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**EVIDENCE**

**Tuesday, December 2, 2014**

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**Chair**

**Mr. Scott Reid**



## Subcommittee on International Human Rights of the Standing Committee on Foreign Affairs and International Development

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• (1305)

[Translation]

**The Chair (Mr. Scott Reid (Lanark—Frontenac—Lennox and Addington, CPC)):** I now call this meeting to order.

Today is December 2, 2014, and this is the 47th meeting of the Subcommittee on International Human Rights of the Standing Committee on Foreign Affairs and International Development. The meeting will be televised.

[English]

We continue our hearings into the aftermath of the Rwanda crisis at 20 years' distance.

Joining us from Kigali in Rwanda today is Glenda Dubiensi, who's the international director of operations for HOPEthiopia, Rwanda division.

Thank you very much for joining us today. I'm sure the clerk has already discussed the presentation. Once you are finished with your presentation we'll go to questions from the various members, and the whole thing should last about an hour.

Thank you very much. Please begin.

**Ms. Glenda Pisko-Dubienski (International Director of Operations, Rwanda, HOPEthiopia):** Thank you.

Thank you for the invitation to address this committee, to offer witness to the Rwandan crisis, now 20 years post-genocide against the Tutsis.

My name is Glenda Dubiensi. I'm a Canadian and a resident of Rwanda. Today I'm speaking on behalf of myself, but for the purpose of adding context, I'm a counsellor by profession, co-founder of HOPEthiopia, and the vision holder and director of HOPEthiopia, Rwanda. I will be sharing from my five-year experience as one working to help empower Rwandese youth and young adults, particularly those who were orphaned in the 1994 genocide.

The scope of my involvement includes facilitating wraparound support of both males and females 18 to 35 years of age, defined by Rwandans as youth and young adults, for the purpose of assisting them towards self-reliance. Given the complexities of my obvious ignorance of Rwandan culture, it became apparent at the onset of my work that partnering with local Rwandan-founded NGOs was essential. Today I work with and help support several such NGOs, whose great work was threatened due to lack of resources.

Considering the work I did with Congolese refugees a couple of years ago, I recognize there are some similarities between Rwandan and eastern Congo cultures. I hope my witness will shed light not only on Rwanda's recovery from crisis but also on how you might proceed in assisting the DRC recover.

I apologize in advance for using terminology related to once-defined people groups that are no longer politically correct. These terms were used during the 1994 crisis, and their usage allows for easier explanation. Thank you.

The issue of gender equality is of primary importance to the Rwandan government. To refresh your memories, Rwanda's Vision 2020, which was drafted 14 years ago, set its eye on achieving the following five pillars: good governance and a capable state; human resource development and a knowledge-based economy; a private-sector-led economy; infrastructure development; productive and market-oriented agriculture.

But critical to our discussion is that the number one crosscutting factor identified within that document is gender equality. This posture is evident in the fact that of 80 seats in Parliament, women occupy 51, which is 64% of the seats. I believe that such representation by women and for women has made an obvious impact on the issue that we are discussing today, because women now have a strong and audible voice in this nation.

Tangible evidence of the belief that victimized women now have a voice is the fact that Rwanda has committed to construct the first gender-based violence care facility in east Africa at the Rwanda Military Hospital, under the management of the clinical psychology department. Treatment there will include DNA testing for the purpose of identifying the perpetrator and seeking justice for the victim.

Given Rwanda's stance on women who are and were victims of rape and sexual violence, women feel justified in coming forward with their testimonies and looking for help to recover. Public awareness campaigns have also made this topic more acceptable to discuss.

Though Rwanda is but a developing nation, she is earnestly trying to address the issue of gender-based violence. However, with only six psychiatrists, one or two psychiatric nurses or psychologists per district, and only one hospital with a department of clinical psychology, the resources are not enough to handle the psychiatric and psychological needs of the nation.

Furthermore, as my colleagues at the Rwanda Military Hospital frequently remind me, clinical psychology is a very new field in Rwanda. The interventions used to help victims are sometimes superficial, often treating the behaviour rather than the root cause. Hence, traumatized individuals live with constant fear, antisocial behaviours, promiscuity, aggression, and irritability.

Rwanda has welcomed outside help to train both professional and lay counsellors in alternative interventions, which is how I originally connected with the nation, but there is still more need.

● (1310)

My experience with survivors of rape and sexual violence, and that of others who work in the same field, reveals that the determinants of recovery for Rwandan victims of rape and sexual violence during the Rwanda crisis include the severity of the trauma suffered, which is often related to whether the victim was individually raped; gang-raped; raped with objects, such as sharpened sticks or gun barrels; held in sexual slavery; or sexually mutilated. The severity of the trauma is also related to whether the victim witnessed the torture and/or killings of close relatives prior to the rape.

Other determinants are the availability of social networks for the victims, which includes family, church, and immediate community; the personality of the victims, including resilience, tenacity, self-confidence, etc.; and the spirituality of the victims, as faith plays a huge role in Rwandan life. Knowledge of a divine meaning or a bigger purpose for their life, or knowledge of a divine presence, has an impact.

A woman who conceived a child through rape during the genocide is most likely orphaned and severely traumatized by watching her family die before her eyes. She is an outcast, a woman tarnished by the seed of genocidaires. As a Tutsi carrying a Hutu child, she was rejected by both groups. If her church was politically involved in supporting Hutu extremists, she lost that aspect of support, as well as faith in her denomination and/or God. She has been stripped of all support networks.

Women who do not find support and have lived 20 years with the memories, disease, and scars of rape and sexual violence still require intensive care. They suffer from mental illnesses ranging from depression to the utterly debilitating dissociative disorder. Others have become addicts as they tried to numb their pain with drugs and alcohol, while many have succumbed to the thought that they are valued only for one thing and have turned to prostitution.

In Rwandan culture, there is a reluctance to express one's true and deepest thoughts and feelings outside the family. Family is number one in Rwanda. The majority of genocide rape survivors lost their families, which leaves the question, whom do they turn to? Neighbours killed neighbours, and the global community turned its back on Rwanda during that crisis. Suspicion and distrust run thick and deep.

Recovery requires the development of trusting relationships, and this takes time and intentionality. Women have found healing with others who understand their pain, those who empathize and those who have suffered in the same manner. Facilitating such relationships and accompanying these women is hugely restorative. It is

within this context that survivors frequently share that this is how and where they found family.

Experience indicates that much of the development of children of rape in Rwanda is determined by the acceptance by the mother and the attachment to her. If the mother can accept and bond effectively with the child, there is a greater likelihood the child will develop securely and become a responsible, contributing citizen. However, more often than not, the mother did not accept the child, and when abortion attempts failed, the mother either committed or attempted infanticide, deserted the child, or kept the child.

The kept child, so often resembling its father, the perpetrator of rape, was hated and suffered the wrath that the mother had for the rapist. Feeling unwanted and unloved, the surviving children of rape suffer from serious identity issues. Abandoned by their mothers and not knowing their fathers, they often turn to drugs and alcohol and exhibit rebellious behaviour.

Since 2010, the Rwandan government has responded by providing rehabilitation from drug and alcohol addiction, as well as vocational skills training, to young men aged 18 to 35. Some of these rehabilitated men are children of rape abandoned by their mothers, who were incapable of caring for them. Forced to live on the streets, they turned to substance abuse. The government has plans to open another such facility, for young women, in the coming year.

I work with some of these young men and women, children of rape, to provide transitional housing, medical care, further education, and entrepreneurial cooperative establishment, and to advocate for them when necessary. To be honest, these are only the basics that good-enough parenting would provide, and this is not lost on these young men and women. In their testimonies of transformation, they always share that they have found home and family. Children, no matter what age, need a secure attachment to a safe and reliable person.

● (1315)

Again, home and family make the difference in such a child's ability to recover from the brokenness of rejection.

In conclusion, I would like to say that early holistic and culturally contextualized interventions for sexual violence victims, preferably by nationals, and awareness campaigns that address the injustices of sexual violence both inside and outside the context of war, are obviously necessary to put an end to and recover from such injustices. But I can't stress enough that successful stories of recovery are found in those who have received long-term compassionate care. Beneficiaries of such attentive care are the first to testify to this. Through accompaniment by another with an empathetic ear, and finding community in those who understand, many have found healing, or at least enough resolution of trauma to move forward.

Finally, to paraphrase, a Canadian hero, the general of UNAMIR, and now a senator, Roméo Dallaire, in an address to a Calgary audience in January of this year: Rwanda is an experiment of healing; no other nation has shown such recovery from such a crisis.

Like the noted author and journalist, Jean Hatzfeld, I believe that we have much to learn from Rwandans about reconciliation and healing from war wounds, as well as prevention of sexual violence. I want to encourage you in your efforts to learn from Rwanda's experience.

Thank you.

**The Chair:** Thank you.

Based on the fact that we still have three-quarters of an hour, we have time for six-minute question and answer rounds.

Will we be starting with you, Mr. Sweet?

**Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC):** Thank you very much, Chair.

Thank you very much for your testimony.

You mentioned a lot of things with regard to the very nominal number of psychiatrists, psychologists, and nurses who are available in each district, hence your mission to go there. Also taking into mind the fact that family is so important in the Rwandan culture, as far as sharing your pain and being able to work through it, has there been an effort to develop networks of those who, for lack of better words—let's pick on the faith issue, because you did bring it up—have had a progression in healing that was above average, for them to partner with others so there's a mutual healing and a social construct of what would be the best thing next to a family?

**Ms. Glenda Pisko-Dubienski:** Yes. I think probably the best way to respond to that would be to share that several groups of women have been brought together because of their circumstances, whether it be their inability to function, their psychological disorder, poverty even. These factors have brought women together into groups, and having come together, a natural family has been produced, in the sense that they've had an opportunity to share their experiences. It may start small, but as they begin to get to know each other and share a little at a time, the door opens to share more and more, which then allows them to have a very safe place in which to just be. In this condition, they really, truly, do come to be family.

I don't know how much more I can say about the family piece. Rwandans are very closed off to anyone outside the family. I will give you an example. One of our graduating classes of seamstresses, many of whom were victims of rape during the genocide, said they came to our centre for counselling. They were completely debilitated, unable to function, and somebody recommended they come to the centre. Realizing they needed more than just the counselling, they needed somebody to get them out of their poverty, we set up a sewing school. Sitting around the circle and quilting, if you can imagine, they started to share their stories. Upon graduation, the valedictorian of the first class shared that she came for counselling, learned a trade, but most importantly gained a family. She's a fully capable, functioning mother, who has been able to accept her child who was conceived through rape, and that has all come through this process.

Does that answer your question?

• (1320)

**Mr. David Sweet:** Thank you. It gives us some encouragement because of the nature of what the Rwandans went through. We had

some very graphic testimony of the painful rapes that happened. You went through some graphic detail as well. It's good to hear some positive stories of healing.

I think you said in your remarks that it was five years that you served there. You mentioned reconciliation. One of the things I'm perceiving from the testimony we've heard is that not only does there have to be reconciliation with the perpetrators, but also a kind of reconciliation in the sense of the cultural stigmatization that happens when someone who was innocent is victimized and has a product of that violent rape, their child. Did you see a progression? I can imagine cultural change happens painfully slowly, but did you see a progression in the societal norms of a change in the attitude towards these women who were victimized and have a child now? Is that changing?

**Ms. Glenda Pisko-Dubienski:** Yes, I believe it is changing because there has been a strong effort to educate. Some people are more understanding of the situation of women who suffered from rape during the genocide. I think the strongest testimony comes from the healing of these women and the confidence they achieve through that healing that allows them to stand up and say, "This is truth; let me share it with you". There's a change. People are more willing to listen.

I can tell you women who come to the centre for the first time cannot even look you in the eye, but when they leave to start their businesses they're standing tall. People will attend to them. People will listen.

**Mr. David Sweet:** The vocational opportunities that they're offered go far beyond anything economic. It really goes to their psychosocial capabilities of healing.

**Ms. Glenda Pisko-Dubienski:** Absolutely. Within those communities of women, as they're being trained vocationally, their children also connect. They end up looking after each others' children, children end up looking after each others' mothers, and there becomes a real sense of community.

**Mr. David Sweet:** Thank you very much.

Thank you, Chair.

**The Chair:** Mr. Marston, please.

**Mr. Wayne Marston (Hamilton East—Stoney Creek, NDP):** This is a topic that is very difficult for people who've never lived close to anything like it. Listening to your comments...I was raised in New Brunswick and you can't see me to realize I'm as old as I am, but I can remember community quilting bees where the ladies of the community came together. As a little boy who hid under the blanket while they were making it, I heard some interesting conversations. They would address problems like the husbands who abused them, or husbands who drank, or whatever. We also had first nations close to us who would have a circle and pass a feather. In my time in the labour movement in the seventies we started to confront sexual harassment, harassment policies, and things like that. We used to sit down in a circle and pass a pen. In all those instances you had something that gave you visible permission to speak, so hearing this is interesting.

Recently we had an anniversary of this horrendous set of events in Canada and I heard speakers...survivors. Are you aware of any programs or support for these victims in Canada?

●(1325)

**Ms. Glenda Pisko-Dubienski:** That is a very good question. I am from Calgary, Alberta, and we do have an active Rwandan community, which has also welcomed a lot of Burundians as well. Other than that community itself I am not aware of other groups within Canada that can provide such assistance.

**Mr. Wayne Marston:** We did a study recently on rape and sexual assault as weapons of war. It's far broader than just the community you happen to be in at the present time, so the victim base, because of the high level of immigration into Canada, is probably more extensive than what we even know.

I'd like to go a little further. How would you compare the needs of surviving children to the needs of surviving mothers? There are two different sets of events here. The surviving mother, of course, has had all of the horrific events directed at her, yet the child has what I would refer to as an echo of those events in their lives. How do you compare their needs?

**Ms. Glenda Pisko-Dubienski:** Oh, my goodness. The needs are vastly different, yet very similar, too. The woman herself, of course, has experienced the trauma. She is suffering from some form of post-traumatic stress disorder and then often literally slips out of reality and will fall into dissociative disorder, if she has been unable to get any resolution to trauma. These women are quite incapable of functioning at that level. As I mentioned, some of these women do require intensive care. We're debating about whether or not we should actually, if we could, build a facility specifically for these women because it seems very difficult.

For the children, I believe there is greater hope in the sense that there can be solid relationships that would really help to build these young people up and break any generational events afterwards.

The children, to be quite honest, are quite eager to connect with someone who really cares, someone who will have an ear. They have been living with a mother who most likely has been incapable of listening to them or of meeting their basic needs. If someone comes alongside these young people and provides that kind of care, I think there are tremendous possibilities for them. We've seen it as well. I'm saying "I think", yet I have seen it. I've seen this happen, and by plugging women into support groups, they've been able to find support as well, but we've seen far faster success working with the children.

**Mr. Wayne Marston:** One of the things I don't know whether you'd be able to comment on at all is the experience of the people who were displaced and were in refugee camps or in east and central African countries where they moved to. What was their experience? Are you aware of that?

**Ms. Glenda Pisko-Dubienski:** Their experience prior to...?

**Mr. Wayne Marston:** Following the events, people left the country. Many went to countries close by. How were they treated? What was the end result? Did many return to Rwanda?

●(1330)

**Ms. Glenda Pisko-Dubienski:** There is a huge movement of diaspora groups back into Rwanda. There are a lot of people who have been returning.

If you're wondering about Congolese refugees, there were a lot who came two years ago, and there were a lot who were speaking Kinyarwanda, so I suspect that many of them were actually of Rwandese descent.

As far as those who have come back to stay goes, there is a huge movement back into the country.

**Mr. Wayne Marston:** Thank you, Mr. Chair.

**The Chair:** Thank you.

Ms. Grewal, please.

**Mrs. Nina Grewal (Fleetwood—Port Kells, CPC):** Thank you, Chair.

Thank you, Ms. Dubiensi, for your time.

In one of the news updates on the HOPEthiopia website it talks about sponsoring 20 Rwandan women and giving them counselling services.

Can you please elaborate on how effective this has been for these women, and what is the next selection process for choosing which women to care for and in which way?

**Ms. Glenda Pisko-Dubienski:** We have had five graduating classes from our sewing school in conjunction with another local NGO called the Tubahumurize Association, which means "let us console them".

We have a Rwandese counsellor who works with the women every day. She's a full-time counsellor. The women who we take in are all women who have not graduated from high school. All of them have no other form of support. Half of our last graduating class were women who had left the sex trade. The majority of those women had children as a product of rape. As far as the success of the program goes, we also teach them English language because that is now a recognized national language in Rwanda. We also teach them basic literacy skills such as math and language.

As far as where they are at today, this last graduating class, which was probably the most complex because the majority of them had suffered from severe sexual violence, have also started their own businesses. They are all successful. As I shared with them at their graduation, they really did look taller. They stood taller. They had confidence. I have actually seen them interacting with others, unbeknownst to them, and seen them stand up for not just themselves but for their neighbours. These women are very capable. As for the selection process, the women are referred to us by the social affairs department of the district in which we're registered. The vice-mayor herself and I actually walk the streets sometimes and connect with young women who have turned to prostitution and suggest possibly joining the school. We have a wide range, all between the ages of 18 and 35.

As a matter of fact, in our last intake, which was just a month ago, we have one new woman who is 34 years of age, and she has a child who was conceived in rape during the genocide. She is in dire need of help. Even in a month I've seen a difference in her.

**Mrs. Nina Grewal:** When looking at children born of rape and sexual violence in Rwanda, what do you think the practical next step is for improving their quality of life today? Is it access to education, job training, health care, or something else? What is the international community doing to help in these areas?

**Ms. Glenda Pisko-Dubienski:** I think you've hit all of the major issues.

Absolutely, education is a priority. Education is free in this nation but there are school fees that still need to be paid, so it's still inaccessible to many. Health care is also a huge need for these individuals. Partly, these children who were children of rape are often not cared for very well and they have a lot of medical issues. Some are related to abuse and others are related to infections that might be picked up from the conditions in which they live. Malaria is always a big issue here.

I can't stress enough the psychological and psychiatric support. It really is essential to be able to help them resolve the trauma they have experienced and the trauma that their mother has experienced and passed on to them.

As far as the international community is concerned, there are 15 Canadians who were available for Thanksgiving dinner here, just to give you an idea of the number of individuals who feel a call to work in this nation. There's not enough help. Even to this day Rwanda looks like it's in very fine shape, but for the people it's just under the surface.

• (1335)

**Mrs. Nina Grewal:** Can you explain the role of the International Criminal Tribunal for Rwanda in the aftermath of the genocide? Has it been successful in convicting many of the Hutus who fled into the Democratic Republic of Congo?

**Ms. Glenda Pisko-Dubienski:** Oh my, you're asking me a political question here. From what I have seen, my observation would be that I think justice was served as well as it could be, given the number of perpetrators in this nation. I could probably speak more to the gacaca courts that were held here, which was the traditional court that was established in Rwanda many years ago and was brought back to see to it that justice was done.

What I have observed is that beyond what we could ever imagine, there has been more reconciliation here than I think anyone could have ever thought.

As far as the ICTR is concerned, I know there are many genocidaires and those who were masterminds behind the whole crisis, who are still out there. I think that the international community has to be very committed to seeing that these individuals are brought to justice.

**Mrs. Nina Grewal:** Mr. Chair, do I have some time?

**The Chair:** Your time has expired.

Mr. Cotler, please.

**Hon. Irwin Cotler (Mount Royal, Lib.):** Thank you for your testimony and first-hand experience.

My question has to do with exactly what you were referring to in terms of assistance to children born of rape. As I understand it, the Rwandan government provides government assistance to survivors of the genocide, but does not provide assistance to the children born of rape. They do not qualify for such assistance.

I was struck by a statement you made that it's important for the children to connect with someone who really cares. In this instance, they are almost lead to believe that their government doesn't care.

Would it not be important to try to get the government to extend such assistance to the children of rape, particularly the kind of psychiatric and psychological assistance that you mentioned? It would be important, and government assistance could help to provide it.

**Ms. Glenda Pisko-Dubienski:** I totally agree with you, 100%, on that. It doesn't make any sense that these children have absolutely no benefits. They are a burden to everyone. That would be the perception, and that should not be the case.

Personally I don't think it makes any sense that they do not have the same benefits as genocide survivors.

**Hon. Irwin Cotler:** Would there be any role that Canadian parliamentarians could play, among other issues bilaterally in our relationship with Rwanda, in terms of perhaps representations to our counterparts in the Rwandan parliament to try to encourage the government to provide such assistance to children born of rape?

**Ms. Glenda Pisko-Dubienski:** Yes.

I think that would be very wise, actually, to encourage parliamentarians here to make a move to have these children cared for as well.

The Rwandan government, from what I've seen, is obviously financially strapped, and they have even cut back on some of the benefits for genocide survivors. I think it would be a stretch for them to include others as well in the benefits that are provided. Yet, at the same time, I do believe that it's only just.

• (1340)

**Hon. Irwin Cotler:** As I say that to you, I have to make full disclosure. I think we're not in a good position here in Canada, because, as of 2012, we terminated our own assistance to Rwanda. My sense is that petitioners must come with clean hands. We have to look back to see if we can renew the assistance to Rwanda.

I think there is a mistaken perception because Rwanda has maybe 6% or 7% growth. There's a lack of appreciation that some 45% live in poverty at the same time that there is that growth dimension. Amongst those who are the most vulnerable are children born of rape.

We, as a government, perhaps need to do two things. One is to provide assistance to Rwanda, maybe targeted assistance to children born of rape. That would be a good way of renewing our own bilateral relationship with Rwanda. At the same time, this would give us standing as parliamentarians to then make representations to both the government and the parliament for them to do the same thing.

**Ms. Glenda Pisko-Dubienski:** I am very happy that you said that. I'm very happy that you said all of that. I'm totally in agreement with you. I would also have to say that anyone who visits Rwanda would probably have no understanding of that statistic that you just quoted about 45% poverty. Rwanda puts on a very good show. It is very clean. It is very orderly. That's number one. Good governance, everything, is orderly. But all you have to do is go to the valley, any valley, and you will find the truth. It's these children that you are talking about, and it is the children of these children. Unfortunately, many of these children then also turn to prostitution, and they themselves have children, and it's perpetuated.

So yes, I am 100% behind what you just said, and I'm very happy that you shared that.

Thank you.

**Hon. Irwin Cotler:** I'm also wondering if you have any comments on how Rwanda has undertaken its national process of reconciliation. Again, part of that reconciliation, it would seem to me, would be to aid the children of rape. But have you any appreciation or comments you want to make about the national reconciliation process undertaken by Rwanda and, again, if there's any way that we in Canada, as a government, as parliamentarians, can assist in that regard?

**Ms. Glenda Pisko-Dubienski:** They have been very active in reconciliation, obviously. There has been a lot that's happened on an individual basis. Even in the work we have been doing with HOPEthiopia Rwanda, we have been connected with their commission on truth and reconciliation. I don't know what I can say about this. They have also, with open arms, welcomed anybody who has come in with new postures on how to actually facilitate reconciliation. To be quite honest, I think this nation has been inundated with ways to reconcile, and a lot of reconciliation and forgiveness has actually happened. There have also been situations where there has been forced forgiveness, in a sense—you know, forgive and move on type of thing—which, obviously, does not work. It is a process, and I think the government now is beginning to realize that and is giving a little more grace, I think, in that process.

This is a very interesting nation to be called to. There is very obviously peace, but at the same time I will be honest and say that there are tensions under the surface. It's only 20 years post-genocide. There has to be a lot more conversation, a lot more education, a lot more opportunities for people to share perspectives and views, and I think Rwanda is making tremendous efforts to do so.

• (1345)

**Hon. Irwin Cotler:** Could I have a quick question maybe?

**The Chair:** You're a little over, but that's okay; we have time.

**Hon. Irwin Cotler:** My quick question is this. I have had a long involvement with both Ethiopia and Rwanda, but I was wondering how come you chose those two countries.

**Ms. Glenda Pisko-Dubienski:** We actually have a vision for east Africa. We're now flanking east Africa. No, to be honest, we started in Ethiopia. I came in 2009 with a team of counsellors. The fellow who was helping me lead the team said, "You got blindsided. Of course someone with a maternal heart would be brought to a land filled with orphans". So my heart is in Rwanda. I love these people.

**Hon. Irwin Cotler:** Thank you.

**The Chair:** Mr. Schellenberger, go ahead please.

**Mr. Gary Schellenberger (Perth—Wellington, CPC):** Thank you.

Again, thank you for your testimony today.

I'd just like to clarify one thing here. It's already been said that nearly 45% of the people in Rwanda live below the poverty line. Is Canada not in the middle of a commitment to provide \$13.5 million over 7 years? Has that completed, as Mr. Cotler has said? If it's still in the midst, what impact is this money having on alleviating poverty in Rwanda?

**Ms. Glenda Pisko-Dubienski:** I'm sorry; I can't answer that question.

My understanding is that there is no longer funding available for Rwanda from Canada. That was my understanding as of a couple of years ago.

**Hon. Irwin Cotler:** The Canada to Rwanda bilateral economic development assistance terminated in 2012. There was, however, Canadian involvement—what you mentioned—that began in 2010; it goes from 2010 to 2017. The \$13.5 million is in reference to that project, which is still in existence, but it's a specific project with an NGO.

**Mr. Gary Schellenberger:** Okay, thank you.

More than 67% of the women who were raped during the Rwandan genocide were infected with HIV and AIDS. Do you know how many people in Rwanda today are HIV-positive, and can you tell me what treatment they may be receiving?

**Ms. Glenda Pisko-Dubienski:** I'm sorry, I don't have the statistics on the number of individuals who are HIV-positive at this point in time. But ARVs are free to those who are HIV-positive. I believe the funding for them comes from the Clinton Foundation. In regard to treatment, ARVs are flexible. There is not just one regimen of ARV available; if there is a problem with one, there are other alternatives.

So those who are HIV-positive have easy access. From our experience, the majority of the women I work with are HIV-positive, and they respond very well to the regimens that are available to them here. I say "very well"; I have one woman who was diagnosed 19 years ago—she was infected during the genocide—and she is still well and strong.

**Mr. Gary Schellenberger:** Thank you.

In your view, what lessons can donor countries such as Canada draw from the Rwandan experience, particularly in terms of the provision of support to survivors of sexual violence and their children?



**Ms. Glenda Pisko-Dubienski:** Canada can provide grants to grassroots NGOs. By grassroots NGOs, I mean those that are really down in the slums working with these individuals and who will commit to long-term work, NGOs connected with locals, with the nationals, that can actually implement the work that needs to be done.

I really can't stress enough the long-term commitment, especially in relation to the individuals we're talking about today. Quick money will not help; long-term commitment will.

• (1350)

**Mr. Gary Schellenberger:** In your view, are there particular ways that Canadian parliamentarians could contribute to reducing the stigma faced by survivors of sexual violence and their children in conflict-affected countries?

**Ms. Glenda Pisko-Dubienski:** Education is huge in this area. I'm very pleased to see what is in the high school curriculum, at least what I've seen in Alberta. I think it is extremely helpful, and educating kids is a great place to start.

**Mr. Gary Schellenberger:** Thank you very much.

Thank you, Mr. Chair.

**The Chair:** Thank you.

Mr. Benskin, please.

**Mr. Tyrone Benskin (Jeanne-Le Ber, NDP):** Thank you for your testimony. In an odd way it's actually quite heartening to hear of some of the successes of the work you're doing. This study, from my perspective, is really about what we can learn about dealing not only with the survivors of sexual violence used as a tactic of war, but with the children.

My colleague Professor Cotler brought up the fact that the government assistance available is not accessible by the children. Since the children are the future of the country, leaving these children—or abandoning them, if it's not too harsh a word—seems to be something that will undoubtedly undermine the progress that is being made in that country.

What kind of assistance is available? I think you mentioned that in 2010 a project was put in place to help young men between the ages of 18 and 35 who are children of rape and that there is yet to be a facility of the same kind available for young women.

Besides that, are there other programs that are accessible to children of rape?

**Ms. Glenda Pisko-Dubienski:** There will be a facility for young women later on in the year 2015, a similar facility. It's not solely for children of rape. It is for individuals who have succumbed to drug and alcohol dependency, which many of these kids end up falling into.

As far as support goes, I have found that there are a few NGOs who are offering support for these kids in school. Many of them are gaining support in that way. For the women who come to our organization we sponsor all their children for school. Whether they are children of rape or not they're all sponsored the same.

**Mr. Tyrone Benskin:** You mentioned before the importance of family and how the victims are forming their own families by

coming together through their shared experiences. Do you find the same thing happening for the children of rape? I guess part B of the question is this. What kinds of efforts are being made to help the parents reconcile with their children and find that bond, or at least release that contention between the two of them because of how they came to be?

**Ms. Glenda Pisko-Dubienski:** As far as the question about the children goes, we are finding the same thing with the children. They are finding common ground, which brings them together. They become mutually supportive. It's as if the women and the children become one large family. Women will tend to the needs of another woman's child and so on. It seems they're quite supportive, holistically supportive in that sense.

The other question, I'm sorry, what was the other question? I've lost it.

**Mr. Tyrone Benskin:** So have I.

Oh, yes, part B was, what efforts are being made, if any, to help the parents reconcile with their children or is that part of the same process?

• (1355)

**Ms. Glenda Pisko-Dubienski:** Sorry about that.

One thing that I should mention about Rwandan culture is that women are often valued by the fact that they have children. If you have a child, that's marvellous. If you have 10 children, that's fantastic. That factors in, which might sound very peculiar, quite well in regard to helping the mother to connect with the child. Often these women can come to a position where they realize that the child is a gift, no matter what the condition of the way the child was conceived. This was a gift and this gift was entrusted to her, and it is a blessing.

If you come to that position it's a lot easier to care for your child and love your child. Not all women get to this place obviously. Of the women I've worked with maybe half of them have come to that position. That piece of Rwandan culture has factored in well to a mother relating to a child, but the psychotherapy has helped tremendously. It's helping the women to get in touch with their anger and everything that's come out of the trauma that was experienced and begin to realize the child is not the reason for their anger. That's hugely healing. Then to have the child...as the mother receives the child, the child then opens to the mother.

There's always the issue of who the dad is; the child wants to know the dad. That's an issue I think every child has. There is always that little bit of contention there, but it is interesting the more you get people to talk.

**Mr. Tyrone Benskin:** I do have one more question that you did touch on a little earlier. Part of the focus of this study is for us to learn from this experience so we can put into place better responses to areas that are going through this now. Ten, 15, or 20 years from now we're going to see the same kind of results in areas like the DRC, which is going through the same kind or a similar kind of crisis where rape is being used as a tactical weapon.

You touched on it earlier, but in your recommendation what types of things can we put into place, as far as how we respond and how we target our resources goes, both human resources and financial resources, in areas to better respond and deal earlier with this type of crisis and the results?

**Ms. Glenda Pisko-Dubienski:** In regard to human resources, I believe that we have a lot of education that can be passed on. Training of trainers is a big thing here in Rwanda and in the DRC. It would be greatly received, very well received, because again, as I said, psychological assistance and psychiatric help is really difficult to get in this region.

As for financial resources, I really do believe that supporting grassroots, local, and nationally founded NGOs that are really compassionate and whose goal is to walk long term with people would be a very good investment of finances.

It sounds very short and sweet, but this is what I've seen that works.

**Mr. Tyrone Benskin:** Some things may be complex, but not always complicated.

**Ms. Glenda Pisko-Dubienski:** Do you know? The interesting thing about genocide is that it's all about dehumanizing people. These women have been dehumanized. What gives them a sense of being a part of humanity is walking with another, another investing time and effort in them, and for them to see, "I'm of value. I actually have worth. I'm not that snake I was told I was." This is hugely valuable to seeing these people recover and seeing this nation not suffer long-term ramifications of sexual violence.

• (1400)

**Mr. Tyrone Benskin:** Thank you.

**The Chair:** Thank you, Mr. Benskin.

We have just a couple of minutes left, and I seek the indulgence of the committee to ask a couple of contextual questions.

The genocide took place over a very brief period in the first half of 1994, and obviously anybody who was a victim of rape at that time, as a practical matter, had to be old enough to be raped and is now 20 years older. I'm just wondering, first of all, what the age range is of victims of rape who are still alive today. That's question number one.

Question two is this. Are you dealing only with those folks and with their children or are there other people in the mix of women you're dealing with who are not directly linked that way?

**Ms. Glenda Pisko-Dubienski:** There are other people in the mix. We're not dealing solely with these women. We found it actually works quite well to incorporate others with them. It helps normalize their experience, actually.

Yes, we are dealing with individuals, and probably the youngest would be 25 because she was raped at the age of 5, but she's the youngest I've dealt with. I'm sorry, I do not have the statistics in regard to those numbers. I think they'd be very difficult to obtain because the majority of women, I believe, have still not come forward. I think they're talking in the range of 500,000 women who were raped during the 1994 genocide.

**The Chair:** The reason I ask that is partly because we actually, genuinely, don't have a good way of conceptualizing this here, so we

just have to ask. Also, it strikes me that the kinds of needs you have are going to change over your lifetime. Obviously some of the issues relating to reconciliation with a child of rape are issues that were either dealt with well or poorly 18, 19, or 20 years ago, and now we're presumably dealing with a woman who was raped, became pregnant, and had a child. The child is now in their late teens. I think, in fact, all the kids would be within a very narrow range of time if we're dealing with the direct victims of the genocide.

I guess that is one thought, where you actually see a generation that is very clearly defined in terms of the children as a result, not necessarily the mothers. With the children I would think there would be a narrow band in which you could identify who those people are.

This actually raises a question. Would it be the case that among people in that age range, essentially people who are 19 years old, a substantial proportion of the population of Rwandans of that age are more or less defined by their age in the eyes of those around them as being people who are likely to have been the product of rape?

**Ms. Glenda Pisko-Dubienski:** Not necessarily so, at least that's not been my experience.

The majority of the population of Rwanda is between—I can't exactly remember the age range. I think they said 65% of the population would fit into this youth and young adult spectrum. With that being the vast majority of the population, even that group aged 19 to 20 years. No, it doesn't seem to be the case that people automatically assume that they are the product of rape.

**The Chair:** Okay.

I have one last question. You mentioned one woman who, at 19 years of age, was infected with HIV. I had assumed it was the case that all the women who had been infected with HIV at that time had now passed away, but that is obviously not the case. Is this woman an exception? Are there fairly few who survived from that period who were HIV infected, or was there a larger number than I imagined?

**Ms. Glenda Pisko-Dubienski:** No, there was a huge number that were infected. Also, you have to remember that the Tutsi population was about 10% of the population of Rwanda at the time, just to give you an idea of the numbers. She is definitely an anomaly. There are only two individuals who are still living who were diagnosed a year post-genocide, yet it seems like the ARVs here are really effective on the strain of HIV that is in this area.

**The Chair:** That's very helpful.

Thank you very much. You've been very helpful to us and we are very grateful that you were able to take the time. I don't know the time zone difference but I'm guessing it's fairly late in the evening, so thank you for staying up for our benefit.

• (1405)

**Ms. Glenda Pisko-Dubienski:** You are very welcome. It was my pleasure. Thank you for having me.

**The Chair:** Colleagues, could we just hang on a second. I have another item of business I want to deal with.

On the 27th, we adopted a motion regarding Leopoldo Lopéz. The way the system works is that goes into our minutes but nobody knows about a resolution unless we put out a press release, and we can't put out a press release unless you agree to put out a press release. So I'm asking your permission to put out a press release saying that we adopted that motion on the 27th.

**Some hon. members:** Agreed.

**The Chair:** That's it. Thank you very much.

This meeting stands adjourned to the call of the chair.

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