



Gender-Based Violence in the Democratic Republic of the Congo (DRC):

Research Findings and Programmatic Implications

“Breaking the Cycle of Violence”

Lynn Lawry, MD, MSPH, MSc

International Health Division

Office of the Assistant Secretary of Defense- Health Affairs

Democratic Republic of the Congo (DRC)

- DRC has endured continued conflict for over a decade
- The international, national, and civil armed conflict has resulted in mass displacement and violence, including widespread sexual violence
- Despite peace agreements and the establishment of Mission of the United Nations Organization in the Democratic Republic of the Congo (MONUSCO); conflict and the use of sexual violence continues today
- The UN Security Council mandated MONUSCO to develop a strategy to address conflict-related sexual and gender-based violence which resulted in a National Strategy to combat SGBV (2009)

Qualitative Studies to Assess Violence DRC

- Most of the studies completed were qualitative
 - Stories of experiences of individuals
- Others are clinical data or those presenting to care
 - Under reporting estimated to be 50-75% of survivors
 - Does not represent catchment area; represents clinic visits or individuals presenting to care
 - Represents those who have clinical care access
- Focus group data
 - Represent individual experiences
 - Bias through group dynamics
 - Opposing views may not be heard and the most assertive participants may disproportionately affect the results



Qualitative Data

- Compliment quantitative data by adding context to quantitative data
- Must be careful not to extrapolate beyond sampling
- Used by advocacy groups to rally resources and attention by using titles that grab attention
- Net affect positive but there are negatives to over-generalizing data for the sake of advocacy
 - Policy makers are not necessarily scientists or methodologists
 - Resources can be misaligned
 - May not represent the needs of all but of those advocacy groups think will bring in more attention (women/girls versus men/boys, ex-combatants)

Quantitative Studies to Assess Violence DRC

- Quantitative

Demographic Health Study

<http://www.measuredhs.com/pubs/pdf/FR208/FR208.pdf>

Human Rights Center – Berkeley

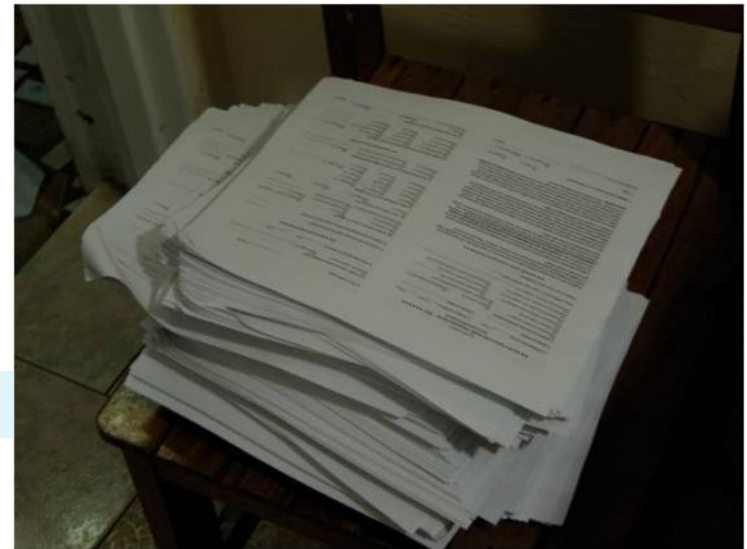
<http://hrc.berkeley.edu/pdfs/LivingWithFear-DRC.pdf>

Johnson K, Scott J, Rughita B, Asher J, Kisielewski M, Ong R, Lawry L. Association of Sexual Violence and Human Rights Violations with Physical and Mental Health in Territories of the Democratic Republic of Congo. JAMA. 2010. 304(5):553-562

<http://jama.ama-assn.org/content/304/5/553.short>



Quantitative Data



- Represents a population based on the sampling frame
- Can be extrapolated to larger populations
- Compliment qualitative data
- Can be used for policy and programmatic recommendations
- Much more expensive and logistically difficult to accomplish

Association of Sexual Violence and Human Rights Violations with Physical and Mental Health in Territories of the Democratic Republic of Congo Journal of the American Medical Association, 2010

- The first population-based study to assess of all forms of gender based violence, human rights abuses; the prevalence, circumstances, characteristics of perpetrators, and physical and mental health impacts of SGBV
- To help donors, MONUSCO and the Government of DRC to support the Comprehensive National SGBV Strategy by understanding the consequences, needs, gaps and opinions of those who have experienced SGBV in territories of eastern DRC
- By understanding the context and needs or gaps of survivors, the development and implementation of appropriate and effective prevention and response strategies will be better informed

Methods

- Cross-sectional, population-based , multi-stage randomized cluster study
 - 998 households
 - Conducted in March 2010 over 4 week period
 - Used structured questionnaires administered by trained Congolese data collectors
 - Administered in Kiswahili
- The sampling plan included:
 - South Kivu, North Kivu, and Ituri district
 - Random clusters/villages selected proportional to population
 - Covered 19 different territories
 - Represents 5.2 million adults

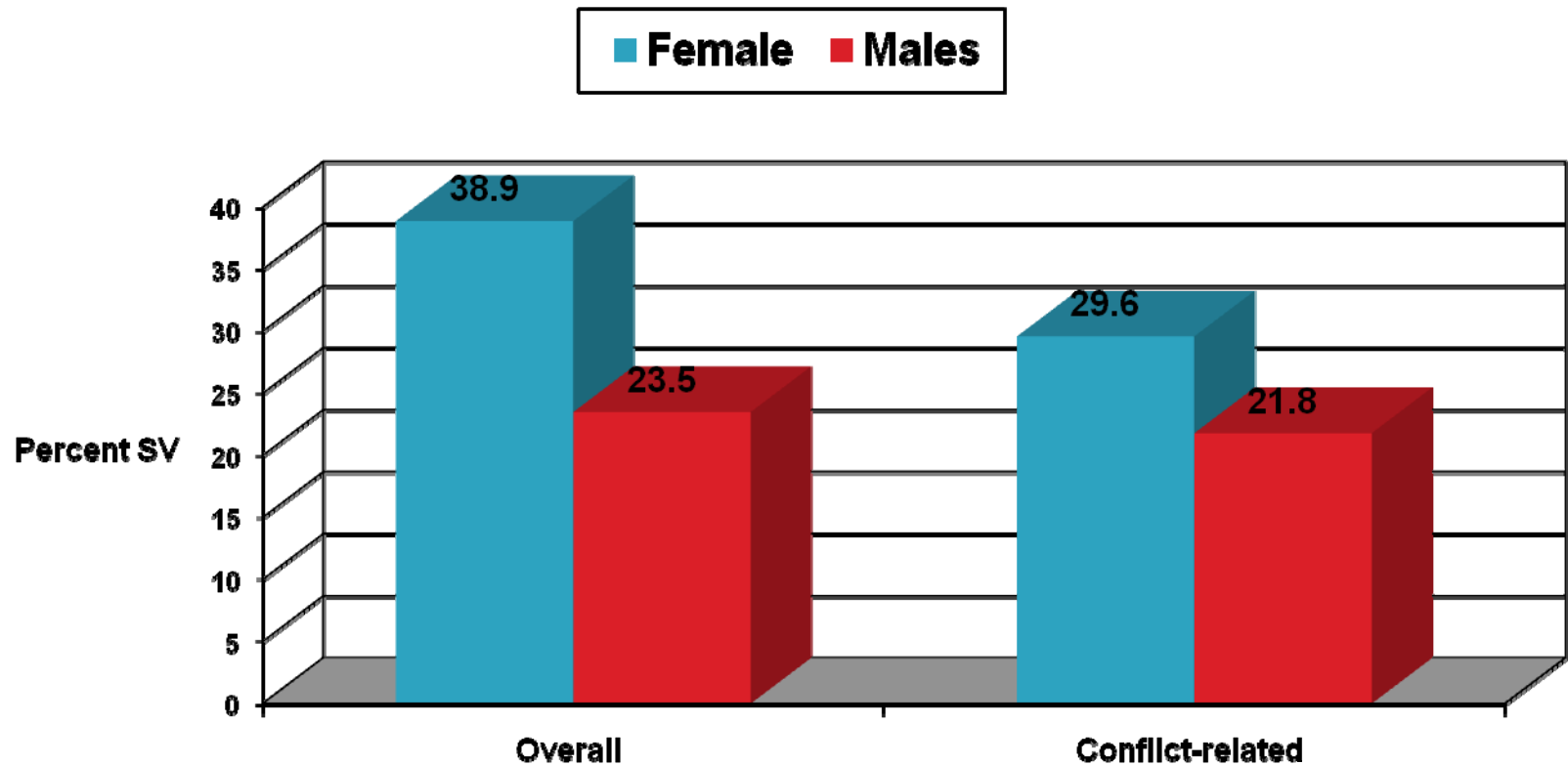


Main Results

- The household sample (n = 998)
 - Men (41.2%)
 - Women (58.8%)
- 20% of population fought in the conflicts
 - 48% of combatants were female
- Sexual violence in DRC is conflict related, prevalent, systematic and widespread
 - 2.1 million women and 1.3 million men have suffered sexual violence
 - 1/3 of rapes among women were gang rapes
- Perpetrators of SGBV
 - 39% of female survivors reported female perpetrators
 - 15% of male survivors reported female perpetrators



Sexual Violence



Breaking the Cycle of Violence How and Why?

- Findings challenge the paradigm of male perpetrator and female victim
- Addressing just male perpetrators is only addressing half of the problem
- SGBV is not just “Violence Against Women”
 - The ICC has prosecuted women for SGBV in Bosnia and Rwanda
 - Social science aware of this since the mid 1970s
- Unrecognized and untreated survivors may cross borders to perpetrate or fight in another regional conflict
- Survivors are at risk for perpetration in the future



Prevention and Response to SGBV

- Policymakers and donors should adjust societal paradigms of SGBV and also direct attention to female perpetrators and male survivors
 - Conventions, UN and national SGBV strategies do not currently recognize ex-combatant male survivors or male survivors in general
 - Prevention and response programs/RFAs/advocacy should address men and boys; not just women and girls
 - Much emphasis on FARDC when they are not the main perpetrators of SGBV. Prevention measures for how to engage rebel groups for prevention will need thought
 - DDR process does not take into account male survivors or female combatant perpetrators
 - Medical, psychosocial and legal care should address both men and women (boys and girls); Currently medical care is for “violence against women”

Prevention and Response to SGBV

- Questionnaires, intakes, MOEs, checklists (WHO and IASC) do are not appropriate to account for male survivors
- Training guidelines to identify and treat SGBV survivors assumes them to be female
- Medical care is not adapted for male survivors
 - Asking the sex of the perpetrator is important; instrumentation vs penetration have different health related complications



Breaking the Cycle of Violence

Final Thoughts.....



- Findings show that majority of SGBV is conflict related (war crimes)
 - DRC government and the International Criminal Court should establish grounds for further investigation and prosecution of the members of these groups who currently have impunity
 - Prevention strategies/funding should address, not just the FARDC, but rebel groups who are far more likely to use SGBV
 - Behavior change strategies should address community violence but also police, military, rebels etc...
- Ethical research both qualitative and quantitative are needed to further define needs such as identifying women as perpetrators, programmatic needs to address men and boys, prevention strategies for rebel perpetrators, migration of survivors who do not get care, community opinions to name a few.... (current WHO committee working on this agenda)



Generous support of the US Africa Command, International Medical Corps (IMC), McGill University, and the Division of Women's Health/Brigham and Women's Hospital

The Team:

Kirsten Johnson,
Jana Asher
Jennifer Scott
Bigy Rughita
Michael Kisielewski
Ricardo Ong

Est-il vrai?