Rape and Sexual Violence in the Democratic Republic of the Congo

*Militia Attitudes,
Community Responses,
Policy Implications*

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Sexual Violence in the DRC:
Understanding the Epidemic
Sexual violence in the DRC is “the monstrosity of the century”

Denis Mukwege: Director: Panzi Hospital

“The sexual violence in the Congo is the worst in the world.”

John Holmes
UN Undersecretary General for Humanitarian Affairs

“Sexual violence is moral and psychological destruction. It is carried out in front of the whole world – it is a form of assassination.”

Male Participant, Panzi Hospital Focus Group
Understanding sexual violence in the DRC

Sexual violence in conflict is notoriously difficult to study

- Intense stigma around being a victim of sexual violence prevents women from coming forward to seek care or services
- Those cases that are reported to hospitals, clinics or NGOs are only a small percentage of total cases
- In an unstable environment with hard-to-access villages, population-based data is extremely hard to gather
Counting rape in the DRC

• UN estimates 27,000 sexual assaults in 2006 in South Kivu Province alone.

• CARE estimates 400 women/month. Elisabeth Roesch states rape is under-reported and “the actual numbers are unimaginable”

• Some estimate > 100,000 rapes in the last five years.

• Population based studies in DRC, however, are difficult due to cost, security constraints, and repercussions for participants.

• Both qualitative and quantitative tools are needed to understand the extent and nature of sexual violence in DRC.
Understanding sexual violence in the DRC

Investigating the genesis, patterns, effects and mitigating and preventive factors around sexual violence in DRC requires a coordinated, multi-disciplinary approach:

- Multiple methods
- High risk populations
- Multi-sectoral investigations
  - Economic
  - Health
  - Legal
  - Social/political
HHI’s Research Agenda
Research Goals

HHI’s research goals focus on gaps in understanding of the dynamics of sexual violence, including:

- Impact on women, men, families and communities
- Successful community based resilience patterns
- Adaptive community protection strategies
- Attitudes toward NGO and UN interventions
- Attitudes around children born of rape
- Militia behaviors, motives and methods
Approach: Methods

• Mixed-methods studies use both qualitative and quantitative data (i.e. surveys combined with interviews)

• Helps characterize different dimensions of a phenomenon using voices of those affected by conflict

• Allows gathering of accurate and reliable information on the use of sexual violence in situations of armed conflict

• Allows for timely analysis trends of sexual violence in situations of armed conflict
Approach: Populations

Research targeting different populations allows us to understand the differential effects of war on:

- Survivors of sexual violence
- Community men
- Service providers
- Militia members
- Women companions of militia
- Miners and mining communities
- Children born of rape
Research Findings
Hospital-Based Data
Review of Medical Records for Sexual Violence Survivors Presenting at Panzi in 2006

Preliminary Data – Not for Publication
Susan Bartels, MD, MPH; Jennifer Scott, MD

Retrospective chart review of 1021 medical records of women survivors of sexual violence. Summary findings as follows:

- The mean age of women was 36 years. (Range of 3.5 - 80 years) 4.5% of victims were 15 years of age or younger.

- The average time from sexual violence to presentation at Panzi Hospital was 16 months. (Range < 1 mo to >10 years)
Timing of Sexual Violence Among Patients Presenting to Panzi Hospital in 2006

- Night: 57%
- Day: 36%
- Evening: 6%
- Unknown/Unspecified: 1%
Location of Sexual Violence Among Patients Presenting to Panzi Hospital in 2006

- Sleeping - 42%
- Working - 20%
- Traveling - 8%
- Relaxing - 6%

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Type of Sexual Violence Reported by Patients Presenting to Panzi Hospital in 2006

Average # Assailants - 2.5
Range - 1 to > 15
Military - 46%

- Gang Rape: 73.5
- Rape NOS: 19.0
- Sexual Slavery: 18.7
- Violence in Presence of Family: 4.3
- Forced Rape Between Victims: 1.1

Type of Sexual Violence
Hospital-Based Data

- Women reporting sexual slavery as opposed to other forms of sexual violence were 10 times more likely to become pregnant.

- The percentage of women reporting psychological trauma increased significantly as the number of perpetrators increased.

- Women who reported gang rape were 2.14 times more likely to report loss or property or murder or disappearance of a loved one.

- 11% reported loss of a child or loss of spouse (including deaths and disappearances).
Community Attitudes Project
Mixed-Methods Research
Preliminary Data – Not for Publication
Jocelyn Kelly, MS

Services Access:
- 45% of women waited more than 1 year to seek services
- 46% reported it took more than 1 day to reach services
- Only 8% received SGBV services within 72 hrs of attack

Services received:
- 40% stated that medical services were the “most useful”
- 28% reported that income-generating training was the “most useful”
Community Attitudes Project
Mixed-Methods Research

**Stigma and rejection – survivor perspective**
- 32% were rejected by their families after being attacked
- 15% were rejected by their communities
- Many SGBV service providers were not aware of that survivors faced rejection by their family or community

**Stigma and rejection – provider perspective**
- 40% of healthcare providers stated that rejection by family after rape “never or almost never” happens
- 50% said rejection of a woman by her community as a result of rape “never or almost never” happens.
Domestic Focus Group Themes:

- Rape of women in DRC has not diminished with cessation of war. Consensus is that rape is staying at war-time levels or getting worse.
  - Types include gang rape, abduction, forced incest, rape with foreign objects and rape in public
  - Traumatic both to the victim and the community at large

- Survivors of rape face deeply entrenched stigma in their communities and their own families. They are no longer seen as “useful” members of society and are often ostracized.
Obstacles to reintegration into communities, as identified by survivors and community men and women:

- Family rejection (spouse rejection)
- Negative community attitudes and stigma
  - HIV, STIs
  - Traumatic fistula, incontinence, other disabilities
- Rejection children born of rape
- Fear of being raped again (repeat rape a significant problem)
- No means of financial support for self and family
- Lack of follow-up medical care
The practice of rape has “jumped” to civilians. Congolese men are now committing rape against women in their own communities.

“Before the war, rape was uncommon. However, soldiers set a ‘trend’ of sexual violence that has been adopted by other men. Now, rape is seen as commonplace and acceptable. Women may be raped by robbers, neighbors, rejected suitors.”

-Woman, Chambucha Focus Group

“Congolese didn’t know about sexual violence before now, but strangers brought it and now we do it too – we’re trained.”

-Man, Panzi Hospital Focus Group
Community Attitudes Project
Mixed-Methods Research

Concurrence between women and men on interventions:

- Punishment for perpetrators
- End to insecurity and impunity
- Economic solutions to help women and men earn living wage
- Sensitization and trainings on how to treat survivors
- Education for women and their children
Most recent trip: Militia Interviews

17 pilot interviews with members of Mai Mai militia members in Kamituga, South Kivu. Emerging themes:

- Rape strictly forbidden by belief system, but widespread reports by women suggests this is insufficient to stop rape
- Well organized chain of command and information infrastructure
- Women are living with Mai Mai, both as wives of officers and as combatants
- Soldiers’ main source of information about sexual violence is radio
Policy Implications:
Local and International
Policy Implications: Local

Issue: Service providers may not have the tools or training to treat survivors of violence

- Women have little access care in a timely manner.
- More local clinics and referral services are needed.
- More resources must be given to organizations to train their service providers on how to provide confidential and appropriate care to survivors of violence.
Policy Implications: Local

Issue: Survivors of violence are viewed with intense negativity by their community; women are often ostracized by their own family or community

• Livelihoods programs are among the most sought after interventions.

• A robust sensitization campaign working with community and church leaders as well as local men and women is needed.

• Fear of women as carriers of HIV and STIs must be addressed.
Policy Implications: International

Issue: Rape occurs in homes, and often in presence of families.

- Protection strategies must account for this pattern of attack and provide practical solutions for at risk households.

- MONUC should enhance patrols in urban and larger village settings. Community watch systems may enhance protection.

- Deployment of the FARDC Rapid Reaction Force, with mentors from MONUC, to improve response capacity.
Policy Implications: International

Issue: Criminality is pervasive and “contagious.” This is especially true of sexual crimes, which are becoming normalized in society.

- MONUC must continue efforts to support judicial systems, track prosecutions and support the penal system.
- Educational campaigns must target high risk groups including police, teachers, and those in positions of authority.
Policy Implications: International

Issue: Challenges in implementing SCR 1820, and comparisons with SCR 1621.

• Support the implementation of Security Council Resolution 1820 by improving informational networks, expand data collection capacity and provide rapid dissemination of data.

• Engage members of the UN security council in discussions of data and evidence for intervention based on security parameters.
Future Research Needs
Future Research Needs

Going forward, we need better understanding of:

- Effectiveness of recovery and reintegration strategies
- Service provider capacity and training needs
- Perpetrator motivations and militia command structures
- Female combatants and women living with armed groups
- Role of miners and the mining industry in sexual violence
- Composite analysis of existing UN/MONUC data
Questions, Comments