

caused by rape are compounded (Human Rights Watch,1995:102).

Additional health problems for women sexually assaulted may include the contraction of sexually transmitted diseases such as syphilis, herpes, chlamydia and HIV. This matter is particularly urgent in Rwanda as even before the war, HIV infection among adults in the capital, Kigali, was estimated at 31% (Rall,1995).

Unwanted pregnancy poses another significant difficulty. In the main hospital in Kigali, one doctor estimated that by March 1995 he had seen 200 women aged 12-28 who were pregnant as a result of rape. Ten percent had already tried to terminate their pregnancies, while 80% were seeking abortions. According to Ann Rall, because of legal issues the doctors did not reveal whether or not they were able to comply with these women's demands (Rall, 1995).

Women do not just face potential health problems and unwanted pregnancy as a result of being raped, however, they also face the possibility of societal discrimination and ostracization as a result of their experience. This discrimination may include the unavailability of abortion due to religious and legal reasons, as cited above, and it may also include societal rejection of women who have been raped. According to an investigation into the rapes committed in Rwanda during the genocide women felt the blame for the assaults rested in their hands;

Some, it seems, fear losing the love of their families or spouses because they have lost their virginity or known a man other than their husband. They consider the rape to be a type of adultery because there has been no legal recognition of the crime. Others worry that their families will reproach them for having supposedly chosen survival through rape over death. The guilt of having survived the genocide at the cost of being raped is intense and reinforces their silence (Bonnet cited in Brunet & Rousseau, 1997).

As a result women may be reluctant to seek medical assistance as well as file police reports (Wali,1995:338).