

Failing Women? Structural Violence's Relevance in Responses to Sexual Violence: A Case Study of Rwanda

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Sexual violence (SV) often causes survivors to experience devastating health, social and economic impacts. Framed within Galtung's structural violence theory, Crenshaw's intersectionality theory, and Giddens structuration theory, this paper explores the relevance of structural violence within two community based organizations in Rwanda that provide legal justice and economic resources as a way to address SV in the country. Both were established by the Rwandan government; gacaca was established after the 1994 Rwandan genocide and Isange One Stop Center was established in 2009. Part one of this paper aimed to integrate survivors' personal experiences in gacaca with several scholars' research and the Human Rights Watch reports in order to test for the relevance of structural violence in gacaca. Part two utilizes primary data and several scholars to test the relevance of structural violence within Isange. Ultimately, this paper argues and aims to demonstrate that structural violence is relevant in both organizations, and therefore is correspondingly relevant within the global pathology of SV. Given this, it argues that structural violence be named as a preventable problem. Drawing from Isange and gacaca, it provides insight into the ways in which survivor-centered support, educational campaigns, coordination between Government ministries and nonprofits working with SV, and the allocation of further resources could be utilized to better tackle the issue of SV. Ultimately, grounded in the theory of structuration, it advances a transformed approach to SV at all levels of society in order to revolutionize the SV pathology.

Methodology: Part one of this paper uses qualitative content analysis to evaluate the gacaca court system as the system relates to the experiences of women who survived sexual violence (SV) during the 1994 Rwandan genocide. Included in this data are survivors' testimonies.

Primary researchers obtained informed consent from survivors' before using their stories, and noted that stories were shared voluntarily. Survivors reported to these researchers that they shared their stories in order to integrate their narrative into the broader narrative of gacaca, and to prevent other women from experiencing similar manifestations of violence. In order to maintain an ethical framework as a secondary researcher, I avoided deceptive practices, and aimed to maintain the stories' integrity by reflecting them as they were originally told, and

keeping the welfare of the research participants' in mind. When a survivor chose to include her name to the primary researcher, I used this form of identification as well. Part two utilizes primary quantitative data that I collected in Kigali, Rwanda during the summer of 2018 as well as qualitative content analysis. Data were collected at Isange One Stop Center (Isange), a government-established, multi-sectoral clinic in Kigali, and analyzed the clinic's role in addressing SV. Data were collected through anonymous, semi-structured questionnaires, distributed to doctors, psychologists, and police officers from the center, as well as gender based violence (GBV) officers at the Ministry of Gender and Family Promotion (MIGEPROF). The head of each sector within Isange received questionnaires to distribute among her/his employees; thirteen of the twenty-three Isange staff members were interviewed. Questionnaires for Isange employees' explored: perceptions of the clinic's work in regards to SV, the main drivers of GBV, how MIGEPROF continues to work with the clinic, and what constraints limit the employees' work with survivors. Questionnaires for the government officers questioned: their perceptions of Isange's ability to accomplish its goal in respect to SV and how the Ministry coordinates with the Kigali clinic. The ethics of the data were approved by the Rwanda National Commission of Science and Technology. Data from part two were analyzed using Statistical Package for Social Sciences. The data from Isange are not generalizable to all Isange clinics present in Rwanda; however, do provide nuanced insight regarding the pathology of SV in Rwanda.

Theoretical Framework: This paper was guided by Johan Galtung's structural violence theory, Kimberle Crenshaw's feminist intersectionality theory, and Anthony Giddens' theory of structuration. Broadly, Galtung defines structural violence as violence built into structure without

a primary actor, which enables the reproduction of unequal distribution of power, privilege and resources through policies. The deficiencies and barriers presented in structural violence reinforce inequitable social patterns, and most greatly impact those of lowest race, class, and gender ranks. Critically, the oppressed tend to be limited in their abilities to gain coordinated power against the oppressors.¹ Kimberle Crenshaw's feminist theory adds to this framework, describing the interconnected patterns of race and class present in structural violence against women. She defines the ways that policy undermines the ability of women with these intersecting identities to launch out of abusive circumstances.² These two frameworks are relevant in the context of Rwanda, where issues of poverty impact women. They support the analysis of the many power dynamics present in Rwandan women's lives that inhibit their access to resources and justice following SV. Finally, Giddens' structuration theory complements both, describing the dynamic relationship between structures and human agency, supporting the potential of flexibility, creativity, and long-term changes within structures through group action.³ His theory is relevant when considering the global pathology of SV, and the interrelations of community organization, political will, and structural shifts.

Introduction: Estimates approximate that as many as a half million women experienced SV during the Rwandan genocide.⁴ Testimonies by survivors recall gang-rape, rape with sticks and gun barrels, the deliberate transmission of Human Immunodeficiency Virus (HIV), sexual mutilation, and/or sexual enslavement by militia men.⁵ Adding to the humiliation of the trauma, women were often raped in front of their children, after witnessing their loved ones killed and/or their homes destroyed. While some testimonies state that perpetrators killed the woman following the rape, other perpetrators left the women to "die of sadness"⁶ and/or sexually

mutilated them.⁷ Each exemplifies SV as a weapon used to terrorize women in an effort to promote the Hutu cause during the 100 days of the Rwandan genocide.

The health effects of SV were substantial. Psychologically, survivors' quality of life was damaged due to high rates of post-traumatic stress disorder (PTSD) and depression.⁸ Rwandan doctors also reported that sexually transmitted infections (STI) were particularly common among survivors. Sadly, 70% of SV survivors were estimated to be HIV+ following the genocide.⁹ Although it is unknown which cases of HIV were transmitted through genocide related rape, women's testimonies confirm that HIV+ men did deliberately "infect" them with the virus. Medical treatment was not widely available, so those with the virus faced a high risk of death. Moreover, HIV was highly stigmatized, leading to social isolation of carriers. Therefore, perpetrators burdened women physically and emotionally with a stigmatized terminal illness that survivors would be forced to endure through death.¹⁰ Doctors also reported high rates of complications due to self-induced abortions as well as pain, infections, and birth complications due to sexual mutilation. Since sexual abuse and abortion were highly stigmatized, professionals state that many women did not seek consultation, causing further infection and stress.¹¹

Identity also played a significant role in the trauma experienced. Perpetrators of SV, not only harmed the individual woman's physical body, but also damaged fundamental aspects of her Tutsi identity like her ethnicity, religion, social class and/or political affiliation.¹² Due to the social stigma of rape, following the trauma, the woman not only carried her own shame, but also the shame of her community, adding to the complexity of the stress survivors experienced following the genocide.¹³ Additionally, as was alluded to previously, SV leads to detrimental social stigma throughout Rwanda. SV survivors reported that they felt an intense sense of

isolation and ostracization, and feared that speaking out would cause them to be rejected by their family, friends and neighbors.¹⁴ This destruction of social capital caused women to be outsiders in their community, impacting their sense of belonging, and also limiting their ability to marry and build their own family.¹⁵

Connected to the physical and social trauma experienced, women faced dire economic disempowerment. Many women experienced the death of male relatives during the genocide, or lost them due to imprisonment. Due to reliance on these male relatives, women did not have the resources necessary to maintain their livelihoods, so they struggled to feed themselves and their families, and/or to reclaim their property and fix their homes.¹⁶ Property was a particularly prominent issue as men had dominant land rights over women leaving women without resources and legal rights, and yet with a dire need to reclaim the property through a legal process. As the Human Rights Watch (HRW) reported, in 1996, the Justice, Law Enforcement, Health and Rehabilitation Ministries still had not created a coordinated strategy to account for womens' dire circumstances.¹⁷

To address the devastations of the Rwandan genocide for broader society, the Rwandan government established three levels of courts throughout the country. These judicial bodies included the International Criminal Tribunal Court (ICTR), national courts, and the gacaca court system. The most in line with Western standards were the ICTR and the national courts, while the gacaca court was a hybrid system that took an alternative approach to navigating the legal systems. In sorting which crimes went to each court, four categories of genocide crimes were established, each depending on individual responsibility and holding a different penalty. The international and national courts heard the most extreme category one cases, while gacaca heard

category two through four cases. SV specifically had been a category one crime, heard by the ICTR, but due to slow processing rates was reduced in seriousness and therefore heard in gacaca courts.¹⁸

Gacaca's goal was pitched as a social process that offered an alternative approach to revealing the truth and ending impunity. It favored community engagement, aiming to provide healing through the truth and distributive justice to survivors.¹⁹ Moreover, it aimed to reintegrate perpetrators into their homes, rather than keeping them locked in prison. The community centered hearings, open for all community members to participate in as witnesses and judges, theoretically fostered an environment where evidence was easily brought forth and discussed, allowing for an open conversation, and thus truth and reconciliation. During 2004 and 2005, the government established billboards marketing gacaca with propaganda stating "the truth is healing."²⁰ The campaign aimed to complement the courts' goal of transforming the harmful ideology that caused the ethnic violence and to rebuild the nation—socially and economically.²¹

Gacaca left many SV survivors without medical or psychological help. Beyond those who were not able to access services through the system, the majority of survivors did not speak openly about their experience due to the fear of having to testify or due to the social stigma associated with rape.²² This left women in a vulnerable position. For instance, survivors of SV have far higher rates of PTSD.²³ Since gacaca's shortcomings, Rwanda seems to have made progress advancing women's rights and roles. Since the genocide, there has been a breakthrough in women's empowerment efforts, coming from the top-down. Benevolent dictator, President Kagame has been popular for presenting gender equality as one of his priorities, and for the apparent progress that has followed.²⁴ Today, 67.5% of the parliament is composed of

women—the highest percentage in the world. The World Economic Forum ranks Rwanda number six for its effort to reduce the gender gap, highlighting the ways that Rwanda serves as an international leader in efforts towards gender equality.²⁵ The United Nations (UN) highlights recent domestic laws passed in an effort to combat GBV in Rwanda, including a minimum requirement of 30% participation of women in decision-making at all levels, as well as the Gender Observatory, charged with monitoring the implementation of gender indicators in all programs, at all levels.²⁶ Legally, Rwandan women now have the right to own land and property due to the Inheritance Law of 1998.²⁷ The government has also made efforts to address GBV through the establishment of the Law on the Prevention and Punishment of Violence Against Women (Rwanda: Law No. 59/2008).²⁸ The law includes all forms of intimate partner violence, and the minimum penalty is six months in prison, while SV leading to terminal illness or death of one's spouse can lead to life imprisonment.

Still, Rwanda continues to grapple with inequalities against women in the health, education, and economic realms. In the modern day, GBV, the spread of HIV, and the interrelations of the two have continued to burden women with long term trauma, stigma, social isolation, and economic hardship.²⁹ In 2009, Isange was established under One UN. This clinic offers psycho-social, medical, and legal services to survivors of domestic abuse and SV, as well as women living with HIV. Since Isange's establishment, the UN found that the clinic has a significantly higher success rate than similar services that had previously existed in Rwanda. Still, the report found deficiencies in regards to the clinic's ability to conduct follow-ups with victims, the consistency of legal help, the breadth of awareness raising, and the strength of links between the clinic and relevant ministries. Ultimately, the UN listed the need to: provide victims

with more consistent legal aid and advice, improve follow-up services, and establish better connections with legal institutions as well as members of the community.³⁰

Part I of this paper tests for the relevance of structural violence within the gacaca system in regards to the experiences of survivors of SV. Part II of this paper includes my exploratory study of Isange, which analyzed the short fallings named by the UN, testing for the relevance of structural violence. Gacaca and Isange are both government-sponsored, community-based organizations offering access to legal justice and resources for survivors of SV. An examination of the shortcomings of Gacaca and Isange and the relevance of structural violence to these short fallings allow for a broader understanding of the ways in which structural violence manifests within community based organizations. The research allows for a greater understanding of the role of structural violence in the global pathology of SV, ultimately allowing for the public to combat it.

PART I: Relevance of Structural Violence within Gacaca in regards to SV Survivors

A. Dangers within the Courts: This section explores the relevance of structural violence within the gacaca system. Scholars, NGO officers, and sexual violence survivors alike advocate that the gacaca system was not safe for SV survivors. For instance, while the National Service of *Gacaca* Jurisdictions (SNGJ) emphasized the need to mobilize sexual violence survivors to bring cases to court, scholars and NGO officials argued that gacaca as an institution and within the context of the culture in Rwanda lead to further harm for survivors psychologically and physically.³⁰ A 2002 survey by the NURC reports “unanimous agreement...that the risks of testifying female survivors are much greater than those of their male counterparts.”³¹

One key aspect of harm within the gacaca model for sexual violence survivors was high risk of further traumatization. One survivor said, "A negative effect of gacaca is that for many people it increases the trauma. Among people who had just found a way to cope with it, I notice a relapse because they must talk about the genocide and they remember the events again."³² Similar to this, Clementine stated "I never went to the gacaca court when [my rapists] were being tried because I could not bear to see them again. I also could not tell the gacaca judges [the truth] because the rapists' supporters would have mocked and intimidated me. I don't want to give them the satisfaction of seeing me traumatized again."³³ A report from the Gacaca Jurisdiction in 2005 validates this argument that gacaca led to people experiencing further trauma; however, the statistics are not able to be separated by gender or gacaca crime.³⁴ The 2005 progress report also includes statistics of the number of victims who showed trauma symptoms during trials. According to the report, there were 273 in sector courts, 43 in appeals courts, and 637 during the data collection phase.³⁵ Trauma counsellors have found the majority of survivors reported increased emotional and psychological suffering after testifying.³⁶ Without engaging in gacaca, scholar Brouneus found that gacaca women survivors already had higher rates of PTSD and depression than men, showing how vulnerable survivors who testified were.³⁷ The National Unity and Reconciliation Commission reported that fifty-eight percent of women report that they have already "suffered too much to be interested in gacaca."³⁸

Adding to the psychological harm experienced, several accounts advocate that survivors also experienced physical dangers following their testimony. Scholars explain that violence serves both to silence witnesses and also to punish "those who make the mistake of testifying."³⁹ NGO leader stated: Victims fear that testifying and consequently exposing their experiences of

sexual abuse will lead to community ostracism, ineligibility to marry and other secondary harms not similarly associated with the disclosure of non-sexual wartime assaults.”⁴⁰ Survivors’ testimonies echo this. One survivor states, “After [testifying at] gacaca everything has changed because they even dare [to] destroy my house, break my windows.”⁴¹ Another survivor, who was mass raped during the genocide at the age of 15 and has one child from rape, testified, “I am not safe because the people who hurt me have been released from prison. After [my gacaca testimony] they came. They broke my windows. I was afraid. I thought I would be killed. I do not go to gacaca any longer.”⁴² Another survivor explained that after testifying, community members asked “if she knows when the Interahamwe [the militia men who had raped her] are coming.”⁴³ Other survivors share that following their testimonies, perpetrators brought cows to graze on their land plots as a way to jeopardize their access to food and to further humiliate them.⁴⁴ Yet another survivor states, “When I wanted to testify, they did not want me to give correct testimony, so they tried to make me be quiet...They attacked my home three time successively. Before testifying, there was neither insecurity nor attacks.”⁴⁵ The 2011 Human Rights Watch report highlights the theme of these testimonies, featuring a significant number of Rwandan SV survivors who voiced concerns about retaliatory actions and renewed violence.⁴⁶

B. Institutional Failings: The physical danger experienced and the prominence of stigma and social rejection around sexual violence indicate the need for protections for survivors who chose to utilize the gacaca courts. In fact, records by SV leaders tend to document women feeling neglected by the government.⁴⁷ The government did offer some security for survivors who chose to utilize the courts; however, there lacked proper implementation. For instance, one amendment to the gacaca court laws established that survivors could testify in front of a camera rather than

an audience.⁴⁸ Gacaca also experimented with “women only” courts and courts in which one judge heard a survivor’s testimony and then reported it back to the full gacaca court.⁴⁹ Again, because of inconsistent implementation, many NGOs reported survivors were unaware of the option.⁵⁰ Even with the ability to testify privately, scholars have argued that gacaca sessions were held in public spaces, so community members were able to see who was entering the building and automatically classify them as a rape victim.⁵¹ This in turn resulted in similar stigma and violence as described.

Scholars have argued that even further protections should have been put in place. For instance, NGO officers assert that lack of legal representation for the victim was likely to cause further trauma as the survivors often had little knowledge of the system, undermining her capacity to navigate the legal bureaucracy and defend herself during questioning.⁵² The lack of trained judges also jeopardized the safety of testimonies, as they did not receive training around handling SV in a survivor-centric manner.⁵³ Scholars argue that victim participation in gacaca was constrained by social attitudes towards sex in Rwanda. One often used line, to emphasize the degree to which Rwandans do not talk about sex, is: “the words to describe some sexual acts do not even exist in Kinyarwanda.”⁵⁴

C. Distributive Justice: Along with reconciliation, the gacaca courts were also theoretically supposed to provide distributive justice to survivors. Distributive justice is focused on providing support to survivors. Thus, reparations are hailed as a vital component of transitional justice programs because they are the “most victim-centred justice mechanism available.”⁵⁵ The HRW has taken special interest in this topic as a way in which both domestic and international communities might better meet the needs of the rape survivors in post-conflict settings.⁵⁶ In

1996, organic law mentioned a compensation fund for survivors, which was known as FIND; however, this fund was never officially launched. Draft laws regarding FIND stated that gacaca courts were responsible for compiling lists of damages to survivors and reporting them to FIND. Following, and in accordance with gacaca recommendations, the organization would award reparations. These lists do exist and could have been used to achieve distributive justice; however, due to an insufficient political will and scarce financing, survivors will likely never receive the resources they are entitled to.⁵⁷

Without said resources, survivors' immediate needs for food, shelter, and health care were often left unmet. Personal narratives demonstrate the need for distributive justice. Emely, a survivor of sexual enslavement and tested HIV-positive stated to HRW, "HIV-positive women who have money simply pay for ARV drugs, but other women can't."⁵⁸ Another need of survivors living with HIV was transportation to health clinics. This need was particularly prominent among the 90% of the population living in rural areas and also for those who were already too weak to walk.⁵⁹ Finally, the lack of distributive justice affected the accessibility of the court system. MG, who was facing severe financial distress due to being too weak to farm because of HIV explained, "I decided to deal with the problems I have . . . I thought about going to [a legal assistance center], but I wanted to be at peace. And that meant dealing with my HIV...and having my baby." Her story demonstrates the compromise women had to make between meeting their health needs and seeking legal redress while surviving on limited resources.⁶⁰

HRW found that one third of the Rwandan rape survivors interviewed were frustrated by the lack of monetary compensation after her perpetrator had been convicted.⁶¹ This statistic

contributes to broader notions of justice for survivors of SV, suggesting that compensation would provide women with a stronger sense of justice. Moreover, without survivors' post-genocide needs for health care, food, and shelter being met, survivors were unable to seek legal redress, build their families, careers and communities, and to heal from the trauma. Given that many lost their family and friends during the genocide, the lack of financial resources meant they were without all possible supportive means to assist them in rebuilding their lives. The proper implementation of distributive justice would help mitigate the health and economic effects of violence in post-conflict settings, and provide a desired avenue to justice.

D. Relevance of Structural Violence: Structural violence theorist, Farmer wrote: structural violence describes “social arrangements that put individuals and populations in harm’s way.”⁶² Mullen, structural violence theorist, echoes this saying that structural violence is “built-in” systemic vulnerability and dehumanization.⁶³ I argue that the psychological trauma and the physical violence endured by survivors who utilized the gacaca system demonstrates the manifestation of structural violence in the form of secondary victimization and punishment of victims. While survivors were seeking justice and resources through the restorative process, they ultimately faced harm without any gained resources. As scholars asserted, these women faced much greater harm than men who testified. As the research demonstrated, survivors experienced further violation of their human rights following their testimony. While it may seem that individual people are committing interpersonal harm against the women, theorist Kathleen Ho writes that total focus on interpersonal violence obscures the underlying causation of structural violence.⁶⁴ Structural violence theorists argue stigma unfolds within contexts of inequitable power relations, and that the stigma that shapes exclusion from social life is rooted in structural

processes rather than individual attributes.⁶⁵ Theorists have argued that stigmatization is entirely contingent on access to social, economic and political power that allows the identification of differentness.⁶⁶ In light of this, I argue then that if SV and the act of speaking out against SV were not rooted in structural violence in the form of unequal power relations between survivors and non-victims, the process would have been more peaceful, and survivors would have experienced less harm.

We witness the reinforcement structural violence and further normalization through the gacaca model as the harassment and endangerment of survivors is not taken seriously. I argue that stricter protective policies that successfully held people accountable for inflicting harm were necessary in order to protect the survivors' human rights. The dichotomy present where survivors testified and in the process had their human rights compromised due to a lack of protective policy and social stigma, suggest that the survivors are the ones who bear the responsibility of the crime when they testify.⁶⁷ This is compounded by the fact that perpetrators were often released after survivors' testimonies as part of the gacaca model, causing distress in survivors while providing power back to non-victims.⁶⁸ In this phenomenon, I argue structural violence is reinforced as the non-victims are not held responsible for their wrongdoings, a pivotal part of holding actors within structural violence accountable.⁶⁹ I argue that the lack of accountability in the legal system and by the government normalizes violent dynamics. Thus, this phenomenon reinforces the power dynamic of sexual violence, whereby women are powerless, men hold the power, and there is the silent actor of structural violence, normalizing these dynamics.

Finally, the lack of distributive justice suggests that it is acceptable for people who were victims of SV to not receive medical care and financial resources. Theorists argue that poverty,

as a form of structural violence, reveals in the form of unemployment, lack of education, healthcare, food, and shelter. This violence inflicts suffering on members of society. Especially for those with medical complications following SV, the lack of resources causes further harm to survivors as they are not able to receive medical care. In this case, women were forced to face death or the possibility of it when they were unable to secure HIV treatment. This preventable harm demonstrates structural violence.⁷⁰ In light of other theorists, I further argue that a lack of resources reinforces structural violence as it forces women to bear the responsibility for men's SV, thus normalizing interpersonal violence against women as well as women not having access to necessary resources.⁷¹

PART II: Relevance of Structural Violence within Isange in regards to SV Survivors: Part

II of this paper analyzes the short fallings of Isange named by the UN, as listed in the Introduction, and tested for the relevance of structural violence. The data showed three prominent themes. First, there was a lack of confidence in the victor justice legal system that currently stands. Staff expressed specific ways in which the systematic forensic barriers and cultural norms limit confidence in the legal system. Second, the lack of resources results in survivors not only experiencing the trauma of sexual assault, but moreover, not being financially empowered to leave a dangerous situation. Finally, there is a lack of collaboration between MIGEPROF's policy work and Isange's grassroots efforts. An analysis of the shortcomings of Isange and the relevance of structural violence allow for a broader understanding of the ways in which structural violence manifests.

A. Legal Barriers: Zero of the thirteen Isange respondents reported legal justice as the strongest method to address SV, showing low levels of confidence in the legal avenue among employees

in terms of achieving punitive justice. Importantly, the justice being sought through the modern day court system in Rwanda is focused on victor-punitive, aiming to punish perpetrators because it is what they “deserve.”⁷² This form of justice is often powerful for survivors, as punishing perpetrators can “offer victims the opportunity to affirm the ‘wrongness’ of the crime committed against them.”⁷³ Moreover, punitive justice is linked to deterrent justice, which is the idea that “punishment is necessary, not simply because perpetrators deserve it, but because it should help discourage a convicted perpetrator from committing another crime, for fear of receiving punishment.”⁷⁴ This model of justice compares to the community-centered restorative justice described earlier in gacaca.

Overall, 75% of staff interviewed labelled similar constraints within the legal sector. These include (1) social stigma that caused a barrier for women to tracking abuse through forensic evidence; ; (2) the inability to track longevity of abuse.; (3) gender norms within the courts; (4) lack of financial redistribution. 100% of the doctors and psychologists named the collection of forensic evidence as a barrier. The evidence requires a rape kit, and is necessary to build a strong case against a perpetrator. It is essential for rape kits to be collected while DNA is still available, meaning before the survivor has bathed. 3 of the 13 staff and 2 of the 2 the ministry officers attributed finances as a barrier. For instance, one doctor explained: “women need to be aware that the Isange clinic has rape kits available, and they must be able to go there during the clinic’s workday.” 100% of the people interviewed explained that there is serious stigma around the topic of rape, and especially rape inflicted by an intimate partner. One doctor said: “Many believe that it is an issue that should stay within the home, and many will not believe women who claim to have been raped.” One police officer validated this saying:

“claiming rape often means that women will face social isolation and possibly lose economic opportunities.” 75% of staff also alluded to the overarching cultural reality impacting how legal disputes are handled. One employee expressed that federal and local courts make it difficult to prosecute domestic and sexual abuse cases. He explained: the courts are majority men, and traditional, patriarchal marriage values remain, where violence [is believed to be] a private matter.

The data from Isange is supported by other scholarly research in Rwanda. The UN writes: “there are concerns over limited legal assistance [in Rwanda] to victims owing to a lack of forensic evidence to support cases in courts and limited or delayed reporting of VAW cases.”⁷⁵ Scholars found that the necessity of forensic evidence leads to women’s hesitation pressing charges. These scholars found that women’s hesitation was entrenched in the belief that gender violence should be kept within the household.⁷⁶ Literature supports the connection between Rwanda’s culture of silence and the hesitation around providing forensic evidence. Scholars explain that many Rwandans still have the culture of keeping family secrets to preserve their family’s image, undermining their rights and likeliness to report SV.⁷⁷ Reinforcing the culture of silence, scholars also explain male back-lash patterns, whereby women experience increased conflict within their relationships when husbands felt their roles were challenged. These back-lash patterns ultimately further undermine women’s capacity to seek legal justice.⁷⁸

The problems expressed within the Rwandan context are not exception, and are contextualized by a common theme within the global pathology of sexual violence, where stigma deters reporting. Scholars found that in Nigeria, social stigmatization leads to under-reporting and thus not collecting forensic evidence. This scholar argues that the lack of forensic evidence

adversely affected the prosecutions of perpetrators.⁷⁹ In South Africa, scholars found that survivors did not seek PREP or report the violence because the fear of being blamed and not receiving social support had profound psychological impact.⁸⁰ Scholars reported that in the Democratic Republic of the Congo, up to 29% of survivors of sexual violence in eastern Democratic Republic of the Congo (DRC) are rejected by their families and communities.⁸¹ This stigmatization and rejection undermines survivors willingness to report violence following. Survivors of SV echo this sentiment all over the world through local press. In 2020, a news article in the United Kingdom was published: “Sexual violence not being reported by asylum seekers due to 'culture of disbelief'.”⁸² A similar article was published in Los Angeles, United States of America, titled: “Rape victims: afraid to report crime; problem for America is to eliminate the stigma of reporting the trauma.”⁸³ In Bahrain, a news article titled “Social stigma 'barrier to reporting rape crimes’” was published in 2010.⁸⁴ Though further research would be necessary to draw significant connections between Rwanda and other contexts, this broad examination demonstrates that Rwanda is not exceptional in the struggles it faces regarding SV.

Beyond the minimal forensic evidence report needed to pursue legal justice, research suggests doubt of legal systems as an avenue to correcting and ending SV. While Rwanda has made significant strides including women in decision making bodies, scholars have argued that in Rwanda, “it is ‘too simple to assume that the participation of women will lead directly to fundamental changes in itself and transform “the hegemonic order of the legal system.”⁸⁵ They assert that men’s roles as economic providers and decision making authorities in the household hold deep roots continuing to impact legal processes.⁸⁶ Additionally, in a policy and legal

analysis, scholars write that patriarchal norms continue to produce gaps within the legal system.

They write:

Given that men have traditionally controlled household assets and resources, the recent (2013) law, which provides equal ownership of land between wives and husbands, has put many women at risk of domestic violence; their husbands can force them to sign documents when they want to sell land, and women who resist or refuse were reported to experience violence as a result.⁸⁷

Burnet echoes the sentiment that despite progress at the top, it is still quite difficult for women to claim rights. She explains that strides in gender policy conflict with entrenched patriarchal attitudes that reflect a more traditional society. This means that reforms do not always stretch to all levels of society.⁸⁸

Challenges accessing the legal system, even with forensic evidence, is echoed in other contexts that prosecute rape as well. In Nigeria, the prosecution of rape is a very demanding exercise, because beyond reliable evidence, the case also needs witnesses. Given that the perpetrator will often stop the violence when someone walks in, finding a witness is difficult. This scholar also reported that the police indulge in poor investigational practices which compromise the prosecution of cases.⁸⁹ Additionally, health care scholars found that despite the increasing implementation of standardized rape kits across jurisdictions, the medico-legal findings generated by these tools are often not related to positive criminal justice outcomes.⁹⁰

B. Lack of Resources: 100% of people interviewed stated that there are no readjustment services, including rehabilitation services and/or safe homes. Since neither exists, survivors of violence often return home to the abuse of their partner. Staff explain that when the survivor is economically dependent on her abuser, there is a risk that she will need to continue to be dependent on her abuser. 90% of the employees advocate that abusers withdraw financial support when a survivor reports him. Related to resources, 100% staff expressed that there are

communication barriers limiting the work of psychologists and lawyers. Staff explain that communication is an important part of mental health programming because treatment for depression and PTSD takes time to complete. Without the ability to adequately communicate, psychologists cannot follow up with the survivors. Additionally, survivors need to be able to be easily reachable in order for their lawyer to be able to work with them. Similar to psychologists, without accessible communication, lawyers are not able to properly represent and work with their clients. The lack of economic reintegration support as well as the clinic's inability to provide long-term succinct treatment, make clear the ways in which the clinic is not able to empower survivors long term.

This argument is supported by other scholars' research. Literature cites that women in low-income settings have reduced capacity to leave violent situations due to dependence on a husband for financial security.⁹¹ Economic factors including women's unemployment, homelessness, food and financial insecurity have been found to constrain women's responses, and ultimately, whether or not a woman had a job was seen as a major factor empowering her to leave a violent situation. Moreover, reporting the violence led to negative financial implications because the husband would be put in jail, which would end his ability to provide for his family, and thus lead to food insecurity and homelessness.⁹² Other scholars support these arguments explaining that resource-limited programs have limited capacity to support survivors in obtaining safety, since they do not have access to formal shelter systems or emergency food networks.⁹³ A published article for the United Nations advocates that the government of Rwanda needs to continue to raise awareness of the fight against violence against women, and follow up on the socio-economic reintegration of victims.⁹⁴

C. The Tensions between Policy and Cultural Norms: 100% of Isange staff were unaware of MIGEPROF's economic empowerment initiative that promotes technical school education for young women. Though this does not directly relate to the health aspect of GBV, economic inequalities are a driving force of GBV. Perhaps, Isange and MIGEPROF could collaborate on this initiative together. Nine of the thirteen staff stated advocacy and sensitization campaigns as a means to address and end SV, showing great optimism in community-wide efforts. That said, 100% of staff interviewed did not know of any modern-day campaign work addressing SV. This compares to the 2 of the 2 ministry officers' stated that there is a "zero tolerance" to GBV across all sectors and an anti-GBV law which provides severe punishment for all GBV policy. Of course, as explained earlier, there are several shortcomings to this legal policy.

The discrepancies within the Isange staff responses and the MIGEPROF responses are significant because they demonstrate a gap in collaboration, and therefore a gap in ending SV. Scholars advocate for close partnerships between nonprofits and government agencies in order to create gender equitable policies, and to promote strong outcomes within agencies that address SV.⁹⁵ Close collaboration facilitates a strong evidence base that supports policy, practice, monitoring and evaluation at all levels. Scholars advocate that close partnerships also enable effective educational community wide campaign work, because bottom-up campaign work allows for the roots of SV to be addressed.⁹⁶ For instance, involving men in redefining masculinity in order to shift public opinion about SV, rather than top-down pressure on men to change their behaviors.⁹⁷ The UN echoes this stating: widespread messaging on GBV through community media platforms ensures that the root causes of GBV are directly targeted. Close collaboration allows for cultural appropriateness. The UN advocates that this messaging is

therefore has been most effectively done with all sectors of society involved—from health providers to government stakeholders.⁹⁸

D. Relevance of Structural Violence I argue that the gaps explored within Isange demonstrate the manifestation of structural violence. First, similar to during gacaca, where women faced much greater harm than men who testified, women are faced at a disposition in the modern day when they pursue legal justice, since harmful stigma continues to exist. In this case, the stigma debilitates: due to this barrier, women's capacity to utilize the court system to pursue safety is undermined. Through the structural violence lens, I argue that this stigma is rooted in structural processes rather than individual attributes. As argued in Part D of Part I, stigma is rooted in structural violence.⁹⁹ In light of this, I argue that if power structures between survivors and non-victims were equal, the act of speaking out against rape would not cause stigmatization, and so the process would be more peaceful, and survivors experience less harm. While further data needs to be collected on the intricacies of Rwanda's legal system, I argue that the lack of confidence in the legal system demonstrates structural violence as well. Farmer writes that structural violence manifests as a lack of legal standing.¹⁰⁰ Theorists DD Winter and D.C Leighton write: "Structural violence occurs whenever people are disadvantaged by political, legal, economic or cultural traditions."¹⁰¹ The lack of confidence in the legal system, and the correspondent lack of empowerment to utilize the legal system, as well as the ways in which cultural traditions inhibit women's power all compromise survivors' legal standing. Therefore, structural violence implicitly strips survivors of their capacity to pursue legal justice.

I argue that the lack of economic resources for survivors of SV also demonstrates the manifestation of structural violence. Theorists explain poverty, as a form of structural violence,

reveals in the form of unemployment, lack of education, healthcare, food, and shelter.¹⁰² This violence inflicts suffering on members of society. In this case, the survivors of SV experience this form of structural violence as many are not able to mobilize out of violence relationships due to a lack of resources. With a lack of resources present, and with women therefore needing to accept abusers' resources, inequitable gender norms are normalized and reinforced. The lack of resources therefore causes further harm to women that is completely preventable, revealing structural violence.¹⁰³ Moreover, in light of other theorists, I argue that similar to gacaca, a lack of resources reinforces structural violence as it forces women to bear the responsibility for men's SV. This ultimately leads to continued harm against women and further normalizes interpersonal violence against women.¹⁰⁴

I argue that the lack of collaboration and between Isange and the government and the need for greater education reflect how society allows structural violence through the form of SV to continue to manifest. Drawing from Galtung, structural violence is a social structure that perpetuates inequality, thus causing preventable suffering. Applying a structural violence lens, I argue that social stratification—systems where people who don't have access to things required to fulfil their needs—is at play here. DD Winter and DC Leighton write: "Because they are longstanding, structural inequities usually seem ordinary, the way things are and always have been."¹⁰⁵ Further research is needed to establish what is going on that is causing the gaps in funding, such as whether it is a lack of financial investment on behalf of the Rwandan government or a lack of financial investment by other stake-holders. Regardless, I argue that the lack of collaboration and grassroots campaign and education work enables SV to continue to manifest. In this case, the way society has been—where the MIGEPROF and non-profits do not

collaborate to end SV, and where country-wide education is not implemented—ultimately enables further SV against women. There is not necessarily an individual perpetrator to hold morally responsible, but rather, the lack of collaboration and grassroots support enables continued vulnerability for women. These social arrangements ultimately put individuals and populations in harm's way, and therefore demonstrate structural violence.¹⁰⁶ Moreover, I argue that the continued passivity enables the normalization of violence against women, thereby reinforcing structural violence.

Conclusion: This paper provided an in-depth analysis of two government-sponsored community organizations in Rwanda that provide(ed) access to legal justice and resources for survivors of SV. This paper analyzed the ways in which unequal power dynamics have manifested. While steps have been made in an attempt to tackle the issue of SV against women, gaps limit the extent to which structures are truly affected. This structural violence discussed consequently results in harm in survivors' social, economic, and health realities. In line with Crenshaw's theory of intersectionality, women survivors' of lower class are particularly disadvantaged. This disadvantage is rooted in structural violence enabling the manifestation of patriarchal norms that undermine women as well as structural violence that limits access to opportunities based on class. Further research is necessary to test for the relevance of other manifestations of structural violence in the organizations, such as white supremacy and homophobia. Ultimately, Isange and gacaca provide us with further context in order to understand overall themes present within the global pathology of SV. Going forward, in order to make strides within this pathology that is entrenched in structural violence, there is a clear need for preventable problems to be examined. Isange and gacaca provide insight into the ways in which survivor-centered support, educational

campaigns, coordination between Government ministries and nonprofits working with SV, and the allocation of further resources could be utilized to better tackle the issue of SV.

In imagining the approach to ending SV, whether in our own US communities or in global communities, understanding the role of structural violence allows us to strategically target powerful forces operating within the institution of family, state, and civil society.¹⁰⁷ According to the theory of structuration, group action plays into the dynamic relationship between societal members and overarching structures.¹⁰⁸ Whether in Rwanda or elsewhere, there is a need to determine how both internal and external agents can be used to challenge structure violence, and therefore empower victims of it, and ideally, motivate and inspire political will that reduces the harm perpetrated by it.¹⁰⁹ I argue then that the naming of the relevance of structural violence, enables the opportunity to re-imagine how SV issues are approached, and will allow for stronger community organization. This will therefore help to cultivate necessary pressure on overarching structures that will assist in revolutionizing the global SV pathology.¹¹⁰ Where structural violence is relevant, we know that preventable problems manifest. Through structuration, we have the capacity to address these problems —on large and small scales—ultimately providing opportunity to improve the pathology of SV, and reduce physical, mental, social, and economic harm experienced by survivors.

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