioned, the South African TRC stated in its final report that giving testimony served a therapeutic function (Truth and Reconciliation Commission, 1998). Observers noted that 'much of the language of the [South African] TRC is inherently psychoanalytic' and, as the psychoanalytical tradition has not been based on empirical evidence, the assumption of the healing power of giving testimony was sufficient (Swartz & Drennan, 2000: 206). This assumption has remained unquestioned in both political rhetoric and scholarly literature.

One-Session Debriefing

The use of one-session psychological debriefing, a type of early psychological intervention after a traumatic experience[9] aimed at preventing subsequent psychological ill-health, has been widespread in recent years, though evidence for its efficiency has been lacking for a long time. In 2002, a Cochrane Review[10] was made, on the basis of which it was recommended that the practice of one-session debriefing should cease (Rose et al., 2002). The meta-analysis by Rose et al. found no evidence that one-session debriefing is useful in preventing or reducing the severity of depression, PTSD, anxiety, or general psychological morbidity. There was some indication that it may even increase the risk of PTSD and depression.

Considering the lack of research on survivors testifying in truth commissions, turning to studies of similar situations may give some guidance in formulating hypotheses. Despite differences, there is one important similarity between one-session debriefing and participation in a truth commission: the trauma is spoken of on one occasion in an official setting. In debriefing, efforts are made to make the setting feel private and secure, the aim being therapeutic and not truth-telling or judicial. In truth commissions such as the gacaca, the setting is public and open and the aim is not therapy. These are factors that would reasonably imply additional discomfort for the survivor. This would indicate that if one-session debriefing is negative for psychological health, testimony in a truth commission will also involve risks for the survivor, possibly even larger.

Short Trauma Exposure

Thus, it is known that some witnesses in the South African TRC were retraumatized when giving testimony of their trauma, and that short re-exposure to trauma risks further psychological ill-health. Current psychological research in cognitive-behavioral therapy and neuro-psychology gives insights into why there may be a risk of retraumatization in these situations: too short exposure to the traumatic experience risks enhancing trauma reactions instead of decreasing them because there is no time for *desensitization* or *relearning* (Brewin, 2001; Paunovic & Öst, 2001; van Emmerik et al., 2002; Rose, Bisson & Wessely, 2003). In short, this research finds that exposure to the traumatic event, either through imagery (thinking of the event) or *in vivo* exposure (going to places/situations that remind strongly of the trauma), is an essential component in psychological treatment of PTSD. However, it is important how it is done. Exposure to the trauma gradually

[9] Such as large-scale accidents or natural disasters.

[10] Cochrane Reviews are systematic assessments of evidence of the effects of healthcare interventions. They are renowned internationally for providing high-quality, reliable healthcare information.

leads to habituation or *desensitization* – that is, the traumatic stressor will no longer evoke high levels of anxiety and fear. By staying in the feared situation until the physiological and psychological warning systems fade out, a victim relearns physiological and psychological responses to a previously threatening situation. If exposure is too short, this learning process cannot be made, and the trauma is maintained or intensified. Treatment often ranges from 4 to 20 sessions.

In addition, a safe and controlled environment and a trusting relationship between the survivor and the therapist are important basic components for treatment. In the case of the gacaca, the judges are not professionally trained in giving psychological support. Furthermore, the proceedings are held in a schoolroom or most often outdoors, with a panel of nine judges, the accused perpetrator, and the assembled villagers as audience, including the family and friends of the accused.[11] These factors are likely to increase the feeling of vulnerability in comparison with a therapeutic setting and be an additional discomfort to the witness.

In sum, we know little of the effects of testifying of trauma in front of a panel of judges, the accused, and an audience. The literature and political rhetoric on reconciliation has often referred to truth-telling as healing. However, the psychological findings described above suggest that there is reason to be cautious in stating that testifying will be healing for an individual before we have empirical evidence to support such a claim. The present article contributes to our empirical knowledge of truth-telling by examining the experiences of 16 women genocide survivors who have testified in the gacaca process in Rwanda.

Method

Interview Methodology

The interviews were conducted at Avega, a widows' association in Kigali, Rwanda, in late April 2006.[12] Avega is a well-known and highly respected association that provides medical and psycho-social aid to widows, women

[11] A minimum of 100 people must assemble in order for the gacaca to proceed. Pagnier (2004: 93) writes that there are threats of fines for absence and that the Local Defence Force (one in every village) in some areas 'encourages' people to show up at the gacaca.

[12] April is the survivors' month of mourning in Rwanda, in commemoration of the start of the genocide (7 April 1994). The first week of April is the most significant: schools are closed for holidays and 7 April is a public holiday. This being a time of grief, the question arose whether it was ethically acceptable to conduct interviews and also whether mourning could affect the interviews in some way. It was decided by both Avega and Ibuka, the largest survivor organization in Rwanda, that there were no ethical or other problems with interviewing: they were of the opinion that, even though April is quite particular, the survivors are constantly mourning. The interviews were made as late in the month as possible (24–27 April).

and girls who survived the genocide. The head office in Kigali receives women from the central and southeastern parts of the country.[13] The interviews were conducted individually in French/Kinyarwanda with the help of a counselor as interpreter. Interviews were made on four consecutive days, four per day. Each day I was helped with interpretation by one of the counselors at Avega – that is, one interpreter per four interviews.[14]

Participant Selection

Every morning, many women come to Avega and then sit and wait to receive the help they need. Each morning during the week of interviewing, the head counselor asked four women upon their arrival at Avega if they would agree to be interviewed regarding giving testimony in the gacaca. The interviews with these women took place while they were waiting for the help they had come for, or they would stay a while longer after their appointments were completed.

There is a possibility of selection bias. The women who come to Avega come to receive medical, psycho-social, or economic assistance. This may imply either that they face more problems than surviving women in general or that they are more capable than others, that is, in better psychological and physical condition than surviving women who do not or are not able to come. The head counselor asked the first four women to arrive each morning; however, there is always a risk of unconscious bias in this selection.

The women ranged in age from 27 to 67, with a mean age of 44 years. Five came from Kigali, ten from the western province (Gitarama), and one from the southern province (Butare). A slight majority had completed primary school; six had no schooling at all. Fourteen of the women had given testimony in the gacaca, one had testified in the ICTR, and two were *Inyangamugayo,* that is, judges in the gacaca, of which one had not testified in the gacaca.

Travel expenses were covered, ranging from US $1–5 per person. Interviewees were informed of this compensation after the interview had been completed.

[13] Researchers must have authorization from the survivor associations to speak to survivors for research purposes. I am grateful to Avega's president for granting me this approval, as well as to the president of Ibuka, the largest survivor organization in Rwanda.

[14] This arrangement was made in order to cause as little disturbance as possible to the staff's overwhelming workload and still give me the benefit of working with counselors whom the women trusted in their capacity as Avega staff. Such professional help was invaluable. Choosing an interpreter for sensitive subjects is difficult. There are few professional interpreters in Rwanda. There is also a deep suspicion between people. Two risks arise if there is a relationship of distrust between the interviewee and the interpreter: first, the interviewee may choose not to speak freely; second, the interpreter may hide facts or distort information according to their own opinion. In both cases the interview material will lose its value.

The Interviews

The interviews were semi-structured, allowing the women to elaborate on issues as they wished but still keeping the same key questions and contents across all interviews. Interview length ranged between 23 minutes and 67 minutes, with a mean length of 43 minutes. The difference in time depended primarily on how much the interviewees spoke of their experiences in 1994. The interviews were recorded on dictaphone after consent by the interviewee. All interviewees gave permission to record their interviews.[15]

Making Sense of the Interviews

In this section, I will describe the backgrounds of the women I interviewed in order to put their experiences today into context. Thereafter, I will present two themes that emerged in the interviews of how testifying in the gacaca has affected their lives: (1) security problems as a result of giving testimony in the gacaca; and (2) psychological ill-health.

Experiences in the Genocide

Some time into the interview, I asked the women whether they would consider telling me a little of what they experienced during the genocide. As this was not the focus of the interview, I did not prompt for more information than each woman chose to give. As we have seen above, speaking of trauma is often very difficult. For this study, some information on previous experiences would provide better grounds for understanding the situation of the women today, although in-depth knowledge was not required.

All of the women I interviewed were widowed in the genocide, except three who were themselves children at the time and have never been married. Two of these have children as a result of rape during the genocide. The third was infected with HIV by rape, as were two of the widows. Only one woman survived together with all of her four children; she has today three adopted children living with her as well. The other women saw their children be killed in the genocide. Some lost all. One woman has been unable to cry since 1994. She lost her seven children.

One woman was not raped in the genocide. Members of the *Interahamwe*, the Hutu extremist genocidal militia, were in the act of preparing her rape when soldiers of the RPF entered her village and came to her rescue.[16] Seven

[15] Prior to their decision, I informed the interviewees about the purpose of the interviews, pointing out that the recordings would be anonymous and would only be listened to for the purpose of transcription.

[16] The Interahamwe ('those who work together') were a branch of the ruling party; the RPF was the Tutsi-led military force that liberated Rwanda from the genocidal regime.

women spoke of the sexual violence they had been subjected to; the remaining eight did not do so explicitly, although insinuations were made. I did not ask about rape in the interviews.

All of the women emphasized the importance of God in their lives. Without God, they would not be alive; without God, they could not face the perpetrators. One of the women had not gone to church since the genocide owing to the Roman Catholic Church's role in the genocide.[17] Seven of them were devoted to free churches,[18] six were Catholic, and three Protestant.

All but one thought that the *génocidaires* had *not* changed in their attitudes since 1994. 'There are signs that they do not want us', one woman said. Several of the women were deeply worried for their children's safety. They stated that discriminatory attitudes toward Tutsi are being inherited by Hutu children. Their children are ridiculed and called derogatory names involving ethnicity by neighboring children, such as '*réscapée* child' or 'child of Tutsi'.[19] One woman's son was nearly killed by a group of young villagers when he went to fetch water. Several women said that if there were no laws against violence, the genocide would start again tomorrow.

Health problems were a large difficulty for the women. A number of women had genital problems, such as severe damage to the uterus or fistulas as a result of sexual violence. Several live with chronic headaches and sleeping disorders. As mentioned above, three had been infected with HIV through genocidal rape. Two had children from rape and had been ostracized from their families as a consequence. These two women were 15 and 16 years old, respectively, at the time of the genocide; both were mass raped. They gave birth alone, one in a hut, one in hospital. Both spoke of the agony of not being able to love their children enough.

Theme 1: Security Problems as a Result of Giving Testimony in the Gacaca

Security was one of the largest problems for all 16 women, without exception. For all, harassments and threats started *after* they began giving testimony in the gacaca. Before, they tried to forget and coexist: 'we even prayed together', said one woman (Interview 4: husband killed in genocide, all four children survived, has three adopted children as well). She continued: 'Before giving testimony, things were better. I tried to forget the past . . . to live with these horrible experiences but continue with life. But, after gacaca everything has changed, because they even dare destroy my house, break my windows. I reported this to the council member of the sector, but he has some family

[17] Leaders of the Roman Catholic Church in Rwanda had close relations to the government during the war, and several have been accused of being instigators of the genocide.

[18] Pentecostal n=4; Methodist n=1; Adventist n=2. Since the genocide, free churches have become very important in Rwanda.

[19] *Réscapé* is the term used in Rwanda for survivors of the genocide.

members who participated in the genocide, so consequently he did not give much weight to my complaint.'

Another woman explained: 'Before, I was not afraid. I lived with my reality [husband and all seven children killed in genocide]. At the gacaca, I pointed out the person who killed my husband and my children. . . . Afterwards, they considered me an enemy. . . . What hurt me was that my neighbors did not greet me. I lived alone. I was always alone. I did not have anyone to give something to, not even some water. . . . My enemies sought a way to kill me. That is why I now live in an Umudugudu' (Interview 9).[20]

At night, people throw stones at their doors; several of the women had had their windows broken. One woman, who lost her entire family in the genocide, described how one of her perpetrators looks through her keyhole at night and asks her if she knows when the Interahamwe are coming. Another woman came with her hand bandaged in a sling. One month earlier she had been attacked in her house, battered and cut by a machete. Her son was also beaten up.

'Also, we receive threats. People throw stones at our door, and we cannot sleep. . . . I do not even know if my youngest child, who is by himself at home when I have come now to Kigali, if he is still alive' (Interview 2: two children and husband killed in genocide, four children survived).

'There is no security because they bring their cows to graze whatever has grown on my land plot. . . . Since I gave testimony, I am threatened' (Interview 16: HIV from rape in genocide, four children and husband killed in genocide, two children survived). Several women gave similar accounts of how their crops are stolen or destroyed by cows that are brought to graze on their plots of land. Survival depends on their own cultivations, so theft of crops is taken as a direct threat towards existence. Some women were afraid because their neighbors no longer say good morning and start whispering and pointing when they pass by. 'After having given testimony, my neighbors look at me spitefully. They reproach me for having testified against them, and when I say good morning they do not answer. They say: "Continue to achieve your plan". And so, I keep quiet' (Interview 5: child and husband killed in genocide).

Insecurity as a result of wanting to give testimony is illustrated by this woman who was infected with HIV through rape during the genocide at age 19: 'When I wanted to testify, they did not want me to give correct testimony. They made me be quiet. . . . Then I kept quiet because I saw that I was not safe enough. . . . They attacked my home three times successively. . . . First, we told the coordinator of the sector that we do not have safety, but he didn't want to take this into consideration. . . . When the coordinator sees me, he says he will come and give me safety, but we have waited and he has not

[20] An *Umudugudu* is a small community of ten houses where survivors live together.

come. . . . Before giving testimony, there was neither insecurity nor attacks. . . . Since the attacks, I am afraid. I am afraid. . . . I cannot go outside after 6 pm, and I do not wake up early in the morning so as to not meet anyone outside' (Interview 6). Several women gave similar accounts of how their security complaints were not taken seriously by the authorities.

Several spoke of intimidation during the gacaca hearings. The audience tries to sabotage their testimonies by shouting and making insulting comments. One woman, who was mass raped during the genocide at the age of 15 and has one child from rape, said: 'I am not safe because the people who hurt me have been released from prison. They often pass by my house. I think they have bad intentions. . . . I was afraid when I gave testimony in the gacaca because the people were yelling. . . . Afterwards, they came; they broke my windows. I was afraid. I thought I would be killed. . . . I do not go to gacaca any longer. I am scared to be attacked or killed. My sister was killed in February after she had given testimony' (Interview 14). The women are threatened before the gacaca, to deter them from giving testimony; during the hearings, to quieten them; and afterwards, as punishment.

'In general they are still hateful. . . . We try to live with them, and we try to hide that we are afraid of them. . . . We do not have security, but we have to try. . . . We try to camouflage our fear, to not show them that we have insecurity and are afraid' (Interview 7: raped in genocide, husband and six children were killed, one survived). This interviewee then continued: 'What we would ask of the government, the administration, is that they be close to us and that they protect us during the gacaca jurisdictions. When we give testimony, the *génocidaires* and their families are stronger and more numerous than we are. We are very few. Our voice cannot be heard as well as theirs.'

Theme 2: Psychological Ill-Health

Many women were ill the days before giving witness in the gacaca, as well as during and after the hearings. The same woman we heard speaking of safety in the preceding paragraph said: 'The days before giving testimony, I felt ill. I could not sleep . . . I kept thinking that if I give testimony, they will persecute me. Because the man who raped me, we met, and he said, "You, have you been resuscitated?" The first time I gave testimony, the prisoners were there; the man who raped me was there, and he said he had wronged against me. . . . But, that day, I could not forgive him. If he came and asked forgiveness again, I would, because even if I refuse to forgive him my family will not come back. . . . But, that day I felt very ill at ease. . . . He told everything: what he did to hurt me; how he killed my child – I carried one child on my back; he told how he beat him with a club, the other child how he had cut with a machete. . . . He told everything. . . . I could not hear, because I fainted and

fell on the ground. They carried me home' (Interview 7: raped in genocide, husband and six children were killed, one survived). This woman's account illustrates the anticipation of the gacaca and how exposure to deeply traumatic information can be experienced: she fainted and her testimony thereby stopped. Maybe this is also an example of a perpetrator's sabotage of a testimony: it is unclear whether she herself had chosen, for example, to testify about the rape she had been subjected to. Very few women do.

One woman spoke of the psychological strain of witnessing and open sabotage: 'The day of testimony, I had a crisis. I fell to the ground, and then I collected pebbles and started throwing them at the men, because the men who raped me were there. . . . I was trembling. My heart stopped beating. It was as though I didn't have a heart. . . . It was difficult, because I cried very much. Then I tried to continue in writing instead. . . . The most difficult is that they sabotage the testimonies. When we give testimony, they do not listen. They lie. They do not tell the truth. . . . It was after giving testimony I began having security problems. People threw stones at my house' (Interview 15: mass raped, seven children and husband killed in genocide, one child survived).

Another woman spoke of harassment during the gacaca, which led to a psychological crisis: 'When I gave testimony, the other survivors with the same problems supported me. They gave me strength . . . but the *génocidaires*, they are still angry. Even the Inyangamugayo, they did not understand anything of my testimony. . . . They said derogatory remarks of women. They said that [the skeletons of family members were] the bones of dogs. . . . They said it was not the bones of people, but of cows, dogs, not of people. . . . I had a crisis. I could not continue' (Interview 10: eight children and husband killed in genocide, one child survived, three adopted children).

One woman, who was infected with HIV during the genocide and lost four of her six children and her husband, is no longer permitted to give testimony: 'When I gave testimony, I had a psychological crisis. . . . When you give testimony surrounded by people who have killed your family . . . you feel ill; you feel insane. . . . Now, they do not let me speak at the gacaca. They say I am insane' (Interview 16: HIV from rape in genocide, four children and husband killed in genocide, two children survived).

Several women spoke of having a '*traumatisme*' when witnessing at the gacaca, which meant reliving the trauma very strongly, crying, shaking uncontrollably, or fainting. There were two consequences of this *traumatisme*. First, there were feelings of shame about having exposed such strong emotions in public, in front of the families of the perpetrators. Second, after having been helped to their home, no one came to visit to see how they were. 'What hurt me the most was that they saw me, I had the *traumatisme* surrounded by them. And no one even came to visit me afterwards to see how I was doing. . . . I experienced that by myself, and I do not want to return' (Interview 1: husband and seven children killed, one child survived).

This loneliness was associated with a strong sense of vulnerability. Two of the women had moved to an Umudugudu[21] and now felt safer in their place of residence. For many, however, moving is an impossibility. Several women stated that it is difficult to see the families of the perpetrators, to see that they are a father and mother, to see all of their children, their grandparents. This reminds them that they also had large families earlier but now are alone. 'It will not be easy to heal the wounds of genocide. . . . Those people who killed our families, they are free. They are with their families, and we, we are alone. . . . And they do not make efforts to live with us. They do not apologize. They do not show us reconciliatory acts' (Interview 1: husband and seven children killed, one child survived). In the context of Rwanda, the network of the family is crucial. Being alone means no security when ill or old, and no help in everyday life. This sense of isolation and vulnerability was poignant.

Isolation can be found within families as well, both due to the stigmatization of rape and on account of the killings that were committed within families. Staub & Pearlman (2001) have described the 1994 events in Rwanda as an 'intimate genocide'. 'I saw many things in 1994 that I am not capable of reciting. It is too exceptional. It is too overwhelming. . . . But, in the gacaca, I told them that it was my father who killed my husband and four children. . . . And, even though some people were angry, I continued to talk. . . . What hurts is that they say, they say words that hurt. They do not throw stones at my house, but they say words that hurt. . . . My body aches. I am ill at ease' (Interview 12: four children and husband killed in genocide by her father). This woman denounced her father at the gacaca and continues to be harassed by her own family. The destructive impact of such circumstances on psychological health and their consequent implications for healing are quite imaginable. This woman also said that the *génocidaires* will always be *génocidaires*; they do not change. Like many of the women, the only trust she has is in God and her counselor at Avega.

One woman described her feelings after having given testimony: 'I felt very bad. I felt as if it were 1994. . . . I saw the clubs, the machetes. I thought they would come to kill me again. . . . I felt disgusted by life' (Interview 7: raped in genocide, husband and six children were killed, one survived). Many women spoke of how they re-experienced their traumas of 1994 during the gacaca as though they were happening today. Many described how they were taken home from the gacaca due to *traumatisme* or crises. For all, the gacaca and psychological ill-health were closely linked.

[21] See footnote 18.

Conclusion

In this article, I have presented the first results of a project on the gacaca, psychological health, and reconciliation in Rwanda. In-depth interviews were conducted with 16 women genocide survivors in Rwanda who had given testimony in the gacaca, the village tribunals initiated to enhance reconciliation after the 1994 genocide. The aim of the interviews was to learn more of how testifying in such a public event as the gacaca affects psychological health: did the women find this experience healing or retraumatizing, or were there other issues involved?

There has been an assumption that testifying in truth and reconciliation commissions will be a healing experience for survivors. Healing has been a central concept in the general reconciliation literature and in political rhetoric around truth commissions. However, on the basis of psychological research on one-session debriefing, I argue that there may be risks involved concerning the psychological health of women survivors who give testimony in the gacaca. These risks would be due to the short-term exposure testifying involves, as well as to the vulnerable position of testifying in an environment surrounded by family members of the perpetrators, as well as by the perpetrators themselves, and in relation to sexual violence.

This argument is confirmed in the empirical material. For all of the women interviewed, giving testimony involved intense psychological suffering. Five could not continue their testimonies due to *traumatisme*, or severe psychological ill-health. Several re-experienced their traumas of the genocide so strongly that they felt as though it was happening again. They saw the machetes, heard the noises, smelled the smells. Though we do not know the long-term effects, at this stage none of the women considered giving testimony a healing experience. The basic assumption of truth-telling as healing is thus very much challenged by this study.

In this empirical examination of truth-telling and healing, insecurity as a result of the truth-telling process emerges as one of the most crucial issues at stake. For all of the women, insecurity began with the gacaca. After beginning to testify in the gacaca, these women had begun to be subjected to threats, harassment, and violence. They are attacked both physically and psychologically, and their houses and crops abused. This finding is alarming. Insecurity was not part of my initial hypotheses of problems. Security risks are not included in the theoretical literature on truth-telling and reconciliation. On the contrary, there is an assumption that the country is at peace and thereby safe for the population. Physical security is the first step in negative peace, according to Galtung (2001). The foundations of the state include that it should provide security for its population and have a monopoly on violence (Weber, 1964). A state at peace is assumed to provide security.

However, following internal conflict, attitudes and behaviors do not change from genocidal to collegial at the moment of a declaration of peace. Although security has been the top priority of the new Rwandan government, poor infrastructure in rural areas and an extremely dense population have led to a concentration of the security forces in the capital of Kigali, and much is left to be done in the provinces.

In the gacaca, the witness is surrounded by an audience consisting of former *génocidaires* or their families. There is an obvious possibility that survivors feel threatened in this environment. Physical security is essential for psychological health. If security is threatened, this may lead to a number of outcomes apart from psychological anxiety and ill-health – for example, an increase in violence in order to silence the truth, acts of revenge from either group, or skewed testimonies leading to a distorted picture of the past that may lay the grounds for renewed conflict.

In addition, several of the women in this study have no family left, which increases their sense of vulnerability. Many were subjected to sexual violence during the genocide and live with chronic health problems as a result, ranging from severe headaches and genital diseases to HIV. Sexual violence involves profound feelings of shame, guilt, and humiliation for the victim – as well as ostracism from the community. Most women chose to give written testimony of sexual violence and verbal testimony of other experiences, such as the killings of their family members. However, several spoke of the shame of having been shouted at – 'She is the woman they raped!' – while giving testimony, by members of the audience attempting to sabotage their testimony. Traumatization, ill-health, isolation, and insecurity dominate the lives of these testifying women. They are threatened and harassed before, during, and after giving testimony in the gacaca. This is a picture of a reconciliation process we seldom see.

Several questions arise from these findings. One is the importance of security for a process of reconciliation. If security is not provided, the process may risk suffering a backlash in terms of either increased violence or suppression of truth. Another issue is the psychological risks survivors are subjected to: both by giving testimony *per se*, and by giving testimony in a setting surrounded by the enemy.

Some general implications for the study of truth-telling processes can be identified from this research. First, this study suggests that assumptions about truth-telling may be based more on theoretical thinking than on reality. The importance of conducting empirical research on truth-telling and reconciliation procedures in order to enable well-grounded theory and policy-making becomes clear. Second, the necessity of studying the effects of truth-telling on both women and men becomes evident. Men and women are struck differently by war and by peace after war. Truth-telling processes are likely to have quite different implications for women and men. Third,

considering the massive and systematic use of sexual violence in war, and the vulnerability this entails in the context of truth-telling owing to stigmatization, sexual violence should be brought to the focal point of truth-telling research and policy deliberations. Failing to provide security in truth-telling processes for women and men who have been subjected to sexual war crimes will counteract the attempt to uncover the truth and build peace.

How to design reconciliation procedures in order to minimize risks emerges as an urgent question in need of further research. Despite the best intentions, there are risks involved, and we must learn how to improve reconciliation processes for peacebuilding. The findings in this study indicate that culturally appropriate support is needed for the survivors before, during, and after the proceedings. There is also reason to cease stating that the truth necessarily heals.

And, still, some things are beyond our grasp. To the question of what she experienced as the most difficult with the gacaca, one woman answered: 'It is to begin thinking of my life.'[22] She is 31 years old and was infected with HIV by rape during the genocide.

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[22] Interview 11.

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