



AN UNLIKELY TEAM. AN UNPRECEDENTED CASE. A FIGHT FOR JUSTICE.

THE UNCONDEMNED

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MEDICAL DISCUSSION GUIDE

This guide was developed by Dr. Mary Lowth.

Produced by Peace is Loud

Edited by Stephanie Palumbo

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About Peace is Loud

Peace is Loud champions women peacebuilders. Through film campaigns, speaking events, and political empowerment, we advance women's leadership in building inclusive, secure and prosperous societies. Learn more about our work at peaceisloud.org.

To bring *The Uncondemned* to your community or classroom, please visit peaceisloud.org/the-uncondemned.

About Dr. Mary Lowth

Dr. Mary Lowth is a UK based medicolegal and forensic doctor who sees and examines refugees seeking asylum in the UK who say that they have been tortured. She trained in Cambridge, and has over twenty years' experience in family medicine, specializing in pediatrics, women's health, child protection and sexual assault. She spent many years as a medical educator, examiner, clinical writer and medical journalist, and publishes on human rights issues in a broad range of settings.

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PART I

THE FILM

WHAT IS *THE UNCONDEMNED*?

The Uncondemned is a documentary film that follows the first prosecution of rape as crime against humanity, set against the aftermath of the Rwandan genocide.

In 1994, an estimated 800,000 Rwandans died violently at the hands of their own countrymen, in full view of the world. Rape and sexual violence were widespread during the conflict. When it was over, the tiny African country was soaked with blood. The United Nations declared the slaughter a genocide and were determined to prosecute those behind it, but no prosecution had been ever been conducted for genocide. Indeed, nobody had been convicted for war crimes at an International Criminal tribunal since Nuremberg.

Rape had previously been regarded as an unfortunate consequence of war, but in Rwanda it was central to it, inseparable from the slaughter itself. Yet how do you prosecute rape as genocide? What kind of evidence is required, and where, in a broken country still counting its dead, might it be found?

A group of young lawyers and activists, and some extraordinary Rwandan women, found answers to these questions, and brought their case to the UN's International Criminal Tribunal for Rwanda. In doing so, they broke new ground.

The Uncondemned tells this story in their words, and shows that with courage, determination, and energy, a few individuals can actually change the world.

WHO IS THE UNCONDEMNED FOR?

The film is for everyone, as it illuminates our responsibilities and capabilities as people. This introduction, though, is written for medical students. You are a special group. Your knowledge, skills, and vocation provide you a privileged insight into the lives of others. They also offer you the credibility, authority, and opportunity to make a difference. You have worked hard for the respect others will accord you. Use it.

IS IT HARROWING?

The film's backstory is a period of indescribable cruelty. The narrative touches on examples of this in order to give context, and you may find these harrowing. However, there are no reconstructions, nor is there footage of atrocities.

Because of the subject, the film is not suitable for most children. If you have personal experience of sexual violence, the film may cause you distress.

WHY IS THE UNCONDEMNED IMPORTANT NOW?

During the genocide, there was no meaningful international effort to stop the violence. The UN did not intervene, and the world watched events unfold in impotent horror, unsure of who to lobby, or what to ask them to do. What resulted makes clear the need to advocate for human rights, even when it is uncertain how best to help.

The Uncondemned illustrates the conditions in which sexual violence becomes widespread, which may help the international community intervene earlier and more effectively in future conflicts. It also shows how a few people were able to bring justice and hope in a situation that could have seemed too enormous to address, demonstrating that individuals can genuinely make a difference.

WHAT CAN YOU EXPECT TO LEARN FROM THE FILM?

Through watching *The Uncondemned*, you will learn directly about Rwanda during and after the genocide, the process of prosecuting the crimes of many by beginning with one man, and the impact of sexual violence during conflict on the surviving community. The indirect learning opportunities (arguably the most important) will differ for each of you, but we hope that you will take away something that informs your practice, makes you a participant rather than an observer, and enables you to be a better physician.

**WHAT RESULTED
MAKES CLEAR THE
NEED TO ADVOCATE
FOR HUMAN RIGHTS,
EVEN WHEN IT IS
UNCERTAIN HOW
BEST TO HELP.**



PART II

THE HISTORY

WHAT HAPPENED IN RWANDA?

In 1994, Rwanda's 7 million population consisted of two main ethnic groups, a ruling Hutu majority and a Tutsi minority. The classification between the groups (based largely on physical characteristics) was made during Belgian colonial rule in order to divide and control the population, favoring the Tutsi minority. Many say the distinction was arbitrary, as there had been considerable intermarriage over the years, and it was possible to "move" from one group to the other.

Tensions between the Hutu and Tutsi became worse when colonial rule ended, and the struggle for power and dominance erupted in a civil war in 1990. Three years later, a peace accord was agreed, and a UN peacekeeping force led by Canadian General Roméo Dallaire was sent to maintain it.

On April 6, 1994, the Hutu President of Rwanda was assassinated. The peace collapsed, and immediate and unimaginable violence overtook the country, driven by Hutu extremists. Genocide, crimes against humanity, and war crimes were perpetrated on a horrific scale, primarily against Tutsis and moderate Hutus. Soldiers, politicians, militias, and civilians were among the perpetrators.

Over 800,000 people were massacred in 100 days, mainly with machetes. There are descriptions of women killing with babies on their backs, of Hutus slaughtering Tutsi family members, of children killing children, of priests orchestrating murder. Sexual violence within the conflict was widespread against both sexes. It was destructive, sadistic, and usually fatal. General Dallaire, with few resources and no mandate to act, had to stand by helplessly as his men witnessed massacre after massacre. The violence ended when the Tutsi army defeated the Hutus and most perpetrators fled.

“

WHEN RAPE BECOMES SYSTEMATIC,
WHEN RAPE BECOMES MASSIVE, IT
CREATES TERROR. RAPE DID NOT ONLY
HAVE THE GOAL OF DESTROYING THE
INDIVIDUAL. IT ALSO DESTROYED THE
FAMILIAL FABRIC, THE SOCIAL FABRIC,
AND THE ECONOMIC FABRIC. IT IS
SOMETHING THAT IS USED AGAINST A
POPULATION TO MAKE IT SUBMIT...IT'S
THE DESTRUCTION OF AN **ENTIRE PEOPLE.**

— DR. JUSTIN KABANGA, RAPE PSYCHOLOGIST

”

WHO WAS CONVICTED, AND BY WHOM?

The International Criminal Tribunal for Rwanda (ICTR) was established by the UN to prosecute those responsible for the genocide. It indicted 95 individuals and convicted 61, and was closed at the end of 2015. The first defendant, Jean-Paul Akayesu, was found guilty of genocide and crimes against humanity for acts he engaged in and oversaw while mayor of the Rwandan town of Taba. Amongst the crimes listed in his indictment was facilitating the commission of genocidal sexual violence.

For the first time in history, an international tribunal had delivered verdicts against persons responsible for committing genocide. The ICTR was also the first institution to recognize rape as a means of perpetrating genocide.

The numbers prosecuted at the ICTR are small, but beyond it, many Rwandans were prosecuted domestically in gacaca courts—community-based courts aimed at delivering truth, justice, and reconciliation. These courts processed almost two million cases between 2005 and 2012.

WHAT DO WE MEAN BY RAPE AND SEXUAL VIOLENCE IN CONFLICT?

Sexual violence is violence directed against a person's sexuality. It includes rape, but it is not driven by sexual desire: While a degree of physical arousal is needed for penile penetration, none is needed to sexually mutilate, or penetrate with other objects.

Sexual violence in conflict is a form of warfare. It is designed to torture, injure, degrade, intimidate, punish, humiliate, and kill individuals, and to terrorize and fracture families and communities, both immediately and for generations.

The conditions that allow sexual violence to thrive are widespread violence, collapse of protection systems, and a sense of impunity amongst perpetrators. All are more likely in conflict, and sexual violence is one of the most common and widespread violations perpetrated in wartime. It is also one of the most psychologically and physically traumatic. Women and girls are disproportionately affected, but men and boys are also victims. Fatal genital mutilation of men, women, and children was pervasive to the Rwandan genocide.

Acts of sexual violence can be prosecuted as crimes against humanity, genocide, war crimes, or grave breaches of the Geneva Conventions.

**SEXUAL VIOLENCE
IN CONFLICT IS A
FORM OF WARFARE.**

WHAT ARE THE CONSEQUENCES OF SEXUAL VIOLENCE IN CONFLICT?

For many in Rwanda, the consequence was death, usually immediate. The physical consequences for survivors include permanent mutilation, internal injuries carrying long term health consequences, loss of fertility (particularly for young girls), sexually transmitted infections, and pregnancy. The psychological harm includes severe post-traumatic stress disorder, or PTSD, which is almost ubiquitous amongst survivors and witnesses; depression; anxiety; and acute and chronic psychotic conditions (which may be triggered or exacerbated). These conditions can cause severe and prolonged incapacity.



Godelieve Mukasarasi

Survivors often experience social exclusion. Rwandan society stigmatises sex outside marriage, and many survivors left their villages in search of anonymity. With their future taken from them, and their families lost, their psychological and emotional distress was exacerbated by loneliness and lack of community. As depicted in *The Uncondemned*, receiving support from community groups like Godelieve Mukasarasi's SEVOTA could be life-saving.

The children of rape faced double harm: It may have been hard for their mothers to bond with them, and the community had little affection for such children, perceived not only as illegitimate but as a reminder of terrible events. At best, they could expect to be badly treated. At worst, there was a significant rate of infanticide.

WHAT IS POST-TRAUMATIC STRESS DISORDER?

Post-traumatic stress disorder, or PTSD, is a mental health condition which occurs after experiencing or witnessing psychological and physical trauma. This includes exposure to many kinds of trauma, including violence, military combat, natural disaster, severe threat to self or others, human rights violations, and sexual violence. It may, particularly if unrecognized and untreated, be extremely prolonged, affecting all aspects of a person's function for many years. It is characterized by intrusive memories of trauma, often described as 'playback' or reliving; recurrent and deeply disturbing nightmares; a state of hyperarousal or fear; and active avoidance of triggers of memory of the event. Anxiety, depression, and suicidal ideation are commonly present, and psychosis may occur. PTSD may affect perpetrators as well as survivors. It is important to note that survivors may respond differently to trauma, and if someone reports sexual violence but does not experience symptoms of PTSD, this does not mean that sexual violence did not occur.

**FOR MANY IN
RWANDA, THE
CONSEQUENCE WAS
DEATH, USUALLY
IMMEDIATE.**

After the genocide, Rwandans used the phrase “bapfuye buhagazi” to describe affected individuals, which roughly translates to “the walking dead.” Roméo Dallaire, who recently published a book about his own experience of the condition, coined the alternative term “operational brain injury,” in an attempt to remove stigma from the diagnosis for young soldiers returning from humanitarian operations where they had witnessed human rights abuses. The primary treatment is psychotherapy, sometimes combined with medication.

TO LEARN MORE, READ
BARRIERS TO JUSTICE, A
REPORT PREPARED BY
PHYSICIANS FOR HUMAN
RIGHTS AND COLUMBIA
UNIVERSITY'S SCHOOL
OF INTERNATIONAL AND
PUBLIC AFFAIRS.

[BIT.LY/BARRIERSTOJUSTICE](https://bit.ly/barrierstojustice)

WHAT ARE THE BARRIERS TO SEEKING JUSTICE IN SEXUAL VIOLENCE?

People who have experienced sexual violence usually find it very difficult to speak about.

Personal feelings such as shame, humiliation, fear of being disbelieved or exposed (or of exposing a child’s parentage), loss of hope, a wish to forget, and anxiety about medical tests mitigate against disclosure. For those with PTSD, describing the experiences will considerably (and immediately) worsen symptoms, particularly nightmares and flashbacks.

Some cultures also believe that active forgetting, rather than problem-based counseling, is the best way to heal. They may not wish to seek justice, particularly if to do so means looking back at past trauma.

Justice also requires structure. In or soon after a conflict situation, the breakdown of systems may mean there is no process of justice to access. A lack of expert resources, secure systems to document and store details, forensic facilities, appropriate support, and a functioning legal system may mean that victims do not perceive disclosure as potentially effective. There may also be a very real fear of meeting the perpetrators again, and of the consequences if they are accused but not convicted.

For those who have left their country, additional linguistic and cultural barriers; lack of understanding of process, resources, or interpreters; and fear of identification when trying to “start again” may be additional barriers.

Set against all this, disclosure is more likely in the presence of careful history-taking by a trusted individual experienced in forensic interviewing, who can offer time and space, and is prepared to try to help.

“

THE FIRST THING YOU NEED TO KNOW IS THAT RAPE IS A **KILLING WEAPON**. IF YOU ARE LUCKY TO SURVIVE, YOU ARE DAMAGED. RAPE DESTROYS THE PERSON PHYSICALLY AND PSYCHOLOGICALLY. EVEN IF YOU CAN SEE THE PERSON LOOKING GOOD OUTSIDE, INSIDE IT IS ALL ROTTED.

— CECILE MUKARUGWIZA, SURVIVOR

”



PART III

TREATING SURVIVORS

WHAT CAN HEALTH PROFESSIONALS DO?

One day, a patient in front of you will have been a victim of sexual violence. They may leave your office without ever revealing this, or they may decide to tell you, whether or not it is relevant to the consultation in hand. Your natural communication skills will have been greatly enhanced by your medical training and experience, and you should not underestimate their value, nor be surprised if patients tell you things you did not expect or ask about. This is more likely if you ask open questions and listen to the answers, and if you consult in a professional space characterized by active listening, professionalism, and trust.

If you would like to use your medical training to further help survivors of sexual violence, please see Part V in this guide for more information.

HOW SHOULD HEALTH PROFESSIONALS RESPOND TO DISCLOSURES OF SEXUAL VIOLENCE?

When talking to survivors, you need to allow time. Use silence, allow space, but always obtain the patient's informed consent before and throughout the exam.

Respond gently when you are told terrible things—never minimize what someone has said, but acknowledge it. Don't suggest that you know how others feel, but use comments like, "That must have been terrible for you," and "I'm so sorry this happened to you." You may say, "This wasn't your fault." Thank the patient for telling you and acknowledge how difficult this must have been for them.

Be cautious about touching people when they are distressed. Some survivors find this unwelcome and distressing when recounting such experiences.

Don't force solutions on people. Rape and sexual violence take away control, so it is essential that survivors have control of what happens afterwards. Explain what help is available, and why you might recommend it.

Don't make promises you can't keep about what will be effective, but say things like "Some people who have survived sexual violence say that this helped them."

Remain a clinician. Consider, as the survivor speaks to you, their mental and physical health. Are there immediate medical needs you should address? Sexual health screening? Pregnancy? Child protection issues? Are they at risk of self-harm?

Many different emotions, including intense anger, fear, and distress, may emerge through retraumatization, and you may see dissociation. Understand how to recognize and ground those who are dissociating from the present. Make sure that the situation remains safe for both of you.

WHAT TREATMENTS HELP SURVIVORS?

It is impossible to encapsulate in a few lines what treatments help survivors. Every survivor is different, and has had a different experience. Many survivors also experience depression, sleeplessness, anhedonia, and/or PTSD, which may prevent them from accessing help.

In The Uncondemned, Lisa Pruitt describes a memo she wrote while in Rwanda, outlining best practices for legal teams interviewing survivors of sexual violence. This memo would prove to be crucial to the ICTR prosecution's ability to win their case against Akayesu. Many of Pruitt's guidelines are relevant for medical professionals as well as lawyers, and you can find a copy of her memo in the Appendix on page 22.

It is vitally important that, as a clinician, you have knowledge of psycho-social services in the community, to which you can refer patients for longer term care and support. Some survivors find psychiatrists, physicians, psychotherapists, and/or specialist counsellors helpful, although the wish to engage in treatment may not be immediate. Other survivors say that regular follow-up with a single, trusted health professional is important.

You might consider how the factors unique to a survivor's experience could affect their medical needs and treatment. Taking part in a new community, particularly with people who share experiences and linguistic or cultural memory, may help personal resilience. Organizations working with survivors of torture run group sessions dedicated to everything from art to soccer, breadmaking to music. Some survivors ultimately become active voices for human rights.

SHOULD YOU CONDUCT A RAPE EXAMINATION?

You may feel you should examine patients who have described injuries to you. If there is an injury which needs immediate attention, or which may fade before it is seen by a forensically trained doctor, then it may be important that you examine or document it. However, you must stay within the limits of your training. You should not attempt to conduct a forensic examination or write a medicolegal report unless you have been trained to do so, as you may unwittingly harm the survivor's case or re-traumatize the patient. Instead, you can refer your patient to a doctor with appropriate training to conduct the examination.

Forensic training involves learning to gather evidence using specific history-taking techniques, as well as the appropriate collection and storage of samples to preserve them and protect the chain of evidence. You will also learn to use specific medicolegal language—to help you avoid using terms only doctors understand—and to emphasize objectivity, avoid ambiguity, and maximize clarity. If you have an interest in developing these skills, organizations like Physicians for Human Rights, listed in Part V of this guide, will be able to advise you.

WHAT DO SURVIVORS WANT?

Only they can tell you. The survivors' accounts in the film suggest that acknowledgement, a sense of community, and the pursuit of public justice are important to them. See the Pruitt Memo on pg. 22 for recommendations on how to help survivors regain a sense of power.

DISCUSSION QUESTIONS

FILM DISCUSSION QUESTIONS

1

In *The Uncondemned*, Lisa Pruitt explains that investigators initially dismissed the Rwandan women’s testimony as “not credible” because it was “less than coherent” and one woman “lost her train of thought.” Pruitt asks, “What would you expect from someone who is describing the sort of trauma that she’s describing?” In your capacity as a medical professional, how might you respond to Pruitt’s question?



2

Serafina Mukakinani (Witness NN) says in the film, “Rwandans, we have many cultural traditions. For example, we do not speak about our bodies.” If you were treating Mukakinani, or a patient with a similar perspective, what communication strategies could you use to respect her wishes but still fulfill your duty as her doctor?



3

In one scene, the Rwandan women describe their meetings with investigators. “They weren’t very kind,” Cecile Mukarugwiza says. Victoire Mukambanda adds, “We thought that they knew the story, and they were mocking us.” With these comments in mind, how might you speak to a patient who has survived sexual assault? Would this differ from your interactions with other patients—and if yes, how so?



GENERAL QUESTIONS

1

You are working in a conflict zone when a group of women arrive and say they were repeatedly raped by government soldiers about ten days ago. Several have machete wounds, and one says she has bleeding and pain “in her private place.”

- What immediate medical assessment should you make?
- How quickly is forensic examination needed?
- What documentation would you make?
- What factors do you need to consider in determining how best to help these women?

2

You are a doctor working in the US, when an asylum seeker asks to see you about poor sleep. During the consultation she tells you she experienced sexual violence in her country of origin 6 months ago. She has not told anyone until now.

- What might you do?
- Who might be helpful?
- What needs to be done differently compared to the first scenario?
- What does not need to be done differently?

3

You are a doctor with the current UN peacekeeping mission to South Sudan. Violence is sporadic but unpredictable, and travel is unsafe. There are rumors of massacres and sexual violence in villages some fifty miles from your base, and there are concerns about this violence spreading.

- What information would help you assess the risks?
- What specific actions could the UN take to prevent the spread of violence?

PART V

RESOURCES

We hope that nothing like the Rwandan genocide will ever happen again, but hope is not enough. We must use our understanding of the factors that make genocide and sexual violence more likely in order to prevent them.

The world needs to remember how swiftly events in Rwanda unfolded, and to remain watchful. Roméo Dallaire believed that the architects of the Rwandan genocide were educated people who assessed the likely response of the world well before they acted, and concluded that not only would the world not intervene, but that justice would never find them, nor even care enough to try. That last, at least, was proved incorrect, as we see in *The Uncondemned*.

The UN lacked the will to act decisively in 1994, but perhaps if public feeling had been as informed as it is now, perhaps if more voices had been raised, things could have been different. You can add your voice in many ways. You can stay informed, support human rights organizations, join campaigns, and march for justice. You may wish to go further, and work with those who have experienced sexual violence, either inside your own country or beyond it.

On the following pages, you will find resources to help you learn more and begin to combat sexual violence and support survivors as part of your own work, if you choose to do so.

We hope whatever you do, you will help ensure that the events in Rwanda are not forgotten.

ORGANIZATIONS

PHYSICIANS FOR HUMAN RIGHTS

Physicians for Human Rights, or PHR, uses medicine and science to document and call attention to mass atrocities and severe human rights violations. PHR believes that physicians, scientists, and other health professionals possess unique skills that lend significant credibility to the investigation and documentation of human rights abuses. PHR's expertise is used to advocate for persecuted health workers, prevent torture, document mass atrocities, and hold those who violate human rights accountable. PHR offers assistance to doctors who wish to undergo specialist training in the forensic assessment of victims of torture.

RAINN (RAPE, ABUSE & INCEST NATIONAL NETWORK)

RAINN is the nation's largest anti-sexual violence organization. Their programs take a victim-centered, trauma-informed approach to supporting survivors of sexual violence and their loved ones. As part of their work, they operate the National Sexual Assault Hotline, as well as provide training for staff and volunteers at more than 1,000 local sexual assault service provider partners. RAINN also carries out programs to prevent sexual violence and ensure that perpetrators are brought to justice.

INTERNATIONAL RESCUE COMMITTEE

The International Rescue Committee responds to humanitarian crises and helps people whose lives and livelihoods are shattered by conflict and disaster to survive, recover, and gain control of their futures. Their 191 field offices in over 30 countries help communities rebuild and recover from war and natural disaster. Their work ranges from healthcare to education to protection for women and girls.

MÉDECINS SANS FRONTIÈRES / DOCTORS WITHOUT BORDERS

Médecins Sans Frontières—or Doctors Without Borders, as they are commonly known—delivers emergency medical aid to people affected by conflict, epidemics, disasters, or exclusion from health care. According to founder Bernard Kouchner, their mission “is simple really: go where the patients are.” They recruit doctors, nurses, and both medical and non-medical staff to aid their work, and their website outlines various avenues for involvement, from working in the field to volunteering in their office.

HUMAN RIGHTS WATCH

Human Rights Watch is a nonprofit, nongovernmental organization of human rights professionals, lawyers, journalists, and academics. They are known for accurate fact-finding, impartial reporting, effective use of media, and targeted advocacy. With the leverage this brings, Human Rights Watch meets with governments, the United Nations, regional groups like the African Union and the European Union, financial institutions, and corporations to promote human rights and justice around the world.

AMNESTY INTERNATIONAL

Amnesty International is a global movement of people who take injustice personally, and is also currently the world's largest grassroots organization. Through detailed research and determined campaigning, they help bring torturers to justice, change oppressive laws, and free people unjustly jailed.

A SHORT NOTE ON WORKING IN CONFLICT ZONES

SOME OF YOU MAY DECIDE TO SPEND PART OF YOUR WORKING LIFE AT THE FRONT LINE. IT IS IMPORTANT TO REMEMBER THAT, IF YOU DO SO, YOU MAY BE IN THE LINE OF FIRE, OR MAY EVEN BE A TARGET YOURSELF.

PLEASE PREPARE AND TRAIN APPROPRIATELY.

IF YOU HOPE TO BE A PART OF THE SOLUTION, YOU HAVE A RESPONSIBILITY TO ENSURE THAT YOU DON'T BECOME PART OF THE PROBLEM.

REPORTS AND PUBLICATIONS

Campanaro, Jocelyn (2002). "Women, War and International Law: The Historical Treatment of Gender-based War Crimes." *The Georgetown Law Journal*. 89: 2557–2592.

OCHA (2007). "The Shame of War: Sexual Violence Against Women and Girls in Conflict." OCHA/IRIN.
bit.ly/OCHA-IRIN

UN Special Rapporteur to the Commission on Human Rights, "Report on the Situation of Human Rights in Rwanda" (E/CN.4/1996/68) para 16.
bit.ly/UNReportRwanda

WHO (2003). "Guidelines for Medico-Legal Care for Victims of Sexual Violence." World Health Organization. ISBN 92-4-154628-X.
bit.ly/WHOCareGuidelines

UK Foreign & Commonwealth Office (2017). "International Protocol on the Documentation and Investigation of Sexual Violence in Conflict."
bit.ly/InternationalProtocol

WHO and United Nations Office on Drugs and Crime (2015). "Strengthening the Medico-legal Response to Sexual Violence."
bit.ly/StrengtheningResponse

BOOKS

Dallaire, Roméo. *Shake Hands With The Devil: The Failure of Humanity in Rwanda*. Random House, 2003

Dallaire, Roméo. *Waiting for First Light: My Ongoing Battle with PTSD*. Random House, 2016

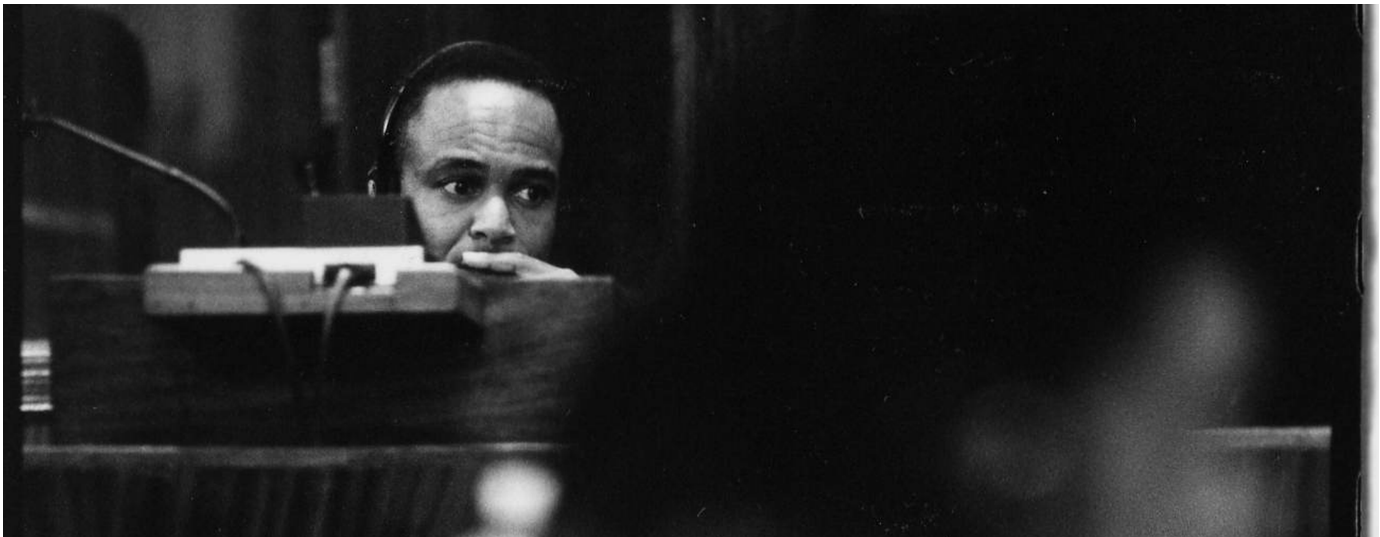
Gourevitch, Philip. *We Wish to Inform You That Tomorrow We Will be Killed With Our Families: Stories from Rwanda*. Picador, 1999

Hatzfeld, Jean. *The Antelope's Strategy*. Picador, 2010

Hatzfeld, Jean. *Life Laid Bare: The Survivors in Rwanda Speak*. Other Press, 2007

Hatzfeld, Jean. *Machete Season*. Picador, 2006

Heineman, Elizabeth D., ed. *Sexual Violence in Conflict Zones*. University of Pennsylvania Press, 2011



FURTHER READING

ICTR proceedings' legal documents related to the Jean-Paul Akayesu case
bit.ly/ICTRCase

UN Action Against Sexual Violence in Conflict
Website: stoprapenow.org
Brochure: bit.ly/StopRapeBrochure

United States Holocaust Memorial Museum: Rwanda, 20 Years Later
bit.ly/RwandaOverview

United States Holocaust Memorial Museum: Rwanda, the First Conviction for Genocide
bit.ly/USHMMRWanda

AUDIO AND VIDEO

Angela Veale: "Sexual Violence: Breaking the Silence."
bit.ly/Veale

Coline Rapneau: "We Need to Talk about Sexual Violence."
bit.ly/Rapneau

Haja Zainab Hawa Bangura: "Global Solutions to Sexual Violence in Conflict."
bit.ly/HawaBangura

Jimmy Carter: "Why I Believe the Mistreatment of Women is the Number One Human Rights Abuse."
<http://bit.ly/JimmyCarterBelieve>

Olivia Krishnaswami: "Rethinking Sexual Violence."
bit.ly/RethinkingSexualViolence

The Uncondemned co-director Michele Mitchell: "What's Rape's Brand?"
bit.ly/WhatsRapesBrand

APPENDIX: THE PRUITT MEMO

The memo below was written by Lisa R. Pruitt while she worked in Rwanda in 1996. She delivered these guidelines to the investigative and legal team at the Office of the Prosecutor in Kigali. As featured in *The Uncondemned*, this memo outlined guidelines and best practices for interviewing sexual assault survivors, and these practices were ultimately implemented after the Akayesu indictment was re-opened to consider sexual assaults that had occurred in Taba. Pruitt wrote an additional memo containing legal analysis of the evidence against Akayesu and advocating for survivors. Together, her memos were cited as a “blueprint” for the prosecution’s investigation of the rape charges.

Guidelines for Interviewing Sexual Assault Survivors

The watchword in interviewing sexual assault survivors is *empowerment*. This is true from a counselling perspective, but it is very useful from an investigative perspective, too. The survivor has been greatly dis-empowered by the criminal act that has been committed against her, but there are certain simple steps that investigators can take to give back to a survivor some semblance of control and power. Doing so will make her more comfortable and thereby more willing to talk openly with investigators. Empowerment can be accomplished by gestures as simple as these:

- * provide as much privacy as possible for the interview
- * let her decide where she is most comfortable giving the interview, e.g., her home, the ICTR vehicle, the ICTR house in Kibuye.
- * offer the witness something to drink or eat if circumstances permit
- * let her choose where she wishes to sit during the interview
- * let her know she is an important person, but without putting undue pressure on her to talk
- * tell her she can end the interview at any time she wishes; it is an option she will very rarely exercise, but it is important for her to know she has that option
- * ask her if she has preferences regarding who she talks to and who interprets, the idea being that some women will feel strongly that they wish to talk only to female investigators and legal officers, through female interpreters. Asking this question gives a woman the option of excluding from the interview a member(s) of the team who may, for whatever reason, make her uneasy and reticent.
- * allow her to have a friend or family member present for the interview if she wishes
- * speak in a soft voice, especially if the witness is speaking softly

As with any initial witness interview, the exchange should usually proceed from the general to the specific. That is, it is not useful to begin the interview with questions about the woman’s own sexual assault, even if part of her story is already known (as from a previous interview) and investigators are seeing her primarily because they know she was sexually assaulted and want details of that incident. If this is the case, begin by following up on information provided in the previous interview or by asking if she knows of any women who were raped and then seeking all the details of those stories. It is best to wait until a certain confidence and rapport are established before asking about the witness’s own sexual assault.