

Experiences of Survivors of Sexual Violence in Eastern Democratic Republic of the Congo

A Mixed-Methods Study

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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.”

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, even when they do want to seek services transport and cost may prevent them
- In an unstable environment with hard-to-access villages, population-based data is extremely hard to gather
- Those cases that are reported to hospitals, clinics or NGOs are only a small percentage of total cases

HHI's Research Agenda



Mixed Methods Research

Investigating the genesis, patterns, effects and preventive factors around sexual violence in DRC requires a mixed-methods approach using both qualitative and quantitative data (i.e. surveys combined with focus groups)

- This 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 (triangulation)
- Allows for timely analysis trends of sexual violence in situations of armed conflict

Populations

Research targeting different populations allows us to understand the differential effects of sexual violence and conflict on women within the context of the broader community:

- Survivors of sexual violence
 - Chart review
 - Survey
 - Focus Groups
- Community men
 - Focus Groups

Panzi Hospital Chart Review



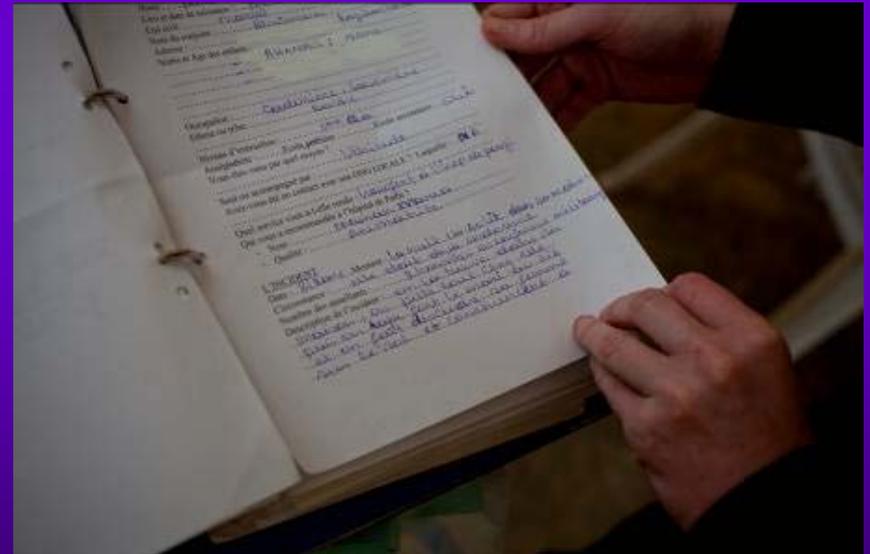
Hospital-Based Data

Review of Medical Records for Sexual Violence

Survivors Presenting at Panzi in 2006

Susan Bartels, MD, MPH; Jennifer Scott, MD, Jocelyn Kelly MS

Retrospective chart review of 1021 medical records of women survivors of sexual violence.



Hospital-Based Data

- 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)
- The majority of attacks on women occur in their own homes at night
- The average number of assailants was 2.5 (Range of 1 to more than 15)
- The most common form of rape women reported was gang rape

Hospital-Based Data

- Women reporting sexual slavery as opposed to other forms of sexual violence were 10 times more likely to become pregnant.
- 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 (this includes deaths and disappearances).

Next Steps in Chart Review Project

- Worked in local data entry team to enter data from all charts spanning 2005 – 2008
- 4,300 charts in total
- Analysis currently underway



Community Attitudes Project

Jocelyn Kelly, MS





Background

- Survey of 285 women who came forward to seek sexual violence services at Panzi Hospital and two rural field sites (Chambucha and Bunyakiri)
- Survey verbally administered by local field nurses in private setting
- Focus groups to further elucidate survey findings with both survivors and men from the community



Profile of Assaults

- 72.2% of respondents reported receiving no education.
- 2.83 attackers on average (Range 1 to 10 attackers)
- Most women assaulted by a stranger (87.6%), as opposed to an acquaintance, friend or family member.
- 83% of women attacked by a man in uniform
- 69% of women reported gang rape (rape by more than one person)
- 46% of women reported being abducted by their assailant (taken from their home for more than one day).



Profile of Assaults

Women who have been attacked are viewed as no longer ‘useful’ by their community... The woman is left with no choice but to become a ‘vagrant’ and live alone in nature.

-Woman, Panzi Hospital Focus Group

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

– Man, Panzi Hospital Focus Group

Justice

- 58% of women said they would like to see their attacker arrested.
- 48.2% said they would *personally* want to prosecute their attacker.
- Women who reported being attacked by military personnel were almost eleven times less likely to report wanting to see their attacker arrested than women whose perpetrator was not affiliated with the military (Odds Ratio 0.10, 95% confidence interval 0.012 – 0.717) $p=0.012$.



Justice

Q: Is it possible that a woman who has been raped will be raped again when she gets back to her village?

R: Of course! People would say this woman who went back is the one who gave the information about [her assailants], and then they will come and kill you.

Q: Why would they kill the woman?

R: They think she is going to spread information about them.

-Woman, Panzi Hospital Focus Group



Children Born of Rape

- 13% of women reported having a child from rape
- Women who did have children from rape were almost 5 times as likely to report experiencing community isolation than those who did not report children from rape (Odds Ratio 4.84, 95% confidence interval 1.41 – 16.) $p= 0.021$.



Children Born of Rape

“If you give birth to a child and your husband knows he is not the father, he will simply run away from you.”

-Woman, Panzi Hospital Focus Group

Stigma and Rejection

- 29% of women said they were forced to leave their families as a result of having been raped.
- 6.2% of women reported being forced to leave their communities as a result of having been raped.
- Women who were abandoned by their husbands were almost 3 times as likely to report being isolated by family members than married women (Odds Ratio 2.73, 95% confidence interval 1.19 - 6.32).

Stigma and Rejection

“Your husband will say he can not keep a woman who has been raped by the whole battalion, and he will repudiate you. When you go to your parents’ house, they will ask you why you have destroyed your marriage.”

-Woman, Panzi Hospital Focus Group

“[Men] can help survivors get respect from other people, because if your husband doesn’t humiliate you, other people won’t do it.”

-Woman, Panzi Hospital Focus Group

Reintegration after Rejection

Obstacles to reintegration into communities, as identified by survivors and community men in focus groups:

- 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



Service Access

- 40% of women surveyed said medical services were the “most helpful”
- Next most popular was income generating training (28.1%)
- Only 12% of the women surveyed said they have received some kind of information about sexual violence when they sought SGBV services
- 45.5% waited a year or more before seeking SGBV services
- 4.2% of the women reported receiving SGBV services within 72 hours of the attack (important for PEP)

Service Access

“If we receive microcredit we are able to start a small business while we are getting medical treatment. We are afraid to go back to our villages where those people can catch us.”

-Woman, Panzi Hospital Focus Group

Concurrence between women & men on interventions:

- Need for 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





Conclusion



“Poverty is having people write about you when you cannot read and write yourself”

Mixed methods research aims to work with survivors of violence as co-investigators. Their expertise enables us to interpret quantitative data in a more meaningful and nuanced way.



Future Research Needs



Future Research Needs

Going forward, we need better understanding of:

- Comparisons of SV regionally
- Female combatants and women living with armed groups
- Characterizing sexual violence against men and boys in eastern DRC
- Role of miners and the mining industry in sexual violence
- Addressing specific vulnerabilities of children born of rape