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FORUM: THE WOMEN'S RIGHTS AFTER WAR PROJECT

A Survivor-Centered and Holistic Ethics of Care: A Reflection on Ethics of Care in Practice and Within Survivor Groups

Dominique Vidale-Plaza

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Introduction

One afternoon in 2015, I sat in a hotel conference room, in Goma, Democratic Republic of Congo, listening on as women activists and leaders from the Great Lakes Region discussed progress on the Women Peace and Security agenda. They had been brought together with financial support from a United Nations agency, as part of a regional platform of women leaders and peace-builders. Each of the women leaders and activists present had directly or indirectly experienced war. They had all been advocating for years, in different ways, for peace, security, and care for their communities.

On the final day of the conference, as the participants prepared their key recommendations for states in the African Great Lakes Region, donors, non-governmental organizations, and UN agencies, one woman stood and addressed the attendees. She proclaimed to the room that she was tired of these meetings and didn't think she would be returning. She wondered aloud, why they were even asked to join these forums, year after year, to discuss women's priorities for peace and security, only to have them return to their home countries and see no change in peace, security, nor in the care for their peers – victims and survivors of war. She asked then, mostly to the representatives of the different Congolese governmental ministries and UN agencies present in the room, including myself, when would their recommendations materialize, when would their voices be heard? Her questions were returned with silence.

In the years to follow, in the course of my work in eastern DRC and later on in other countries affected by conflict, like Central African Republic, Colombia, Guinea-Conakry, Uganda and others, several survivors of war would echo similar sentiments to myself and others who would listen. Indeed, despite international policy attempts to render women and girls more visible in post-conflict recovery efforts, not only as victims or beneficiaries, but also as agents of change, the "woman in conflict," especially if she has survived sexual or other forms of gendered violence, still largely feels uncared for and unheard, her capacities and her priorities unheeded. One Congolese survivor of conflict-related sexual violence, an activist for care for children born of rape, told me before she began a virtual presentation in 2020, that she would again raise the needs of children born of conflict-related rape, but she knew it would not be for the last time. In 2018, women in remote Uganda, on the border with the DRC, swept their arms around to show me the vast distances they would have to traverse to seek basic care

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at a health-clinic, much less for making it to town, so they could participate in the meetings, where they themselves and their needs were being discussed. Survivors of conflict-related sexual violence from around the world, not only from the African continent, have shared with me their frustrations with their states' seeming inaction in the face of violence and their feeling that their cries for support fall on deaf ears – realities so different to the lofty words and statements shared in the gilded halls of international meeting rooms in New York and Geneva. I suggest that we should look to these women, rather than to their boardroom advocates, for models of how to realize more equitable, gender-just, and caring futures.

Since the adoption of UN Security Council Resolution 1325 in 2000, important policy strides have been made in recognizing the disproportionate effects of war on women and children. More attention is being paid globally by international media, donors, states, and humanitarian actors on the specific rights of survivors of conflict-related sexual and other gendered forms of violence, in healing, recovery, and the pursuit of justice.[1] *Rights-based* approaches have been hailed as moving away from *basic needs* approaches, ostensibly transforming subjects of violence from "beneficiary" to "rights-bearer" identities and relationships.[2] However, rights-based approaches are not without their limitations and scholars have argued that over-emphasizing "needs" (language that persists even in rights-based policy guidance and tools) risks continuing to frame survivors as victims rather than agents of change.[3] Survivors of war, and especially of conflict-related sexual violence, themselves, together with scholars and practitioners, have emphasized a profound need for *survivor-centred* approaches.

In response to these calls, international actors, including the UN and other multilateral bodies, are adopting increasingly survivor-centred language and working to integrate this perspective in emergency and post-conflict recovery efforts. My experiences and discussions with victims and survivors of conflict-related sexual violence highlight, though, that these efforts often miss the mark of even meeting basic needs, much less for materializing the full ethos of survivor-centred approaches, as hoped for and expected by survivors themselves. While women and girls are increasingly visible in different peace and security related forums, and the voices of survivors of conflict-related sexual violence are more and more platformed in international and in some cases, national forums,[4] – women and girls remain targets in war and their experiences accessing care, during and in the aftermath of war, are often less than favourable.

An emergent framework for more effectively and justly addressing the limits of both rights- and needs-based approaches is *survivor-centred holistic care*. By survivor-centred holistic care, I mean care that is agile, comprehensive, person-centred yet socio-

[1] Paul Kirby and Laura J. Shepherd, "Reintroducing Women, Peace and Security," *International Affairs* 92, no. 2 (2016): 249–54.

[2] Andrea Cornwall and Celestine Nyamu-Musembi, "Putting the 'Rights-based Approach' to Development into Perspective," *Third World Quarterly* 25, no. 8 (2004): 1415–37; Sally Engle Merry, *Colonizing Hawai'i : The Cultural Power of Law* (Princeton, NJ: Princeton University Press, 2000); Merry, "Rights Talk and the Experience of Law: Implementing Women's Human Rights to Protection from Violence," *Human Rights Quarterly* 25 (2003): 343–81; Peter Uvin, *Human Rights and Development* (Bloomfield: Kumarian, 2004).

[3] Janine N. Clark, "Beyond a 'Survivor-Centered Approach' to Conflict-Related Sexual Violence?" *International Affairs* 97, no. 4 (2021): 1067–84, https://academic.oup.com/ia/article/97/4/1067/6294890.

[4] In Central African Republic, for example, the Secretary General of the Movement of Survivors in Central Africa, participates in a newly established Presidential committee on combatting sexual violence in conflict. She has also participated in exchanges with the Commission for Truth, Justice, Reparations and Reconciliation in CAR.

ecologically rooted, responsive, participatorily-led, and ultimately, transformative. I understand care as going beyond service-delivery and certainly beyond the minimum standards of humanitarian jargon. I see radical care as having the capacity to articulate, signify, rearrange, and create new worlds.[5] I am encouraged by theorists like Fritz de Lange, who describes care as "ubiquitous, fragile, dangerous, inevitable, necessary."[6] My own practical experiences have led me to believe that a *survivor-centred* and *holistic ethics of care* can provide a prism through which we can re-vision states' engagement on survivors of conflict and societies' needs for peace, security, and justice, in ways that are "liberating, effective, sensitive and responsible."[7]

After now ten years since I first began working on modelling survivor-centred holistic care, though I would not have known to identify it as such back then, I am convinced that this model cannot be delivered through traditional means of organizing care, in neither post-conflict settings nor during so-called peace-time, without drastic change to these traditional approaches and the foundations upon which they are based. I, alongside other practitioners, am confronted daily with existential and also very practical obstacles in making sense of this model and working to put it into practice. Ultimately, the same traditional approaches, practices, and frameworks employed in post-conflict recovery efforts, including humanitarian and development aid mechanisms, siloed ministerial departments, obsolete legislative provisions, top-down approaches to governance, and deindividualized, sweeping approaches to care in institutions, are not only limited in their capacities to convey and materialize the full ethos of survivor-centred holistic care; they may also constrain or even co-opt the radical potentialities of both survivor-centredness *and* holistic care. Traditional regimes of care, including international institutions, state bodies and mechanisms, legal regimes, military and police[8] are based on normative rules and duties, and may consider care as being outside of their moral scope. Ethicist and feminist, Carol Gilligan[9] highlights that an ethics of care is diametrically opposed to traditional dominant and ultimately, heteropatriarchal, moral theories.

I hope to use this reflection piece as a sense-making exercise, to unpack a *survivor-centred holistic ethics of care* and explore the potential of these ethics of care in rethinking and rearranging worlds, specifically in terms of politics and governance. I present the Panzi One Stop Centre (OSC) holistic care model and philosophy as an analytical

[5] Manuel Tironi and Israel Rodriguez-Giralt, "Healing, Knowing, Enduring: Care and Politics in Damaged Worlds," *The Sociological Review* 65, no. 2 (2017): 89–109, https://journals.sagepub.com/doi/full/10.1177/0081176917712874; Joan C. Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 1993); Miriam Ticktin and Katinka Wijsman, review of *Matters of Care: Speculative Ethics in More Than Human Worlds* by Maria Puig de la Bellacasa, *Hypatia Reviews Online* (2017), https://www.academia.edu/60204074/Maria_Puig_de_la_Bellacasa_Matters_of_Care_Speculative_Ethics_in_More_Than_Human_Worlds_Minneapolis_MN_University_of_Minnesota_Press_2017_ISBN_978_1_5179_0065_6.

[6] In a 2013 interview, when asked what the most important thing was that he had learned about the ethics of care, care ethicist Frits de Lange responded, "That care is ubiquitous, fragile, dangerous, inevitable, necessary, and salutary." See Frits de Lange, interview with Webteam, *Ethics of Care*, 12 June 2013, https://ethicsofcare.org/frits-de-lange/.

[7] Virginia Held, "Can the Ethics of Care Handle Violence?" *Ethics and Social Welfare* 2, no. 4 (2010), https://www.tandfonline.com/doi/abs/10.1080/17496535.2010.484256.

[8] Miriam Ticktin, *Casualties of Care, Immigration and the Politics of Humanitarianism in France* (Berkeley, CA: University of California Press, 2011); Roxani Krystalli and Phillip Schulz, "Taking Love and Care Seriously: An Emergent Research Agenda for Remaking Worlds in the Wake of Violence," *International Studies Review* 24, no. 1 (March 2022), https://doi.org/10.1093/isr/viac003.

[9] Carol Gilligan, *In a Different Voice* (Cambridge, MA: Harvard University Press, 1982). In a 2011 interview Gilligan describes how she was impelled to write about the ethics of care by the disaparities she had heard between moral theories and people's voices. See Carol Gilligan, interview with Webteam, *Ethics of Care*, 21 June 2011, https://ethicsofcare.org/carol-gilligan/.

framework for a set of survivor-centred, holistic ethics of care. Frustrated with institutionalized attempts to translate what I believe to be truly radical concepts into programmes, countless working groups, still more guidance documents, and more and more coordination mechanisms, I will also reflect on my experiences with survivors themselves, and their groups: associations, movements, and networks from conflict-affected communities around the world. I will illustrate how survivors, especially within their groups, collectively embody holistic care ethics, whether via the practical work of care and caring or through their situated understandings of relationality, interdependency, and vulnerability. In line with the work of different scholars, I centre survivor groups as sites of care and caring, wherein the ethics of care are constantly being defined, embodied, and materialized. Drawing from practice-based knowledge and scholarly work on the feminist underpinnings of care ethics, I will demonstrate how, especially through the lens of survivors and their groups, the ethics of survivor-centred holistic care are feminist and therefore, have radical transformative potential, leading us to question traditional, dominant orders about how care (and our world) is organized.

I will firstly reflect briefly on my practical experience working "on" care in different conflict-affected contexts around the world, and within different regimes of care.[10] I will describe actors' within these traditional regimes struggles to translate into practice, "survivor-centred approaches" as detailed in international policy. I will then introduce the Panzi One Stop Centre (OSC) holistic care model and philosophy. I will not focus on the model's specific pillars, but will rather unpack some of its key principles and ethics. I will then use illustrative examples of how survivors and survivor groups from countries like CAR, Colombia, DRC, Guinea-Conakry, Uganda, embody and materialize a holistic ethics of care, linked to, but not constrained by, the ethics of the Panzi OSC care model. Following in the tradition of feminist scholars and care-ethicists, I reflect on the potential of the ethics of survivor-centred holistic care to radically influence and change our world. I posit that tacking on the language of "survivor-centred holistic care" into existing structures, mechanisms, and institutions will not bring about the desired effects, and while post-conflict recovery settings present important opportunities to "Build Back Better,"[11] rebuilding on the same old foundations is like building beautiful sand castles at high tide.

I am convinced that this and similar reflections are critical and urgent, if we are to get any closer to creating a more gender-just, equitable, and caring world.

Survivor-Centred Approaches to Care, A Policy and Practice Divide

The different resolutions of the UN Women Peace and Security Agenda reiterate the importance of ensuring that survivors of war have access to a full range of multi-sectoral and gender-sensitive services. UNSCR 2106, adopted in 2013, was among the first resolutions of the WPS agenda to explicitly highlight "the importance of timely assistance to survivors of sexual violence including non-discriminatory comprehensive health services, also for sexual and reproductive health."[12] UNSCR 2122,[13] also adopted in 2013,

[10] Ticktin, *Casualties of Care*.
[11] Building Back Better is commonly used terminology by states and multilateral agencies such as the UN and the World Bank with reference to strengthening the resilience of communities in the wake of natural disaster, conflict, and crisis.
[12] "Security Council Resolution 2106," *PeaceWomen*, June 2013, https://www.peacewomen.org/SCR-2106.
[13] "Security Council Resolution 2122," *PeaceWomen*, October 2013, https://www.peacewomen.org/SCR-2122.

recognizes the importance of Member States and UN entities seeking to ensure "the full range of medical, legal, psychosocial and livelihoods services to women affected by armed conflict." UNSCR 2467[14] adopted in 2019, importantly called for a survivor-centred approach in responding to the needs of women affected by armed conflict, especially by conflict-related sexual violence, including ensuring that victims have access to medical and psychosocial care and livelihood support.

In practice though, despite these calls for survivor-centred approaches and comprehensive services, most individuals affected by conflict, including survivors of sexual violence, remain without access to the services and the care that they need. Institutional actors face significant barriers to ensuring access even to basic services, including, insufficient, untimely, or conditional funding, lack of training/trained personnel, limited infrastructure and reach. I have heard it tragically repeated, *Qui va payer le carburant? [Who will pay for the fuel?]* and wiped my fingers across dust-covered ambulances and police vehicles that had not moved in months. Across different contexts and institutions, I have found that even when funding and all other necessary conditions are in place, services often fall short of survivors' – and our own – collective hopes for care. Indeed, even in countries with existing resources or in contexts wherein funding for comprehensive services has been pumped in by donors, survivor-centred holistic care is still not a reality, and particularly so when one looks solely toward traditional regimes of care to provide it. When survivor-centred holistic care is co-opted into existing frameworks for funding, implementation, and coordination of post-conflict recovery efforts – but those institutions, mechanisms, and individuals responsible for organizing care remain largely unchanged – the end-care received by survivors of conflict-related violence ultimately also remains the same.

I have had and also witnessed discussions with donors and political actors about why survivor-centred holistic care programmes could not be funded or executed unless they were stripped down to the core and looked like every other humanitarian or development initiative. I have watched on as victims of conflict, often women and girls with different injuries or concerns as a result of war, have been turned away from services because they did not meet institutional or project criteria, presenting narrow definitions of "victimhood."[15] I myself have had to walk away from victims of sexual violence, girls and women formerly associated with armed groups in demobilization sites, knowing full-well the realities they faced, and that a budget was sitting waiting within my programme, but for more "suitable" victims, within criteria. I have, at times, also had to stop well-meaning partners from providing the long-term support some survivors may need because it does not always work that way in the project-oriented humanitarian sector. I have seen and learned of women who have walked out of police stations, hospitals, and listening centres after having been laughed or screamed at, or received other such treatment, at the hands of the institutions they had come to for help.

I have walked through facilities implemented by some of the most well-known humanitarian organizations in the world and felt horror at what was passing for care, usually with beautiful banners outside, and in some lucky places, maybe a few plastic chairs

[14] United Nations Security Council, "Resolution 2467," 23 April 2019, https://digitallibrary.un.org/record/3800938.
[15] Dominique Vidale-Plaza, "Woman in Conflict: Where Do the Women Sleep?" *Medium*, 26 March 2018, https://medium.com/@dominiquevplaza/where-do-the-women-sleep-c91ae7973f9a.

inside. In 2013, I stood outside an empty health centre in Kilungutwe, Mwenga, that had been lauded by a well-known humanitarian agency as a "sustainable" exit strategy, with no medicines or staff and consultation beds still wrapped in plastic. Women in that community at that time were reportedly still giving birth in what used to be a bar, on wooden tables. The empty centre's doors would remain closed for several more months, with neither humanitarian nor state support.

What has perhaps struck me the most, and has taken me years to be able to put down on the page, is an institutionalized lack of *caring,* and what I can only describe as an unspoken yet clear dissociation of the work of *service delivery* from the practice of *care* within institutions. I highlight below how, even in contexts where there may be an acceptance of the importance of "care" vs "services," existing national "regimes of care" do not easily permit the conceptualization nor the delivery of survivor-centred holistic care.

The institutions within these regimes – NGOs, government ministries, military and others – have vastly different starting points to approaching service delivery and care. These actors may see their role(s) in care as limited to only their siloes or may not see their role in care at all. I remember very clearly, in my first few days working under the black UN flag in DRC, being told that there was no need to focus too much on what happened to women and girls rescued following military operations because "we were not a humanitarian but rather a peacekeeping mission." I learned quickly that mandate was king in practice, not survivors nor care, words just beginning to take centre-stage in international policy at that time. While working to train national and UN military and police in the DRC, I was often reminded that the responsibility of the protective services was not to care, but to protect civilians.

Scholars and practitioners agree that the gendered "softer" nature attributed to care may see it ultimately de-situated from "harder" political and security-related agendas. Joan Tronto describes this in practice as a game of *passe-droits (free-pass)*. In an interview, she describes how some traditional duty-bearers may deem themselves "exempt" or have a "free-pass" from the responsibilities of care, handing them over continuously, in an endless game of *passe-droits*.[16] Tronto goes on to describe how this *exemption of protection* was particularly prevalent among gender-normative roles, such as within the household, or in the security or protection sectors. In my experience, protection is critically important, but – as I have also heard other practitioners and caregivers concur – protection is *not* care. Indeed, many of both state and UN military and police personnel I have worked with in the past would likely agree, engaging in a live game of *passe-droits* about the question of care.

I have also borne witness to not only poor quality or questionable care – but also *bad care*. Virginia Held has highlighted that "care can (also) be provided in ways that are domineering, oppressive, insensitive, and ineffective, but this is not good care."[17] Held, alongside practitioners and activists, has problematized state-led public service delivery in post-conflict recovery efforts, particularly when those same institutions or stakeholders within them have themselves been parties to conflict or have otherwise been exploitative

[16] In her interview for Axelle Magazine in French, published in 2017, Tronto describes a shared responsibility for care as being crucial to advancing equality as a democratic value. Yet, many traditional institutions in governance may exercise a free-pass from their responsibility for care. See Joan Tronto, interview with Véronique Laurent, "L'éthique du care selon Joan Tronto," *Axelle Magazine*, January 2017, https://www.axellemag.be/ethique-care-joan-tronto/.

[17] Held, "Can the Ethics of Care Handle Violence?"

toward populations. Not only does this place in question the suitability of traditional regimes in delivering services and ensuring holistic care, it all but certifies that individuals (victims) will not trust the institutions within these regimes to serve nor truly care for them. One survivor of conflict-related sexual violence asked me in Bangui, CAR, "How could she trust a government to care for her, that had hired known aggressors?"

Even in cases where state actors do not face these ethical quandaries in the wake of war, I have found it challenging to materialize the full and radical ethos of survivor-centred holistic care via existing state mechanisms, bodies, and ways of working. This has largely not improved as the language of "survivor-centredness" has taken off in recent years. Maggie Fitzgerald proposes a Department of Care as a potential solution to the immovability of state bodies and their inability to care for civilians or to truly materialize an ethics of care.[18] I am not sure about another department or ministry as a means of delivering care, as much as I am intrigued by the possibilities of transforming institutions, systems, and politics based on an ethics of care.

A Survivor-Centred and Holistic Ethics of Care

In this reflection, I make a distinction between the *services* of international policy documents and tools, and *care* in its fullest sense.[19] I adhere to the feminist conceptualization of the ethics of care as a moral imperative and a human inevitability. While my reflection centres on survivors of conflict-related sexual violence, the majority of whom are women and girls, I ask the reader to not consider the ethics of care as feminine, but rather as feminist, as they inherently require us to question traditional, hetero-patriarchal norms and theories about morality and ultimately about the value of care versus service delivery. Drawing from the work of Carol Gilligan, Virginia Held, Joan Tronto and others, I understand the ethics of care as prioritizing relationships among human beings more so than norms and rules. The ethics of care permit individuals, and institutions, to reassess decisions and decision-making, duties, and dilemmas in contexts of life and death, crisis, and conflict. Held describes the ethics of care as the cultivation of trust, sensitivity, and empathy, and the practice of responding to actual needs.[20] I propose a survivor-centred and holistic ethics of care that focuses on relationality and shared vulnerability and that places individuals at the centre.

I have had the honour and good fortune to observe the application of a survivor-centred holistic ethics of care in practice. Since 1999, Panzi Hospital and Panzi Foundation in South Kivu, Democratic Republic of Congo (DRC) have provided care to over 70,000 patients, including victims of sexual violence and women and girls with grave gynaecological concerns resulting from violence and/or obstetric complications.[21] This care includes (1) medical, (2) psychological, (3) legal, and (4) socio-economic assistance. Today, the Panzi One Stop Centre (OSC) holistic care model and philosophy is practiced in rural and urban centres in DRC and is being replicated in the Central African Republic

[18] Maggie Fitzgerald, "Reimagining Government with the Ethics of Care," *Ethics and Social Welfare* 3, no. 14 (2020): 248–65, https://www.tandfonline.com/doi/abs/10.1080/17496535.2020.1746819.
[19] Although I recognize that the delivery of services is also part of *care*.
[20] Held, "Can the Ethics of Care Handle Violence?"
[21] These grave gynaecological concerns include fistula and prolapse. Panzi Hospital surgeons have gained critical and specialized expertise in fistula repair surgery. Fistula can result from brutal acts of sexual violence as well as obstetric complications, particularly when emergency obstetric care is not available.

and in the Great Lakes region more broadly. The model itself rests on the principles of survivor-centredness and leadership, compassionate and dignified care, community work, advocacy, and more. The needs, priorities, and later on the capacities of survivors, have driven the development of this model, and has set it apart from other models of care and response in post-conflict settings, at times leading some to criticize Panzi for stepping outside the heavily proscribed and narrow role of a public service provision institution.

Over the years, I have identified the following key ethics of survivor-centred and holistic care within the Panzi model: (1) caring for the whole person in all of their humanity and complexity, (2) focusing on relationships and relationality, (3) shared vulnerability and interdependency, (4) the link between physical space and caring, and (5) the power of coming together.

Panzi's survivor-centred holistic care model and philosophy considers the integrity of a person's needs and their dynamic interdependence. It goes beyond patient-centred care and draws from holism, in line with scholarly analyses of holistic care.[22] Further, the model recognizes the importance of mitigating risks of secondary trauma for care-workers, recalling work on radical care, vulnerability, and self-care.[23] In recentring individuals and recognizing the importance of their relationality with others, including service providers, family and community members, perpetrators of violence, and society at large, this care model helps us to conceptualize in practice what theorists describe as the relational nature of care.[24] For example, reintegration, a core component of the model, while it includes socio-economic support, also critically includes family and community mediation and reintegration support.

In the daily implementation of the model, I have also witnessed the strong link between physical space and caring, and the power of coming together. At Panzi Hospital in Bukavu, DRC, the environment itself aims to be a caring one. Panzi's gardens, sheds and benches, morning gatherings and group activities, all seem to point toward something less palpable but nevertheless crucial about what makes for survivor-centred holistic care. I have also experienced at Panzi the power of coming and being together, and the power of intimacy and physical closeness among human beings. The model recommends a social worker accompany a victim from reception to her return, not only because the process of accessing care can be a daunting one for many survivors of conflict-related sexual violence, but because this is a form of care in and of itself. These relationships are critical for survivors and, in their transformation, some of them last long after their official release from the hospital.

I have clear memories in mind of what these ethics of care look like. Nurses rushing to hug a victim who has just learned her HIV status. A woman whose breasts had been removed by members of an armed group finding care in the arms of white-clad doctors. Joyful singing each morning, psychosocial assistants' voices carrying above the voices of the victims, encouraging them to sing, dance, lift their arms, and be free.

[22] Jasemi Madineh et al., "A Concept Analysis of Holistic Care by Hybrid Model," *Indian Journal of Palliative Care* 1, no. 23 (2017): 71–80, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5294442/.

[23] Hi'ilel Julia K. Hobart and Tamara Kneese, "Radical Care: Survival Strategies for Uncertain Times," *Social Text* 1, no. 23 (2020): 1–16, https://uwethicsofcare.gws.wisc.edu/wp-content/uploads/2020/04/Hobart-and-Tamara-Kneese-2020.pdf.

[24] Tronto, *Moral Boundaries*; Maria Puig de la Bellacasa, *Matters of Care: Speculative Ethics in More Than Human Worlds* (University of Minnesota Press, 2017).

Victims who could barely stand, barely lift their heads, finding not only their voice, but also the strength to pursue justice and face their perpetrators. Social assistants in *pirogues* going to check in on how survivors are doing after their return home. In grief and in joy, in sun and rain, every single one of my days at Panzi, I learned about *radical care*. Berg and Mukwege call it not only the Panzi holistic care model, but also a philosophy.[25]

I do not want to over-romanticize this care model, nor reduce care to programme delivery. Further, I bear in mind scholarly work about the unintended consequences of compassion.[26] Panzi has also grown its model with hard lessons learned along the way. I also recognize that Panzi has grown a survivor-centred holistic model of care while relying largely on the same humanitarian and development aid mechanisms and funding streams I earlier criticized as being unable to materialize a survivor-centred holistic ethics of care. However, it has done so not because of these mechanisms, but despite them. Like many non-governmental organizations, it remains at the mercy of international and national political tides. They have, however, managed to think and act, beyond systems, institutions and policies, to ensure transformative care for victims and survivors, within and beyond the walls of its one-stop-centre.

The terminology of one-stop-centres, particularly in the field of response to violence against women and girls, began garnering attention in the late 2000s by international donors and agencies. The term itself is used interchangeably to represent multisectoral, coordinated responses to health challenges, and sexual violence since around the 1970s.[27] Variations of one-stop centres are currently being implemented across lower and middle-income countries and in post-conflict settings, by traditional actors, including governments, UN agencies, the World Bank, and civil society organizations. Actors such as the UN Fund for Population Assistance, have implemented stand-alone versions focused on psychosocial support, and in others implemented by governments such as in Rwanda and Kenya, the OSC model includes the presence and active engagement of police officers in centres in order to bridge the gap between medical and psychosocial care and access to justice.[28]

Versions of one-stop-centres are also available in Belgium, France, and the Netherlands, providing various levels and ranges of services to victims of sexual and gender-based violence. In the Netherlands, the first one-stop-centre was established in 2012 at the University Medical Center in Utrecht, with an aim to provide 24/7 coordinated services to victims of sexual and gender-based violence, including medical, psychological, and forensic support.[29] In Belgium, between 2016 and 2019, an OSC model of care was piloted for

[25] Denis Mukwege and Marie Berg, "A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic Republic of Congo: The Panzi Hospital One-Stop Centre Model of Care," *PLoS Medicine* 13, no. 10, https://doi.org/10.1371/journal.pmed.1002156.

[26] Ticktin, "Casualties of Care."

[27] Read more about One-Stop-Centres here: "One-stop Centers (OSC)," *UN Women's Virtual Knowledge Centre to End Violence against Women and Girls*, 3 July 2013, https://www.endvawnow.org/en/articles/1564-one-stop-centres-osc.html.

[28] Find Kenya's POLICARE policy here: "Policare Policy," *National Police Service,* June 2021, https://home.creaw.org/wp-content/uploads/2021/10/POLICARE-Policy-Compressed.pdf. Read about Rwanda's Isange centres here: "Rwanda's Holistic Approach to Tackling the Different Faces of Gender-Based Violence (GBV)," *United Nations in Rwanda*, 30 August 2019, https://rwanda.un.org/en/15872-rwandas-holistic-approach-tackling-different-faces-gender-based-violence-gbv.

[29] Iva Bicanic et al., "Victims' Use of Professional Services in a Dutch Sexual Assault Centre," *European Journal of Psychotraumatology* 5, no. 1, 18 June 2014, https://doi.org/10.3402/ejpt.v5.23645.

victims of sexual violence, offering comprehensive psychological, forensic, and medical care, with an evaluation conducted in 2019 to draw lessons learned for scale-up.[30]

In their analysis of OSC models implemented in low to middle income countries, Rose Olson et al identify several barriers to its implementation and effectiveness including cost, (lack of) multi-disciplinary staff, training, and potential to draw away attention from broader system-strengthening efforts.[31] They add that while there is not yet sufficient evidence on the effectiveness of the model (particularly in low and middle income countries, and in conflict affected settings), at the same time, the OSC model itself has often failed to be implemented as it is designed, due to the previous and other barriers.

Berg and Mukwege identify a lack of political will and lack of good governance as barriers to the full implementation of the Panzi holistic care model and philosophy.[32] The questions that emerge out of holistically caring for individuals, particularly in contexts affected by conflict, have a political dimension and require us to also care about and challenge governance and political norms. Scholars have urged taking a closer look at who gets to organize the maintenance and execution of care.[33] We should also look at who else is doing the work of care. Top-down institutionalized approaches to "caring" in post-conflict contexts may, in addition to over-emphasizing needs, ignore or render invisible the agency of survivors (of war and of sexual violence in war), the caring work they are doing, and the ways in which they are already contributing to post-conflict transformation. In the Comparative Study of Resilience in Survivors of War Rape and Sexual Violence research project, Janine Clark highlights that an emphasis on needs may put "the focus on what was *done* to these women and men, deflecting from what they are *doing* now."[34]

When concepts like survivor-centredness and care – remain situated within traditional rights-based approaches, and top-down, institutionalized ways of organizing post-conflict recovery efforts, their radical potentialities are lost. As we see in current top-down ways of delivering on policy, survivor-centredness risks being diluted down to tokenistic participation, language around responding to needs, and principles that seem almost identical to the same humanitarian principles that have always guided post-conflict recovery efforts. These international policy and institutional efforts to materialize survivor-centredness, do not do justice to its truly radical nature, and I believe survivors themselves would agree, as they continue agitating for their priorities. In the same way, as mentioned throughout this essay, language around needs and services do not do justice to the full potential of care, which de Lange has described as "ubiquitous, fragile, dangerous, inevitable, necessary."[35] Maria Puig de la Bellacasa notes importantly that caring is "an ethically and politically charged practice" with the capacity to articulate and rearrange worlds.[36] I am encouraged by this scholarly reading of care, and by the ethics espoused by the Panzi model and philosophy; however, I am persistently frustrated and denied this

[30] Saar Baert et al., "Piloting Sexual Assault Care Centres in Belgium: Who Do They Reach and What Care is Offered?" *European Journal of Psychotraumatology* 12, no. 1, 27 July 2021, https://doi.org/10.1080/20008198.2021.1935592.
[31] Rose McKeon Olson, Claudia García-Moreno, and Manuela Colombini, "The Implementation and Effectiveness of the One Stop Centre Model for Intimate Partner and Sexual Violence in Low – and Middle-Income Countries: A Systematic Review of Barriers and Enablers," *BMJ Global Health* 5, no. 3, 30 March 2020, https://gh.bmj.com/content/5/3/e001883.
[32] Mukwege and Berg, "A Holistic, Person-Centred Care Model."
[33] Hobart and Kneese, "Radical Care: Survival Strategies."
[34] Clark, "Beyond a 'Survivor-centered Approach,'" emphasis in original.
[35] Frits de Lange, interview with Webteam.
[36] "Matters of Care in TechnoScience: Assembling Neglected Things," *Social Studies of Science* 41, no. February 2011, https://www.jstor.org/stable/40997116 at 90.

radical reading of care when I look toward traditional regimes and means of organizing care. The work of Krystalli and Schulz remind us to look beyond traditional regimes of care, "noticing [how] the work of love and care in less hierarchical, more relational spaces reorients attention away from top – down understandings of assistance, support, and recovery." They identify practices of care within victim associations, including "victims/survivors supporting one another to respond to the lasting effects and ongoing forms of violence, material support, reciprocity, and forging new relations that shift participants' senses of the self, community, and belonging."[37]

My experiences with survivors and their associations, movements, and networks around the world demonstrate that, within their groups, survivors manage to forge connections and intimacy, form a collective voice, and develop into caring communities.

Situating Care and Caring in Survivor Groups

Tronto describes the phases of care as including caring about, taking care of, care giving, and care receiving.[38] Survivors of sexual violence and different survivor groups may situate themselves within some or all these spaces, as part of a continuum of care that extends outside of the walls of institutions. Within survivor groups, there are informal and formal means of caring for members and others, facilitating access to care, and advocating for care for group-members. We should not, however, over-romanticize survivor groups, as we should also not romanticize any specific care model or programme. The work of Ticktin and Krystalli and Schulz reminds me to bear in mind the simultaneity of love, care, harm, and the potential unintended consequences of compassion. Within survivor groups, old and current pains may surface, there may be momentary breaks, there is silence, grief, and anger. As I mention earlier, human interactions in the context of conflict and post-conflict settings are as vital as they are complex, and they can certainly be painful. Yet, I have noted that despite pains and challenges, survivors within their groups can and do form a collective voice, and this voice, without fail, calls for and insists upon care for themselves, others, their families, their societies, and their countries.

I have listened as survivors within their groups in contexts like CAR, DRC, Colombia, Guinea-Conakry, Iraq, and Uganda have advocated for the specific and intersectional needs of their members and other peers. Representatives of victim groups in Uganda shared their concern for how best to render visible the needs of lesbian members who were being targeted for conversion-rapes and also the needs of trans-gender men and women, living already in a dangerous context for members of the LGBTQI community, exacerbated by conflict and its aftereffects in many rural areas. I remember members of the Movement of Survivors in CAR (MOSUCA), for example, ensuring the availability of head-coverings for members practicing different faiths, or in Colombia where members of survivor groups shared with me their concerns for the integration of indigenous perspectives, including the importance of closeness to the land, into the care they hope to achieve for themselves and their peers. In places like DRC and CAR, some survivors and survivor groups advocate for and start specific initiatives to care for victims and children born of rape.

[37] Krystalli and Schulz, "Taking Love and Care Seriously."
[38] *Moral Boundaries.*

Tronto, Gilligan, and other scholars have highlighted that the relational nature of care reveals the vulnerability and interdependency that is characteristic of all human relationships, and especially in conflict-affected contexts.[39] Care as a relational activity requires a recognition of our interconnectedness, our interdependencies, and our vulnerabilities.

In Colombia, following over fifty years of protracted conflict between armed groups such as the FARC, paramilitaries, other non-state armed actors, and the military, the lines between victim, perpetrator, and caregiver are blurred. During this conflict, women and girls were raped, forcibly recruited, made into wives, nurses, and combatants. Now, as victims and survivors collectively agitate for reparations, they must wrestle with these painful and complex realities. One survivor group in particular, based in Bogota, *la Red de Mujeres Victimas y Profesionales*, is working toward a form of holistic care that is both a form of restitution and of restoration, with a vision to bring together the concepts of reparations and sanctions. They advocate to utilize the provisions of Colombia's Final Peace Accord to develop centres for specialized care. Network leaders hope to see these centres become not only sites for providing clinical care but also for restoration and social cohesion among different victim groups. This fusion would thus acknowledge the shifting nature of roles and relationships during and following conflict, and the primacy of an ethics of care versus a rigid set of universal morality rules with little space or give. To date, their advocacy has seen at least one territory: Villavicencio[40] agreed to integrate such a specialized care centre in their development plan.

The work of scholars like Hobart and Kneese reminds me that care is fundamental to social movements and that "when mobilized, it offers visceral, material, and emotional heft to acts of preservation."[41] I have seen, via survivor groups, that the work of caring often emerges out of a shared sense of vulnerability and interdependency. I was, for example, introduced to AVIPA or *l'Association des Victimes, Parents et Amis* of the 2009 Guinea Conakry national stadium massacre tragedy in 2019. In the days, months, and eventually years following the tragedy which left at least 150 murdered and scores raped,[42] victims and their friends and families united to seek out care for those who had escaped the stadium with their lives that day. They initially had to do so in secrecy, as several high-ranking military and government figures were responsible for the assault, and they oversaw an extermination campaign by venturing to different hospitals, clinics, and morgues to dispose of bodies and kill those who had gotten away. Today, members of this victims' association gather and share a space in Conakry, where they participate in and lead different forms of psychosocial care, solidarity, justice, and other advocacy work, together with their peers and other survivors of

[39] Tronto, *Moral Boundaries*; Carol Gilligan, *In a Different Voice*.

[40] Read more about this commitment by the Mayor of Villavicencio to integrate a specialized care centre for victims and survivors of sexual violence at "Centro holístico integral en Villavicencio para víctimas de violencia sexual 'no tiene marcha atrás': alcalde Felipe Harman," *Jurisdicción Especial para la Paz*, 2022, https://www.jep.gov.co/uia/Sala-de-prensa/Paginas/Centro-hol%C3%ADstico-integral-en-Villavicencio-para-v%C3%ADctimas-de-violencia-sexual-no-tiene-marcha-atr%C3%A1s,-alcalde-Felipe-Harman.aspx.

[41] Hobart and Kneese, "Radical Care: Survival Strategies."

[42] The morning of 28 September 2009, Guinea's security forces opened fire upon tens of thousands of opposition supporters who had gathered peacefully at the stadium. Members of the security forces were then deployed throughout neighbourhoods where opposition supporters mostly hailed from to continue the crackdown with more human rights abuses. See Human Rights Watch, "Bloody Monday: The September 28 Massacre and Rapes by Security Forces in Guinea," *Human Rights Watch*, 17 December 2009, https://www.hrw.org/report/2009/12/17/bloody-monday/september-28-massacre-and-rapes-security-forces-guinea.

violence. After over a decade of agitating for justice and reparations, the trial for those responsible for these crimes began in September 2022.[43]

Survivors of conflict related sexual violence that I have met over the years have shared with me in different ways their needs for connection, their need to know that they are not alone in what they have experienced and on the road forward. Survivors have shared the pain, but also the power, of when they come together and connect. Clark's work reminds us that humans cannot exhibit "resilience" in isolation. She theorizes resilience as "(re)connectivity across and between intersecting social layers, and that unaddressed/unrepaired severance undermines the possibilities for building resilience."[44] In parallel, Hobart and Kneese highlight how care is "an affective connective tissue between an inner self and an outer world, a feeling with, rather than a feeling for, others."[45] Marie Berry and Milli Lake's reflection on the social impact of COVID-19 highlights the linkages between physicality, intimacy, and connection for building collective power, for healing from trauma, and for cultivating an embodied politics of care.[46]

Indeed, with limited possibilities to physically meet during the COVID-19 pandemic, survivors of conflict related sexual violence within their national associations, movements, and networks found creative ways to find and maintain connection, turning to telephones, social media and other digital means as possible. This was crucial in a time when many survivors of sexual violence, activists and practitioners alike spoke out about the additional risks and vulnerabilities faced by women and girls during the pandemic, and survivors shared how movement restrictions and other social ramifications of the pandemic brought back painful memories of conflict and of isolation.

Even prior to the pandemic, though, survivors faced challenges to meet and share physical space, especially in contexts where they are dispersed throughout a region, or where they simply lack a fixed physical space of their own. Physical space not only provides legitimization to groups in their communities, but also provides shelter for members, a place to come and meet, provide assistance, conduct advocacy, welcome others, and make plans.

With or without the possibility to physically meet or share a physical space, though, survivors of conflict related sexual violence, such as those in CAR, Colombia, DRC Guinea-Conakry and elsewhere, who place themselves squarely at the centre of decisions that concern them, are using their collective power to politicize the question of care, as they agitate for justice and reparations as part of the care they are owed.

[43] Read about the opening of the trial at "Guinea: UN Pledges Support for Justice and Accountability, as Stadium Massacre Trial Begins," *United Nations*, 28 September 2022, https://news.un.org/en/story/2022/09/1128241; Saliou Samb, "Trial Over Guinea 2009 Stadium Massacre Begins as Victims Hope for Justice," *Reuters*, 28 September 2022, https://www.reuters.com/world/africa/guinea-2009-stadium-massacre-victims-hope-justice-trial-starts-2022-09-28/, with quotes from Asmaou Diallo, founder of AVIPA.

[44] Clark, "Beyond a 'Survivor-Centered Approach'"; Clark, "Reconnecting and Resilience," *University of Birmingham*, 16 March 2020, https://www.birmingham.ac.uk/news/2020/reconnecting-and-resilience; Clark, "A Comparative Study of Resilience in Survivors of War Rape and Sexual Violence: New Directions for Transitional Justice," *University of Birmingham*, https://www.birmingham.ac.uk/schools/law/research/projects/csrs/index.aspx.

[45] Hobart and Kneese, "Radical Care: Survival Strategies."

[46] Marie E. Berry and Milli Lake, "We Must Work Hard To Resist a Fear of Other People's Bodies," *London School of Economics*, 12 May 2020, https://blogs.lse.ac.uk/covid19/2020/05/12/we-must-work-hard-to-resist-a-fear-of-other-peoples-bodies/.

From Politicising Care to the Political Potential of Care Ethics

Scholars have highlighted how themes like love and care are seen as a-political, finding echoes in practice, as discussed earlier, of how care can be de-situated from key political and security agendas seen as home for "harder" topics. Scholars have exhorted academics, practitioners, and policymakers to re-politicize care, not only to reinforce the quality of services and correct injustices in the aftermath of war but also as critical political theory, with the view to transform traditional politics, reforms, and governance. Survivors themselves have been agitating for the politicization of their care, not only in terms of providing them with individual forms of redress or assistance, but also to ensure that future survivors of sexual and gender-based violence can receive care as well.

This essay is not simply about politicizing care, but, rather, the *transformative potential of care ethics.* Maggie Fitzgerald argues,

> The political potential of the ethics of care is not in applying care ethics to more and different spheres of social life to analyze how to integrate caring practices more fully in institutions; rather, care ethics has the potential to transform politics more generally because as a critical political theory, ethics of care necessitates a radical critique of the underlying governing norms which shape institutions and helps to reveal the harms caused by these same norms.[47]

Throughout this reflection, I call into question traditional institutions and systems' capacities to truly embody an ethics of care, but I do insist that they must, particularly as our world is currently organized around rights-bearers and duty-bearers, which are by and large institutional. My call is not to dismantle all institutions but rather, to more closely examine the core values and ethics upon which traditional institutions are based. This must lead us to challenge the hetero-patriarchal and colonial legacies which may persist within traditional means of governing, maintaining, and practicing care in countries affected by conflict (and others in so-called peace time). There are also other sites of care and caring, outside of traditionally institutionalized means of maintaining and executing care, starting with survivor groups. These sites are also critical sources of situated knowledge that must be recognized and recentred.

Both the Panzi care model and survivors within their associations, movements, and networks have taught me that care and caring are radical acts and ways of navigating the world. I am convinced that rather than resting on rights-based approaches, a survivor-centred and holistic ethics of care has the potential to radically transform how we consider women's rights after war – and how we organize our world more broadly.

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[47] "Reimagining Government with the Ethics of Care," *Ethics and Social Welfare* 3, no. 14 April 2020: 248–65, https://www.tandfonline.com/doi/abs/10.1080/17496535.2020.1746819.

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