

# 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

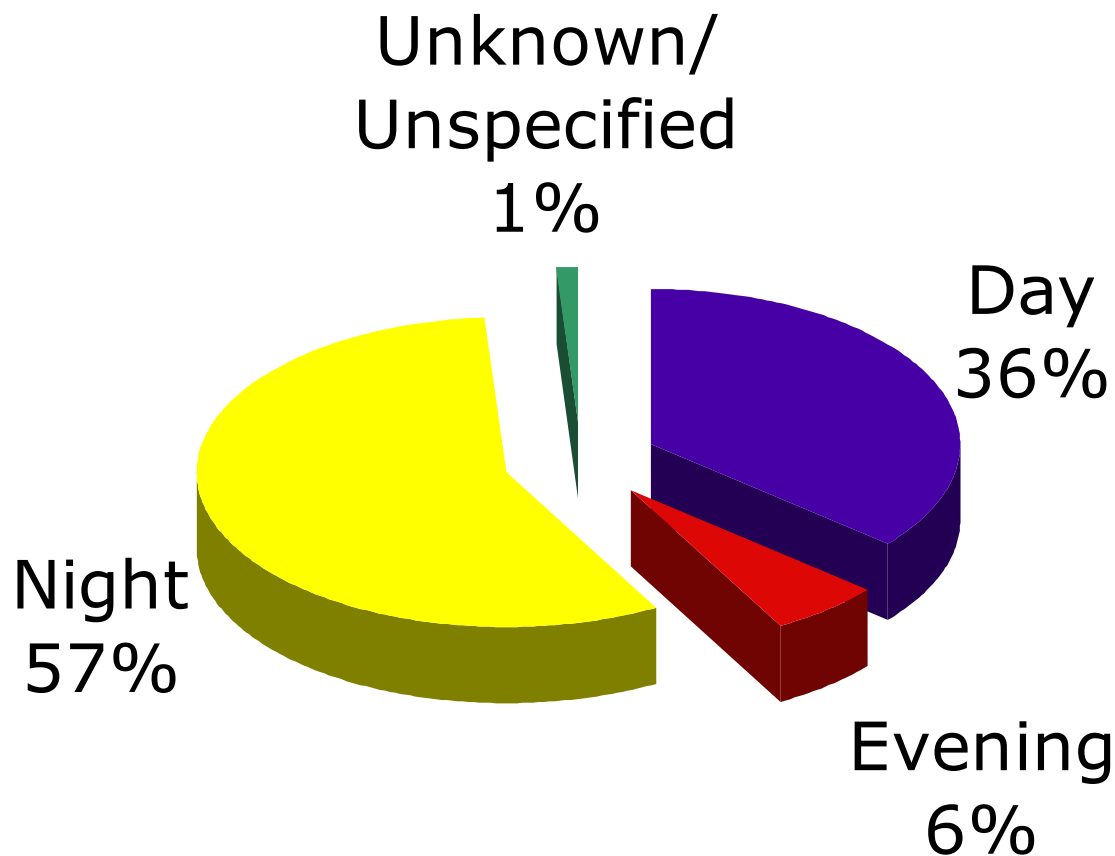
*Preliminary Data – Not for Publication*

*Susan Bartels, MD, MPH; Jennifer Scott, MD*

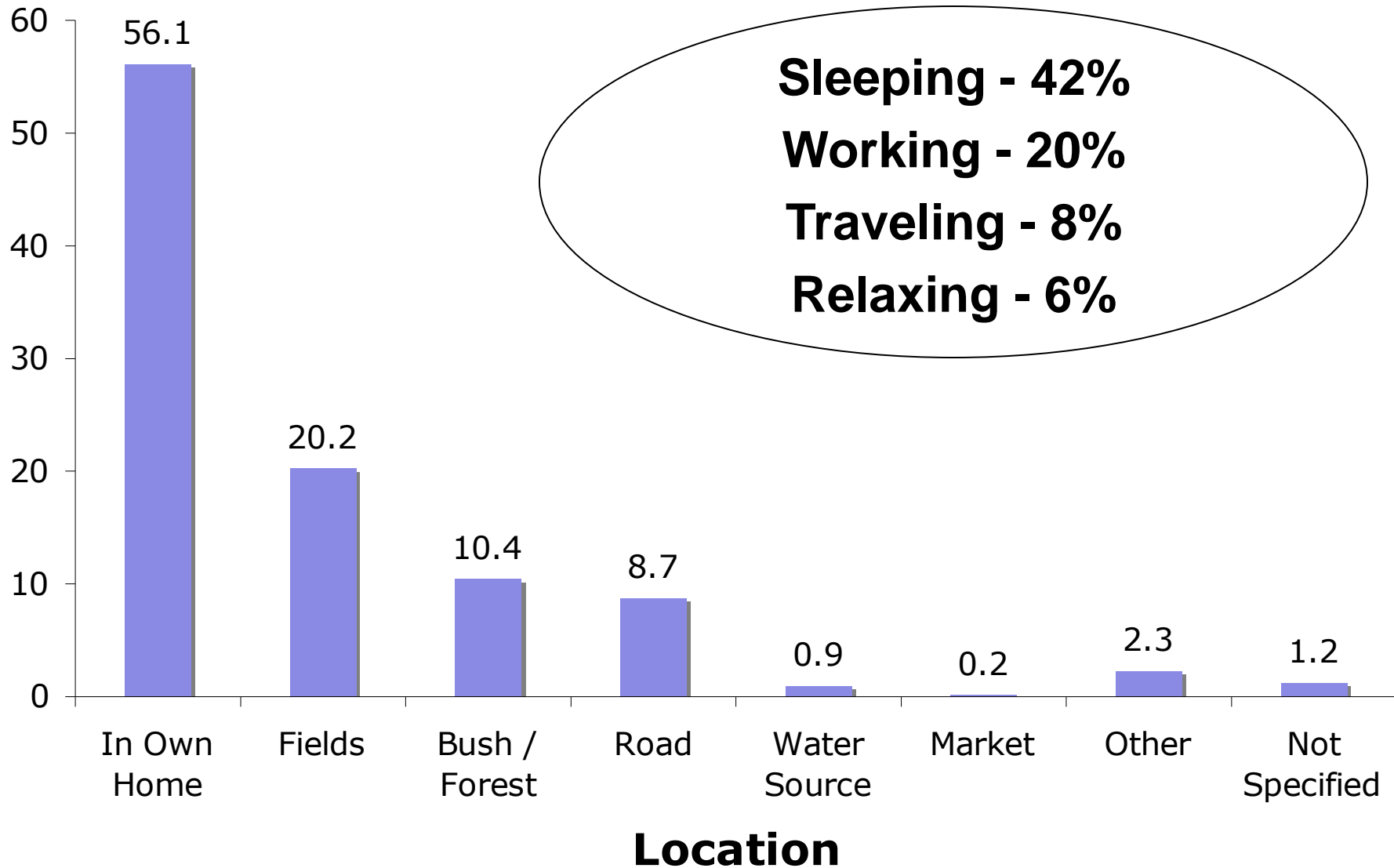
Retrospective chart review of 1021 medical records of women survivors of sexual violence. Summary findings as follows:

- 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)

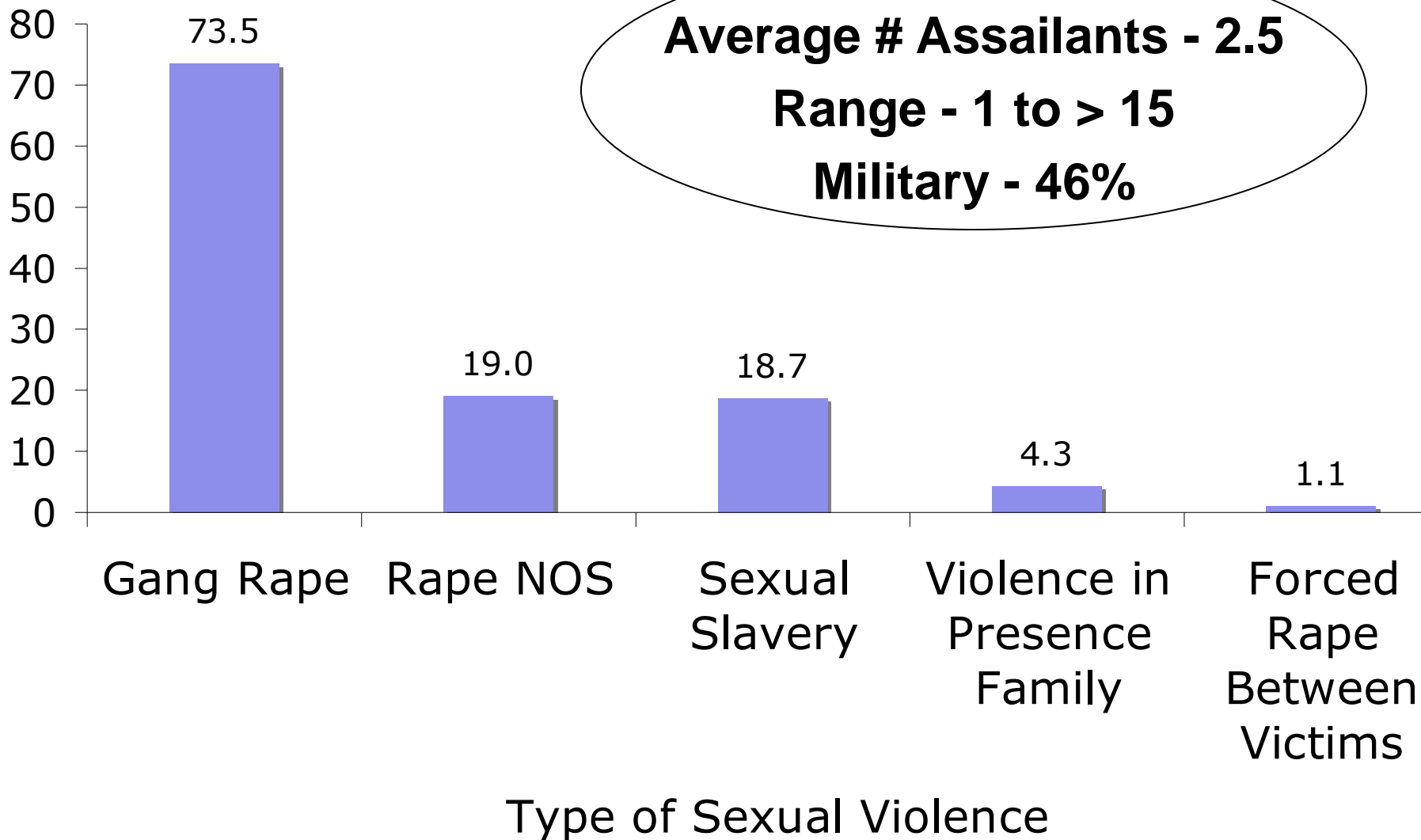
# Timing of Sexual Violence Among Patients Presenting to Panzi Hospital in 2006



# Location of Sexual Violence Among Patients Presenting to Panzi Hospital in 2006



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



# 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 of 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.

# Community Attitudes Project

## Mixed-Methods Research

### Dominant 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.

# Community Attitudes Project

## Mixed-Methods Research

- 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

# Community Attitudes Project

## Mixed-Methods Research

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
- There is wide-spread recognition by soldiers that raping women carries risk of infection

# 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.

# 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: Recognition of the destructive nature of abduction, sexual slavery and gang rape, leading to especially high rates of pregnancy and psychological trauma**

- Training and implementation of the FARDC Rapid Reaction Force, with embedded mentors from MONUC, to improve capacity for response.
- Identification of high risk areas and targeted interventions for reintegration and economic recovery.

# Policy Implications: International

## Issue: Challenges in implementing SCR 1820.

- Support the implementation of Security Council Resolution 1820 by improving informational networks, expand data collection capacity and provide rapid dissemination of data.
- Establish mechanisms to monitor program effectiveness, including community surveillance and NGO data merging.

# 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



