

# Great Lakes Project

Providing holistic and community-based rehabilitation to victims of torture in Burundi, the Democratic Republic of Congo and Rwanda



# Foreword

Over four years, the IRCT's Great Lakes Project supported a unique and exciting collaboration between six rehabilitation centres in Burundi, the Democratic Republic of Congo and Rwanda, directly benefitting torture victims.

In a region marked by unrest, violence and horrific cruelty, these centres worked together to empower victims of torture to become pro-active, engaged and responsible actors in the social, economic and political development of their communities. The conceptual basis of this work is the IRCT's mission to promote full implementation of the right to rehabilitation of torture victims, as defined by the United Nations Committee against Torture in General Comment 3 to Article 14 of the UN Convention against Torture and Other Cruel, Inhuman and Degrading Treatment. To further the effective entitlement of torture victims to their right to rehabilitation, the IRCT membership believes that, in order to be adequate, rehabilitation has to be holistic and be decided by the right holders.<sup>1</sup>

This report highlights the stories of torture victims who are bravely rebuilding their lives with the support and care provided by the centres through four key approaches:

1. A medical referral system
2. Restoring dignity through livelihoods
3. Supporting victims in the fight against impunity
4. Changing lives through community-based social counselling

A key element of the Great Lakes Project was to empower both the victim and secondary victims, who are often overlooked, but affected by the traumatic experiences of those close to them. In addition, it focused on rural areas, reaching out to victims in need who would likely never have received rehabilitation services otherwise.

The project brought communities together, healing wounds and creating platforms for dialogue and reconciliation in countries that have seen civil wars, genocide and refugee crises. Its legacy continues through new partnerships between service providers, increased access to services, new businesses set up by victims, social counselling

groups run solely on the initiative of beneficiaries of the project, medical professionals who can now produce high quality medico-legal documentation and victims being supported through legal proceedings and challenging impunity.

The IRCT and our partners hope this report provides an insight into the work of the centres and the achievements of the Great Lakes Project, which we believe is an invaluable stepping stone to ensuring as many torture victims as possible receive holistic rehabilitation services and can play an active role in their community once more.



A handwritten signature in blue ink, which appears to read 'Victor Madrigal'.

Victor Madrigal  
**IRCT Secretary-General**

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The International Rehabilitation Council for Torture Victims (IRCT) is an independent, international health-based human rights organisation, which promotes and supports the right to rehabilitation of torture victims, acts as a global knowledge hub on health-based rehabilitation, and leads the global consensus-making process on right to rehabilitation standards. The vision of the IRCT is a world without torture.

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# Introduction

A large number of men, women and children living in the Great Lakes Region in central Africa have suffered as a result of conflict. In recent decades, the Genocide in Rwanda, civil war in Burundi and a series of brutal and protracted wars in the east of the Democratic Republic of Congo (DRC) have scarred the region.

Between 1993 and 2005, Burundi's civil war, fuelled by generations of ethnic tension, caused the death of an estimated 250,000 to 300,000 people.<sup>2</sup> Almost 700,000, or 10 percent of the population, were forced to leave their lands.

In Rwanda during the 100 days of the Genocide, it is estimated that approximately one million people were killed.<sup>3</sup> The Genocide also resulted in one of the world's biggest refugee crises, with approximately 1.2 million people fleeing to the Kivu provinces of the DRC alone.<sup>4</sup> The shadow of the 1994 genocide still lingers today, affecting communities throughout the country.



In the DRC, war erupted as a result of the refugee crises from 1996 to 1997 and from 1998 to 2003. By 2008, the war had caused 5.4 million deaths, principally through disease and starvation, making it the world's deadliest conflict in recent times.<sup>5</sup>

Across the region there are also close links between intra-state and inter-state conflicts. A combination of direct violence with sustained structural violence, such as extreme poverty and the lack of access to

basic goods and services, has had a devastating effect on the lives of the people.

## Providing rehabilitation services for torture victims

The exact number of those tortured in the Great Lakes Region is unknown, however it is clear that in Rwanda, Burundi and the DRC vast numbers of people have been subjected to various forms of torture and ill-treatment, such as rape and forced disappearance. Many have been traumatised for 20 years or more and have never received treatment. The consequences are widespread, affecting individuals, their families and communities. Many torture victims suffer from post-traumatic stress disorder (including anxiety, flashbacks, insomnia, nightmares and depression), and often feel shame (triggered by the humiliation they have endured). In cases where torture has been used in a systematic and widespread manner, entire societies can be traumatised.

It is against the backdrop of this climate of political instability that the IRCT's Great Lakes Project was initiated in April 2011. The project was unique from its inception, as it brought together six rehabilitation centres from across the region in an effort to share their experiences across borders.

The project supported the six centres in providing much needed holistic and community-based services to victims of torture and sexual violence, victims of genocide and other forms of political violence. Its goal was simple: To enable victims of torture and their families in Burundi, the DRC and Rwanda to assert their rights and become pro-active participating citizens in the social, economic and political development of their communities.

Effective torture rehabilitation services include community outreach, accessible medical and psychological services and integration with community-oriented initiatives. These services are a critical component of socio-economic development efforts in post-conflict countries.

Post-conflict states often lack the funding, the expertise, or the political will to ensure rehabilitation services are accessible, available and appropriate. States also rarely recognise torture rehabilitation



as a priority, justice or development issue. Moreover, victims may prefer non-state services because they do not trust the state as it may be the perpetrator of their torture. Therefore, it is mostly non-governmental or private institutions and rehabilitation centres that play a key role in providing support to victims of torture.

By providing psychosocial support and redress to victims of torture and trauma, rehabilitation centres can help individuals rehabilitate, reconstruct broken societies and empower communities. Without this kind of support, torture victims are often unable to participate in local decision-making processes, which are at the heart of democratic development.

In the Great Lakes region, the availability of services is extremely limited. In Rwanda for example, the Ministry of Health stated in 2010 that almost 30 percent of Rwandans suffer from severe trauma; yet it is estimated that only two percent can access mental health services.<sup>6</sup> The project sought to fill gaps of this kind. Over four years it focused on increasing access to more effective torture rehabilitation services for victims and their families living in rural areas of Burundi, the DRC and Rwanda. It also focused on rural areas where there is little access to rehabilitation services.

According to the 2011 Mental Health Atlas of the World Health Organization, Rwanda only has one psychiatrist per 2,000,000 inhabitants, or six psychiatrists in the entire country.<sup>7</sup> In Burundi these figures are even lower, with just one psychiatrist per 10,000,000 people.<sup>8</sup> In the DRC, there are 6.6 psychiatrists per 10,000,000 inhabitants.<sup>9</sup>

Even when victims can access existing services, those with rehabilitation needs may not be diagnosed correctly, as those required to provide holistic services, such as hospitals, police, lawyers, psychologists, local authorities, community workers and others are either not trained to do this work or do not work in collaboration. The expertise required to diagnose psychosomatic diseases for example is very rare. Moreover, the existing health centres in more rural areas of Burundi, Rwanda and the DRC are often staffed with nurses instead of doctors or psychologists.

The main cause of the lack of availability and access to services is poverty. The 2014 UN Human Development Index lists Rwanda as 151, Burundi as 180 and DRC as 186 out of a total of 187 countries.<sup>10</sup> For gross domestic product per capita from 2011 to 2014, Rwanda is listed as 171, DRC as 182 and Burundi as 184 out of 186 countries.<sup>11</sup> This acute lack of resources results in very limited infrastructure for rehabilitation services. More importantly, when

living in extreme poverty, people struggle to meet their basic needs, such as food, sanitation or proper housing and cannot afford to seek care. In all three countries, many victims of torture do not have health insurance, just as they cannot afford to pay for transportation to care providers, hospital bills or the medication prescribed.

Poverty also negatively affects the rehabilitation process. Torture leads to high levels of stress, a lack of confidence and low self-esteem. These feelings of vulnerability, failure and a sense of 'uselessness' are exacerbated by the daily struggle to buy basic goods and the low social status associated with extreme poverty. In order for rehabilitation services to be truly effective, poverty needs to be addressed.

In addition to the victims, rehabilitation centres also play an important role in caring for secondary victims of torture and sexual violence, who are often forgotten by traditional care-providers. Having developed close relationships with the community, rehabilitation centres see first-hand and identify the impact of violence on those close to the victim. Children who witnessed their mother being raped, wives who saw their husbands being beaten, fathers whose daughters have been tortured in prison; all endured extreme levels of stress and mental suffering and also need care.

The project specifically addressed secondary victims in the rehabilitation process, and provided them with psychological, psychosocial and sometimes socio-economic support. Secondary victims were included in all community-based rehabilitation services, such as income generating activities and social counselling. Aside from providing psychological, legal or socio-economic support, the rehabilitation centres included family members of the victims in all phases of the rehabilitation process and provided moral support. In legal cases, this can take the form of providing transportation and accommodation for family and/or community-members to enable them to attend court cases. With



medical referrals, the centres provided information and psychological support to family and community-members when conducting hospital visits.

The project also supported the co-ordination of awareness raising activities at community level, particularly in rural areas. The events brought victims, the local police, local authorities, the army and centre staff together with members of the community and created opportunities for victims to speak out and call for the care they need and deserve. The events also allowed the centres to explain what torture and violence are and how they can be prevented, and to make community members aware of their services and activities.



Genocide survivors singing at the opening of the new rehabilitation centre in the Ngoma district, Rwanda in December 2014. The importance of holistic rehabilitation and the role of civil society was discussed by the representatives of local communities, survivor groups, the Mayor of Ngoma, the EU ambassador, the IRCT and the representatives of the police in attendance.

Between 2011 and 2015, 11 awareness-raising events were organised in the three countries on the importance of the fight against impunity for torture and the right to rehabilitation for torture victims. In total, more than 750 people participated in these events, which brought together key stakeholders and allowed them the time and space needed to forge stronger networks and improve their co-ordination and co-operation.

Overall, the project aimed to improve the quality and quantity of existing services, as well as

strengthen the links between services. At the centres, there were typically three key rehabilitation services available: medical, psychological and legal counselling. The medical care was mostly limited to first-aid responses and the provision of basic medication. The psychological assistance consisted of different types of psychotherapy, such as ergo therapy, movement therapy, dance therapy, group therapy and relation therapy.

The legal support generally included providing information and advice, liaising with judicial bodies on behalf of the victim and in some cases mediating directly between two clients. Many centres also have programmes on HIV-Aids, education, shelter and conduct research on the different types of approaches they use and their effectiveness. The project supported the rehabilitation centres to strengthen and expand these services by allowing them to directly deliver or to refer victims to other service providers in four key areas:

- Medical care through referrals to specialised medical institutions
- Legal assistance through the hiring of law firms to bring cases to court
- Psychosocial support through community-based social counselling
- Livelihood development and income generating activities

A holistic and community-based approach was implemented across the three countries.

## 1. Holistic rehabilitation

Torture victims have different reactions to their experiences, just as the consequences of torture are likely to be influenced by many internal and external factors. While torture is used to fragment, break and destroy people, the aim of rehabilitation is to help put them back together. Torture has such a devastating impact that survivors may need help on a number of levels to effectively rebuild their life.

Holistic rehabilitation means that centres take an approach that encompasses co-ordinated and integrated cross-disciplinary services. These services extend beyond medical and psychological treatment to include social, vocational, and legal support, delivered to primary and secondary torture victims in a way that is as responsive as possible to their needs, expectations and aspirations. Rehabilitation centres should be informed about the



fundamentals of holistic care, but also be trained in methods and techniques that allow them to adopt attitudes and practices key to this approach.

The IRCT and its partner rehabilitation centres recognised the complexity and inter-connectivity of social, economic, medical and psychological sequelae of torture, where one aspect can negatively or positively affect the other. Without a holistic approach, the rehabilitation process has little chance of success.

Holistic rehabilitation services are centered on the victims, and the individuality of each victim is taken as the starting point of the process. By treating the physical and psychological effects of torture, and offering social, economic and legal support, centres empowered victims to pursue redress and enabled them to re-integrate into society. Providing professional, specialised treatment to torture victims was an essential element in improving the public health system and helping to rebuild the region's broken societies.

## 2. Community-based rehabilitation



Social counselling groups facilitated the discussion of issues old and new within communities across the region.

The project was founded on the belief that services do not start and end in a rehabilitation centre. The

physical space of a rehabilitation centre is important for medical treatment, psychological and legal counselling, as a safe space and for various other services available on an individual basis.

However, the community in which one lives is an equally important space for the victim's rehabilitation process. For example, if victims live in extreme poverty and/or are excluded socially within the community, this can heighten their vulnerability and have a profoundly negative impact on their rehabilitation process.

The community-based approach to rehabilitation facilitated by the Great Lakes Project complemented centre-based rehabilitation services with community-based services. Holistic services that adapt to this context and promote social reintegration play an essential role in trauma healing. In the Great Lakes Project this community-based approach was affirmed.

For torture victims, this means reinstating their identity as a member of a family and a community. It means caring and being cared for by those close to you, participating in social life, cultural events and community meetings. It also means having the tools and the skills to provide for yourself and your family. For victims to reclaim their identity, it is vital for them to regain the ability to do the very things the perpetrators tried to take away from them.

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**“I have to sit down and consider where I have been in order to prepare for my future. Our history has changed and we have started to live again. I am strong, I have to work to achieve my goals and live a bright future.”**

T.A., Rwanda

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In a region where the identity of a person is closely linked to social status, but where traditional communal bonds have been broken through decades of inter-communal violence, a community-based approach to rehabilitation with a strong 'collective healing' component is key to ensuring a feeling of

acceptance and belonging by its most vulnerable members. This in turn allows them to gain the confidence to participate in communal life and become a valued member of their society.

At a practical level, a community-based approach to rehabilitation can reduce the cost of services, increase accessibility for victims living in remote communities and be seen as an intimate space for victims to discuss their experiences. Through the project, existing community intervention approaches were strengthened and community-based rehabilitation structures were created. Victims not only had access to quality medical care and psychological assistance, but participated in community counselling groups and initiated income generation activities. The result was a rehabilitation process that not only empowered individuals, but also families and communities.

## 3. Gender-based rehabilitation responses

Approximately 70 percent of the beneficiaries of the Great Lakes Project were women. This is often the case in post-conflict societies, as large numbers of men have been killed, leaving behind women survivors who have had incredibly traumatic experiences. It is also often the case that women victims of torture are doubly disadvantaged. They endure serious physical and mental sequelae, but they also face additional stigma and shame because of the form of harm they endured, in particular sexual torture.

Rape is often used as a weapon of war. During the Genocide in Rwanda, approximately 250,000 women were victims of rape.<sup>12</sup> In the DRC, a comprehensive report on sexual torture by Freedom from Torture, published in 2014, found that rape and other forms of sexual violence are rampant in the country. The report stated that “aside from acts committed by soldiers of the Congolese army and members of armed groups in the context of the conflict, rape committed by civilians has become a problem in its own right, not helped by the widespread impunity for such crimes.”<sup>13</sup>

In Burundi, many human rights groups reported alarming levels of sexual violence committed both during and after the civil war. In a comprehensive report on rape in Burundi, Amnesty International reported the following: “poverty, a patriarchal society, and a culture in which rape and sexual violence are not taken seriously, contribute to a situation where many women are too afraid to report the crimes. Many women victims of rape fail to seek redress and are not supported by the state,

the community and their family. Women often do not report rape because they fear reprisal attacks from the perpetrator. Furthermore, women in Burundi are subjected to various forms of gender discrimination, including the social stigma to which rape victims are subjected by their community.”<sup>14</sup>

Due to this stigma, women in communities and families where there is no support or understanding try to hide what has happened to them. For this reason, rehabilitation needs to be structured, either through individual, marital or group approaches, to support the disclosure needed for appropriate responses. In order to reach these victims, service providers need to take this specific aspect into account.

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**“Many women are afraid of the stigma resulting from getting specialised care by medical professionals working in the field of Sexual and Gender Based Violence (SGBV). At Panzi, we treat different kind of patients with a variety of gynaecological problems. We don't only treat victims of SGBV but offer general gynaecological services. In this manner, women who are afraid of the stigmatisation can come for 'ordinary' treatment. It is not a stigma coming here.”**

Dr. Denis Mukwege, Director, Panzi Hospital, the DRC

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One of the many consequences of numerous wars in the region was the partial destruction of the region's health systems. As a result of the Rwandan genocide for example, many of the estimated 250,000 women victims of rape only received emergency treatment and had little or no access to gynaecologists or any form of mental healthcare.<sup>15</sup>

A key element of the project's response to this was to break the silence and make women aware of

their rights. Through awareness-raising activities, the centres provided information on where to go to receive assistance and claim these rights. In Burundi, Rwanda and the DRC, information on the national laws on Sexual and Gender-Based Violence (SGBV) was made available, and linkages with existing programmes were facilitated.

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**“As a result of their involvement in the project, many women were elected as presidents of social counselling groups and income generating activity groups, which are recognised and registered by local authorities. Some of our beneficiaries are now members of local mediation committees, elected by all members of the community, while others are members of the National Women’s Council. Former women victims have now reached a status and a position to represent and advocate on behalf of others.”**

Jules Gahamanyi, Executive Director, ARAMA, Rwanda

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“Due to my health condition I was informed by local authorities to attend an awareness raising event on torture and gender based violence organised by ARAMA in my community. When I attended, I really felt it was time to find a voice and seek help. ARAMA staff listened to me and helped me understand my situation and break the silence on my desperation and revealed my pain. It was through this process that I was invited to ARAMA’s centre in Kibungo, I was counselled and was referred to Kibungo district referral hospital for treatment. It is through ARAMA that I can regain life”.

A.M., Rwanda

In the Ngoma district in Rwanda for example, close co-operation with the One-Stop Center for SGBV resulted in the establishment of a 24/7 toll-free number so victims could have immediate access to mental and physical care and legal protection. In Burundi, increased co-operation with local authorities facilitated women survivor associations to report cases of SGBV to the police. When confronted with cases of SGBV, these survivor associations are often asked by police officials to conduct family visits and integrate victims in community-based social counselling.

In addition, every training supported through the Great Lakes Project had a gender aspect. For example, trainings on income generating activities included micro-project management and leadership. By training women in how to provide for their family and gain independence, they were empowered and shown that they can have an impact and provide leadership at community-level and beyond.

## Creating pathways and partnerships: The medical referral system

“They approached me in order to refer complicated cases of physical violence, including sexual violence. In July 2013, we signed a cooperation agreement. Until now, SAP-GL has transferred 45 cases, including 32 cases of torture and 13 of sexual violence. All cases needed reparatory surgery. Our co-operation proved to be extremely fruitful. Because of this project, patients receive full care. Moreover, while working with SAP-GL we realised the importance of psychological and psychosocial support. Thanks to SAP-GL, two hospital employees participated in a training on community-based social counselling, and we created a psychosocial follow-up unit at the hospital.”

Dr. Ernest Kilunga, Head surgeon and gynaecologist, Rushubi Hospital, Burundi

Access to appropriate medical care is an ongoing challenge for many torture victims in the Great Lakes Region. In numerous parts of the three countries, and especially in rural areas, the care victims need is simply not available.

As previously mentioned, other barriers to victims accessing rehabilitation services include poverty, incorrect diagnosis and victims’ reluctance to seek care.

Furthermore, existing medical structures do not always provide the necessary services or the required quality of services. Even if higher quality services are available, there is often no capacity to cope with the large number of victims.

This is especially the case for victims suffering from psychotrauma or psychosomatic disorders. Symptom-based medical diagnosis may not be adequate for these severe and complex conditions. As a result, torture victims can slip through the cracks in the medical system.

The Great Lakes Project sought to address this bleak reality by introducing an effective medical referral system, co-ordinated by the centres. Through the referral system almost 3,000 torture victims in Rwanda, Burundi and the DRC received medical treatment. The project targeted remote and rural communities, developing and strengthening relations with community workers, victim associations, local and international NGO’s, as well as local authorities. The referral system increased the number of victims in need who were identified by these services.

By developing community-based services and ensuring that regular follow-up visits were made to victims who had previously benefitted from the medical referral system, the centres gained credibility. This led to increased co-operation with local communities and greater access to information about new cases.

The Project also trained centres in how to engage with the mass media. This proved extremely useful in facilitating community outreach and, ultimately, achieving better access to medical care by victims. As an example, the REMAK centre launched a radio spot in June 2014 in Mwenga, South Kivu, (DRC) to inform the population about the services they provide. Following REMAK’s radio spot, the number of victims of sexual torture from remote villages seeking medical care at the centre grew exponentially. Where REMAK received less than 10 cases from the remote Bisembe — Mulombozi area before June 2014, it received 74 cases from that area in July and August 2014 alone.



## The referral system in action

Once a victim has been identified, a needs assessment is conducted, typically by a medical doctor and a psychologist. The project developed standard forms that centres used to conduct this assessment, which had the dual role of assessing the victim and strengthening the quality of the centres' client files. This simple form allowed all the partner centres to collect comparable data, which could be used to identify trends within the region - the types of perpetrators, types of care provided and their effectiveness.

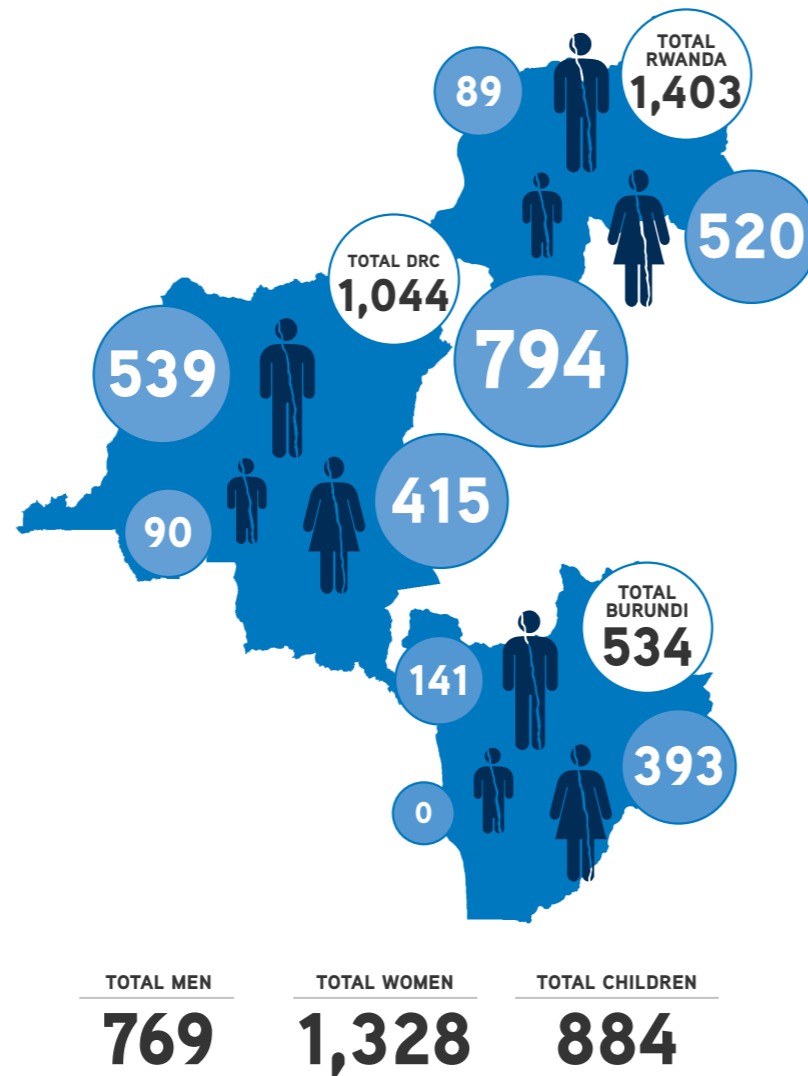
Based on the needs assessment, the centre staff decided whether a referral was necessary. If so, the institution that could provide the most appropriate care was identified. This approach was secured by embedding it in a network of referral hospitals. Between 2011 and 2015, the centres identified and signed co-operation agreements with 18 different referral hospitals. These agreements ensured that victims were treated immediately and had an increased range of options when seeking services.

By enabling centres to connect with hospitals, the project forged new relationships between institutions that were previously disconnected; and in the case of the hospitals, often did not have an understanding of the role they could play in providing holistic care to victims of torture.

The referral hospitals provide an array of physical rehabilitation services, including standard clinical examinations and consultations, in addition to medicine and other treatment prescriptions, surgery and hospital admittance. Through a series of trainings on the medico-legal documentation of torture (using the Istanbul Protocol), high-quality documentation of torture cases was produced, assisting centres in their advocacy and legal activities. These trainings targeted both hospital and centre staff and increased the capacity of individual participants to document torture, as well as facilitating better co-operation between centres and referral institutions to produce quality documentation.

The centres not only identify and refer victims to trusted medical institutions to receive appropriate and specialised medical care, but also provide follow-up visits to the referral hospitals. During these visits, victims are provided with direct psychological support and in some cases even food.

The medical referral system also focused on secondary victims, such as children, spouses, parents and members of the community close to the victim. Secondary victims were provided with psychological,



### Victims referred to specialised health institutions for medical treatment

psychosocial and sometimes socio-economic support. For example, in 2014 one of the centres in Rwanda received a patient with a serious psychiatric disorder. He was an orphan who had become the head of the household after the Genocide, and was taking care of his two younger sisters. During the Genocide he suffered a serious head injury and his health dramatically deteriorated more than a decade later when he started to suffer from chronic psychiatric problems. His condition had a profound psychological and economic impact on his sisters, who were still dependent on him. The centre referred him to a neuropsychiatric hospital, where he received care for long periods of time. In parallel, the centre supported his sisters by getting them involved in income generating activities and social counselling and ensuring they were kept up to date on the status of their brother's condition. Finally, the centre provided economic support so they could make the long trip to visit him, and they were often accompanied by a nurse or psychologist from the centre.



Once a victim has gone through the initial referral process they then move to the post-referral stage. Victims are generally counter-referred to the rehabilitation centre after treatment. They receive whatever further medical assistance they need, as well as legal and psychological support. Before returning to their community, a series of follow-up visits are planned. In many cases, rehabilitation centres continue this follow-up in the form of home visits for months and sometimes even years. Victims are also encouraged to get involved in social counselling groups and income generating activities in the community.

**For me and my brothers, Uyisenga Ni Imanzi got us out of the darkness and gave us hope for the future. They helped me to chase the sadness and the hatred away. Sometimes, I lose my strength and then everything turns bad. But Uyisenga Ni Imanzi is as a parent for me, and when these bad feelings come up, they are always there to give me hope again.**

E.R., Rwamagana, Rwanda

This means that the medical referral system is embedded in a larger rehabilitation approach of a holistic nature; where centres play a pivotal role in co-ordinating, providing and following up on different rehabilitation services. Centre staff support the

victims when they return to their communities, and ensure there is follow-up at community level through community-based rehabilitation services.

In addition to the co-ordination and provision of services to primary and secondary victims, rehabilitation centres offer the protection and confidentiality that torture victims seek and need, something state-controlled medical facilities often cannot provide. Through their neutrality and independence vis-à-vis state-controlled institutions, rehabilitation centres can gain the trust of the victims, their family and communities. An essential element in the rehabilitation process.

The support provided by the Great Lakes Project demonstrated that a well-functioning medical referral system is a basic requirement for torture victims to regain the physical and psychological strength required to rebuild their lives and participate actively in society.

"I was eight years old when the genocide happened. When my entire family was killed, a neighbour took care of me. I was wounded on my leg, and the scars did not heal. Throughout my school years, the wound would open all the time and suffered from infections. I could barely walk and although I am schooled in car-mechanics, I could not find a job. I did not feel like talking to anyone, and I was an outsider in my community. I had no friends and felt so lonely. I started to suffer from depression.

"A few years ago, I met ARAMA. ARAMA decided to help me and send me to the military hospital of Kanombe where my leg was operated on. They continued to be there for me and gave me medicine and therapeutic shoes. I can't describe how it felt to walk without pain. They also gave me psychological and psychosocial support.

"Before I met ARAMA, I couldn't sleep. I was afraid of the bad memories that always come at night when I sleep. Since last week, I started to sleep again and the nightmares are gone! Thanks to ARAMA, I don't feel alone anymore, and I have started to talk to other people again. I feel so much better now."

B. M., Rwanda



# Restoring dignity through livelihoods

The ability to provide for your children and take part in the socio-economic life of the community significantly raises the chances of social inclusion and regaining self-confidence. Therefore, socio-economic rehabilitation of torture victims is an essential part of holistic rehabilitation. The extreme poverty prevalent in all three countries means that the most vulnerable groups, such as torture victims, are most at risk to fall into a cycle of poverty and social exclusion. This in turn aggravates trauma and jeopardises the individual's rehabilitation process.



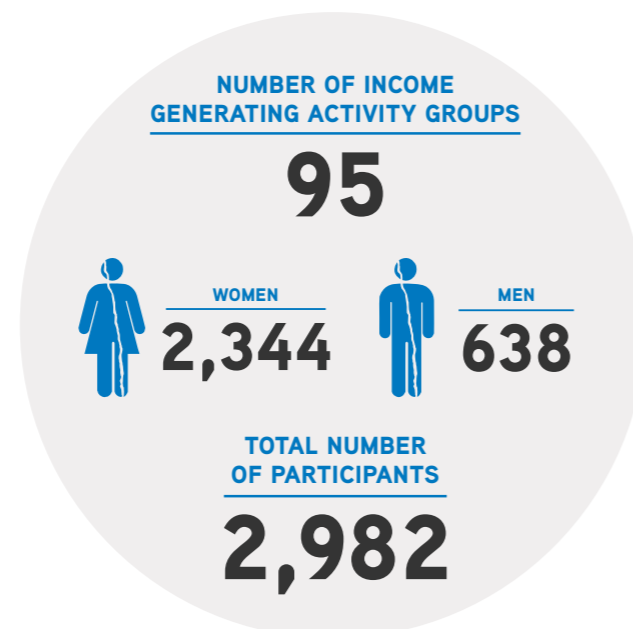
Restoring a person's socio-economic status can break the cycle of stigmatisation and exclusion victims may be trapped in. It restores a person's social capital by giving them the chance to help others in need, which in turn leads to a greater bond with the community.

After medical, psychological and sometimes legal support, victims benefit from a combination of community-based social counselling and income generating activities. The project ran several trainings on income generating activities and group management approaches to allow participants to properly select, manage and sustain their project but also to work together in formal groups recognised by local authorities.

The main working areas chosen by the participants were agriculture and animal husbandry, as many live in rural areas and wanted to improve their skills.

**I was working on my fields when they raped me. I was beaten and left to die. It was too difficult for me to return to the fields, and so I couldn't be responsible for my family. I was not considered a person anymore by the community, everyone was talking bad about me at me and blaming me for what happened. AVVDH took care of me and brought me to a hospital in Uvira. When I returned to the village they supported me to work again and re-assume my life. Those people who pointed fingers at me are now the first to come and ask for my advice.**

S.W., 70 years old, South Kivu, the DRC



In addition, the majority of victims lost their assets and wanted to rebuild their businesses. For example, in the Ngoma District in Eastern Rwanda, many victims chose goats as part of their income activities, as they are cheaper to take care of and their offspring can be passed on to other families in need.

To identify which kind of income generating activities are most suitable for each individual, a screening process was put in place. An analysis of the community was also carried out to identify whether it was a rural or city setting and which province it was located in, as all of these factors influence the activities available.

Once the activity was chosen the individuals were put into groups and received training on group management. This included how to prepare a business plan, elect a committee comprised of a chairperson, secretary and treasurer and assign a role for each group member. They also received training on how to deal with banking, as many people had never dealt with a financial institution. The centre then carried out a baseline analysis of the group's income so they could assess their progress and a contract was drawn up outlining the process they needed to follow and what the group would like to achieve.

Benchmarks, which the group could be assessed on were also identified. These included monitoring attendance at meetings and the decision-making process. The decision-making process was important as the group, for example in the case of a good harvest, had to decide whether to share the crops or sell them. There were also occasions where they needed to decide whether to diversify their product, for example whether to sell their maize for human consumption or make it into animal feed, which requires more effort but makes a bigger profit.

Training on the specific activity was also given. Those working on agriculture received training by agronomists, and those who chose animal husbandry were trained in how construct a stable and provide appropriate medication for the animals before they received one.

Initially, centres supported the income generating activity groups with 100 percent of the funding or material they needed, for example land and seeds. This direct financial support was systematically reduced, as the centres supported the groups to become self-sufficient. The process for each group can take up to two years. In Rwanda, many groups became co-operatives recognised by authorities and expanded when other members of the community joined.

The centres also helped groups that wanted to sell their produce, by linking them to suitable markets. The centres put them in contact with buyers in larger towns and cities where they could get the best value for their produce.



In Rwanda, one watermelon has the same value as 3kg of maize and has become a popular crop for victims to grow and sell.

One of the project's success stories was the introduction of watermelon farming in Rwamagana, Rwanda. Watermelon is an ideal cash crop to export, as it takes just three months to harvest; and one watermelon has the same value as 3kg of maize. One victim in particular who started growing watermelon in 2014, harvested two million Rwandan Francs worth in his second season. He is now working full time, has bought his own motor cycle and his business continues to grow.

Kitchen garden demonstrations involving other members of the community demonstrated how learning to grow food can restore hope, heal trauma through productive work and help victims feel they are supported and empowered by their communities. In Rwanda a demonstration garden and ranch house was established in Rwamagana, where torture victims could participate in trainings on techniques and farming theory given by the Rwandan Agricultural Board.

In Uvira in the DRC, the project supported the establishment of a factory, which produces soap using local ingredients. The factory employs 12 former victims, who are all members of a social counselling group that started in 2013. The project supported the group not only by running a workshop on the production of artisan soap, but also by assisting them in selling their product to local buyers.





A kitchen garden demonstration in Gasamagera Charles in the Ngoma District, Rwanda in 2014.

The group is now expanding and their revenue continues to grow. They have developed a rotational microcredit system for their members, which allows them to finance other commercial initiatives, such as selling fish. Most importantly, the activity strengthened the confidence and dignity of the beneficiaries, who can play a role in society again and provide an income for their families.

In Kamituga (DRC), victims who were referred to Bukavu for medical treatment at the local hospital noticed that mushrooms were sold there all year round, regardless of the season. This was not the case in Kamituga where they lived. To replicate this approach Rwandan project partner ARAMA supported REMAK by running a training for their centre staff on how to grow the mushrooms in different conditions. As a result, a successful mushroom plantation was set up in Kamituga, run by 15 beneficiaries. The revenue from the plantation not only provides the beneficiaries with a stable income, but also funds a solidarity fund managed by the group.

Secondary victims are also involved in livelihood activities. For example, with agricultural activities, if the primary victim is unable to work due to an injury, other members of their family can participate in the various physical activities required on their behalf. Even in cases where group members are able to work, but need additional help, they can involve their families rather than paying for labour. Entire families both participate and share the benefits.

These groups not only provided (and continue to provide) revenue for the beneficiaries, promoting

independence and self-sustainability, but also created a therapeutic framework, in which victims can work together in trust and mutual assistance. The therapeutic element of the income generation activity groups proved to be especially effective when combined with community-based social counselling. All partners and associate organisations initiated income generating activities, reaching out to approximately 3,000 direct beneficiaries and more than 10,000 indirect beneficiaries.

The Great Lakes Project helped victims to regain a place in their communities, to construct new identities, shed the trauma of their past as victims and no longer be defined by it. They are now successful farmers (or at least aspiring successful farmers), proud and committed parents and community or household leaders.

"I was six years old when my family was murdered. I was in my first year of school, and everyone was afraid. When the killers came we hid under a bridge. My mother had my sister on her back and said she was going to get food for us. I stayed under the bridge with my grandmother and other siblings. When my mother came back to bring food, the killers saw her and butchered her with machetes in front of us. My little sister survived.

"During the night we searched for grass and covered my mother with it to say goodbye. We went to the church and found other family members, including my father.

"When we were travelling through Musambira the killers came back. They took my father and started to beat him. Others were beaten too and then they started killing everyone with machetes. There was blood everywhere. The biggest problem, even now, is that I have never found the corpse of my father. My four brothers and sisters, my aunt and my grandmother survived.

"When the genocide was over, we went back to the village. Everything was destroyed. There was someone who took pity on us and took us in his house. I went back to school but everything was so difficult. I was 12 when my grandmother died and as I was the oldest of my siblings, I became the head of the household.

"In 2010, I got to know Uyisenga Ni Imanzi through other orphans who were in an association. I travelled to Kigali and asked the Director of Uyisenga Ni Imanzi to create an association for us.

"In my village there were 15 families like mine, where children were the head of household. We got together and started a bee-keeping project. In 2012 and 2013, Uyisenga Ni Imanzi gave us two million Rwandan Francs and trained us in bee-keeping and how to use sewing machines. With our profits, we bought a piece of land with trees. My brothers and sisters could all go to school, and we had enough food every day.

"Uyisenga Ni Imanzi divided us in little groups: discussion groups, cooperatives and involved us in other projects. Before Uyisenga Ni Imanzi came, I had so many problems in my head. During the social counselling sessions I cried, I laughed, I danced... I cannot find the words to say what Uyisenga Ni Imanzi did for me. I thank God.

"One brother is at university and is studying journalism. My little sister who survived on the back of my mother got married recently. Before Uyisenga Ni Imanzi came I was disgusted with everything and didn't think that life could go on. I thought that I was dead. But now there is hope in our life again. Now that my brothers and sisters don't depend on me anymore, I hope that I can start my own studies and get married. But I know that whatever I do, I can always come to Uyisenga Ni Imanzi, that their door is open, and they will be here and always ready to listen and help me.

J.I., 26 years old, Kamonyi, Southern Province, Rwanda



# Healing through justice: Supporting victims in the fight against impunity

Many of those who have perpetrated torture in Burundi, Rwanda and the DRC — and continue to do so — have not been brought to justice. In many instances, victims live in the same communities as their perpetrators and are confronted by them on a daily basis. It is a constant reminder of their ill-treatment and contributes to their continued trauma and suffering. In the Great Lakes Region, impunity often persists for human rights abuses by state and non-state actors, including torture and sexual violence.



The participants of a workshop on the use of the Istanbul Protocol in Burundi, September 2014.

The IRCT and its partner centres believe that ‘justice heals’. This means that for some victims, seeing perpetrators brought to justice, receiving compensation for harm suffered and receiving community support and public acknowledgement of ill-treatment are integral steps in their rehabilitation. Legal proceedings can also help restore a victim’s dignity by placing the guilt on the offender and acknowledging the victim’s status. Equally they can serve to uphold the rule of law by bringing perpetrators to justice, as well as facilitating the redress and reconciliation process.

Achieving justice sends a powerful message that no-one is above the law, and that everyone can

claim their right to redress. Consequently, successful legal support to victims of torture not only has a positive impact on victims, but also on communities and society at large and is essential to preventing the repetition of the crimes.

## Legal support activities

In the past four years, the Great Lakes Project has supported rehabilitation centres in providing legal support to their clients, a key element in the holistic rehabilitation process. This legal support was combined with psychological and psychosocial support throughout the legal process. Centres received financial support to hire lawyers and ensure cases were followed up, participated in capacity-building workshops on medico-legal documentation of torture, social counselling and psychotrauma and organised awareness raising events on the right to rehabilitation, the fight against impunity and the use of the Istanbul Protocol (IP).

The Project recognised that it is imperative that each client understands the legal process and the potential benefits and risks when considering whether to proceed with a legal case. Each individual can then make an informed decision on whether to pursue the case or not. The Great Lakes Project supported centres in providing clients with information on legal procedures, the possibilities of legal redress, what facts constitute legal proof and how to behave in court.

Throughout the legal process, there is a high risk of re-traumatisation of victims. They have to tell their story several times in unfamiliar surroundings and elements of it are often questioned. For many victims, being confronted with the perpetrator in a court room is an intimidating experience. To avoid re-traumatisation, the project ran workshops for lawyers and other professionals involved in legal proceedings on psychotrauma and techniques to use when interviewing victims.

“I always use the techniques I learned in training modules on psychotrauma I received from the IRCT when I am collecting evidence for a case. Before the training, I wasn’t aware of how very direct questions can affect the victim. I now ask questions I never used to ask and notice that the information I get is richer and gives me much more context as to what happened.”

Jules Milenge, Lawyer at the Bukavu Bar Association, Burundi

Between 2011 and 2015, more than 1,500 direct beneficiaries received a combination of legal and psychological support and 28 cases supported by the project were brought to court. However, there are many cases supported by the centres that did not go to court. For example, in cases related to land ownership they are often dealt with by local mediation committees. One such case was that of a 21-year-old man who came in contact with Rwandan centre Uyisenga Ni Imanzi centre in 2014. He became an orphan during the Genocide and grew up in an orphanage, but was too old to continue living there.

The centre’s legal officer and psychologist got involved and identified where he had been living before the Genocide. They contacted his family members who had sold the property the boy should have inherited. The legal officer dealt with the local mediation committee and the land was then returned to the man. With support from the centre, which provided equipment and construction materials, and the community who provided labour, a house was built for the man and completed in 2015.

Other reasons for the low number of cases are the cost associated with bringing them to court and victims’ reluctance to take on a case due to uncertainty about their future. For example, in cases of domestic violence where the woman has moved to another community to live with her husband’s



A tree planting ceremony took place in the Ngoma district in Rwanda and was attended by genocide survivors, the chief of police, mayor of the Ngoma district, the EU Ambassador and representatives from the IRCT and ARAMA.

family, she will be left alone in the village if he goes to prison. She will have no income to educate her children and provide for them and may be subject to intimidation from his family and the rest of the community.

In Uvira (DRC), the project supported four cases to be brought before the *Chambre Forraines*. Following the adagium “Not only must Justice be done; it must also be seen to be done”, the *Chambre Forraine* is a system in which the court moves its sitting to the community to allow the public to attend. It allows community members to witness judicial proceedings and helps to alleviate the perception of impunity at community-level. It also ensures that remote and rural communities have access to justice. Moreover, the system of the *Chambre Forraine* administers justice in a quick and efficient manner.

## Medico-legal documentation

The Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment — known as the Istanbul Protocol (IP) — is the key international instrument providing guidelines and standards on how to investigate and document torture effectively, including any physical and psychological evidence. This medico-legal evidence provides a reliable and scientific basis for courts to assess allegations of torture and make decisions. Time and time again, experience has shown that a high-quality medico-legal report can greatly

enhance the quality of legal cases against torture perpetrators and has often been the cornerstone of a successful case, where justice is achieved and torture victims receive reparations.

For the last decade, the IRCT has been a global leader on investigation and documentation of torture according to the IP and has shared its expertise worldwide with its partners and centres. Prior to the Great Lakes Project, many legal and health practitioners in the region were unfamiliar with the IP and had never received training on it, despite the international recognition of the IP as a key instrument in investigating torture. To address this gap, the Great Lakes Project ran a series of trainings on the IP in Burundi, Rwanda and the DRC. These trainings targeted lawyers, medical doctors and psychologists. Sixty professionals were trained in total.

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**“I also participated in the IRCT’s training in the use of the Istanbul Protocol in medico-legal documentation of torture. After this training, our methodology changed and we started writing more detailed reports that also include psychological evidence. On several occasions we shared this new knowledge with doctors who work in provincial hospitals. We are now approached by lawyers, prosecutors and judicial police officers to assist them in providing evidence for torture cases. Our cooperation with SAP-GL and the IRCT greatly improved our way of working and our reputation.”**

Dr. Ernest Kilunga, Head surgeon and gynaecologist, Rushubi Hospital, Burundi

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In addition to the trainings, high-level conferences were organised in Bujumbura and Kigali on the importance of medico-legal documentation attended by over 100 participants, including policy-makers, police and detention officials, judges, prosecutors, lawyers, officials from ministries and various national institutions, local authorities and local human rights organisations.

As a result, centres now have a better understanding of the needs of torture victims and can better investigate and document all evidences of torture, including physical and psychological evidence. Centres are also able to produce high quality medical legal reports, which greatly strengthens their legal cases. With the enhancement of these capacities, the centres have increased their profile in communities and have achieved greater credibility as human rights advocates.

In Rwanda, as a result of the support provided by the Great Lakes Project, ARAMA successfully lobbied the police, prosecutor, hospital and high court officials to re-open a closed rape case involving a 14-year-old girl. The girl was raped by her neighbour, who threatened to kill her if she told anyone. Her parents reported the incident to the local authorities and the suspect was arrested, but was later released and fled his home.

ARAMA staff learned of the case and hired a law firm to assist as a civil party. The suspect was re-arrested by the police and tried, but denied the crime and won the case in primary court. ARAMA eventually proved that the defence used by the perpetrator contained falsified medical documentation and the defendant was sentenced to two years in prison.

This case also provided the perfect example of how the centres support secondary victims during legal proceedings. The victim’s family were involved in every step of the process and her mother in particular received support as she was traumatised by the incident. She received psychological support and got involved in income generating activities. The entire family were kept informed on a regular basis by the centre’s legal officer and their transport, accommodation and even food costs were covered. When they won the case it was not only a celebration for the family, but also for the entire community, creating stronger bonds and helping them to heal together.

### **Advocacy and awareness raising**

The Project also supported several advocacy and awareness raising activities, bringing together legislators, legal and health professionals, as well as communities to discuss the responsibility of

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**“I really thank ARAMA for their support during this hard time. They hired a lawyer for our family, accompanied me in court, paid all transport, court fees and hospital bills. They are part of my family now”.**

K.N., Mother of the victim

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state-actors. By connecting those who play a role in ensuring that victims can claim their rights and obtain justice, progress can be much faster and more effective. These events also addressed the need for courts to better understand the needs and vulnerabilities of torture and the fact that supporting victims during legal proceedings requires effective co-ordination between various actors to ensure that victims are not re-traumatised, and that the case is conducted in the most effective way to achieve justice.



As a result of these events, key actors in the legal system, such as national human rights commissions, prosecutors, police commanders and torture rehabilitation centres now co-operate in a far more effective manner when addressing instances of torture. This ultimately leads to better access to justice for victims. In Burundi for example, an awareness-raising event on medico-legal documentation for legal professionals connected SAP-GL with the prosecutor of the Bujumbura Rural Province. As a result, the prosecutor frequently contacts SAP-GL to provide medico-legal documentation of cases.

“On 5 February 2013, the mining authorities in Kamituga decided to introduce a new illegal tax. Me and two other human rights activists informed the locals and prepared a petition that we presented to the local administrative authorities after a march organised on 6 February.

As we presented it, we were arrested, tied up and flogged. Afterwards we were forced to walk to the prison in the burning sun, wounded and half naked, a distance of more than one kilometre. The psychosocial assistants from the REMAK centre visited us in prison and treated our wounds. Late that night we were put in a small truck and not told where we were going. We arrived at the central prison of Bukavu. My family contacted REMAK to provide me with legal support. After three months, and thanks to the support of REMAK, a judgement was given in our favour and we were released from prison. I cannot describe the joy of being free again and reunited with my family.”

G.S., 27 years old, Wamuzimu, Kamituga, South Kivu, the DRC



# Changing lives through community-based social counselling



Social counselling groups were typically comprised of up to 15 people from the same village or area.

As part of the project's holistic and community-based approach to rehabilitation, the centres were trained in community-based social counselling. This meant that social counselling could be integrated in existing therapy approaches and interventions.

Social counselling groups can facilitate dialogue and build group and social cohesion among community members. They support social inclusion, reintegration and, as many Rwandan cases illustrate, reconciliation. Social counselling also allows members of the same community to heal one another in private community settings. The centres introduced therapy groups made up of victims of torture and other forms of violence, as well as non-victims. This allowed group members to address their individual issues, to understand and empathise with the difficulties of others, as well as act as a catalyst for a positive and sustainable change within their community. The inclusion of non-victims in the groups proved essential for the social inclusion of the community's most vulnerable members.

In ethnically divided communities in particular, this kind of group therapy can bridge the gap between former enemies by creating a framework of trust that promotes dialogue and mutual respect. In Rwanda for example, groups sometimes consist of victims as well as perpetrators of the genocide.

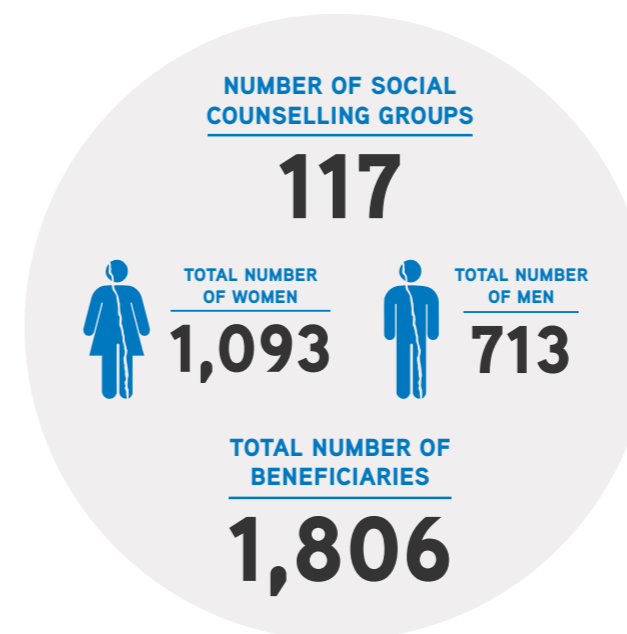
Within the groups, trauma symptoms were addressed through support, psycho-education and advice. The main goals were the restoration of mutual respect, trust, care and safety and the setting of democratic rules. The groups were kept to a maximum of 15 participants to facilitate interaction and build confidence among participants. The key element of each group was that the participants knew each other — they could be from the same community, be neighbours or be friends. Every group had a facilitator called a social therapist, who had been trained on how to moderate social counselling groups. This person was a member of the community that received one week of training, one follow-up training and was regularly supervised by centre staff.

The meetings were held once a week for three hours and the group chose where and when they would meet. Groups chose many different types of settings, such as a member's house, a church, office building or even simply under a tree in the village. Each group went through the same phases. The first phase was



safety, which often took several weeks as participants came to grips with letting go of their fear of sharing their experiences and thoughts. The second phase was interaction, where participants got used to sharing and hearing ideas and having an open dialogue. Groups then moved on to the phases of respect, caring for one another, new rules and memory.

Each group was founded on basic principles. The first was common interest, as the participants were all dealing with similar problems. The second was treating each other as equals. The third was democracy and reinforcing that all decisions should be made by consensus. The fourth was responsibility, as regardless of whether something good or bad happened, they all shared equal responsibility. The fifth was participation, the sixth was learning by doing and the concept that if a problem arises, everyone comes up with a solution together; and lastly, the principle of here and now, which means addressing any issues as soon as possible. After 15 weeks the group could decide whether to move on and take on an income generating activity, become a co-operative and continue working together or stop meeting.



The social counselling groups were a resounding success, with 90 percent of the beneficiaries stating that psychosocial support enabled them to cope better with mental and emotional challenges. The self-led approach and transfer of skills was vital in ensuring that the techniques learned stay within the community and can be built on. This is strikingly illustrated by the many participants who set up their own sociotherapy groups, without any financial support from the project, when their social counselling groups ended after three months.

With limited resources, communities created a framework that allowed for a peaceful dialogue on issues that were previously considered too difficult to address. Moreover, this structured communal dialogue peacefully resolved more minor issues, such as neighbour disputes and childcare. This process strengthened ownership of communal decisions through a participatory process that included the community's most vulnerable members.

**“What I have seen today is a small microcosm of what is happening in Rwanda where each person is trying to help the other person to overcome the demons of the past and lift this country into something bigger and larger all the time. Torture and ill treatment should never be tolerated in any society, and I want to underline the importance of the work done by organisations such as the IRCT to prevent torture and alleviate damage.”**

Ambassador Michael Ryan, Head of the EU Delegation to Rwanda, during a visit to one of the community-based sociotherapy groups in the Ngoma District

As an example, Rwandan centre Uyisenga Ni Imanzi worked with parents who felt they had no option but to leave their children at the Rwandan border to travel to the DRC for work. The centre placed them into social counselling groups and supported them in organising income generating activities. They also received training on how to save and apply for loans. Due to the positive impact this approach had on the lives of the parents and their children, the centre extended these activities to four schools in the area. Social counselling groups were established for teachers, parents and children. They supported the groups in how





to elect their representatives and strengthened cooperation between parents, school authorities and the children. This was particularly effective in identifying and resolving cases of family conflicts and child abuse and responses to school drop-outs.

This example shows that the community itself has the power to solve problems affecting it when collaboration and mutual understanding between its members are strengthened.

Savings and loan activities were again an integral part of the approach. Participants used a community managed savings scheme, where each person contributes a specific amount of money, which after a certain period of time is given to a member of the group. Once the last member has received his or her money the cycle begins again. The scheme provided a platform for members to support each other socially, emotionally and financially.

Secondary victims were also addressed through social counselling. In many cases it gave participants a chance to address problems that had been buried for many years. In one community in Rwanda it brought a couple back together. The women had been badly beaten and raped during the Genocide and became pregnant as a result. At this time her husband was imprisoned for perpetrating acts of genocide. Ten years later he was released and returned to the community to see his wife and the children who were not his own, something he found extremely difficult to accept. Both joined a social counselling group and by sharing their anger and frustration with the rest of the group, the community could understand both of their perspectives and help them understand each other's. The family reconciled



and now live together, with the man taking on the role of a father to the children.

Social counselling groups also acted as the perfect introduction to successful income generating activity groups. The Great Lakes Project supported the creation of over 100 social counselling groups, with more than 1,800 beneficiaries. Community-based social counselling proved extremely effective in restoring broken communities. It allowed centres to strengthen and expand existing psychosocial services and empowered communities with the tools they needed to deal with past trauma and current challenges.



A.M. is a social worker from Rukarama, Burundi, who, through SAP-GL, rebuilt his life after years of trauma as a child soldier. He now uses his experience to help other victims of war and torture victims.

"As a child, I was a soldier with the rebels, but I was demobilised after the war. I couldn't sleep at night because of the nightmares. I dreamt about my friends and saw them get killed again. All the bad memories of the soldier-life came back at night. There was a lot of violence here in Rukarama and we still have a lot of problems. The rebels never really disappeared and sometimes they come and steal.

"SAP-GL came to the village four years ago and listened to my problems. They gave me hope again and I did not feel alone anymore. They trusted me and helped me find a job. SAP-GL taught me how to help others who had the same experience as me. In August 2013, I was trained in Rwanda by Eglise Anglicane au Rwanda (the Anglican Church of Rwanda) in community-based social counselling. When I came back, we created a social counselling group here in Rwanda. Social counselling opens our hearts and brings hope again to our community. We have suffered so much from the wars, it must have been God that sent SAP-GL to Rukarama."

A.M., Social worker, Rukarama, Burundi

"On 5 April 2013, armed men came to my village and took me to the hills. For one week, I was tortured in the most extreme and unbearable conditions. After I was released, I was living the life of an animal without a master. I was physically and mentally broken. When AVVDH came to the village, they took me to a hospital in Uvira.

"I thank God for allowing me to participate in social counselling. I feel supported by my comrades in the group, some of whom have had similar experiences. I know that I am not the only one who has suffered. My life has changed and become normal again, little by little, as the social counselling sessions advanced. My mental problems which disturbed me so much have become fewer and fewer. Even the nightmares are disappearing. With the social counselling group, I start to win my life back: I started to earn a little bit of money and can provide for my family again. I am again invited to community meetings and when I make suggestions they are considered."

F.M., 23 years old, Kabimba, South Kivu, the DRC



# Project partners

## The International Rehabilitation Council for Torture Victims

The International Rehabilitation Council for Torture Victims (IRCT) is an independent, international health-based human rights organisation, which promotes and supports the right to rehabilitation of torture victims, acts as a global knowledge hub on health-based rehabilitation, and leads the global consensus-making process on right to rehabilitation standards. The vision of the IRCT is a world without torture.

## ARAMA (Rwanda)

ARAMA is based in Kigali, but also has a rehabilitation centre in the Ngoma district, which provides holistic rehabilitation services to survivors of torture, sexual abuse and other forms of violence. ARAMA's mission is to ensure the protection, well-being and participation of vulnerable groups in society. Through education, economic empowerment, access to justice, comprehensive psychological and health care, social accountability, ARAMA empowers and transforms vulnerable victims to restore their dignity. In the Ngoma District, ARAMA works with local authorities to prevent and effectively respond to violence against women at community level.

## Uyisenga Ni Imanzi (Rwanda)

Created after the 1994 genocide, Uyisenga Ni Imanzi's mission is to respond and contribute to the rehabilitation of orphans and vulnerable children between one and 25 years old affected by genocide, HIV/AIDS and victims of sexual abuse or other forms of violence. Through socio-economic development, psychological assistance, medical care, education and training, Uyisenga Ni Imanzi works to empower them to solve their problems and participate in Rwanda's recovery and development.

## Solidarité et Actions pour la Paix – Grands Lacs (SAP-GL) (Burundi)

SAP-GL's mission is the psychological and medical rehabilitation of victims of torture and other forms of violence and has a medical centre in Buyenzi (Bujumbura) and Rukarama (Bujumbura-rural). The organisation operates in five different provinces in Burundi.

## Regroupement des Mamans de Kamituga (REMAK) (DRC)

REMAK was founded in January 2001 as a response to the widespread violation of human rights in the territory of Mwenga, South Kivu (DRC). Its mission is to defend and promote human rights, and provide medical and psychological support to victims of torture and sexual and gender-based violence. Based in Kamituga, they operate throughout the territory of Mwenga.

## Amies des Victimes des Violations de Droits Humains (AVVDH) (DRC)

Created in May 2005, AVVDH is human rights organization based in Uvira, South Kivu (DRC). Its mission is to promote the application of human rights law through advocacy and awareness raising activities, prison visits and the provision of holistic rehabilitation services to victims of torture and sexual and gender-based violence. AVVDH operates both in the Uvira and Fizi territories of South-Kivu.

## Fédération des Femmes pour le développement Intégral au Congo (FEDICONGO) (DRC)

Fedicongo's mission is to promote the rights of women in rural areas and to fight against violence committed against women and children. It provides medical, legal, psychological and socio-economic support to victims of torture, including sexual torture and promotes female leadership and local women initiatives. Their activities take place in the territories of Uvira, Fizi and Walungu in South Kivu.

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We need your support to fight torture and to help torture victims rebuild their lives. By donating even a small sum, you can assist us to put an end to torture and to ensure that torture victims and their families receive much-needed treatment and other services.

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