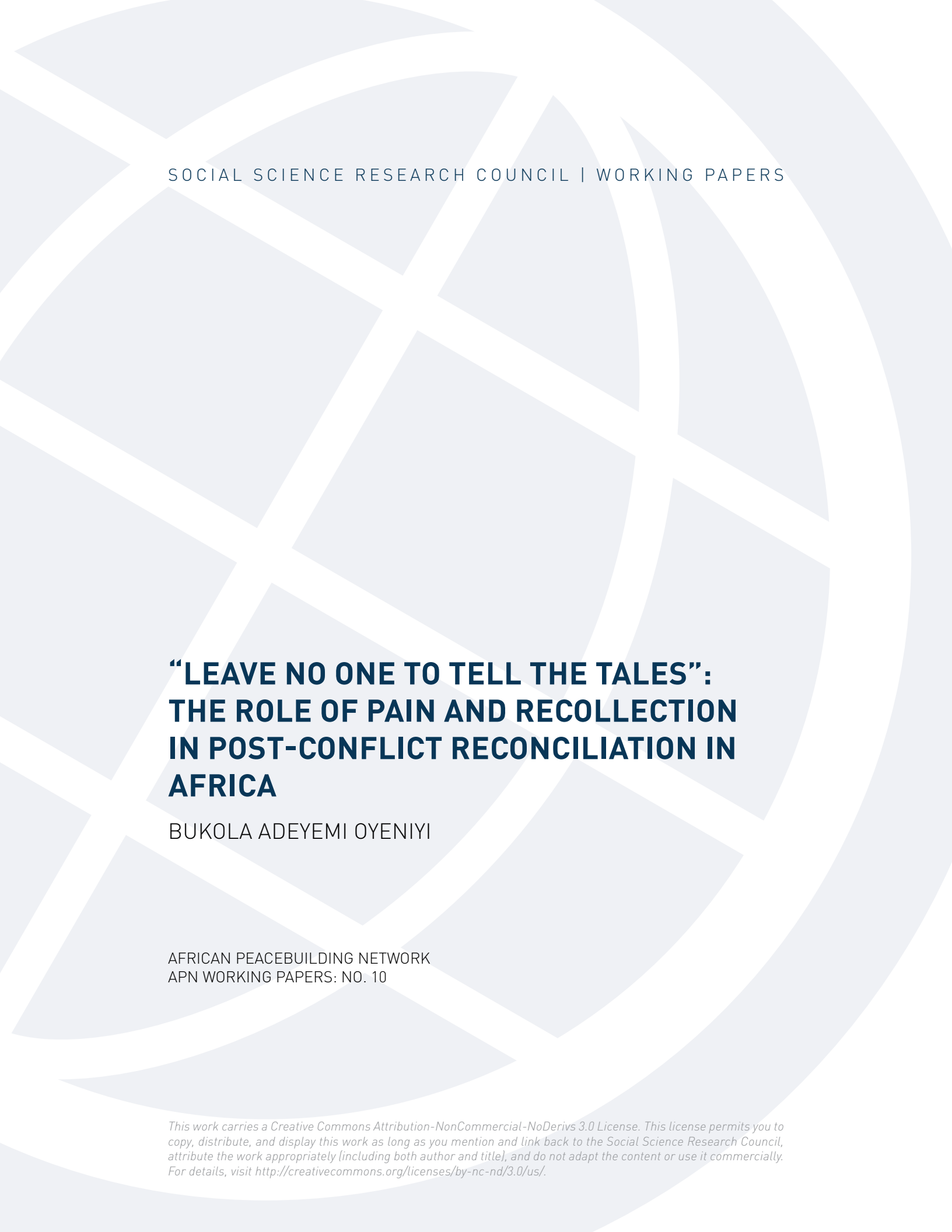




SOCIAL SCIENCE RESEARCH COUNCIL | WORKING PAPERS

**“LEAVE NO ONE TO TELL THE TALES”:
THE ROLE OF PAIN AND RECOLLECTION
IN POST-CONFLICT RECONCILIATION IN
AFRICA**

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"LEAVE NO ONE TO TELL THE TALES": THE ROLE OF PAIN AND RECOLLECTION IN POST-CONFLICT RECONCILIATION IN AFRICA

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INTRODUCTION

Using testimonies of child soldiers and amputees from Sierra Leone, accounts from survivors of the Rwandan genocide, and recollections of survivors of rape and sexual violence from the Democratic Republic of Congo (DRC), this essay explores the intersection between pain, its recollection, and post-conflict recovery in Africa. Between 1991 and 2002, unprecedented violence gripped Sierra Leone, leading to the death of an estimated 50,000 people. The Truth and Reconciliation Commission (TRC) set up after the civil war reported that a rebel group, the Revolutionary United Front (RUF), orchestrated "indiscriminate amputations, abduction of women and children, recruitment of children as combatants, rape and sexual slavery, cannibalism, gratuitous killings, and wanton destruction of villages and towns" against ethnic groups believed to be loyal to President Joseph Saidu Momoh and the All People's Congress (APC), the party that had ruled Sierra Leone since 1968 (TRC 2004, 7).

In Rwanda, up to one million Tutsis and moderate Hutus were killed between April and July 1994, by individuals using machetes, spiked clubs, and other ordnance. "Leave no one to tell the story," they sang as they carried out

genocidal killing, which was planned and executed by members of the core political elite (the *akazu*—an informal organization of Hutu extremists), the Rwandan Army, National Police, government-backed militias—the *Interahamwe* (a Hutu extremist paramilitary group) and the *Impuzamugambi* (a Hutu militia group)—and Hutu civilians (Des Forges 1999, 1027).¹

In the DRC, rebel groups bent on removing President Mobutu Sese Seko from power after thirty-one years plunged the country into a civil war in 1996, involving nine African nations, multiple groups of UN peacekeeping forces, and twenty local armed groups. The war, during which over five million people died, also displaced more than ten million people. Human Rights Watch (HRW) noted that militia groups and the *Forces Armées de la République Démocratique du Congo* (FARDC) raped, sexually abused, and recruited millions of women and girls into sexual slavery (Border and Immigration Agency 2007, 19). Consequently, the DRC was described as the “rape capital of the world” (“DR Congo Mass Rape Verdicts” 2011).

This essay, while not pretending to be a *tour d’horizon* of conflict and post-conflict recovery, uses the testimonies and experiences of victims from these conflicts and wars to challenge the view that “verbalizing” or expressing pain aids in recovery, a view that underlay the establishment of truth and reconciliation commissions (TRCs) in Sierra Leone, Rwanda, and the DRC. As survivors of these conflicts noted, long after the peace treaties and “No Victor, No Vanquished” speeches and many months after the hurriedly assembled TRCs completed their assignments, victims still cope with physical pain and psychological trauma. This essay also notes that lost limbs, mutilated genitals, and scars serve as constant reminders of the physical pain associated with conflict, while mass graves, war memorials, and societal rejection—especially of the women and girls whose bodies were violated during the war—serve to increase survivors’ psychological and emotional trauma.

By focusing on the nature of the violence and mechanisms deployed by the various actors in committing these acts of violence, this essay isolates physical from psychological pain, and asserts that although physical pain is “unshareable,” verbalizing painful experiences may lessen the effect of psychological torture, as Elaine Scarry (1985, 13), among others, has argued. Nonetheless, this essay allows for a nuanced comparison of the cases, especially the ways in which societies were reconstructed to respond to these incidents of violence. Additionally, while verbalizing painful

experiences may help in recovery from psychological pain, the same is not true for physical pain. Furthermore, whether dealing with physical or psychological pain, victims from Sierra Leone, the DRC, and Rwanda assert: “I hate to talk about it.” Their position contradicts that of Scarry, especially regarding physical pains.

HUMAN TRAGEDIES IN AFRICA: THREE CASES

The human tragedies that unfolded in Africa in the last decade of the twentieth century illustrate the nexus between the application of pain and the ways that individuals negotiate their existence after painful experiences.

Sierra Leone

Although West Africa is no stranger to complex humanitarian emergencies, the conflict in Sierra Leone from 1991 to 2002 was unprecedented in the scale of violence deployed, number of people killed, and ruthlessness of the various parties. The civil war—beginning when a rebel group, the Revolutionary United Front (RUF), crossed the border from Liberia into the town of Bomaru near the eastern frontier of Sierra Leone—claimed the lives of approximately 50,000 people. At the time, Sierra Leone’s total population was less than six million people. The RUF’s objective was to “overthrow the corrupt and tyrannical government of Joseph Saidu Momoh and the All People’s Congress, which had ruled Sierra Leone since 1968” (TRC 2004, 9). That violence heralded a decade of conflict characterized by “indiscriminate amputations, abduction of women and children, recruitment of children as combatants, rape and sexual slavery, cannibalism, gratuitous killings, and wanton destruction of villages and towns” (7).

The origins of the Sierra Leonean conflict can be traced back to British imperial rule, especially the patrimonial state handed over to the Sierra Leoneans at independence in 1961 (Davies 1996, 68). Throughout British rule, privileges and opportunities were made available to inhabitants of Freetown and its environs, which became a Crown Colony, whereas the remaining area was declared a Protectorate of Britain. The Crown Colony was administered as part of Britain, while the Protectorate was divided into many—mostly small—chiefdoms and ruled indirectly through local paramount chiefs. Development was lopsided in favor of the Crown Colony, neglecting the Protectorate. Due to its economic benefits, the position of paramount chief inspired intense competition and rivalry. The rural population disliked the

paramount chiefs due to excessive cash levies, unpopular land allocations, forced labor, and punishment of dissenters. The Krios—inhabitants of the Crown Colony—and the paramount chiefs received Western education and therefore inherited power from the British following independence (Denov 2010, 32).

The Sierra Leone People's Party (SLPP) dominated the post-independence government and was highly patrimonial, employing the distribution of diamond mining licenses as a key instrument of state control (Fearon 2005, 18). The situation worsened under the All People's Congress (APC), which ruled from 1968 to 1992, as Siaka Stevens—prime minister (1968–1971) and later first president of Sierra Leone (1971–1985)—and the APC regime used the redistribution of national resources as an instrument of control. Under these circumstances, Stevens subordinated all state institutions, including the army. This undermining of the army made the state system more vulnerable to rebellions.

When Stevens peacefully handed over power to Joseph Saidu Momoh—also of the APC—in 1985, the situation worsened, as the government was on the brink of bankruptcy. Unable to pay government salaries, Sierra Leone was forced to obtain the IMF's financial support. Momoh's government reduced subsidies for petrol, food, health, and education, signaling the end of the patronage system. Large foreign firms soon began to withdraw from Sierra Leone as well, due to the depletion of mineral deposits and high levels of corruption (Fanthorpe 2001, 19). These accumulated grievances and circumstances therefore set the stage for the civil war.

Article 26 of the Lomé Peace Agreement—the peace accord that ended the war—provided for the establishment of Sierra Leone's Truth and Reconciliation Commission (TRC). Its objectives included historicizing the violations and abuses of human rights, responding to the needs of victims, and promoting healing and reconciliation in order to avert future occurrences of violence. In its final report, the TRC noted that sixteen categories of human rights violations occurred during the war, including amputations and physical torture; abductions, forced displacement, and forced recruitment; looting, extortion, and the destruction of property; rape and sexual slavery; and killings (ECOWAS 2014). Sierra Leoneans visited these atrocities upon their fellow citizens, particularly women and children, minority ethnic groups, and other targeted individuals.

Rwanda

Between April and July 1994, the Interahamwe killed up to one million Tutsis and moderate Hutus in a renewed ethnic conflict between Hutus and Tutsis in Rwanda. Although this ethnic tension has had a long history, the violence of 1994 was unprecedented and remains the worst occurrence of genocide in African history. Hutus, the majority ethnic group, used machetes, spiked clubs, AK47s, and other weapons to kill their fellow Rwandan neighbors in under one hundred days.

The tension between Hutus and Tutsis, which snowballed into genocide in 1994, began in the nineteenth century during Belgian rule over the region that would later become Rwanda and Burundi (Mamdani 2001, 23). Before Belgian rule, Hutus and Tutsis were considered different only in terms of economic status and proximity to the king: “If you were close to the king, you owned wealth, you owned a lot of cattle, you are a Tutsi. If you are far away from the king, you are a cultivator, you don’t own much cattle, you are a Hutu” (quoted in Berry and Berry 1999, 9). Therefore, Tutsis were essentially animal herders, whereas Hutus were farmers. Under Belgian rule, economic differences between the two groups began to grow, as the Belgians considered the animal-herding Tutsis for positions of dominance over the soil-tilling Hutus. With the introduction of identity cards and a “scientific” differentiation based on cranium and nasal differences, the Belgians soon concretized the Hutu-Tutsi categories, which were originally solely economic and tied to proximity to the king, into an ethnic division. Soon, the minority Tutsis dominated native administration, education, and positions of wealth. Intergroup conflicts between the Hutus and Tutsis have overshadowed relations ever since. Following independence from Belgium in 1962, intergroup crises led to the split of Ruanda-Urundi into the countries of Rwanda and Burundi.

Despite the split, the situation in Rwanda remained uneasy, with the Hutu majority lashing out at the Tutsi minority. Thousands were killed from both groups, forcing thousands more Tutsis to flee into neighboring Uganda. From 1962—when the Hutu-led *Mouvement Révolutionnaire et National pour le Développement* (MRND) installed a new government under Grégoire Kayibanda—many Tutsis were removed from their positions of power and replaced by Hutus, who quickly centralized their power (Mamdani 2001, 35). Tutsi rebellions were intermittent, protesting their exclusion. These uprisings resulted in anti-Tutsi legislation, enacting a 10 percent limit

on Tutsis in positions within the government, civil service, and schools. Rebellions and mass killings recurred in 1965, 1969, and 1973; in 1975, the situation became so severe that many Tutsis went into exile. Then, in 1979, these exiled Tutsis formed a military wing—the Rwandan Alliance for National Unity (RANU)—with objectives that included improving the welfare of Rwandan Tutsi refugees and supporting the struggle against the Hutu government in Rwanda (Mamdani 2001, 40). By 1987, the RANU had grown, and the group renamed itself the Rwandan Patriotic Front (RPF) (Mugnarella 2002, 45).

By 1990, the RPF's armed struggle against the MRND had generated another round of the Rwandan Civil War. Following negotiations, both sides signed a ceasefire agreement, the Arusha Accords, in 1993 to attempt to establish peace. In the midst of that ceasefire, Rwandan President Juvénal Habyarimana's plane was shot down by yet-to-be identified attackers. President Habyarimana, his Burundian counterpart President Cyprien Ntaryamira, and all others on board the airplane were killed. Roadblocks and barricades were quickly mounted across the streets and Rwandan national identity cards were checked to systematically verify the ethnic identity of Tutsis. This began the genocidal killing of Tutsis and moderate Hutus on the morning of April 7, 1994, planned and executed by members of the core political elite (the *akazu*), the Rwandan Army, the National Police, government-backed militias (the Interahamwe and Impuzamugambi), and Hutu civilians.

Aided by the Hutu-led government, the Interahamwe, Impuzamugambi, and members of the Rwandan Army killed their Tutsi neighbors in villages and towns, in schools and churches, on roads, and other places. The government also flew soldiers by helicopter from Kigali to rural areas to aid the militias in seeking Tutsis who might be in hiding (Prunier 1998, 244). Local government officials, through government-sponsored radio, incited ordinary citizens to join in killing the Tutsis. Hutus who refused were often murdered on the spot. "Either you took part in the massacres or you were massacred yourself," a Hutu confessed (quoted in Mullins and Rothe 2008, 99). By the end of the genocide in mid-July, about one million people, mostly Tutsis—20 percent of the total Rwandan population and 70 percent of the Rwandan Tutsi population—had been killed, most of them hacked to death with machetes or beaten to death with spiked clubs. Thousands of women and girls were raped and sexually abused in the attacks as well.

The RPF then led a military campaign from bases in Uganda and triumphed over the Hutu-led government and militias, bringing an end to the genocide in July 1994. They set up a new government, which reinstated a modified form of the *Gacaca* (“Justice on the Grass or Dialogue Justice”) Courts—a system of indigenous, traditional courts in every district—and tasked them with identifying the truth of what happened during the genocide. The Gacaca Courts were also intended to speed the trials of genocide perpetrators, recommend ways to end the culture of impunity, and facilitate national reconciliation between the victims and perpetrators of the genocide.

The new government also called upon the United Nations (UN) to investigate and, when necessary, try perpetrators of crimes of genocide and other human rights abuses. Consequently, the UN established the International Criminal Tribunal for Rwanda (ICTR) in 1994. As the Gacaca Courts and the ICTR reported, the Hutus perpetrated ethnic cleansing and genocide, rape and sexual abuse, other killings, and destruction of property against the Tutsis. While the ICTR prosecuted high-ranking members of the Hutu-led government and militias, the Gacaca Courts focused on the foot soldiers. In both cases, many perpetrators were brought to trial and punished with jail terms. However, in 2003, owing to the large number of perpetrators and the high cost of trials, the government released and granted amnesty to about 40,000 genocide perpetrators.

Democratic Republic of Congo

Efforts to bring an end to Mobutu Sese Seko’s thirty-one-year reign as the Democratic Republic of Congo’s (DRC) head of government sparked a civil war in 1996. That war—involving nine African nations, multiple groups of UN Peacekeepers, and twenty other armed groups—devastated the DRC. At war’s end, at least 5.4 million people were dead. The situation was aggravated by displacement and victims’ inability to access health care, resulting in numerous deaths from malaria, diarrhea, pneumonia, and malnutrition. Throughout the war, a great majority of women and girls were raped, sexually abused, and recruited into sexual slavery.

The prevalence and intensity of sexual violence perpetrated against women and girls in this region was unprecedented. As HRW (2009) has noted, perpetrators of these criminal acts included militia groups, the Congolese army, and the *Forces Armées de la République Démocratique du Congo* (FARDC) (5). In 2007, the UN Stabilization Mission in the DRC (MONUSCO)

reported that 54 percent of all cases of sexual violence in the DRC occurred during the first six months of 1996. MONUSCO also accused FARDC soldiers, national police, state actors such as teachers and government officials, and other criminals of these sexual crimes. Additional human rights violations included attacks on villages and towns and the gang rape of women and girls. Human Rights Watch (2009), among others, has since described the eastern DRC as the “rape capital of the world” (5).

Of the over one hundred survivors of rape in the DRC that HRW interviewed, 81 percent were younger than eighteen when raped. Furthermore, many became pregnant, as they were not aware of the chances of becoming pregnant until they missed their menstrual periods. Not only did most of their families reject these women after they became pregnant, but also, the majority of the girls were removed from school. Abandoned and uncared for, these young women were left to bear their physical and psychological trauma alone. Children born of rape also face an uncertain future; just like their mothers, they are stigmatized and treated as outcasts without “fathers.” As survivors, these mothers and their children experience highly conflicting emotions, sometimes struggling daily with fear and suicidal thoughts. Many have contracted HIV/AIDS, and inadequate health care has caused mother-to-child transmission to be the rule rather than the exception.

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In Sierra Leone, amputation, sexual violence, killings, and displacement were widely employed measures, while in Rwanda and the DRC, victims were hacked to death with machetes and spiked clubs, or attacked with AK47s, rocket-propelled grenades, and submachine guns. In all three countries, memorials—including museums and national holidays—were established to honor the dead. Additionally, governments set up reconciliation committees to bring together perpetrators and victims, and rebuilt roads, homes, markets, schools, and hospitals. Nevertheless, the task of rebuilding the hearts of the people remains a great challenge, and Sierra Leone, Rwanda, and the DRC are important examples in any study on the intersection between pain and post-conflict reconciliation and recovery.

THE POLITICS OF PAIN AND RECOLLECTION

“Forgive and forget,” a popular saying, is considered by many societies to be an easy task. This view often accompanies the general belief that confiding in others allays pain. These popularly held ideas have become manifest in a number of state-established commissions and trials, especially following genocide, mass violence, and state-sanctioned or orchestrated disappearances. Notable examples include post-apartheid South Africa, El Salvador, Argentina, and Rwanda. In South Africa, it was believed that to achieve unity and reconciliation after incidents of genocide, mass violence, and other forms of human rights violations, it was necessary to establish the truth about these gross violations of human rights and to reconcile victims with perpetrators. Amnesty followed reconciliation, reburials, reparations, and the raising of memorials to symbolize the reconciliation exercise. While several studies have shown the importance of symbolic acts of reconciliation for post-conflict recovery and nation-building, others have raised serious concerns over whether they achieve these goals. In other words, the latter studies ask whether forgiving is truly forgetting, or if speaking about pain actually lessens its effects, especially on victims. In *Between Vengeance and Forgiveness*, Martha Minow (1998) has emphasized that although South Africa’s TRC incorporated restorative justice into its objectives, the project was essentially about seeking to establish the truth while holding retributive justice in abeyance. Minow (1998) has asserted that without retributive justice, reconciliation is impossible; she has argued that retributive justice enhances a society’s ability to heal social wounds caused by serious violations and deters future violations, because a society cannot forget what it cannot punish (118).

There is a rich body of literature on pain, its recollection, and the politics associated with its application (see, for example, Melzack and Wall 1965; Jacox, Carr, and Chapman et al. 1992; Portenoy 1996; and Chapman 2001). Nevertheless, pain—defined as an “unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage”—is difficult to study (McCaffery 1968, 16). Similarly, Merskey and Bogduk (1994) present pain as “whatever the experiencing person says it is” (25). While not trivializing the issue, these definitions underscore the fact that pain is a subjective experience without definite objective measures. Hence, it is difficult—if not impossible—to measure pain, and thus to study it through the use of measurements. Another important point in the literature on pain is that there is no authority

on pain other than the victim. Additionally, pain has a psychological impact, affects the victim's quality of life, and may involve financial consequences.

Many scholars have agreed that pain is essentially “unshareable,” and that whatever pain achieves, it does so through its resistance to language. Furthermore, there is a certain power associated with pain that informs its deployment. The powerful, having suffered pain themselves before, understand its dynamics and hence purposefully apply pain in their relationship with the powerless, their victims. Consequently, the problem of pain is bound up with the problem of power (Scarry 1985, 13). To understand pain and the ways it is applied and exploited, especially during conflict, it is important to understand the power dynamics between victims and perpetrators. The significance of this concept is that the greater the difficulty faced by victims in verbalizing their pain, the greater the difficulty associated with any third-party comprehension of their pain. Thus, in addition to deploying pain, perpetrators also wield power over their victims through the peculiar nature of pain—the victims' inability to share their pain with others. It is in this unshareability of pain that perpetrators express power over victims. Moreover, denying victims the power of agency further shifts the power dynamics such that not only are victims in agony, but also are unable to call on any external support to allay their pain. More than anything, perpetrators often comprehend the power of pain, but publicly refuse to acknowledge their victims' experiences of pain.

In the three cases discussed, different pain-inflicting methods were employed. In Sierra Leone, victims' arms were amputated in the most gruesome manner. Some had their wrists cut off, called short-sleeve, while others' arms were cut off just below the elbow, called long-sleeve. The aim of these methods was to prevent victims from participating in elections, in order to help the ruling party perpetuate itself in office. These actions were based on Sierra Leone's electoral practices, in which voters indicate their political preferences by putting their thumbprint on ballot papers.

Adama Koroma told the TRC at a hearing in Makeni, Sierra Leone on May 26, 2003, about how her village was ravaged in 1998.² She and twenty-six others ran into the bush, and as they were making their escape to another village, rebels caught up with her. They amputated one of her hands, and permanently damaged the other. Her husband, who later died, also had his hand amputated. Soldiers from the Economic Community of West African States Monitoring Group (ECOMOG), a West African intervention force led by

Nigeria, found Adama in the bush and brought her to Freetown. In addition to her husband, she lost four children. She told the TRC:

We the amputees, how are we in this world now? I am not speaking for myself here. The government should not leave our case behind. It is not for us, it is for our children. If my child grows up and asks me who chopped off my hand, I will say these people did it to me. That will bring the war again. If you say peace should come, we the amputees should bring the peace. I can't be struggling and say that I am living in peace. That is why our case should be pushed forward. If our problem is left behind, the war will not end. We the amputees, we all have children. (TRC 2004, 239)

Like many others, Adama believed that nothing could reconcile her with the perpetrators. However, she noted: "We have no hands. We should be assisted. If we are assisted we will have a peace of mind. All our children can think for themselves now. They ask us who chopped our hands and feet. We have to make our children reconcile their minds" (TRC 2004, 239).

Tamba Finnroh presented a remarkably different view from that of Adama:

I am willing to forgive, but to sustain this forgiveness, you can all see that we have lost our dignity because we used to be fit to fend for ourselves but this is not so anymore. That has caused most of us to become beggars in the streets.... So I will recommend to the Commission that they should put mechanisms in place, which will ensure that there are provisions for us, which will be sustainable and not something that we can eat in a single day; something that will be sustainable maybe as long as we are alive and even for our children. (TRC 2004, 240)

Conteh Francis, a thirty-five-year-old man who not only lost his house and poultry, but also was amputated, noted:

What they did to us, I can never forget. I have no hands and no leg. Was I born like this? No. How then will I forget that some people did this to me? If I forget that they raped my daughters over time, certainly, my hands and legs are no longer there. Can I also forget that over time? What they did to me, I can never

forget. (TRC 2004, 169)

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In Rwanda, Hutus clubbed Tutsis to death in an attempt to rid the country of them. The enterprise was so carefully coordinated that about 70 percent of the total Rwandan Tutsi population had been killed by the end of the genocide. Assessing rape and sexual violence in Rwanda during the genocide, Nicholas Kristof and Sheryl WuDunn (2009) noted: “All militias here rape women, to show their strength and to show your weakness” (84). Rosaria, a thirty-six-year-old mother of one, was raped, had her hand cut off, and lost thirty-six members of her household during the genocide. She declared:

It is not possible to forgive. We cannot be reconciled again. Will forgiveness bring back my family or my hand? They killed 36 members of my family. I am the only one left. I died a long time ago. I fled to this place, as I am afraid of them. (*As We Forgive*)

In 2008, Lumo Furaha told UNICEF: “Over 50 armed men took me and another woman to the bush where they raped us over and over again. After, they pulled us like goats to the main road where they left us abandoned” (*As We Forgive*). Zamuda, a fifty-year-old woman, described her attack: “The men did it with objects, it wasn’t for any physical desire. The only answer I have is that they wanted to destroy me; destroy my body and kill my spirit” (United States Congress 2010, 23). Another woman narrated her ordeal:

They kicked me roughly to the ground, and they ripped off all my clothes, and between the two of them, they held my feet. One took my left foot, one took my right, and the same with my arms, and between the two of them they proceeded to rape me. Then all five of them raped me. (Gettleman 2008)

It is difficult, if not impossible, to compare her experience with that of her daughter, Augustine, who was just six years old when she was raped:

One afternoon when I was preparing the evening meal, Augustine—who loved to play with other children—left the house. Just fifteen minutes later a neighbor brought us shocking news that armed men had kidnapped our little girl.... Finally, her father could not

bear it and decided to go outside. It was our girl, lying on the ground, abandoned and exposed, naked as a frog.... My daughter Augustine, only six years old, had been raped by grown men. (Gettleman 2008)

Claudine Mwabachizi, kidnapped by armed men on her way from the market, was also taken away, into the forest, where she was tied to a tree and gang-raped. Later, she was forced to watch as her rapist disemboweled a pregnant woman (*As We Forgive*).

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In the DRC, sexual violence and rape served as an asymmetric war strategy that primarily targeted not the women and girls that were assaulted, but their families, especially the males, and their entire communities. Georgette, a mother of six who was abducted from Kajeje, recounted:

Four combatants entered the house. They spoke Kinyarwanda. They were all armed. They took my baby away from me. I was the youngest woman in the house. They left the older women behind and took me.

The four soldiers made me carry the things they had stolen on my back. Then later we met up with others and they gave the load on my back to a man they had captured. But I walked with the four who took me from the house. We walked in the forest from about 10 p.m. to midnight.... Then I was alone with one of them. I later found out that the three others went off each with one woman they had captured. I was raped three times [by the one soldier]. He was armed the whole time. He didn't say anything and I didn't say anything. Finally, he took off at about 3 in the morning. I was afraid to walk, but slowly I went back home and got there about 7:30. (Csete and Kippenberg 2002, 30-31)

Sometimes, women and girls were punished with rape if they had no goods worth stealing. Elizabeth from Walungu Territory was twenty-five years old in January 2001, when armed men came to rob her home and raped her. She narrated her ordeal:

It started at 1 a.m. We were all sleeping. I heard the noise and

was the first to wake up. There were ten of them—I could see them and count them. They came into the compound. I wanted to hide but I couldn't. They said, "Give us your money." Then they said, "Get us your father" and told me to wake everyone up. I told them there was no one here. But then my father got up and turned on the flashlight. The combatants could see the light and said, "Who's that with the flashlight?" Two of the combatants who were very well armed were near me. I don't know how, but my father was able to escape by running very fast between the two of them. One said to me, "We're going to kill you for letting him get away."

The leader told the others to shoot Papa.... I thought they were going to kill us all too. My mother didn't know whether to run with Papa. But she hid under the bed and was praying with her rosary. Mama was able to run and got away when some other soldiers came into the house.

They kept me, my two sisters, and another girl who was staying with us sitting on the ground outside—there were two of them watching us. There was another one in the house. They took everything and asked us what else the family had. We said the only thing left is the clothes we are wearing; everything else is in the house.

They left the goats and chickens but took everything else. I thought if the Lord says it's our time, this is when we will die. The combatants said, "We can kill you," and shot in the air four times to show what they could do. There was another girl who stayed with us, an orphan, who usually slept beside me, but she was alone in another small house that night. She saw us outside, but somehow she didn't see the combatants. I could see her coming slowly toward us and I wondered what she was doing. I couldn't keep her from coming—she came up to us slowly and then said, "What is happening?" Even though the moon was bright, she still didn't see the combatants. But they saw her, and they caught her and beat her, kicked her, and whipped her with a rope. She said she would rather be killed than suffer with them. But then they threw her on the ground with the rest of us. (Csete and Kippenberg 2002, 34-35)

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The use of rape in conflict situations is not a new phenomenon. Rape has been used as a weapon of war in Bosnia, Bangladesh, Japan, and elsewhere. In pre-modern times, rape was employed both as a weapon of war and as part of the “spoils” of war, with women and girls shared as booty. In contemporary times, rape is used in ethnic conflicts as a way to socially control both the victims and their communities—to redraw ethnic boundaries. Women, as reproducers and carers of the community, are seen as targets in asymmetric warfare, with the rape and impregnation of women from one ethnic group supposedly allowing another group to control and ethnically cleanse the victims’ group. Under this situation, rape and sexual violence transform from personal attacks to attacks on communities. Hence, when someone becomes pregnant due to rape and bears a child, the blood of the entire community is believed to have been “cleansed” by the rapists’ blood. Smith-Spark (2004), quoting *Médecins Sans Frontières* (MSF; Doctors Without Borders), noted that rape was used as a weapon of war in the Bosnian War of the early 1990s. Perpetrators alleged that by raping and impregnating Bosnian women, the women would “give birth to Serbian babies.” Amnesty International echoed a similar view regarding Bangladesh, where thousands of women and girls were raped so that they could “breed Punjabi children.” Janjaweed militias in Sudan’s Darfur region also used mass rape and sexual violence as a way “to punish, humiliate, and control non-Arab groups” (Smith-Spark 2004).

While the use of rape and sexual violence as instruments of war is not new, the phenomenon has recently received considerable attention following documented cases of mass rape and sexual violence in the DRC, Colombia, and Sudan. In Korea, China, Taiwan, the Philippines, Malaysia, and East Timor, the use of rape and sexual violence in conflict situations has been explained from cultural, economic, and political viewpoints. As evidence continues to show, whether a woman is raped at gunpoint or otherwise sexually molested, rape and sexual abuse shape not only the woman’s future, but also that of her community. Additionally, survivors of rape and sexual violence face emotional torment, psychological damage, physical injuries, disease, social ostracism, and many other consequences that could devastate their lives. Rather than aiming to punish its victims, rape is sometimes used to demonstrate the perpetrators’ power and hence the weakness of the victims and their families, by underscoring the families’ inability to provide security for the victims.

In addition to rape and sexual violence, survival sex—defined as the deliberate trading of sex for food, shelter, security, etc.—also abounds in conflict situations. Unlike rape and sexual violence, survival sex does not entail direct force or compulsion; rather, victims offer their bodies in return for improved social conditions. Although victims are not physically compelled, they still do not give themselves willingly to the perpetrators. They are compelled by circumstances to exchange sex and sexual relationships for items like food, shelter, and security. Subsequently, survival sex creates a context in which abusive sexual relationships are more readily accepted, and in which men—noncombatants and combatants alike—come to regard sex as a “service” or commodity.

Madeline C., a thirty-year-old widow and mother of eight, explained: “I do not dare to refuse men because I do not want to leave the children hungry” (Csete and Kippenberg 2002, 21). In some cases, young girls engaged in sexual relations with teachers in lieu of school fees, and employees slept with their employers in order to keep their jobs. Rape was also a recurring experience in survival sex relationships. Gertrude Mudekerezwa, a program assistant with the World Food Programme, reported: “We have come to the point where families even push their daughters into prostitution for simple survival” (Csete and Kippenberg 2002, 21). Most women and girls in this condition said that they had no choice but to accept men who might leave them a bit of money, “for example 100 francs [\$0.30], because we have to take care of our families” (Csete and Kippenberg 2002, 26).

Reporting on Bukavu in the DRC, HRW noted: “The war has pushed the girls to prostitution” (Csete and Kippenberg 2002, 21). As one woman reported: “I have to keep doing bad things like sleeping with men to stay alive. You have to submit to everything they do, get slapped around, and then we’re badly paid too” (Csete and Kippenberg 2002, 34). Hannah, an eighteen-year-old orphan, had sex with men who threatened to expel her from a refugee camp. A *Rassemblement Congolais pour la Démocratie* (RCD) lieutenant, who held a position of command in the camp, raped her regularly (Csete and Kippenberg 2002, 35). A subsequent HRW report confirmed that soldiers, combatants, and armed robbers routinely raped women and girls in the course of robbing and looting (HRW 2009, 49). Moreover, in Sierra Leone, Rwanda, and the DRC, victims of rape and sexual violence were exposed to the risk of being impregnated and contracting sexually transmitted infections, including HIV/AIDS, as the power dynamics ensured that they lacked agency in the matter and were unable to use contraceptives.

IS RECONCILIATION POSSIBLE?

Three crucial types of traumatic experiences were experienced during these conflicts:

- (1) the death and annihilation of family, loved ones, and communities;
- (2) the mutilation, scarring, and damaging of the body; and
- (3) sexual violence, including rape, sexual assault, and molestation.

In all three conflicts analyzed, victims suffered both immediate and lingering, visible and invisible, and physical and psychological post-conflict pain as a result of their traumatic experiences. Where victims had body parts either mutilated or totally removed, the impact was not only immediate, but enduring. The mutilation or loss of body parts differs remarkably from the loss of family members. While both losses entail tragic feelings and leave lasting impressions, most people naturally adjust to the loss of family members over time. Loss of body parts, however, results in a constant, physical reminder of both the circumstances that led to the loss and the associated pain. The gaps left behind by chopped hands or limbs cannot be filled. The victims not only lost the services of these body parts, but also must cope with inabilities and inadequacies for as long as they live.

Sexual assault entails both immediate physical pain and lingering postwar (in)visible pains. However, societal responses to these pains could help to mitigate their impact on victims. Where socioeconomic and psychological reinforcements are available, victims are able to return to somewhat normal lives. Where no such support is provided, the impact of this category of traumatic experience is as gruesome and long-lasting as the other categories. No matter how perpetrators harmed their victims, the victims suffered both physical and psychological or emotional pains, emanating from harm to their physical bodies and to their minds. Physical pain, in the three examples, included injuries associated with the loss of vital body parts, such as hands, arms, ears, and breasts, as well as damage to victims' genitals through the process of rape, including the insertion of objects such as sticks and guns. Other forms of pain emanated from the death of loved ones and loss of property, including farmland and animals. This kind of pain differs remarkably from psychological pain associated with discomfort and trauma due to displacement, and that of psychological pain resulting from torture, rape, and fear.

Physical pain mimics death, hence its deployment not only leaves behind obvious visible evidence, but also serves as a mock execution. Some victims noted that the physical harm suffered in the course of the war is synonymous with death itself. Additionally, the intensity of the physical pain supersedes psychological pain. In other words, physical pain has a certain advantage over psychological pain, as it “obliterates all psychological content, painful, pleasurable, and neutral” (Scarry 1985, 33). This view is corroborated by many of the victims’ testimonies. As Rosaria and Tamba Finnroh noted, time heals psychological pain (Berry and Berry 1999, 32). One could argue that verbalizing pain heals psychological pain, while overtly visible evidence of physical damage—which is life-long—ensures that no one forgets physical pain. Physical damage entails three critical components: duration, control, and purpose. Unlike psychological damage, physical damage persists throughout its victim’s lifetime. By inflicting physical damage, perpetrators render the victim forever incomplete and incapacitated. Hence, in Sierra Leone and Rwanda, the loss of body parts and damage to genitals last forever, and victims lack control and agency over the extent of their pain and the purpose of its infliction.

Testimony has shown that there is a clear distinction between physical and psychological pain. Physical pain can be managed, especially when not attended by loss of body parts; however, with loss of body parts, the impact of psychological pain lasts longer and requires systemic attention for victims to heal. Physical pain can converge with psychological pain where loss of body parts is involved. In that case, the loss of body parts serves to deepen the impact of physical pain. The distinction between physical and psychological pain and an understanding of their relationship are important, as they play fundamental roles not only in recovery, but also in reconciliation.

Victim testimonies from these three conflicts show that victims still yearn for socioeconomic and psychological help even long after the various TRCs have submitted their reports. Drawing upon trauma counseling experiences among survivors of violence from apartheid in South Africa, Hamber and Wilson (2002) have challenged the general tendency to regard the TRC as a standard institution to document a violent past, allow a nation to “work through” these crimes, and facilitate “catharsis” or healing for victims of this violence and pain. As argued, discourses on reconciliation often subordinate individual needs, and TRCs and individual processes of healing work on different timelines. Although there is considerable debate over whether national psyches exist, it is not controversial to claim that nations differ

from individuals. Unlike nations, humans do have collective psyches, and thus reconciliation demands more from humans than from nations. Hamber and Wilson (2002) have argued that retribution, rather than reconciliation, would more effectively create symbolic closure after violence and pain. This essay strongly supports their proposal.

Another important factor in post-conflict recovery and reconciliation is attending to the health needs of both victims and perpetrators. Most of the literature emphasizes the physical and psychological health needs of the victims, while not much is said about those of the perpetrators. The violence and destruction of war not only severely damage victims' health, but also destroy the society's healthcare infrastructure. This often leads to the departure or, at worst, the death of healthcare workers and an inability of the state to treat and prevent the spread of diseases, from malnutrition to HIV/AIDS. Food shortages are common, as is the breakdown of water and sanitation systems. These conditions affect victims and perpetrators alike. A number of studies have confirmed significant increases in morbidity and mortality due to communicable diseases, unwanted pregnancy and childbirth resulting from war-related rape, and other indirect conflict-related causes.

As Leonard Rubenstein (2007) has noted, societies that have experienced armed conflict often have the worst infant, child, and maternal mortality indicators, as well as very high levels of psychological impairment (9). These phenomena, which cannot be dissociated from prior conflict, result from the breakdown of healthcare services and infrastructure, declining number of healthcare workers, and, above all, inadequate attention to the health needs of victims in the years after the conflict. A Centre for Research on the Epidemiology of Disasters study on the effects of conflict on mortality in Angola conducted ninety surveys in thirteen districts between 1998 and 2002. The study subsequently reported that by the end of the conflict in 2002, approximately 4.7 million people, or 40 percent of the population, had been displaced. Moreover, this displaced population suffered an 82 percent mortality rate (Sapir and Gomez 2006, 37; Checchi and Roberts 2005, 7). In another study, the mortality rate among infants, children under the age of five, and women giving birth rose dramatically after conflicts; of the ten countries with the highest mortality rates for the under-five group, seven have recently experienced civil conflicts (Black, Morris, and Bryce 2003, 2230).

As of 2010, infant mortality averaged ninety-two per 1,000 in Mozambique, 114 in Sierra Leone, and seventy-four in Liberia, with an average of 76.48 for the Least Developed Countries (LDCs) in Africa (Report of the Secretary-General 2012, 40). The infant mortality rate in Liberia as of 2005 was 134 per 1,000 live births. As of 2005, the under-five mortality rate for sub-Saharan Africa averaged 175 per 1,000 live births (the comparable world figure at the time was 62.6), but in Sierra Leone and Liberia, the rates reached 203.7 and 235, respectively (UNHCR 2005, 3; World Bank Group 2016). In addition to elevated mortality rates, other notable health issues that have featured in the literature on post-conflict reconstruction in Africa are the legacies of destruction and displacement; trauma, mental health concerns, and post-traumatic stress; the migration of healthcare workers; an increase in gender-based violence; and political volatility (Rubenstein 2007, 19). Rubenstein (2007) has documented that between 54 and 74 percent of the total population of the internally displaced people (IDPs) and refugees in Uganda suffered from post-traumatic stress disorder (PTSD), while between 44 and 67 percent of them were depressed (29). In South Sudan, 36 percent of residents suffered from PTSD, and 49 percent were depressed (Cliff and Noormahomed 1988, 718). In Liberia and Mozambique, civil war and violence led to the destruction of 80 percent of national healthcare facilities; while in Liberia, a postwar survey revealed that 242 of the 293 health centers had been looted and vandalized during the war (National Transitional Government of Liberia 2004).

The TRCs in the DRC, Rwanda, and Sierra Leone were all mandated to reconcile victims with perpetrators and to reconstruct their communities, but not to deal with issues relating to victims' loss of body parts nor their experiences of PTSD and depression. In general, post-conflict societies are therefore considered empty slates, which, once cleaned, can receive new impressions so that they run smoothly. Underlying this flawed view of the TRCs are the assumptions that reconciliation is necessary for a society to move on and that reconciliation is a panacea against further occurrences of violence. Hence, confiding in others is not only believed to be capable of allaying pain, but also to allow victims and perpetrators to talk about past crimes and injustices, and thus facilitate a healing process. Reconciliation emphasizes the restoration of relations between victims and perpetrators, while leaving it up to the perpetrators to express remorse and the victims to forgive. As the cases in this study have shown, no effort was made to provide for the mental and psychological needs of both victims and perpetrators, despite evidence of mental and psychological concerns. Invariably, physical

deprivation combined with scars of past violence ensure that victims are daily reminded of the past, while TRCs merely psychologize the nation (Hamber and Wilson 2002, 40).

Furthermore, as the cases in this study have shown, the use of TRCs as a paradigmatic model for “working through” violent pasts facilitates the creation of a common and shared memory, while pains are suffered individually. As seen in Bosnia and Northern Ireland, TRCs do more to validate a sense of national unity than to reconcile perpetrators and victims (McGrattan 2012, 103-126). They subordinate the individuals, their memories of pain, and their scars to the state’s objective. In other words, governments—through TRCs—aspire to reconciliation as a national objective, while victims aspire to individualized responses.

How do victims respond to all of this? The emergence of (in)visible alternative spaces is common in most post-conflict societies. As an analytical concept, alternative spaces are temporal social spaces that a category of people, whether individually or collectively, withdraws into in the face of an (in) visible and (un)pleasant situation or event. More often than not, alternative spaces are virtual, but they can also be located at specific geographical sites. No matter where they are located, alternative spaces are abstractions, sites where their members become relatively independent to reconfigure their identities and construct a new common agenda for social action. Consequently, alternative spaces are non-confrontational and involve non-cooperative actions and inactions, allowing members to express their (in) visible preferences.

Membership in alternative spaces is inclusive, and alternative spaces are limitless, “in-between” zones of convergence. As “in-between” spaces, they exist not as oppositional structures, but as an alternative to cooperation; hence, they are simultaneously “inside” and “outside” spaces of existence. Their “inside” or “in-between” position potentially allows members the possibility and capacity to control and express their own agenda within these spaces, without necessarily engaging in overt or open conflict with the existing dominant structures. Characteristically, alternative spaces could exist within well-established communities and at the same time oppose these very communities. This “in-betweenness” puts members of alternative spaces at variance, setting them aside or apart from others. Although part of the larger society, members of alternative spaces live a parallel existence to others within it (Dahl and Fihl 2013, 48).

From victim testimonies, there is no denying that most of their expectations were not met by the TRCs. Many expressed not only disappointment, but also the belief that the TRCs mainly reinserted perpetrators into the society without any consideration for the post-conflict relationship between victims and perpetrators. More often than not, victims have reported that their post-conflict relationships exist in an atmosphere of fear. As Emmanuel Murangira, Janet Uyisabye, and many others noted in *Rwanda: Do Scars Ever Fade?* (2015), a History Channel documentary, survivors of the Rwandan genocide decried not only the way perpetrators were reinserted into the society, but also the danger victims now faced living side by side with those who had raped them and killed their family members. Prior to the genocide, these people had been friends and neighbors with whom they shared meals, played games, and intermarried. Victims of the conflicts in Sierra Leone and the DRC have told similar stories.

Inadvertently, two diametrically opposed worlds emerged within the post-conflict societies of Sierra Leone, Rwanda, and the DRC. The first is the general society, the outside world, where both victims and perpetrators live and interact. The government controls this society. Using the instrumentalities of TRCs, the government reinserted perpetrators into society after each conflict. The second, the (in)visible inside world, which shares the same geographical space as the first, is the world of the victims, a world characterized by their memories of lost loved ones, missing and mutilated body parts, and subsequent health implications. Also included in this (in)visible world are the second-degree victims—those who are affected by victims' inadequacies and pain, including the children born of rape, victims' other relatives, and their close associates. Most children born of rape, along with their mothers, are social rejects, considered to belong to the rapists' ethnic group and therefore a pollutant to their own. Such children are often uncared for, malnourished, vulnerable to communicable diseases, and burdens to their mothers. Lack of care can create an atmosphere where children face an uncertain future, with minimal or no access to education, health care, and economic opportunities.

The existence of these (in)visible spaces accentuates the powerlessness of both first- and second-degree victims. It also accentuates the failure of TRCs to ameliorate the power imbalances between victims and perpetrators. For most victims, the post-TRC societies are no different from their pre-conflict societies; in both, the victims are powerless. The emergence of alternative spaces shows that the physical and psychological impacts of conflict on

victims are personal, whereas TRCs are mandated to pursue national aspirations. This subordination of individual aspirations to a national objective poses a serious threat to reconciliation by allowing hatred and resentment to breed. Unquestionably, nations need genuine reconciliation to achieve peace and post-conflict recovery; however, no nation can realize that reconciliation without justice and truth. The emergence of alternative spaces is therefore a direct challenge to the very goals of the TRCs. While psychologizing the nation helps in subordinating individuals' needs to national aspirations, the emergence of alternative spaces allows victims to plan and prepare for revenge.

CONCLUSION

Physical and psychological pain necessarily accompany conflict. In Sierra Leone and Rwanda, sexual violence, amputation, and brutal killings left permanent scars. In the DRC, victims tell stories of lost loved ones, badly mutilated bodies, sexual violence, and displacement. Common to their recollections were experiences of physical and psychological pain. While post-conflict recovery efforts, especially TRCs, have helped some by allowing them to talk through their experiences, the scars are indelible for many, and no amount of reconciliation could make them forgive the perpetrators and forget their crimes. The psychological and mental health needs of victims also stand in the way of reconciliation in much the same way as their physical concerns. As victims informed the TRCs, the talk-shops have helped to document and historicize their pain, but the TRCs also spotlight the peculiar nature, especially the unshareability, of pain. The TRCs showed that while victims may be able to talk through psychological pain, the scars of physical pain, continuing mental health issues, lost limbs, mutilated bodies, and memorials to the dead allow an awareness of pain to persist.

The TRC is a one-size-fits-all approach, psychologizing pain rather than alleviating it, and placing national interests and needs above personal ones. While victims suffered (and continue to suffer) individually, the nation does not share their pain. Although TRCs focus on fostering peace, they pay scant attention to the plights of individuals. TRCs' failure to facilitate reconciliation lies in this essentialization of needs. For victims, therefore, the TRCs were talk-shops that served to concretize the past, while reintegrating perpetrators (criminals), who under normal circumstances would face justice, into society at the expense of their victims.

No one case of conflict is the same. While not discounting the use of TRCs, this essay calls for increased allocation of resources, as well as more effective and sustained responses to the unique and varied forms of pain inflicted on victims. The current implementation of TRCs—especially given their emphasis on restorative, at the expense of retributive, justice—is like allowing steam to escape without harnessing its power. As the three cases discussed have shown, there is a need to revamp the generalized nature of the mandates of the TRCs, as well as a great need for systemic, sustained processes to support victims for a longer period of time following conflict. At present, TRCs focus on national and communal trauma, while issues of individual pain and the health concerns of victims are either discounted or only superficially treated. These issues clearly make the TRCs imperfect, unsuitable instruments for achieving post-conflict peace and reconciliation.

Moreover, as post-war mechanisms, TRCs ultimately fail to transform the power dynamics between perpetrators and victims. At present, months or years after peace deals are signed and TRCs are dissolved, perpetrators are allowed back into their societies while victims struggle to cope with ongoing physical and psychological trauma. Victims, including children born from rape, continue to endure social rejection. Such conditions cause victims to remember and internalize their pain, rather than forget and recover from it.

Many victims have also asserted that the peace that followed most TRCs resulted not from any genuine reconciliation, but from fear. This situation has created alternative spaces for victims, hindering, if not altogether preventing, the long-term recovery of victims and their societies. TRCs ultimately validate the existing power dynamics of a society in favor of the perpetrators, especially with their reintegration into society. Given the generic nature of their mandates, TRCs tend to construct a single story, build a unified and static edifice, and impose a regime of denial and public silence, rather than engendering both physical and psychological closure. As combatants sheathe their swords and shake hands with yesterday's enemies, victims of their nefarious activities continue to negotiate their daily existence in newly created spaces, with minds and bodies that daily relive war-time pain—a reality that the reconstruction of roads, bridges, and other public spaces cannot repair. In the end, treaties and TRCs are but failed deconstruction processes that inadvertently institutionalize and historicize painful experiences, rather than reconstruct them and allow them to be forgotten.

Although this study reveals the inadequacies of TRCs, especially in relation to these three case studies, TRCs have so far served as a bridge between the end of conflict and post-conflict reconstruction. This essay firmly recommends that future reconciliation processes consider justice in tandem with truth, if prospective TRCs are to serve the long-term purposes of reconciliation and reconstruction. In other words, the concept of the TRC must be reinvented to cater to both the short-term goal of post-conflict reconstruction and the long-term goals of peacebuilding and social reengineering, which must include systemic provision for victims' physical and mental health needs.

NOTES

1. Non-English words are italicized in their first instance throughout this document. “Interahamwe” is Kinyarwanda for “those who stand/work/fight/attack together.” “Impuzamugambi” is Kinyarwanda for “those with the same goal.”
2. Names of victims and witnesses have been changed throughout this document to preserve their privacy.

ANNEX

List of Acronyms

APC	All People's Congress (Sierra Leone)
DRC	Democratic Republic of Congo
ECOMOG	Economic Community of West African States Monitoring Group
ECOWAS	Economic Community of West African States
FARDC	<i>Forces Armées de la République Démocratique du Congo</i>
HRW	Human Rights Watch
ICTR	International Criminal Tribunal for Rwanda
IDP	Internally Displaced Person
LDC	Least Developed Country
MONUSCO	United Nations Stabilization Mission in the DRC
MRND	<i>Mouvement Révolutionnaire et National pour le Développement</i>
MSF	<i>Médecins Sans Frontières</i>
PTSD	Post-Traumatic Stress Disorder
RANU	Rwandan Alliance for National Unity
RCD	<i>Rassemblement Congolais pour la Démocratie</i>
RPF	Rwandan Patriotic Front
RUF	Revolutionary United Front (Sierra Leone)
SLPP	Sierra Leone People's Party
TRC	Truth and Reconciliation Commission
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees

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