Bringing the Women Home: Rape, Civil Society, and Spirituality in the Democratic Republic of Congo

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In the seven years between 1996 and 2003, over five million people died in the Democratic Republic of Congo (DRC). Many more were displaced, disabled, and raped. Since 1996, the rate of rape in the DRC has risen to fantastical numbers, Amber Peterman et al. reporting a rate as high as 48 rapes per hour in the DRC. Peterman et al. wrote that report in 2011¹, eight years after the conflict “ended” in 2003. Despite the end of the war, conflict continues to occur in the eastern DRC and as the conflict continues the incidence of rape is increasing. In this paper, the focus will be on the eastern DRC, particularly North and South Kivu, where the most of the fighting occurred and continues to occur due to their proximity to Rwanda and Burundi. Refer to Reyntjens² for a more thorough account of the war and its causes.

In the post-war DRC, non-governmental organizations (NGOs) are central actors in the rebuilding of the country, especially within the field of health care. The definition of an NGO that will be used in this study is Margaret P. Karns’: Karns defines an NGO as a “voluntary group of individuals or organizations, usually not affiliated with any government, that is formed to provide services or to advocate a public policy”.³ This means that an NGO should be operating in a manner that caters to the interests of the local communities that they are serving. However, there are many stakeholders that are involved with NGOs, one of the biggest categories of stakeholders being donors. For many of the major development projects, the biggest donors are Western, secular governments. NGOs tend to follow the interests of their biggest stakeholders, so their interests will often shadow those of large, secular funding institutions⁴. However, in many locales spirituality is essential to community life.

With this bias towards meeting the expectations of donors, NGOs might miss the concerns of their target communities, especially those that are based around spiritual issues. Yet, the ethnographic data gathered by Jonathan Shaw in North and South Kivu suggests that many of the rape victims in the

eastern DRC are concerned with issues of “spiritual pollution.” Some believe that spiritual pollution comes from the semen that the rapists leave in women after intercourse. The Mai-Mai militia men think they need to have intercourse, consensual or not, before going into battle to cleanse themselves of the pollution they have acquired through committing evil acts. Once a woman is spiritually polluted, she can release it through different rituals administered by witchdoctors. However, these rituals are expensive and many women do not have access to the economic resources needed to purchase these services. Even outside of the example of the Mai-Mai, it is generally believed that a woman is spiritually polluted after rape, no matter the motivation of her attacker(s). It seems however, as if NGOs are focusing the majority of their efforts on dealing with the physical and mental health issues that arises from rape. This research will examine the approach that NGOs are taking to the treatment of rape victims, specifically what, if any, spiritual component they include.

Since the 1960s the number of NGOs has increased dramatically while the number of intergovernmental organizations (IGOs) has decreased. IGOs, as used in this context refers to organizations such as the United Nations and World Health Organizations that work directly with governments and often serve as liaisons between Western governments and governments of other nations. According to a Union of International Associations report in 2004, there are 28 NGOs for every IGO. As the number of NGOs has increased so has their political power. Kristen Martens makes the argument that NGOs are active not only outside of the venues where governmental officials meet and discuss treaties but are often active participants in those discussions. At the Rio Earth Summit in 1992, 1400 NGOs from 150 countries participated and one country, the island state of Vanuatu, only sent an NGO as its representative.

Akira Iriye frames the prevalence of NGOs in terms of the rise of civil society. He sees the number of NGOs increasing as a result of the diminishment of state power and an increase in the power of

6 Tshuma, Rev., interview by Jonathan Shaw. President, Oneness Development Institute (July 12, 2012).
civil society. With civil society’s rise being characterized by an increase in the number of NGOs, there have been a number of works published lately that are challenging NGOs to take steps to ensure they accurately representing the desires of civil society. NGOs are often tasked with causes that society values as important, but governments are not doing or not doing well. Their assignments come from the concerns of civil society and they should be accountable to it. Jens Steffek et al. propose five criteria for a legitimate NGO, one that accurately represents the wishes of civil society. The first criterion is it must have citizen participation. Along with participation, the NGO must also allow for the inclusion of a wide variety of viewpoints, especially from the marginalized. In response to participation and inclusion, the NGO must be responsive to the desires of civil society, that is to say it must change in response to the concerns and desires of civil society. As the NGO operates it must do so in a transparent fashion that is independent of the state and the market.

Whether or not NGOs work as well as their critics would like, they are now an integral part of the international community. The effects of NGOs can be seen in the Democratic Republic of the Congo. NGOs such as the International Rescue Committee (IRC), Norwegian Church Aid, and the International Committee of the Red Cross are major health care providers within the region of the eastern DRC. Dennis Dijkzeul, however, points out this can be an issue when they are operating without the support of a centralized health system, which is nonfunctioning in many areas of the DRC. Without support from a central health care system, health care providers do not earn enough money and may place their immediate survival needs over those of their patients. Also, NGOs risk creating a fragmented and unsustainable health-care system, which could be detrimental for post-war rebuilding in the Congo. Since NGOs are major actors in the region, especially in the health care of the region, they are influential

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players in determining the success of the state post-war\textsuperscript{10}.  

Due to the lack of local resources, these NGOs rely on donations from large humanitarian organizations, namely the European Commission’s Humanitarian Aid Office (ECHO) and the United States Agency for International Development (USAID). However, outside donors can negatively impact the work of NGOs by becoming more important stakeholders than the local communities the NGOs are working with. Most of the NGO responses to rape in the Congo have focused on a physical and mental health treatments. There has been little mention of spiritual treatment, which may be a result of the Western influences on NGO rape recovery programs.

Current policy recommendations focus entirely on the physical and mental approach to healing\textsuperscript{11}, which can be detrimental if Shaw’s initial findings concerning the spiritual health concerns of the Congolese are correct. For NGOs in particular, accurately addressing the issue of spiritual healing would help to authenticate and legitimize their roles as representatives of civil society. If they are not able to recognize and address the spiritual issues brought to them, they will be distrusted by the Congolese population because they will be seen as Westerners operating in a situation that they know nothing about. If they wish to build a beneficial reputation within a community, whereby they are able to more fully operate within and with the community, NGOs must show a willingness to be taught by the community they are serving. A willingness to learn from a community will not only add to their credibility within the community, but it will allow them to see other issues facing the community. Having a broader perspective, one where they are integrating their own knowledge with that of the community, will allow NGOs to be more effective in how they use their resources.

In order to study the NGOs addressing issues of SGBV within North Kivu and South Kivu, a list of the NGOs addressing those issues was compiled. This list was developed by merging the list of NGOs in North Kivu and South Kivu published by the United Nations Office for the Coordination of


\textsuperscript{11} Ibid.
Humanitarian Affairs (OCHA)\textsuperscript{12,13} and the Eastern Congo Initiative’s (ECI)\textsuperscript{14} database of community based organizations (CBOs). While the list below represents most, if not all, of the larger international and national NGOs operating in North and South Kivu, it is important to note the bias inherent in both lists. Both lists only contain NGOs that are registered with the government, which is required by the before an organization can be funded by international organizations. The process for registering with the government is expensive and for this reason the ECI admits that its list is fallible and merely an estimate of the number of CBOs operating in the DRC.

While the ECI admits the list is not as thorough as it could be, it came as a result of ECI sending researchers to interview representatives from 293 organizations in 63 different towns. OCHA did not respond to any queries regarding its list and its method for developing the list was not explained in the publication of the list.

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Funding Source</th>
<th>Total Spending in the DRC (USD) per year</th>
<th>Number of Survivors Served (women served last year, unless noted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADIPP</td>
<td>Norwegian Church Aid &amp; Norwegian Ministry of Foreign Affairs\textsuperscript{15}</td>
<td></td>
<td>50\textsuperscript{16}</td>
</tr>
<tr>
<td>Catholic Relief Services</td>
<td>European Union, United States Government, various other national governments\textsuperscript{17}</td>
<td></td>
<td>11,500\textsuperscript{18}</td>
</tr>
<tr>
<td>COOPI (Cooperazione Internazionale)</td>
<td>European Union\textsuperscript{19}</td>
<td></td>
<td>1,040\textsuperscript{19}</td>
</tr>
</tbody>
</table>

\textsuperscript{16} Ibid.
\textsuperscript{17} Ibid.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Funders</th>
<th>Active Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danish Church Aid</td>
<td>Danish Government&lt;sup&gt;21&lt;/sup&gt;</td>
<td>41,179&lt;sup&gt;22&lt;/sup&gt;</td>
</tr>
<tr>
<td>Heartland Alliance</td>
<td>The Atlantic Philanthropies Inc., Gretchen's Fund, United Way of Metropolitan Chicago&lt;sup&gt;23&lt;/sup&gt;</td>
<td>505 over three years&lt;sup&gt;24&lt;/sup&gt;</td>
</tr>
<tr>
<td>HEAL Africa</td>
<td>USAID, IRC, &amp; UNICEF&lt;sup&gt;25&lt;/sup&gt;</td>
<td>40,000 (since 2003)&lt;sup&gt;27&lt;/sup&gt;</td>
</tr>
<tr>
<td>ICCO (an inter church organization for development cooperation)</td>
<td>ICCO&lt;sup&gt;28&lt;/sup&gt;</td>
<td>2,325</td>
</tr>
<tr>
<td>International Council of the Red Cross</td>
<td>Governments of the United States, the United Kingdom, Switzerland, Sweden, Norway, &amp; the European Commission&lt;sup&gt;29&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>International Rescue Committee</td>
<td>Netherlands Refugee Foundation, NoVo Foundation, The Starr Foundation, Gates Foundation&lt;sup&gt;30&lt;/sup&gt;</td>
<td>2,444&lt;sup&gt;32&lt;/sup&gt;</td>
</tr>
<tr>
<td>Network of Congolese Youth Associations against AIDS (RACOJ)</td>
<td>IMC, Caritas Goma, ActionAid, &amp; HEAL Africa&lt;sup&gt;33&lt;/sup&gt;</td>
<td>66,134,880&lt;sup&gt;31&lt;/sup&gt;</td>
</tr>
<tr>
<td>Oneness Development Institute (ODI)</td>
<td>(ODI)</td>
<td>184</td>
</tr>
<tr>
<td>Panzi Hospital and Panzi Foundation</td>
<td>USAID, UNICEF,</td>
<td>5,000,000&lt;sup&gt;37&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8,000&lt;sup&gt;38&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization</th>
<th>Sponsoring Organization(s)</th>
<th>Amount (myr)</th>
<th>Number of beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMU(Swedish Pentecostal Churches)</td>
<td>European Commission Humanitarian Office &amp; Swedish International Development Cooperation Agency (Sida)</td>
<td>2,922,959.20</td>
<td>1,970 (plus other organizations that they fund)</td>
</tr>
<tr>
<td>SVH</td>
<td></td>
<td></td>
<td>273 communities</td>
</tr>
<tr>
<td>Synergy of Women for the Victims of Sexual Violence (SFVS)</td>
<td>Government of Holland, DDC (Switzerland), Amnesty International, FrontLine, ECI, &amp; ICCO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uplifting of Women of South Kivu (LDF)</td>
<td>Norwegian Church Aid, Caritas, Bureau diocésain des œuvres médicales (BDOM), and DIOBASS</td>
<td>250,000</td>
<td>2,200</td>
</tr>
<tr>
<td>Voluntary Work for the Integral Development of the Rural Milieu (VODIMIR)</td>
<td>International Rescue Committee &amp; CARE International</td>
<td>81,620</td>
<td>300</td>
</tr>
<tr>
<td>Women’s Association for Integral Development (ASMADI)</td>
<td>MERLIN, ICCO, FAO (Food and Agriculture Organization of the United Nations), &amp; PFD (Fonds)</td>
<td></td>
<td>45,902</td>
</tr>
</tbody>
</table>

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37 Ibid.
38 Ibid.
39 Ibid.
40 Ibid.
41 Ibid.
42 Ibid.
43 Ibid.
44 Ibid.
45 Ibid.
46 Ibid.
47 Ibid.
48 Ibid.
49 Ibid.
50 Ibid.
51 Ibid.
52 Ibid.
53 Ibid.

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Table I: This table contains the name, major donors, DRC specific budget and number of women treated per year (unless otherwise noted) of NGOs treating victims of SGBV in North and South Kivu. The budget amount listed is the total each organization spends on its programs in the DRC, not specifically eastern DRC programs or programs treating victims of SGBV.

In choosing the organizations that would be interviewed in for this study, an attempt was made to find organizations representative of the different types of organizations operating in the DRC. Two criteria were used to categorize the organizations, funding source and organizational structure. When discussing funding sources it is important to determine whether or not the source is public or private and whether it is international or national. Funding that comes from public sources, often governments, will have different stipulations than funding from private sources, especially if that private source has a religious motivation. Likewise, a local NGO is going to have a different understanding of the culture and other issues relating to rape in the DRC than an international organization. Categorizing organizations based on these criteria allows one to get a sense for the variety of organizations treating victims of SGBV in the eastern DRC under the ambiguous label of “NGO.”

53 Ibid.
54 Ibid.
57 Ibid.
59 Ibid.
60 Ibid.
61 Ibid.
62 Ibid.
63 Ibid.
Women for Women International (WFWI) is one of the bigger NGOs operating in the eastern DRC. In 2010, they worked with 20,884 women according to their reports. They are an American-based organization that operates in eight countries. They have been operating in the DRC since 2003. They receive the majority of their funding from private donors. Their programs are focused not only on immediate treatment of the physical trauma suffered by victims of SGBV, but also on providing psychosocial support, economic support, and job training, in a program that is designed to last one year.

The International Council of the Red Cross (ICRC) is an international NGO that provides physical and psychosocial treatment for victims of SGBV. The ICRC receives the majority of their funding from the Western governments, in particular the governments of the United States, the United Kingdom, Switzerland, Sweden, Norway, and the European Commission. They are a large organization operating in 80 countries and dealing with health issues that arise from conflict.

HEAL Africa (Heath, Education, community Action, Leadership development Africa) is a hospital in North Kivu. It was founded in 2003 by Dr. Jo Lusi, a Congolese national who had previously worked in the field of health development. HEAL Africa, even though it is a hospital, does not only provide medical care. Its programs involve career training, psychosocial counseling, and legal representation for the women. They extend their program for six months, providing a home for their patients to live in as they are recovering. The majority of their funds are obtained from grants from sources such as USAID, IRC, and UNICEF.

Oneness Development Institute (ODI) is a CBO in North Kivu. The primary focus of ODI is the treatment and support of victims of SGBV. They are a small organization, based in one village in a remote part of North Kivu. Yet they regularly treat a new patient every other day, roughly 183 women per year. They provide their patients with physical and psychosocial treatment, economic support, and

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63 Ibid.
skills and/or career training\textsuperscript{66}.

The main research question of this paper is whether or not different organizations in the DRC are addressing the spiritual aspects of rape. Specifically, are organizations addressing the spiritual concerns of the female victims of SGBV. As was mentioned above, spiritual concerns impact life in the DRC. Consequentially, many women are feeling as if they are spiritually polluted after their rape. NGOs are supposed to be the representatives of civil society and as such will operate in a fashion that addresses the concerns of civil society. With that concept as a focal point, the treatment plans of the four NGOs described above were examined more closely to determine if and how they addressed the spiritual concerns of their patients.

Gertrude Mudekereza, Acting Country Director for WFWI, was interviewed concerning the treatment plan of that organization. During the interview, she reiterated the approach that WFWI uses for treating victims of SGBV, describing the way the programs involved women in their own healing. For instance, at the beginning of the program the women become involved in a support group of other women who are entering the program at the same time as them. Mudekereza focused on the inclusive nature of this setup, how these women’s groups provided a place where each woman is to learn the skills and values that WFWI is teaching them in a setting where their personal growth is fostered, not only by their mentors but by their peers as well\textsuperscript{67}.

Yet, as broad as their program is, they do not include a component that addresses the spiritual concerns of the women. Mudekerza’s response to the topic of spirituality was, however, quite positive. She gave a couple examples of how indigenous spiritual expressions were involved in rape treatment. She noted how these expressions were neither well studied nor well practiced by any organization. Oftentimes, she noted, these practices were only used in times of desperation\textsuperscript{68}.

\textsuperscript{66} Tshuma, Rev., interview by Jonathan Shaw. President, Oneness Development Institute (July 12, 2012).
\textsuperscript{67} Mudekereza, Gertrude, interview by Nathanael Smith. Acting Country Director of Women for Women International (DRC) (July 10, 2012).
\textsuperscript{68} Ibid.
Mudekerza described the cleansing ritual used in one village in North Kivu. A woman that was raped goes with her family to the chief of the village and gives him a goat. Then the woman goes down to a nearby river and she is washed by the older women of the village. Usually when a woman is raped, her husband leaves her as a result of it. However, in this village, every woman had been raped. So the village was forced to provide a mechanism to purify the village women. The ceremony they adopted for this purpose was originally used for women that had committed adultery, otherwise then all the women in the village would have been ostracized and the village would not have been able to function.\(^{69}\)

Mudekerza used the story of this village to highlight how little is known about spiritual purification methods in Eastern DRC. Even though she personally knew little and admitted that WFWI does not incorporate a spiritual component in their treatment plan, she was open to talking about it and gave additional resources on the topic. From her perspective, the rarity of their use is detrimental to any attempts to include it in a standardized treatment plan. Also, each purification ritual is local. The ritual can be different from one tribe, possibly even from one village, to the next.\(^{70}\) However, even though WFWI does not incorporate any spiritual components, local or otherwise, into its programs, the leadership in the DRC has a healthy respect for spirituality.

The ICRC has a large presence in the DRC through their 44 maisons d'écoute (French for “listening houses”) that provide physical and psychosocial care to victims of SGBV. Ida Andersen, the director of their program in South Kivu, described their program. She emphasized how much of psychosocial treatment is dependent on the physical condition of the women. If they are distressed physically, they will not be able to recover psychologically. So, ICRC provides not only psychosocial services but helps the women with physical needs as well, e.g. providing food for the women as they recover from the initial trauma.\(^{71}\)

Due to the large size of the ICRC, their programs are focused on maintaining a standard level of

\(^{69}\) Ibid.

\(^{70}\) Ibid.

care consistent throughout the maisons. They have a treatment manual that personnel at the maisons are required to follow closely. Individual maisons do not have a mechanism in their program for incorporating the comments or concerns of their patients.\(^7\)

However, Andersen described mechanisms that ICRC is beginning to use to evaluate the effectiveness of their programs in the DRC. One of which was a pilot study the ICRC is performing to quantitatively measure the success of the recovery program. Another mechanism is a self-reporting questionnaire that the counselors at the maisons give to the women during each session. The purpose of this questionnaire is to determine if the condition of the woman is improving. If little or no improvement, as demonstrated by the self-reporting form, is observed than the counselor knows that treatment plan is not working for that patient.\(^8\)

Even though ICRC is conducting an evaluation study and uses self-reporting forms during counseling sessions, they do not have a good mechanism for acquiring and incorporating feedback from their patients into their programs. Whatever feedback or criticism that Andersen hears from the women comes through indirect sources. Each maison is supposed to operate the same way, so there is no methodology for incorporating the concerns of the women. This is not to say that the ICRC’s programs do not adapt. Andersen pointed out even though the overall program does not have much adaptability, each individual counselor is trained to adjust their methods in response to each client. In 2013, ICRC DRC will conduct a qualitative study of the recommendations that the women are giving to the maisons.\(^9\)

Even though the ICRC is beginning to adapt to the requests of the women, they are not addressing spirituality. Spirituality is a huge component of Congolese life, Andersen herself said “Congo is all about church, especially the joy, on Sunday.”\(^10\) Yet, Andersen initially responded to queries about spirituality by telling two stories about ICRC’s interactions with it in the DRC. Andersen described a major problem they were having with Catholicism and their physical treatment programs. When a women

\(^7\) ibid.
\(^8\) ibid
\(^9\) ibid.
\(^10\) ibid.
comes in after she was raped, part of ICRC’s treatment plan is to give them the “morning-after” pill to prevent unwanted pregnancy as a result of the rape. Since the Catholic Church sees the morning after pill as a form of abortion, they tell their parishioners not to take the pill. Andersen sees this as disrupting the recovery of the women because they might become pregnant, which can complicate their recover process. Andersen also described the one ritual purification ceremony she is aware of: In the ceremony the raped woman has her vagina cleaned out with dirt, grass, and leaves. This process is harmful for the woman because it dirties the vagina and prevents women from seeking treatment soon after the rape.

However, Andersen did not finish her comments about spirituality with negativity. She reiterated that as much as the Catholic Church’s view on abortion interfered with the ICRC’s treatment plan, the Church also offers a refuge for the Congolese people and provides many valuable services. Though she did not know of any, she admitted that she thinks there are positive cleansing rituals. At the end of the interview, said she said that spirituality is “interesting” and encouraged further study of it in person.

Jo Lusi, the founder of HEAL Africa, was interviewed to determine how their programs are developed and if and how HEAL Africa incorporates spirituality. Lusi emphasizes the educational aspect of their programs. HEAL Africa operates then, with the view that if they can educate Congolese society on the importance of women than they can change society, allowing women to take more leadership roles in their community. Lusi described their rational behind this by saying that a “society that is led by women is cleaner (and better in other ways) . . . than a society that is just led by men”.

Because of this belief, HEAL Africa’s programs have a large education component, even though it is a hospital.

HEAL Africa, as a hospital, has become well known for its work repairing fistulas. In 2010 alone, they performed 2684 fistula repair surgeries. They serve women from a large area, at least one women even traveling 700km by foot to receive help from the hospital. Yet, even though they are a hospital, they do not end their work with simply physical healing. They involve the women in a program that

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76 Ibid.
77 Ibid.
79 Ibid.
addresses mental health, economic well-being, legal rights, and spirituality. Lusi described how when a women comes to HEAL Africa they can quickly fix the fistula, it only takes 45 minutes, but it take six months for a woman to complete their comprehensive recovery program\textsuperscript{80}.

The length of the program is due to its depth. The women are placed in counseling where they are allowed to talk through their feelings and thoughts and receive advice from a counselor, a woman who had previously went through HEAL Africa’s recovery program. As they are receiving the counseling they are also receiving training in marketable skills, such as sewing. Lusi was passionate about the next part of the program, the legal side. Lusi sees the legal side as important to the restoration of the women’s dignity because as they receive legal help and representation they are validated by the way others approach the situation. Lusi describes it as allowing the women to see that they have value based on how seriously their legal case is made. As powerful as all these components are, Lusi sees spirituality as the most important aspect of the program\textsuperscript{81}.

HEAL Africa is an organization founded on Christian principles and tries to incorporate Christianity into the heart of its programs. Lusi believes that the redemption and healing of Christianity are important for the success of their programs, from treating individual patients to developing education programs that change the mindset of society. For the individual women, HEAL Africa includes a spiritual component in their counseling, impressing upon them their value as children of God and, in their broader educational programs, showing society as a whole that women have value as equal to that of a man. Both of these programs are responding to societal norms that say a woman has little value in society and if she is abused she has no value and must have done something to cause the rape. In a society where Christianity is so important, Lusi believes that HEAL Africa can make a large impact by using Christianity to change the mindset of the population\textsuperscript{82}.

\textsuperscript{80} Ibid.
\textsuperscript{81} Ibid.
\textsuperscript{82} Ibid.
ODI is another NGO that is based around providing a Christian approach to the spiritual issues surrounding SGBV. Rev. Tshuma, the president of ODI, was interviewed concerning the program of ODI. The primary focus of ODI is the training and support of vulnerable populations, particularly women and children. They do so by partnering with churches, NGOs, and other stakeholders to help improve the lives of the women and children. The first part of the program involves learning skills and counseling. A central teaching in the counseling program is that God loves them and does not think they wanted the rape. The primary goal of ODI is to bring the women and children to Christ and to provide them with psychological development. They are trying to give these women skills so they are able to provide for themselves economically and also serve their community as they learn the value they have based on God’s love for them\(^{83}\).

Community is central to the work of ODI. After being raped, many of the women feel isolated from their community and are damaged in a way that will not allow them to participate in their community again. Many members of the community share this belief, even though Tshuma was not able to explain exactly why. In order to combat this belief, ODI has training programs that incorporate the training of both women who were raped and women who were not\(^{84}\).

In one of their more successful programs, a group of women are provided with a field to farm together. This group of women includes not only women that are victims of SGBV but also women that have not been assaulted but are still in need of economic support and skills training. By placing these women in a field together, ODI is able to train them on farming methods, provide them with economic support through employing them, and reduce the stigma related to rape. ODI’s farming program allows them to regain their social and spiritual status by showing them working in community with other women; other women who are not becoming polluted themselves after prolonged contact with these women. This program is essential to the work of ODI, not only because of the social healing it

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\(^{83}\) Tshuma, Rev., interview by Jonathan Shaw. President, Oneness Development Institute (July 12, 2012).

\(^{84}\) Ibid.
encourages, but because of the economic support it gives, essential to a small CBO with no international donors.\textsuperscript{85}

Another core virtue of ODI’s programs is empowerment. None of its programs were started by Tshuma or any of the other senior staff, instead they were started by the patients of ODI. By keeping women and their concerns at the center of their programs, they are able to address the spiritual concerns of the women. In the experience of ODI, the issues of spiritual health are the biggest concerns for the women. ODI believes that as important as psychosocial and physical treatment is, no program can be fully effective without first addressing the spiritual issues of the woman. This is a concept that Lusi from HEAL Africa also emphasized; recovery programs without a spiritual component cannot effectively address the needs of the women\textsuperscript{86}.

Each of the four programs examined in this paper included program components addressing issues related to economics, psychosocial and physical trauma, and social stigma towards rape victims. All of these programs are addressing these issues in a manner that is responding to the concerns of the women regarding these issues. Even ICRC, which admittedly did not respond to feedback very well, is beginning to incorporate feedback mechanisms. The distinguishing factor between these organizations was whether or not they were international or national. The national organizations have a spiritual component to their treatment plan, whereas the international programs do not.

NGOs, as the representatives of civil society, should be representing and addressing all the needs of the Congolese community. In a country that is 96% Christian and where religion plays a major

\textsuperscript{85} Ibid.
\textsuperscript{86} Tshuma, Rev., interview by Jonathan Shaw. President, Oneness Development Institute (July 12, 2012); Lusi, Jo, interview by Nathanael Smith. Co-Founder and Legal Representative of HEAL Africa (August 23, 2012).
part in many people’s lives, ignoring spiritual concerns is to ignore a major concern of Congolese civil society: A major concern not only of the society in general, but of the women in particular.\textsuperscript{87}

One has to consider why the international NGOs are not addressing spiritual concerns. In the interviews, no definite reason was expressed, but both of the organizations that are not utilizing spiritual practices in their programs are local offices of larger international organizations. Both of these groups are responsible not only to local stakeholders but to the international leaders of their own organization. The international leaders of WFWI and ICRC might not be as interested in addressing the local spiritual needs of the victims of SGBV as they are in treating the physical and psychosocial trauma experienced by those women. These organizations are led by Western educated individuals and in the secular West it is hard to legitimize an organization addressing spiritual concerns. In the Western mindset, the physical reality is the only reality.

So, how could one get WFWI and ICRC to reconsider their approach to the spiritual aspects of rape trauma? Simply put, data. If the inclusion of spirituality is having such a positive impact of their treatment, a study of women being treated by HEAL Africa and ODI comparing them to the women treated by WFWI and ICRC would show a difference between the two groups of women. This difference could be in the overall success rate of the program or in the mindset of the women after they complete the program. Tshuma claims that women who go through a program without a spiritual component, while outwardly better, are still experiencing an unhealthy mindset.\textsuperscript{88} A study, both quantitative and qualitative in nature, would need to be completed to accurately address the question of the importance of spirituality in an effective rape treatment program within the DRC.

While it is tempting to draw strong conclusions based on the work completed in this study, one cannot do so. This study merely provides the foundation for a more comprehensive examination of NGO

\textsuperscript{87} Maman, S., R. Cathcart, G. Burkhardt, S. Omba, and F. Behets. "The role of religion in HIV-positive women's disclosure experiences and coping strategies in Kinshasa, Democratic Republic of Congo." Social Science and Medicine, 2009: 965-970.

\textsuperscript{88} Tshuma, Rev., interview by Jonathan Shaw. President, Oneness Development Institute (July 12, 2012).
treatment of rape victims in North and South Kivu. Further research on this topic would involve a more thorough approach to mapping the NGOs in North Kivu and South Kivu instead on relying on data from two previous mapping attempts. Also, further research on this topic would involve a more comprehensive interview process, interviewing a larger number of NGOs and going to the DRC to interview them in person.

Even though this study is preliminary, one can glean some facts from it. The vast majority of NGOs operating in North and South Kivu, at least according to the Eastern Congo Initiative’s and OCHA’s lists, are funded by Western, secular governments. Only ODI does not receive funding from a Western government. HEAL Africa, even with the large amount of funding it receives from Western governments, still has a spiritual component to its programs. However, it is the international organizations, ICRC and WFWI that do not involve spirituality in their treatment programs. Based on these initial data, it seems that biggest indicator of whether or not a program will address the spiritual concerns of the Congolese victims of SGBV is not the funding source, as was originally thought, but the type of organization providing the service. A more thorough study could authenticate this initial finding.

This study began with a few assumptions that proved to be false. The first assumption was that the funding source of an organization would have a negative impact on its abilities to effectively recognize the spiritual needs of victims of SGBV. However, HEAL Africa is able to address spiritual concerns, even though it is funded by Western governments. WFWI, an organization that receives most of its funding from private donors and is based in America, did not accurately address the spiritual concerns of rape victims. Looking at ICRC and ODI, the trends are consistent, the national organizations examined addresses spiritual concerns and the international organizations did not. The second assumption was that any method to address the issue of spiritual pollution must be a method based in traditional Congolese beliefs. However, ODI, the one organization that was actively speaking of and addressing issues of spiritual pollution, overcame the pollution through Christian beliefs and practices.
The challenge these findings present to the author of this paper are the same as the challenge they present to the NGOs working there: Before offering advice, one should as Jo Lusi recommends, sit and listen to the women.