

Full Length Research Paper

Psychosocial consequences of sexual violence in South Kivu Province, Democratic Republic of Congo

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Accepted 09 March, 2019

Democratic Republic of Congo has been the site of an ongoing conflict for over a decade. Within this conflict, systematic sexual violence has been used as a weapon of war. This retrospective study of sexual violence survivors presenting to Panzi Hospital in 2004-2008 describes the psychosocial consequences of sexual violence within this context. 4,311 records were reviewed. Many sexual violence survivors report loss of the families' valuables because these items were pillaged in the attack. To compound these losses, some women were unable to return to work because of injuries sustained during the assault. Not infrequently, survivors were left to grieve the deaths of close family members because these individuals were killed in the attack. Although spousal abandonment and pregnancy resulting from sexual assault were not as frequently reported, both these sequelae were particularly distressing to survivors. To confound the physical and psychological trauma experienced as a direct result of sexual violence, survivors faced multiple psychosocial stressors as a result of the attacks. It is critical that aid programs address the psychosocial needs of sexual assault survivors. The approach to survivor care must also involve men at all stages, allowing families and communities to recover together.

Keywords: Conflict, Democratic Republic of Congo, rape, sexual violence

INTRODUCTION

Eastern Democratic Republic of Congo (DRC) has been the site of an ongoing conflict for more than a decade. In 2007, it was estimated that 5.4 million lives had been lost in DRC, primarily from disease and malnutrition (International Rescue Committee and Burnet Institute, 2007) and it is believed that 1.8 million civilians have been displaced from their homes (Maigua, 2009). One of

the most striking features of this conflict is the use of extreme sexual violence as a weapon of war (Amnesty International, 2004; Human Rights Watch, 2002, 2004, 2005; Human Rights Watch, 2004; Médecins Sans Frontières, 2004; Wakabi, 2008; Human Rights Watch, 2002; Steiner et al., 2009; Amnesty International, 2008; Harvard Humanitarian Initiative, 2009; Bartels 2010a,b). Although rape as a weapon of war has been documented for centuries, the scale and extent of sexual violence in Eastern DRC is unparalleled. Here, sexual violence is used systematically to destroy communities and to extinguish the personal dignity of its survivors (Gingerich and Leaning, 2004). Although the conflict in DRC officially ended in 2002, there are reports that sexual violence has again increased over the last several years (Oxfam America, 2009; International Crisis Group, 2009; Human Rights Watch, 2010).

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ABBREVIATIONS

DRC-----Democratic Republic of Congo
HIV-----Human Immunodeficiency Virus

Panzi Hospital, located in Bukavu, the capital city of South Kivu Province, is a full service hospital offering obstetrics and gynecology, pediatrics, internal medicine, surgery, dentistry and nutrition services. Despite being a full service hospital, the medical center has become particularly recognized for its care of sexual violence survivors. The hospital's *Victims of Sexual Violence Program*, which receives approximately 10 sexual assault survivors daily (Panzi Hospital, 2010), provides free medical treatment and free psychosocial care to survivors of sexual violence.

The logistical challenges of working in Eastern DRC as well as the region's insecurity make it difficult to collect rigorous data regarding sexual violence in the area. For instance, it is not clear how women are affected by the sexual violence and the psychosocial sequelae of being sexually assaulted have not been clearly identified? To help address these questions, researchers from the Harvard Humanitarian Initiative, in collaboration with Panzi Hospital staff, performed a retrospective registry-based cohort study of sexual violence survivors presenting to Panzi Hospital between 2004 and 2008 inclusive. The analysis aimed to describe the psychosocial consequences of sexual violence within this context.

METHODS

This retrospective registry-based study was performed at Panzi Hospital in South Kivu, DRC. Using a non-systematic convenience sample, female sexual violence survivors were interviewed as they presented to hospital requesting post-sexual assault care. Individual women were chosen for interview based on staff availability and severity of trauma. The interviews were conducted in private by trained female personnel. The semi-structured interview, based on a two-page questionnaire, allowed the patient to describe her sexual violence experience in an open, self-reporting narrative.

A total of 4,311 records were reviewed between November 2007 and April 2009. This represents all women who were interviewed under Panzi Hospital's *Victims of Sexual Violence Program* from 2004 to 2008 inclusive. Another 4,709 women accessed post-sexual violence care at Panzi Hospital in the same five-year period. However, these women did not undergo the same in-depth interview because of staffing limitations and therefore, detailed information on their sexual assaults was not captured in this study.

After quality assurance checks were performed, data were entered into an electronic spreadsheet (Microsoft Excel 2004; Version 11.5.5). Two investigators read and re-read the narratives to identify prominent and recurring themes. Themes were chosen based on the number of times the issues were raised in the self-reported

narrative. Quotations from individual woman were chosen throughout the five years and used to illustrate the identified themes. An individual woman was not quoted more than once. This study was approved by the Institutional Review Board at the Harvard School of Public Health and by the medical director of Panzi Hospital.

For our study purposes, "sexual violence" was defined as any unwanted physical contact of a sexual nature including forced vaginal or anal intercourse, forced oral sex, penetration with a foreign object, forced sexual acts between victims, being forced to undress, sexual slavery, gang rape and sexual harassment.

RESULTS

Theme: Loss of Family Members

In some instances women witnessed the torture and murder of family members. The emotional distress caused by losing a child, spouse or other family member was extraordinary, especially when people were forced to watch the violence and could do little to protect their loved ones.

"There were three of them that came into the house. They hit my husband and then they took my clothes off. Two of them raped me each in turn... They took my twin babies and they put them in a bag and hid them away. They killed my other two children. I found the twins in the bag and they were alive but the other two children were dead"

- 28 year-old mother of four children who was assaulted in 2006

"It was around 9 o'clock at night and we were sleeping when we heard a knock on the door. They entered our home and demanded that we give them money. We did have \$20 from selling charcoal. They looted our belongings and told us that they are going to kill us. They killed my husband in front of me, with a knife...cutting his bowels and his lungs. Then they burned the house with my husband's corpse and my living child. They were both burned"

- 32 year-old mother of three children who was assaulted in 2004

"I was in my house when the soldiers arrived. They wanted me to have sex with them in front of my son who was 18 years old. I refused. They took my son and tied him up since he was trying to defend me. Two military men took him outside and killed him. I cried when I realized what had happened. After they killed my son, all four of them took turns raping me. It was two days before we could bury my son who died trying to protect his mother."

- 56 year-old mother of three children who was assaulted in 2006

Theme: Loss of Personal Belongings

Many women described looting of the family's valuables, including cash, livestock, food and clothing. Occasionally, the family home was destroyed in the attack. While loss of property and valuables would be devastating to any family, these losses were particularly destructive in Eastern DRC, where poverty is both extreme and widespread.

"When the assailants attacked us I was pregnant with my husband's baby. They beat my husband and then three of them raped me. After that I continued to bleed and I had a stillbirth. They burnt my house and everything in it. Now I have nothing."

- 48 year-old mother of ten children who was assaulted in 2005

"I was in the house and the assailants arrived. They immediately beat my husband and then took me by force. I resisted but then they started to beat me. So they raped me each in turn and just as they were finishing the rape they told my husband to assist them. They looted all the livestock and other valuables and then they made us carry their baggage."

- 36 year-old mother of five children who was assaulted in 2004

"I was alone in the living room with the children, they arrived and broke down the door....I asked my young sister what was happening. She said that there were soldiers. I wanted to escape but they told me to stay in the house. They asked me for money but we didn't have any..... Then they each raped me in turn and they looted the house including our clothes and small animals. I continue to be poor."

- 25 year-old mother of one child who was assaulted in 2005

Theme: Loss of Livelihoods

Concern about not being able to return to work or about not being able to support their families was noted by survivors. These concerns were often compounded by loss of the family's valuables during the attack, by the murder or injury of spouses and other family members in the attack and by spousal abandonment following the attack.

"It was 1:00 in the morning when a group of men opened the door and came into our house. They were all armed and wearing military uniforms. The assailants

starting intimidating me by asking for money and I gave them everything we had. Then they raped me. After the rape, I started to experience heavy and irregular menstrual periods..... I also have vaginal discharge / itching and abdominal pain. Because of these symptoms, I decided to come to Panzi Hospital for consultation. Since the rape, I have not been able to work and when I try to work, I experience severe back pain."

- 56 year-old mother of five children who was assaulted in 2005

"I was preparing food for the day when my husband and children saw the assailants approaching. They demanded our valuables and after my husband handed over what we had, they pulled him outside and beat him almost to death. Then they came back inside the house and took turns raping me. Since that time, I have become very weak and it has become very difficult to work."

- 28 year-old mother of four children who was assaulted in 2001

"I was in the kitchen preparing food for my children.... They took my husband out to the river and killed him. Then three of them took turns raping me. After they looted the house, they brought me to the forest for three weeks and four days. I found an opportunity to escape.... Now I am alone with 8 fatherless children and no way to support them."

- 32 year-old mother of eight children who was assaulted in 2005

Theme: Spousal Abandonment

In this database, spousal abandonment was not frequently reported but when reported, caused great distress for the survivor. Some women described hiding the sexual violence from family members because they feared abandonment.

"I was in the fields when the assailants arrived. They demanded that I have sex with them. I resisted but they cut me with a machete. The pain was great and they both took turns raping me. Following the rape, my husband abandoned me saying that he could not share his wife with these soldiers"

- 40 year-old mother of seven children who was assaulted in April 2005

"I was at home when three men in military uniform came and looted all our valuables. They took turns raping me and then they left. After the rape, I was abandoned by my husband and now he does not provide any support to the children."

- 46 year-old mother of five children who was assaulted in August 2006

"I was sleeping when the assailants arrived. My husband was on a trip. They broke down the door and entered our house. Three of them raped me and pillaged everything in the house. When he returned, my husband asked me what had happened and I explained. He abandoned me... Now I live alone with my four children and the village stigmatizes me because I am a woman of rape. This gives me terrible anxiety."

- 31 year-old mother of four children who was assaulted in March 2006

Theme: Pregnancy Resulting From Rape

For some women, sexual violence resulted in pregnancy and this seemed to be particularly the case following sexual slavery, where women were raped repeatedly over a period of time. The sense of shame appeared to be heightened in women who became pregnant as a result of the rape and married women seemed more likely to be abandoned if the rape resulted in a pregnancy.

"It was night-time....We heard forceful knocking on the door. Upon entering the soldiers demanded money. My mother gave them \$50. The assailants took me to the forest where they kept me for three months. After three months I found a way to escape. Unfortunately, I became pregnant by one of the soldiers and had a vacuum delivery. Now I have pelvic pain and involuntary leaking of urine."

- 18 year-old single woman who was assaulted in 2003

"I was in the house preparing food. They arrived and ordered me to give them money. There was no money, so they raped me. There were others outside who killed my father and my mother as well as my grandfather. They left me with four little children and then I delivered twins as a result of the rape."

- 25 year-old mother of four children who was assaulted in 2002

"There were 16 women in total and we were sleeping together in one house. We heard a noise outside. It was the soldiers. They came into the house and looted everything. These soldiers raped my friends and me. I was taken to the forest for ten months. I became pregnant by my assailant. The child is now one year old.."

- Mother of one child who was assaulted in June 2005 (age not specified)

Theme: Despair Following Rape

In the narrative descriptions of sexual assault, some women described how the rape had affected their emotional wellbeing. Sadness, misery, fear and shame were among the emotions most commonly described by

sexual violence survivors. For some women, the will to live simply seemed to have been lost.

"I was in the fields - the soldiers arrived and demanded cassava. I gave them some and they said 'Now that we have had your cassava, we must also have you - you will be our wife'. I refused but two of them raped me violently. Since then I have had a lot of discomfort and my husband has left. I have been miserable and suffering with eight children."

- 42 year-old mother of eight children who was assaulted in 2005

"I had just finished bathing and saw that military men had arrived at my house. They forced open the door and forced me into the main room. Then the rape started. I wanted to defend myself. I asked why this was happening to me. I was beat by one while the other raped me. My children cried. The soldiers forced us to be silent and threatened to kill us. I am ashamed and want to die but I also want to protect my children."

- 40 year-old mother of eight children who was assaulted in 2003

"We found them in our house. They pillaged everything. They put my husband on the bed and beat him. Then two of the military men raped me. This story is so tragic - I can't believe this happened to me. I prefer death instead of life. Now, the world is without me because of my situation."

- 27-year old mother of three children who was raped in 2002

DISCUSSION

Losses

Material losses were extremely common in this study and most often involved cash, food, clothing or livestock. Occasionally women reported that the family home was lost during the attack, most often when it was burned to the ground. The loss of personal valuables or the family home would be devastating in any circumstance. However, these losses are particularly acute in Eastern DRC where the subsistence of many families is precarious at best. Consideration of the material losses and the potential for lost income after rape-related injury or the potential loss of the male head of household, and the magnitude of the resource extraction is further amplified.

Many women reported the deaths of children and / or husbands at the time they were sexually assaulted. The emotional distress caused by losing a child or spouse was immense, especially when survivors were forced to watch their family members being tortured and killed. Some women expressed enormous guilt about not being

able to protect their loved ones, especially young children, from an untimely death. There was also considerable remorse about the inhumane manner in which family members were killed. For survivors, mourning the loss of family members was compounded by the physical injuries and emotional distress arising from their personal experiences of sexual violence.

Sexual violence survivors were also devastated by spousal abandonment, which appears to take several forms ranging from complete physical separation to withdrawal from all customary support roles. For some women, continuation of their marriages was contingent on having a negative HIV test. Regardless of the reason for abandonment or marital discord, without the economic support and protection traditionally provided by men in DRC, women become exceptionally vulnerable to poverty. Congolese policy and socio-cultural customs continue to discriminate against women, effectively preventing their economic advancement and independence. Sexual violence programs must focus on the family as a whole and must include support services for the spouses of women who have been raped.

Livelihoods

Almost 74% of sexual violence survivors in this study reported agriculture as their source of livelihood. It has been estimated that in DRC generally women “account for 73% of those economically active in agriculture and produce more than 80% of the food crops.”(Food and Agriculture Organization of the United Nations, 2003). In South Kivu more specifically, women are responsible for such a large share of the agriculture, that they are described as being the primary driving force behind the whole subsistence economy (Réseau des Femmes pour un Développement Associatif et al., 2005).

In our dataset, many of the women were strong and healthy individuals who were in their prime in terms of economic productivity (mean age 35 years). With this in mind, what are the implications of the current study in terms of livelihoods for women in South Kivu? First, as was suggested in the qualitative analysis, women who suffer bodily injuries may be unable to return to the heavy physical labor required to cultivate the fields. Other women may be in a position to return, but may only be able to work in a reduced capacity, thus reducing their income and limiting the ability to support their families. Some sexual violence survivors are displaced from their homes and their communities because the family home was lost in the attack, because their marriages dissolve, because they can no longer feel secure in their homes, because they are ostracized by the community, or because they move to a larger town to access necessary services. Regardless of the factors that precipitate displacement, women may be forced to desert their fields and to at least temporarily abandon their livelihoods. If

many women find it necessary to move to larger towns, such as Bukavu, this displacement may be contributing to an accelerated rate of conflict-driven urbanization. Although not specifically documented for Bukavu, other under-developed and post-conflict countries have described high rates of prostitution among young, uneducated women who move to larger cities without a means of supporting themselves (United Nations Habitat, 2004). It is possible that sexual violence survivors who are displaced to larger towns and cities in Eastern DRC may be at a similarly high risk of turning to prostitution to support themselves and their families.

Limitations

This study has a number of limitations. First, the study's retrospective nature prevented the clarification of data inconsistencies and the verification of original information. Second, this study was limited by its sampling methodology. Data represent only sexual violence survivors presenting to Panzi Hospital for post-rape care, thus introducing an inherent selection bias. The sampling within Panzi Hospital was also a limitation. The *Victims of Sexual Violence Program* was sporadically understaffed, such that at times there were an insufficient number of interviewers to interview all presenting survivors. During these times of understaffing, the interviewers who were available chose to interview those women whom they believed, based on the initial triage, to have experienced the most traumatic violence. A third limitation of this study was the open, self-reporting format. Without asking specific questions regarding sequelae of sexual violence, there were inevitable gaps in the database. And finally, several translations were required before the analysis of these data, thus introducing potential errors. Cultural differences also have the potential to create errors in interpretation. To limit the later source of error, results were discussed with local Panzi Hospital staff who provided cultural background and context.

CONCLUSIONS

To confound the personal psychological and physical trauma that women face after experiencing sexual violence, many women lose their personal belongings and the families' valuables in the attack and are left to grieve the deaths of their spouses, children and other family members who were killed during the assault. Furthermore, women are sometimes abandoned by their spouses and/or become pregnant as a result of the sexual assault, and both of these sequelae were particularly distressing to survivors. In addition to providing timely medical care, it is critical that aid programs address the psychosocial needs of sexual

assault survivors. The approach to survivor care must also involve men at all stages, allowing families and communities to recover together as a unit.

ACKNOWLEDGEMENTS

We would like to thank the staff of Panzi hospital, who provided frontline care to survivors of sexual violence. Without their hard work and dedication, the *Victims of Sexual Violence Program* and the assistance it provides to sexual violence survivors would not be possible. We are indebted to Oxfam America who generously supported this research. Thank you to our three local data entry personnel, Olin Bilmana-Olinabanji, Didier Tshibadi, and Boaz Bahati Niaboba as well as to Bagabo Saleh who helped oversee data entry. We are also grateful to PMU InterLife (The Swedish Pentecostal Mission Relief and Development Cooperation Agency). PMU InterLife funds the *Victims of Sexual Violence Program* at Panzi Hospital.

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