

Characterizing Sexual Violence in the Democratic Republic of the Congo

Profiles of Violence, Community Responses, and Implications for the
Protection of Women

August 2009

Harvard Humanitarian Initiative
Final Report for the Open Society Institute



Table of Contents

Acknowledgments.....	3
Executive Summary.....	4
Introduction	6
Country context	6
Rape as a weapon of war	7
The current project	8
Research Methods	10
Human subjects protections	10
Survey design	10
Survey sites and sample selection	10
Men and women’s focus group design.....	12
Focus group sites and sample selection	12
Militia interview design	13
Data analysis	14
Women’s Experiences of War-related Sexual Violence: Results from Survey and Focus Groups.....	15
Demographics	15
Profiles of assaults	15
Rejection	16
Children from rape.....	18
Justice.....	18
Services	19
Women and Men’s Perspectives – Focus group results.....	22
Roots of rape in eastern Congo – “Psychological and mental destruction”	22
Stigma, rejection, and shame – “How can you feed yourself spoiled food?”	23
Social determinants of sexual violence – Custom, impunity, and poverty	28
Militia Interviews	32
Experiences with war and everyday challenges – “We lack everything”	32
Command structure – “There is a hierarchy”	34
Magico-religious system – “Our biggest support was that witchcraft”	35
Role of women in society – “A woman is a helper”	36
Defining rape – “We thought it was destruction”	37
Consequences of Rape – “This will make the community perish”	39
Possible motivations for sexual violence – “They are evil minded”	40
Risks and consequences of raping – “Contaminated by diseases”	40
Punishment – “You might be shot”	41
Information on sexual violence – “According to what I have heard on radio...”	42
Demobilization and reintegration.....	43
Limitations.....	44
Discussion and Implications.....	46

Conclusion	49
Policy Recommendations.....	52
References	54
Appendix A. List of Abbreviations.....	57
Appendix B. Survey Tables.....	58
Table 1. Demographics for survey respondents.	58
Table 2. Characteristics of sexual assaults.....	59
Table 3. Rape survivors' experiences with rejection.	60
Table 4. Attitudes towards justice.	60
Appendix C. Graphs.....	61
Graph 1. Educational level of survey respondents	61
Graph 2. Type of assailant by percent	61
Graph 3. Military vs. civilian attackers.....	62
Graph 4. Women experiencing gang rape	62
Graph 5. Women rejected by their family	63
Graph 6. Women rejected by their community	63
Appendix D. Map of Field Sites	64

Acknowledgments

HHI would like to thank all of its research partners in the Democratic Republic of the Congo, without whom this work would not have been possible. We would like to thank Dr. Denis Mukwege and the staff at Panzi Hospital who gave so much of their time and expertise to helping realize this project. In particular, Wivine Nakasi (Nurse and Focus Group Facilitator), Rita Sifa Baraka (Translator and Focus Group Moderator), Bercky Masheka Zihindula (Program Coordinator), and Brandi Walker (Hospital Administrator) were enormously supportive of the project. Their help was indispensable.

We would also like to thank Justin Kabanga and the staff at the Centre d'Assistance Medico Psychosociale (CAMPS) for their dedication and tireless work interviewing men and militia members. Mr. Kabanga's deep commitment to the women of eastern DRC and his enormous energy and expertise were invaluable to the project. The support of his staff, Deo Gratsias (Militia Interviewer) and Willie Mistima (Men's Focus Group Facilitator) was also crucial to the work. Many additional thanks to those who spent long hours transcribing and translating the audiofiles from this project – Charlie Kabanga, Cleophas Kyendamina Mukeba, and Jacques Kitembo. All subjects shown in photographs have given permission for their images to be used. In cases where research is depicted, study subjects' anonymity is protected in accordance with human subjects research guidelines.

Jocelyn Kelly, MS (Research Coordinator, HHI) was the primary author of this report. Co-authors include Michael VanRooyen, MD, MPH (Co-Director, HHI, Associate Professor, Harvard Medical School, Faculty, Brigham & Women's Hospital); Jennifer Leaning, MD, SMH (Co-Director, HHI, Professor, Harvard School of Public Health); and Will Cragin, (Intern, HHI). This research was also supported by many people at HHI, including Jennifer Scott, MD, Sadia Haider, Gregg Greenough, MD, MPH, Susan Bartels, MD, MPH, Robert Lipton, Theresa Betancourt, DrPH, Nomthandazo Malambo, Erin Lyons, Sarah Appleby and Jacqueline Crowley.

HHI would especially like to thank our donor, the Open Society Institute. Without OSI's generous support, this work could not have been done. Special thanks to Maryam Elahi and Sarah Wikenczy for their ongoing support.

Finally and most importantly, HHI would like to thank all of the women from Eastern Congo whom we met and who took time to go over their most painful memories to help us understand and share their stories, knowing that they might not directly benefit from this research, but hoping that women in the future may.

Executive Summary

Over a decade of fighting in eastern Democratic Republic of the Congo (DRC) has decimated the government and healthcare infrastructure in this region, creating some of the worst health and development indicators in the world. A 2008 mortality study conducted by the International Rescue Committee estimates the death toll from this conflict at around 5.4 million – making it the deadliest war since World War II⁴. One of the most vicious and salient features of this conflict is the wide-spread sexual violence being perpetrated on the women of eastern DRC. Although the second Congo war officially ended in 2002, there are indications that sexual violence has increased steadily over the past five years. In fact, a drastic increase in violence and rape in North and South Kivu has been widely documented since the beginning of 2009, making research on the violence in DRC more urgent than ever.

Results from this report show the sexual violence perpetrated by armed actors in the DRC has features that indicate rape may be being used as a weapon of war: rape of the very young and very old; forced incest; gang rape; abduction; rape in public; and rape with foreign objects. The issue of stigmatization of rape survivors was an overarching and dominant finding: one in three women reported being rejected by their husbands and one in 15 women reported being rejected by their communities after rape. Women state that the stigma they face as survivors of sexual violence can be as traumatic as the attack itself. Results also show that certain groups of women are especially vulnerable to social isolation, including women with children born of rape, women who have been gang raped, women with fistula as a consequence of rape, and women testing positive for HIV. Women who were widowed or abandoned by their husbands were much more likely than married women to report feelings of general isolation. Conversely, when husbands chose to support their wives after rape, this connection acted as a strong protective force against rejection by others.

The violence in DRC embodies a new kind of war emerging in the 21st century – one that occurs in villages more than battlefields and affects more civilians than armed combatants. To adapt civilian protection mechanisms to this new landscape, the international community must first understand the complex and unique features of the DRC conflict, and in particular the motivating precipitants and social consequences of one of this war's most distinctive attributes—the extensive incorporation of wide-spread and brutal rape into war tactics. The

evident migration of these war atrocities into civilian relationships between men and women raises the stakes of understanding this war-time and now peace-time rape even higher. The situation of widespread rape in DRC demands many levels of response, all aimed at understanding the context and consequences of these behaviors, in order to develop policies that promote civilian protection in the region.

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

Woman, Panzi Hospital Focus Group

The problem [of rape] is destroying our households and families, foreigners are coming and raping our wives, devastating them. Since you are not God or an angel, you will stop loving her. That is why we say those people are ruining our communities.

Man, Bukavu Focus Group

Introduction

Country context

Increasing recognition of the extremely high levels of brutal rape in eastern Democratic Republic of the Congo (DRC) has led to calls for more effective protection for women and improved treatment for survivors. It is difficult to design effective programs, however, without a more complete understanding of this most complex and continually evolving problem. An increase in sexual violence over the past five years, marked most recently by a dramatic spike in attacks in 2009¹²³, makes research on the violence in DRC more pressing than ever.

Over a decade of fighting in eastern DRC has decimated the government and healthcare infrastructure in this region, creating some of the worst health and development indicators in the world. In 2000, the World Health Organization (WHO) ranked DRC 188th out of the 190 countries evaluated⁴ and Oxfam and WHO estimate between 37%⁵ and 75%⁶ of the population have no access to healthcare. A 2008 mortality study conducted by the International Rescue Committee estimated the death toll from this conflict at around 5.4 million – making it the deadliest war since World War II⁷.

One of the most vicious and salient features of this conflict is the wide-spread sexual violence inflicted on the women of eastern DRC. This violence, perpetrated by multiple armed groups has features rarely seen in peace-time, or indeed most wartime, settings including: forced incest; gang rape; rape in public; rape with foreign objects, and urogenital mutilation. Women of all ages are targeted and many suffer traumatic injury as well as the loss of family members and looting during the attack. In 2007, United Nations Under-Secretary-General for Humanitarian Affairs John Holmes called rape in the DRC “the worst in the world.” In echo of the same sentiment two years later, speaking before her recent trip to eastern DRC, United States Secretary of State Hilary Clinton called rape in the region “one of mankind's greatest atrocities.”

Thirty years of despotic rule under President Mobutu Sese Seko beginning in 1965 decimated public services and vitiated the rule of law throughout the country. In 1996, Laurent Kabila launched a revolution with the backing of Rwanda and Uganda, now known as the First Congo War, which succeeded in unseating Mobutu and installing Kabila as head of state. At the same time, an influx of armed actors and refugees from the Rwandan genocide effected the complete destabilization of the country, particularly along the eastern border with Rwanda, Uganda and Burundi. In 1998, Kabila sought to distance himself from his former allies – a move that marked the Second Congo War as government forces fought a variety of rebel factions supported by Rwanda and Uganda. Since the beginning of hostilities in the mid-1990s, armed groups in Eastern Congo have proliferated. Roughly 20 distinct armies, rebel groups, and national militia have been identified in the conflict, and there are other splinter groups and smaller local forces that pass under the international radar⁸.

Despite a 2002 peace deal that officially ended the second Congo war, fighting in the region has continued largely unabated. Most recently, a January 2008 peace treaty was signed by the Congolese government and various rebel groups. Violence, however, remains rampant in the eastern provinces of Ituri, North Kivu, and South Kivu and civilians continue to be the primary targets. In January 2009, Congolese and Rwandan troops launched operation *Umoja Wetu* (“Our Unity” in Swahili), in a bid to rid North Kivu of rebels from the Hutu Rwandan rebel group

Forces Democratiques de Liberation du Rwanda (FDLR). Despite being hailed as a breakthrough alliance between Rwanda and Congo, whose tense relations were a contributing factor to the second Congo war, tens of thousands of civilians were displaced in the ensuing joint military action with little effect on FDLR troops in the area. The Congolese army launched a follow-up operation named *Kimia 2* (Swahili for “calm”) with the support of MONUC (MONUC is the French acronym for the UN Peacekeeping Force in Congo). The two operations have resulted in estimates of at least 1.5 million displaced people in North and South Kivu since the beginning of the year, a large spike in reported rape cases, and a major increase in reprisal attacks on civilians⁹. In a recent survey conducted by Oxfam in North and South Kivu, nearly all civilians reported feeling less safe than they did one year ago¹⁰.

Data on the incidence of sexual violence is extremely difficult to collect due to the highly sensitive nature of rape, high levels of insecurity in the region, and an extremely underdeveloped health care infrastructure. However, experts agree that sexual assault is a pervasive and defining form of violence in this conflict^{11 12 13 14}. The United Nations estimates that 200,000 women and girls have been assaulted over the past 12 years, with more than 18,000 cases reported between January and September 2008 alone¹⁵. These estimates are generally believed to be under-reports of actual levels of violence, since intense stigma associated with being a survivor, the stressed and inadequate healthcare system, and feeble structures for justice and accountability make it very difficult for women to come forward and report instances of sexual violence.

Rape as a weapon of war

Historically research on wartime rape, especially research conducted while the conflict is ongoing, has been extremely sparse. Real attention to sexual violence as a weapon of war has only occurred in the past three decades as international attention became focused on the atrocities committed in the former Yugoslavia and Rwanda¹⁶. Sadly, this problem has the potential to become ever more common as conflicts in the 21st century turn increasingly asymmetrical – occurring in villages more than battlefields and affecting civilians more than armed combatants.

Currently, in wars in developing countries, 90% of casualties are civilians. This is in sharp contrast to pre-World War II conflicts where the vast majority of enumerated deaths were those of combatants¹⁷. Observers of current intra-state conflicts have become increasingly concerned that sexual and gender-based violence (GBV) in these settings has acquired features of unprecedented brutality and scope. In 2008, the WHO reported that GBV “has been increasingly reported in situations of complex emergencies,” like political instability and armed conflict¹⁸.



A nurse walks with a patient at Panzi Hospital

The use of sexual violence as a means of warfare has diverse yet predictable consequences, including: forced dispersal of populations as they flee feared atrocity; submission of an invaded community through fear of reprisal rape; intensification of bonding among perpetrators through commission of brutal acts; demoralization of an entire people through violence against their

women; genetic subversion through impregnation of women; and destruction of a social fabric by attacking women whose denigration or death often destroys the entire family unit¹⁹. Communities threatened by mass rape in war may also be more likely to choose flight in advance of the enemy attack and may delay return to captured areas²⁰. For those who choose to return to their communities, experiences of rape and atrocity often have sapped their capacity for rebuilding and rehabilitation.

The conflict in DRC embodies this new type of warfare, with its shifting landscape of players who have little or no regard for the tenets of International Humanitarian Law (IHL). The highly violent forms of rape seen in the DRC suggest sexual violence is being used as a weapon of war in this context, serving, at least in some instances, to further the strategic aims of armed groups in the area. Rape of women in front of their families and neighbors has resulted not only in the direct traumatization of the victim, but of communities as a whole. Rape of the very young and very old is commonplace. The fear of infection by HIV or STIs from rape has become rampant and is an added source of stigma for survivors of rape.

There are stated commitments from the UN, international NGOs and governments such as the United States to address the increasingly pressing problem of sexual and gender-based violence (SGBV) in the Congo. One of the most notable of these statements of commitment comes from UN Security Council Resolution 1820, passed in 2008, which identifies sexual violence as a threat to world peace and security and a tactic of war used to dominate, humiliate, terrorize and displace civilian populations. This resolution places sexual violence clearly on the agenda of the United Nations Security Council, identifying such violence as a security issue and recognizing that in its extreme forms it can constitute war crimes, crimes against humanity, and even acts of genocide²¹.

But despite the UN's pledge to address and prevent sexual violence, attacks on civilians in the DRC continue unabated, as the up-tick in violence in North and South Kivu clearly illustrates. Understanding the profiles of sexual violence and its effects is key to addressing the issue of rape as a weapon of war. In 2009, in his one-year report on Resolution 1820, UN Secretary General Ban Ki-Moon noted the importance of analyzing the trends of sexual violence in armed conflict, and, based on this information, the need to craft proposals for strategies to minimize the susceptibility of women to this violence. In particular, he called for more and better data to understand the profiles and manifestations of sexual violence in individual settings, including the nature and risk factors, as well as the motivation of perpetrators²². To study these extremely complex and evolving issues, the Secretary General also called for multiple approaches, including both quantitative and qualitative data collection.

The current project

The present project takes just such an approach – seeking to collect timely and relevant data in this complex setting by utilizing both quantitative and qualitative methods to examine issues with immediate policy and program implications. This mixed-methods research links common themes across qualitative and quantitative instruments, with the objective of better understanding the dynamics and characteristics of sexual violence in eastern DRC. The project addresses the following research questions:

- 1) What has been the experience of women with sexual violence in the Congo over the course of the conflict?

- 2) How can the experience and opinions of sexual violence survivors be incorporated into programs and policies that more effectively address their stated needs?
- 3) How is the phenomenon of sexual violence perceived by other members of the community? Does this perception differ from the perceptions of the survivors themselves and do these differences have substantive negative or positive influence on existing programs and policies? If so, how can these relevant differences in perceptions be addressed to maximize the potential that rape survivors will receive programs and benefit from policies of greatest relevance and effectiveness in terms of their own perceived needs?
- 4) How can projects be designed to better elicit combatant attitudes and experiences with war and with violence? How do combatants perceive their own lives, and what are their attitudes towards ending the war? Further research would eventually explore combatants' behavior in war, especially relating to sexual violence and other human right violations, and possible motivations for this violence.

This project has evolved over the course of several trips to the DRC, allowing for an ongoing investigation that has been informed and shaped by previous findings. During the first trip, surveys were administered to local women in Bukavu, Chambucha and Bunyakiri. Since sexual violence in the Congo has become a wide-spread phenomenon with far-reaching social implications, the focus group methodology was chosen to examine the shared social and cultural notions of violence as held by the general community²³.

Data emerging from the survey revealed further areas of inquiry. In particular, it became clear that local men were important agents in determining how women experienced the short and long-term consequences of sexual violence in their community. Specifically men influenced women's experiences through their reactions to the rape, whether they rejected women from their household in their role as husband or father, and whether they helped women seek treatment. Additionally, in a society where women have limited agency, men have an indispensable role in framing ways to address and prevent sexual violence. For this reason, same-sex focus groups with both men and women were conducted during a subsequent trip to Eastern DRC in January 2008. Finally, since results emerging from the survey and focus groups suggested that combatants were a significant cause of sexual violence in the region, a pilot project was undertaken with members of a local militia to better understand combatant experiences with the conflict. These results will serve to inform future projects looking at the experiences of combatants across multiple armed groups.

Triangulation of results reduces the risk that the findings will reflect systematic biases and can serve to increase the validity of the data²⁴. The use of multiple sources and multiple data collection techniques in this study was undertaken to provide a more accurate, nuanced and precise picture of a complex problem. This paper is organized to reflect this triangulation process. Survey results are presented first, and results from women's focus groups are used to explain and elaborate on these findings. In the next section, women and men's focus group results are presented, with the analysis looking at areas of both agreement and divergence in

men and women's opinions. Finally, the results of the militia research are presented. In the final section, these results will be synthesized and policy recommendations will be made based on these results.

Research Methods

Human subjects protections

All projects described here were approved by the Institutional Review Board of the Harvard School of Public Health Human Subjects Committee. Research approval was also obtained from all partner organizations, including Panzi Hospital and the local NGOs. Verbal informed consent was obtained from research participants and was witnessed and documented by trained study staff. Every effort was made to protect participants from any adverse consequences as a result of this research. No names of participants were recorded, ensuring all data were kept anonymous. Participation in this research was completely voluntary, and participants were informed of their right to refuse to answer any question or to discontinue their participation at any time. Participants were chosen from among those who had already sought services from health clinics or NGOs, to ensure that they were already receiving support for any physical or psychological problems resulting from rape.

Survey design

A survey assessing issues related to sexual violence was generated using input from local non-governmental organization (NGO) staff and nurses. The survey was forward translated into Swahili and backward translated into English by professional translators and then reviewed by four local women to ensure the survey was comprehensible, relevant and culturally acceptable and addressed pertinent issues.

The survey was designed to be appropriate for all women, whether or not they reported having experienced sexual violence. Those who answered "yes" to the question, "At any point in your life, either as a child or as an adult, have you ever been forced to have sex with someone or perform a sexual act against your will?" were coded as being survivors of sexual violence. These respondents were then asked to answer a series of follow-up questions about their most recent experience with rape. For those women who answered "No" to this question, the follow up questions were omitted and they were asked the general demographic and attitudinal questions on the survey. A research team of six local female nurses with experience working on issues of sexual violence was trained in research ethics and survey administration and carried out the local administration of the survey. Given low literacy rates, the surveys were administered verbally in a private place at the clinic or the NGO offices to ensure confidentiality.

Survey sites and sample selection

Due to the highly sensitive and stigmatizing nature of sexual violence, the decision was made to survey only women who had already come forward to seek services related to sexual violence and had already talked about their experiences with a service provider. Again, to avoid possible stigmatization of survey participants, at no point in the recruitment was the stipulation made that participants should be survivors of sexual violence. However, since recruitment was done through organizations that provided sexual violence services as part of their range of programs,

the majority of women recruited did report experiencing sexual violence. Inclusion criteria were women of 18 years of age or older presenting for any reason to three sites with known sexual violence programs: a large regional referral hospital (Panzi Hospital) and two small rural non-governmental organizations (NGOs). From this pool of potential respondents, women willing to participate in the research were enrolled in the study and administered the survey. The potential bias associated with recruiting only at a large reference hospital was addressed by also recruiting women presenting at much smaller and more rural NGOs.

The Panzi Reference Hospital in the city of Bukavu and local NGOs in the rural villages of Chambucha and Bunyakiri were chosen as survey sites due to their relative accessibility to the research team and because both villages had local grassroots NGOs with sexual violence programs (See map). Recruitment for participants varied according to field site. At Panzi Hospital, a nurse explained the research project to women seeking obstetric and gynecological care at the hospital. Each morning, volunteers were recruited at the prayer service held for female patients and surveys were administered to enrolled women over the course of the day. Recruitment and data collection occurred from July 29, 2007 to August 3, 2007 until all women willing to participate in the research were accommodated. Women were compensated with a meal for their participation, in accordance with hospital guidelines.



In Chambucha and Bunyakiri, the directors of each local NGO were asked to recruit participants one week prior to the survey by spreading word to women seeking services through the organization that a questionnaire would be administered over a two-day period in their village. In Chambucha, recruitment was done from August 1 to August 8 and surveys were administered from August 9 to August 10, 2007. In Bunyakiri, recruitment was done from August 7 to August 14 and surveys were administered from August 15 to August 16, 2007. Only women who could easily travel to the research site were asked to participate. Women who were interested in participating were asked to come to the NGO facility in the morning and were provided with

lunch for their participation. Possible reasons for non-participation of women who learned about the study were: inability to travel to the NGO or duties in the home or field, fear of reprisal, and reluctance to talk to unknown people. All women who arrived at the survey sites on the appointed dates were surveyed, excluding two women who were under 18 years of age in Chambucha and one woman under 18 years of age in Bunyakiri. These women were still provided with lunch.

Outcomes of interest included: number of women reporting: gang rape, abduction, assault by men wearing uniforms, children born of rape, and rejection by family or community. The survey also addressed attitudinal questions about usefulness of different sexual violence services and willingness to prosecute rapists for their crimes. The groups recruited from Panzi Hospital and the field clinics were statistically compared to determine whether significant demographic differences existed among these groups. Sample size was determined by the number of women present at these facilities during the recruitment period. One hundred and eighty surveys were administered in Panzi Hospital and 75 were administered in two rural field sites, resulting in a total of 255 respondents.

Men and women's focus group design

Focus group discussions were conducted in Swahili, the language of general communication in DRC. Focus groups consisted of between six and 12 participants and lasted between 90 and 120 minutes. Moderators of the focus groups were nurses or NGO staff who had been trained in focus group techniques. All groups were attended by a moderator and were recorded with permission of the participants.

Focus group sites and sample selection

Five women's focus groups were conducted. Participants were recruited from women seeking any type of medical service at Panzi Hospital in Bukavu during the month of January, 2008. In total, 45 women participated in the five focus groups. The average age of female participants was 37.3 years. The average group size was 9 people. Focus groups were conducted from January 24 - 28, 2008.



Focus Group with Women at Panzi Hospital

Five men's focus groups were conducted. Participants for two focus groups were recruited from men accompanying family members seeking any type of medical service at Panzi Hospital. In order to gain perspectives from a wider and more diverse range of men, participants for three more focus groups were recruited from churches and through a local NGO in Bukavu. In total, 41 men participated in the five

focus groups. The average age of male participants was 36.5 years. The average group size was 8.2 people. Focus groups were conducted from January 29 - 31, 2008.

Militia interview design



Michael Vanrooyen and Jocelyn Kelly speak with Mai Mai militia in Katogota

In consultation with partners at the NGO 'CAMPS', a set of interview questions were designed to assess issues related to combatants' experiences with the conflict, their time in the militia, and their opinions about sexual violence. Interviews were conducted by two local male interviewers with experience working on issues of sexual violence in the DRC. Interviewers were trained by the lead researcher on open-ended questioning techniques and the research protocol. Twenty-five members of the Mai Mai militia group were interviewed in group

interviews over the course of two visits to eastern DRC. All interviews were audio-recorded with permission of the participants and, in the case of the Mai Mai soldiers, with the militia command.

Access to the Mai Mai militia group was negotiated in December, 2008 through contacts with a staff person working with CAMPS. The lead HHI researcher held meetings at several levels of command with a sub-group called Mai Mai "Shikito" in Bukavu over the course of a week. Research access was negotiated by HHI and CAMPS with the commanding colonel of a unit living in the forest outside of the town of Kamituga in South Kivu province (See map). Since the town of Kamituga is under the supervision of the FARDC¹, the Congolese national military, a 48-hour amnesty was granted to the combatants, who disarmed at the town border and came in for the interviews. On the first day, the participants were given an introduction to the project and two pilot interviews were conducted. On the second day, 15 interviews were conducted by two trained field staff in a private setting.

On the second trip to the DRC, the HHI team met with the General of the Mai Mai Shikito group in Bukavu and negotiated access to the Mai Mai-held town of Katogota in South Kivu (See map). Mai Mai soldiers were assembled in a communal area by the local command staff and a hut was used as a private setting to conduct interviews. Eight interviews were conducted by the same field staff who had conducted interviews on the first trip.

¹ The Forces Armées de la République Démocratique



Data analysis

Survey analysis

All data were stored in the lead researcher's laptop and entries were password protected. Analysis was done upon return to the United States. The tabular survey data was first entered into an Excel spreadsheet and analyzed using SAS 9.2 (SAS Institute, Cary, NC). Tests of significance were calculated for crosstab comparisons, (Cochrane-Mantel-Hansel chi-squares). The Panzi and field clinic groups were statistically compared to determine whether significant demographic differences existed among these groups. Sample size was determined by the number of women present at these facilities during the recruitment period. One hundred and eighty surveys were administered in Panzi Hospital and 75 were administered in two rural field sites, resulting in a total of 255 respondents.

Qualitative data analysis

Transcription of the focus group and interview audio-files was done by three translators native to eastern DRC and now living in the United States. All translators were knowledgeable about the war in the DRC and are currently either students or teachers in the U.S. higher educational system. These documents were then translated into English. Inductive coding, or open-coding, was conducted on the transcripts by three HHI researchers upon return to the U.S., permitting the data to determine which codes were most significant. Next, categories were constructed based on those codes most relevant to the study research questions¹⁶. Subcategories were developed to capture variations within a category and axial coding was used to examine relationships between categories. A codebook was created using NVivo 8 (QSR International, Cambridge, MA) and refined as subsequent interviews were added. One coder did all qualitative coding. Themes emerging from each focus group were identified and compared across groups.

Women's Experiences of War-related Sexual Violence: Results from Survey and Focus Groups

In this section, the results of the survey of survivors of sexual violence will be presented by theme. Women's focus group results elaborating on the survey results will also be presented, allowing data from women themselves to help explain the nuances of, and reasons for, some of the quantitative results.

Demographics

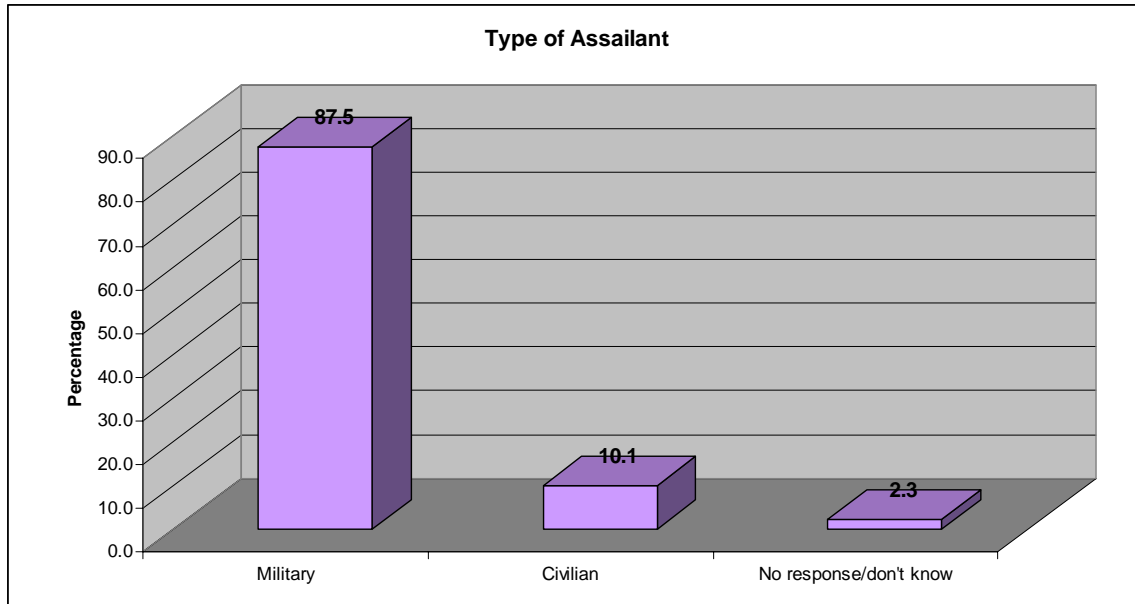
The mean age of women surveyed was 36 years, with an age range of 18 to 76 years. The average number of children per woman was 3.6 with a range of 0 to 12 children. Table 1 contains details of the population demographics. The vast majority of women were Congolese (95.3%). Almost half of the women were married (47.5%) and nearly one-quarter (23.9%) reported that they had been married, but that their husband had abandoned them. The large majority of women reported receiving no education (72.2%) or primary education (21.2%). When comparing differences between Panzi and the field sites, no significant differences were found (using t-tests and chi square tests) for age, number of children, nationality, marital status (married versus single), or education (none vs. any).

Profiles of assaults

Those women who reported experiencing rape in the survey (75.7%) were assaulted by 2.83 attackers on average, with a range of one to 10 attackers. The majority of women reported they were assaulted by a stranger (87.6%), as opposed to an acquaintance, friend or family member. Three-quarters of women (68.9%) reported gang rape (rape by more than one person). Women were classified as having been "abducted" if they were taken from the place of attack and held by the assailant for a day or more. Forty-six percent of women reported being abducted by their assailant. See Table 2 in Appendix A.

Numbers at a Glance

- ♦ Women assaulted by 2.83 attackers on average
- ♦ 83% of women reported that their attacker was wearing some kind of military uniform
- ♦ 69% reported experiencing gang rape
- ♦ 55% of survivors had to travel for over a day to access SGBV services
- ♦ 46% of women reported being abducted by their assailant
- ♦ 45% of survivors waited a year or more before seeking SGBV services
- ♦ 29% of women rejected from their families as a result of rape
- ♦ 13% of women reported having a child from rape
- ♦ 6.2% of women reported rejected from their communities as a result of rape
- ♦ 4.2% of the women reported receiving SGBV services within 72 hours of the attack



One question addressed whether the woman's attacker was wearing any kind of military uniform. For the respondents' safety, we did not ask which group she thought her assailant belonged to; thus these results cannot be used to make inferences about which military group or groups were responsible for the attacks. Eighty-three percent of women reported that their attacker was wearing some kind of military uniform. Women who reported a uniformed attacker were three times more likely to have also been gang raped (odds ratio 3.314, 95% confidence interval 1.159 to 9.508, $p=0.022$).

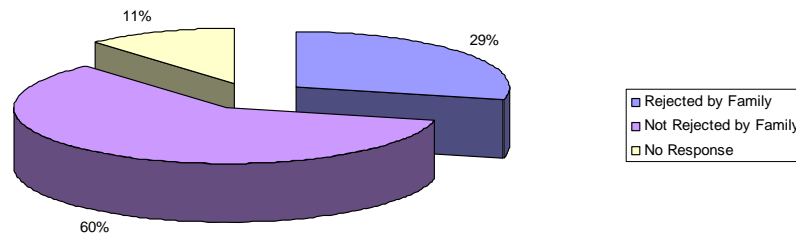
In the focus groups, descriptions of rape were overwhelmingly mentioned in conjunction with other acts of violence related to the conflict. Soldiers, and most often "foreign soldiers," were blamed for the attacks on women. Gang rape and rape in public were often described as occurring in tandem with attacks from armed men on villages that also involved looting, abduction of the victim, forced incest, and injury or execution of family members. As one woman said, "There are those who use the gun tips or sticks, others can introduce their hands or torches in your vagina."

"Your husband will not accept to stay with such wife whereas there many other women who are in a good health."

Rejection

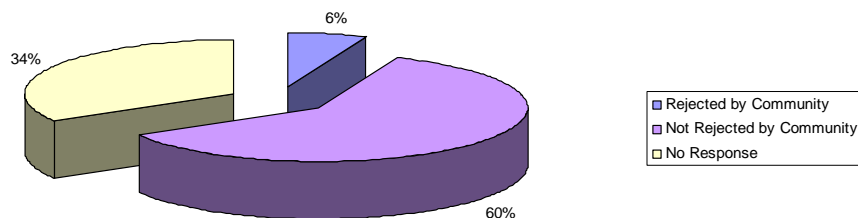
Women who have been raped are viewed with marked negativity by their communities and family. Twenty-nine percent of women said they were forced to leave their families as a result of having been raped and 6.2% of women reported being forced to leave their communities as a result of having been raped. Fifty-eight percent of women reported feelings of general isolation after their attack. See Table 3 in Appendix A.

Women Rejected From Family



In all focus groups, the issue of stigmatization and rejection of survivors of violence arose spontaneously and remained a dominant theme throughout much of the discussion. Women reported that stigmatization in the community was often expressed as gossip or “finger pointing” (*kushota kidole* in Swahili) which intensified their feelings of shame (personal feelings of disgrace or inadequacy) and humiliation (the act of being degraded by others). In four out of five focus groups, women specifically reported that community and family members put the blame of rape on the women.

Women Rejected by Community



Women in each focus group talked specifically about being rejected by their husbands – one of the most commonly cited reasons for this was a husband’s fear of disease and “contamination” from his wife. Describing men’s reactions, one woman said, “They reject us. They know that we have been raped and that we have been infected. So to save their lives they abandon you.” Fistula was also described as a risk factor for rejection. As one woman said:

Your husband will not accept to stay with such wife whereas there many other women who are in a good health...He will tell you that he can not live with a wife who is wetting her bed everyday.

In two focus groups, gang rape was specifically mentioned in relation to family rejection, strengthening the result from the survey that women who experienced gang rape were more likely to be rejected by their families. One woman summarized the phenomenon:

Your husband will say he cannot keep a woman who has been raped by the whole battalion, and he will abandon you. When you go to your parents' house, they will ask you why you have destroyed your marriage.

Women offered an explanation of why rejection by one's husband increased the likelihood of being rejected by other family members. As one woman said, "Your husband is the first person to reject you [after rape], and then comes your family. Your family will say that it is not able to deal with your problems and then they reject you."

In all but one group, however, women also noted that in cases when a man truly loves his wife he may choose to assist rather than reject her, particularly if he is aware that she tried to resist the rape. If a husband chooses to support his wife, women said this response can act as a powerful resource to protect against community stigmatization. One woman explained, "There are men who really love their wives, so they won't disclose what happened. They will take their wives to the hospital. They don't like other people to humiliate their wives."

Children from rape

Thirteen percent of women reported having a child from rape. All women surveyed were asked whether a woman who had a child from rape could accept this child. The responses of women who reported having children from rape did not differ significantly from women who did not report having a child from rape.

The negative consequences of bearing a child from rape were significant. Women who did have children from rape were almost five 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.) $p=0.021$.

"If you give birth to a child after you have been raped, how can you think you will be able to go back to your husband?"

In all but one focus group, women reported that survivors of sexual violence often get pregnant after rape. Having a child from rape was cited as one of the reasons a husband would reject his wife. As one woman said:

If you give birth to a child after you have been raped, how can you think you will be able to go back to your husband?

In three groups, women mentioned specifically that when you have a child from rape, the father is "unknown" – a phenomenon that leaves the women alone to shoulder the responsibility of raising the child and facing negative community reactions.

Justice

One section of the survey addressed questions of justice and prosecution of rapists. Fifty-eight percent of women said they would like to see their attacker arrested. Often, women who

answered “no” to this question did so because they expressed feelings of skepticism during the survey about the capacity of the police force to carry out arrests, rather than a lack of desire to see their attacker punished. Women were also asked whether they would personally be willing to pursue legal action against their assailant. A smaller proportion of women (48.2%) responded “yes” to this question. 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, $p=0.012$). See Table 4 in Appendix A.

All focus group discussions strongly emphasized that perpetrators of rape deserve to be punished. Participants stressed, however, that the Congolese government was ineffective and the judiciary system was flawed and corrupt:

If someone who has raped is caught, because in my village even civilians and our militaries also are involved in rape, the best thing to do is to punish that person. If that person is sentenced, it can be helpful. But most of the time, nothing is done. They can put that person into jail; he will pay money to the policemen who will release him. You remain suffering for your entire life.

In three focus groups, women stated they were concerned about “revenge attacks”, including rape or murder, once a perpetrator is released from prison:

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.

Women also described how they might be attacked by men not connected with the original assault, who did not want women speaking out against rape and violence.

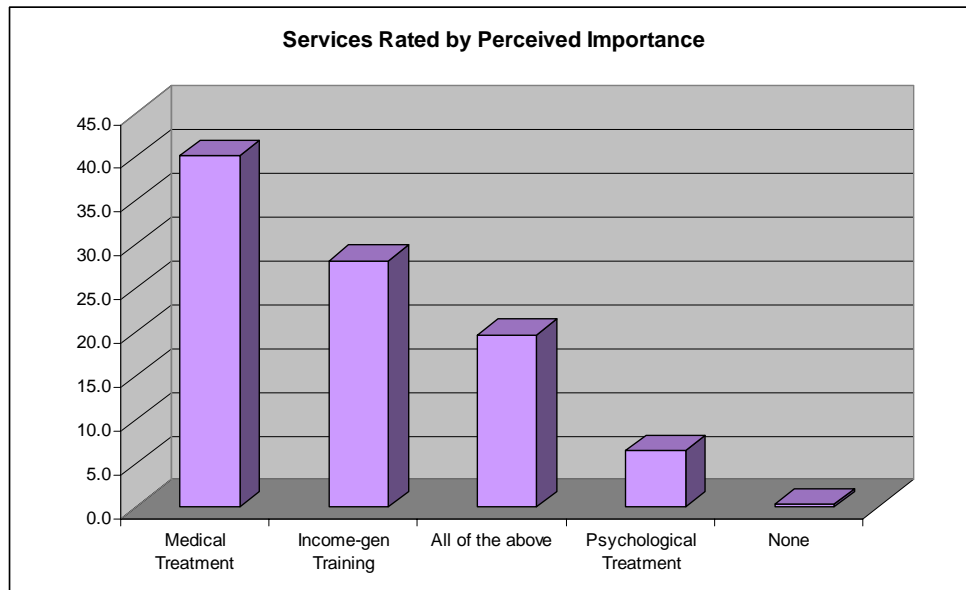
Services

The survey examined sexual violence survivors’ opinions about services they have received and would like to receive in the future. Forty percent of the women surveyed said medical services were the “most helpful” (40.2%); the next most popular was income generating training (28.1%). Only 12% of women

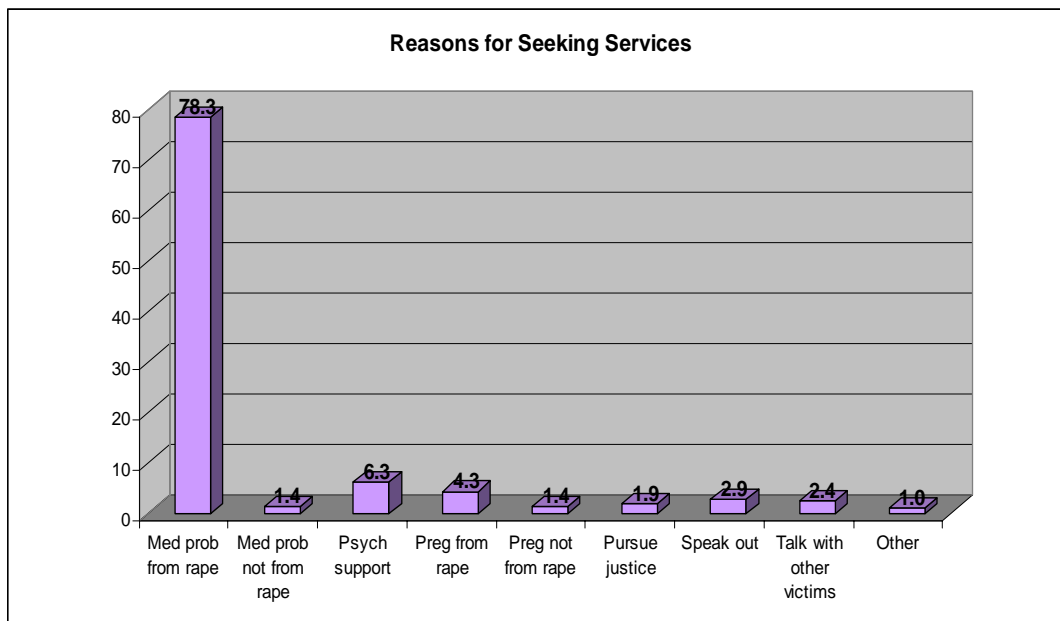
Risk Profile

- ♦ Women attacked by a man in uniform were 3 times more likely to have been gang raped
- ♦ Women who had children from rape were almost 5 times as likely to report community rejection than those who did not
- ♦ Widowed women were almost 5 times as likely to report feelings of general isolation compared to married women
- ♦ Women who were abandoned by their husbands were almost 3 times as likely to report feelings of general isolation compared to married women
- ♦ Women who were gang raped were 4 times more likely to report experiencing rejection from their family, compared to women not who were not

surveyed said they received any educational information about the possible consequence on sexual violence when they sought SGBV services.



Almost half of women polled (45.5%) waited a year or more before seeking SGBV services. Fifty-five percent of the women stated that it took them over a day to travel to SGBV services and only 4.2% of the women reported receiving SGBV services within 72 hours of the attack – a medically important window of time in which victims can be given prophylaxis for STIs and HIV. When asked why they waited to seek services, 41.4% of women said they did not have enough money for either the transportation or the services themselves. Roughly one-third (27.1%) of women said they did not know SGBV services existed and 13.3% of women said they did not want others to know they were seeking assistance for sexual violence. Two-thirds of women said the reason they sought services were for medical problems associated with rape. Very few sought services for psychological support, and very few reported seeking services for a medical problem not associated with rape.



In the focus groups, women were extremely positive about income-generating interventions, though it must be noted that none of them had experienced these programs directly. As one woman said:

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.

Education and continued learning for both for the survivors and their children was also extremely popular, since women stated that this was a way for them and their children to get better jobs now and in the future:

Also we are forgotten by our fellow Congolese, it could be good if they could put us together as it is done here, and help us with vocational training to get new skills. If it is possible, please help us to be freed from shame, so as we can gain respect from others.

Discussing the services that might be most helpful, women were also extremely positive about sensitization programs to help communities understand how to accept survivors of rape. Additionally, a form of marriage counseling was suggested to help husbands and wives move past the trauma of the attack. As one woman put it, “There is a need to teach both husband and wives. To tell them that what occurred was just an accident that neither of them wanted to happen.”

Women also noted that one way to help them reintegrate back into their families, or to prevent their husbands from rejecting them at all, was to prove they were not infected with HIV or STIs. For this reason, STI testing was described as an extremely important intervention. This result will be discussed further in the next section.

Women and Men's Perspectives – Focus group results

In this section, findings from focus groups with men and women are compared and differences explored in an attempt to better understand the ways men and women think about sexual violence in their communities.

Roots of rape in eastern Congo – “Psychological and mental destruction”

Female and male participants in the focus groups identified the first Congo war, and the associated influx of foreign armed actors into the region, as the starting point of rape as an epidemic in eastern Congo. Groups like the *Interahamwe*, a Hutu paramilitary organization that helped carry out the 1994 Rwandan genocide and eventually formed the FDLR were feared for their reputation of carrying out brutal attacks. Most participants agreed in their assertion that sexual violence began as a result of the conflict, and the associated proliferation of armed groups in the region.

While the majority of men and women defined rape as sex without the consent of one partner, many also equated and defined rape as destruction of the entire community, associating it with the spread of disease, the drop in value of a woman as a wife or prospective wife, and the breakdown of communal and familial relations and social structures. When asked to define rape, one male participant stated, “rape is destruction,” while another explained that “It is psychological and mental destruction for the victim.” Another male participant explained:

The problem is destroying our households and families, foreigners are coming and raping our wives, devastating them. Since you are not God or an angel, you will stop loving her. That is why we say those people are ruining our communities.

Both women and men were able to identify many types and dimensions of sexual violence, from

“In my community, it is mostly militaries [who rape]. The Interahamwe are the ones who brought sexual violence here. There are also criminals wearing military uniforms, but finally it is becoming common for civilians to rape.”

the geographic locations where rape usually occurred to types of violence committed, including: sexual slavery, forced sex with family members, rape with foreign objects and public rape. Many women stressed the impact that sexual violence carried, both physically and emotionally, agreeing with one woman's comment: “Whenever [a victim] sits, she thinks about that moment. That is the only thing she dreams about.”

Participants also acknowledged that rape has become a norm for many men who have grown up in the recent decade of intense fighting. However, all participants stressed that rape had not been a Congolese problem until large numbers of foreign militias in the area “brought” the

problem to DRC. When questioned as to why SGBV was now being committed by Congolese, women and men were in agreement, describing how rape evolved from what they characterized as a problem caused by “foreigners” to one that is now commonplace in civilian society. One man's description of the process was accepted by many participants. He said that, over time,

foreign militias forced young Congolese men to rape and pillage on their behalf, and that since then:

[Congolese] have copied that form; those people who raped your wife or your sister in front of you, or required you to sleep with your sister. Witnessing such incidents can affect you emotionally. Then, those who have witnessed those incidents sometimes repeat them because they start to think it is normal to behave like that.

Another man noted:

In my community, it is mostly militaries [who rape]. The Interahamwe are the ones who brought sexual violence here. There are also criminals wearing military uniforms, but finally it is becoming common for civilians to rape. Boys as young as ten are raping little girls who are five, two even younger...

Total impunity for rapists was also cited as a reason for the spread of sexual violence in the country. As one man said, "If people see that those who rape are not punished, then they understand that they can also do the same without fearing any consequences."

Participants also emphasized that poverty, unemployment and traditions are motives for rape. These themes were repeatedly identified as key and interconnected issues to sexual and gender-based violence being experienced in the region. Throughout the majority of the discussion most women talked not about the actual act of rape, but rather about the humiliation, shame, and repudiation they faced upon returning to their communities. The majority of men also agreed that these challenges were the greatest ones faced by survivors of rape, making rape not only a physical and psychological problem, but also a problem of social isolation.

Stigma, rejection, and shame – “How can you feed yourself spoiled food?”

Fault and Blame – “They can’t understand that you have been forced”

Almost all male and female participants in the focus groups agreed that women were not to blame for being raped, though many recognized that blame of the rape victim was the basis for many negative community reactions. When asked if women who have been raped are guilty, one man said “[Women] are not guilty since they have been raped against their will,” while another said, “let us agree on one thing. When you ask whether they deserve to be rejected, the answer is no.” Some men, however, still suggested that sometimes women provoked rape by wearing revealing clothes, traveling at night, or being far from their community when it happened.

“They can’t understand you have been forced, and it is not your fault.”

Although women participants made it clear that they were not to blame for rape, they noted that community perceptions of rape victims being at fault led to the rejection and stigmatization women face. As one woman said:

If you are a girl [who has been raped], your parents will start mistreating you, they can’t understand that you have been forced and that it was not your fault. You will never get married. They will chase you because you are not worth anything; you lose all your value because nobody will marry you.

Despite the concurrence between men and women on the issue of rape victims' guilt, the experiences of women after rape were characterized by rejection and overwhelming stigma, often brought about by the manner in which many communities received survivors of rape upon returning home.

Gossip – “We would like to see them stop talking about us”

One of the most prominent themes that emerged in focus group discussions was the role gossip and ridicule played in shaping community responses to rape and suffering in women's lives. In response to questions about what women would like to see be done about rape, one replied simply, “We would like to see them stop talking about us.”

In both men's and women's focus groups, participants suggested that because many people in the community primarily got all their news and information from word of mouth, it was mainly through gossip that a community came to know who, when, and where women were raped. Even though many women identified women's groups as one of the best ways to cope with the shame felt after being raped, they were quick to point that this created problems as well, as a major consequence of the tradition of gossiping was the quick spread of word after telling just a few friends. As a result, one woman argued that rape victims should not tell others, “Because when you tell it to your friend, she will not keep it for herself, thus it will be spread.” Another woman said that “Neighbors are always reminding me what happened.” Women and men alike again and again noted that gossip was one of the most hurtful ways in which communities contributed to the stigma and humiliation rape victims experienced. One woman explained:

When [other women] see you walking, if it is two of them, they start gossiping and they say: ‘do you know that this woman has been raped?’ They can behave like that because they have never experienced such situation. When we see that, we are heart broken because everyone is talking about what happened to us - then they start finger-pointing us, and you start crying. We are not even able to go to church to pray.

Participants stressed that gossip creates problems at the communal and familial levels for survivors of rape and their husbands.

If in your neighborhood people know that you have been raped, they will be mocking at you wherever you will be, and say don't consider that person, she has been raped.

Haya – “You feel like you are nothing”

At its most extreme, the stigma associated with “finger-pointing” and gossip resulted in rape survivors being forced to leave their own families and communities – this was a dominant theme in all focus groups. Women's narratives expressed how rapes resulted in enormous *haya* (Swahili for ‘shame’), and this represented one of their greatest obstacles to their own recovery and their re-integration into society. As one woman described:

If you are a married woman, you will have problems with your husband. He will be ashamed because he has shared his wife with the Interahamwe, and maybe you have been contaminated by them.

Men agreed that the biggest challenges that rape survivor's face are the *haya* and humiliation cast on rape survivors by the community, often as a result of being rejected by their husbands.

Another female participant described that rape can make women feel “ashamed and unable to sit where other people are, you feel like you are nothing,” while her colleague said that “people in the community will hate you and wherever you go they will say that this person has been raped.” Women overwhelmingly listed shame and rejection by family and community as the worst consequences of rape. However, some women noted that their communities did help them by taking them to the hospital and counseling them. “The most important thing they do is provide us with counseling; they encourage us, telling us that we should not worry because it can happen to anyone.”

[Men whose wives have been raped] feel ill at ease; they believe to have lost their dignity and self esteem.”

Women also outlined a certain dichotomy in men's reactions to the rape of a woman. Men seemed less likely to reject a female relative, such as a sister or daughter who had been raped, compared to a wife. Women reported that male relatives may feel angry, sad, ashamed, or fearful that the relative would be regarded as “tainted or unmarriageable” after rape, and worried that she may no longer be able to support herself. However, they may also try to assist the survivor with money, food, clothes, advice and possibly with transport to a health facility. A husband, on the other hand, is more likely to simply reject his wife after rape.

When asked about the reason for the difference in men's reactions and the possibility for inconsistency, participants noted that male relatives may truly love the victim because of blood relations, while the husband may only see his wife as a burden. The fear of disease arose in almost every discussion of rejection, as both men and women repeatedly cited fear of “contamination,” the language participants used for sexually transmitted disease (STIs), especially HIV/AIDS, as to why husbands abandon their wives. When speaking about how husbands react to rape, one woman said, “They get very angry and then they say that you are going to contaminate them. He will insult you saying that you are a wife of several men and that you have been contaminated by them.” Another woman reinforced this, saying “They reject us. They know that we have been raped and that we have been infected. So to save their lives, they abandon you.” Only one focus group, a group of homeless men, differed in their fear of disease, saying that “We can't fear AIDS because we consider ourselves to be already dead.”

Other factors that contributed to rejection were that men did not want to raise children that were not their own (i.e. children born of rape), and that they felt pressure from their families to leave their wives. As one woman said, “If your husband really loves you and doesn't want to repudiate you, his family is going to influence him saying ‘she has contracted diseases and she is going to kill you. Find another wife.’”

Women did note that the fear of STIs provided a potential intervention point. Testing negative for disease was often cited as a first step to being able to reintegrate into one's family or community. As one woman said:

If those organizations [that test for STIs] know your husband, they can invite him for advices. They can show him documents you got from the hospital proving that

you are not infected. In that situation he can accept to take you back home. But if you are infected he will reject you immediately.

Men's narratives also repeatedly brought up HIV/AIDS as the reason a man "must" reject his wife. As one participant said when asked why he would reject his wife after rape, "You fear she might be HIV positive," while another also said, "because of fear of disease." One male participant noted, "How can you feed yourself spoiled food?"

These results beg the question of what happens to women who do test positive for STIs or HIV, highlighting the need for better services for very vulnerable women. This issue will be discussed further in following sections.



A lab at Panzi Hospital

Men's Shame and Humiliation – "The husband will lose his power in the family"

Participants from the men's groups emphasized that husbands of women who have been raped experience stigma and *haya* as well. Men were quick to acknowledge women's suffering, but also emphasized that they experienced trauma indirectly as well. As one participant put it, "A man whose wife was raped is traumatized and feels humiliated in front of other men." Another male participant suggested that men's shame was one of

the reasons many rejected their wives, saying, "You can't live with that woman because sometimes when those aggressors come they will tie you and give you a torch to help them have light while they are raping your wife."

One man explained that if one's wife is raped it also deeply affects the husband:

[Men] whose wives have been raped] feel ill at ease; they believe to have lost their dignity and self esteem. If your wife belongs only to you, you feel proud and you think you have something that others don't have. But if she is raped, you lose your pride and you are worth nothing in the community.

Men also made clear that if your wife is raped they will be laughed at and ridiculed because their wives slept with other men. One man noted, "Men whose wives were raped feel inferior when they compare themselves to other men." Participants from the men's groups also defended their inability to react to rape, saying that it is a direct result of them being traumatized. "When [the assailants] come, they are fortified with weapons; we get traumatized, and that is why we are unable to react." Men also stated how this inability to protect one's wife can lead to discord in the home.

Male participants explained how these feelings of impotence lead to a weakening of the man's traditional role, "The husband will lose his power in the family because the wife will be implying that he is weak and unable to protect her." As one participant noted, this leads men to "become emotionally and physically weak. They cannot have a normal sexual life."

Husbands' Responses to Rape - "If your husband doesn't humiliate you, other people won't"

As discussed in the previous section, the husband's response was central in determining the experiences of women after being raped. One exchange in a women's focus group frankly outlined the process:

Q: If the husband welcomes you back, are there any problems from the community side?

R: We don't care about what the community thinks if our husbands accept us back.

Q: If your husband accepts you back, does it stop gossiping from other people?

R: Yes

Women repeatedly stressed how important the relationship to their husbands is in determining the community and family responses to the rape victim. Yet most men in the focus groups stated they had no choice in the matter. Men consistently painted a picture where the need to follow customs, a fear of disease, and feelings of shame and embarrassment after witnessing and failing to protect their wives from rape led many to believe that they had to reject their wives. "Listen, we are trying to understand and help each other here. When she has been raped, you will begin to fear that she has been contaminated. When you think that she might be infected with AIDS, you will abandon her even if you love her."

Acceptance, with exceptions – "He won't take care of you any more"

Male and female participants noted that in some cases women were accepted back into the household after rape. Discussing the differences in community responses to rape victims, one man said:

In some communities, if that [rape] happens to a woman, they will try to analyze how that situation occurred, and then take the woman to the hospital. If she wasn't infected she will go back with her husband. I am aware of many cases here in Bukavu because of what happened during the war of "Mutebusi"², I know one in which the wife and the daughters have been raped in front of the husband, but until now they are still living together.

"Even if your husband is not looking for other women [after the rape], he won't take care of you any more; even your own children can start thinking that you have been contaminated."

Another example given by a female participant reinforced the notion that some men do take their wives back into the home after rape, and that they are then able to move forward with their lives:

² In 2004, Jules Mutebusi, a colonel suspended from the Congolese army, joined forces with Laurent Kabila, a former rebel and later general in the national army who had decided to leave the government. The two men and their troops attacked the city of Bukavu in May 2004, in what is now known as the "war of mutebusi." After two weeks of heavy fighting between the Congolese army and Mutebusi's forces, Mutebusi and Nkunda took Bukavu. At the time, Nkunda reportedly told his soldiers, "the city is yours for three days," spurring a period of rape, pillage, and indiscriminate killing that lasted until the Congolese army retook the city one week later.

There is a woman who has been raped but her husband didn't reject her. They are still living together and they are fine. After the rape, they received some money from church and that is what has helped them to survive. If that man had repudiated his wife, their children might have died. Since he accepted to take her back and was assisted by the church, their family is happy, and their children are still alive.

Yet participants made it clear that even if a wife is not rejected, home life might become dysfunctional – sexual relations may end and the husband may become more abusive towards his wife. As one man said, "If my wife has been raped, even if I used to love her, I won't feel like having sex with her anymore. I won't be fulfilling my duty." Another man related a story of a husband discovering his wife's rape after marriage:

I can share with what happened in my family to illustrate how that [rape] can be destruction. When my sister in law got married, she was not virgin. I am sorry to say this kind of details, after the wedding, the old woman who is in charge of checking the bride's virginity went to see the bed sheet and there was not blood in it. Then she came and told my family in law that the bride was not virgin, and it was a shame for the whole family. Since then, nothing works in their household, the husband keeps on insulting her everyday telling her that he was so disappointed with her. Now he has sent five letters to his family in law telling them that he want to divorce.

Women agreed that if they remained with their husbands after the rape, this fact would not guarantee a return to a normal life. As one woman said, "even if your husband is not looking for other women [after the rape], he won't take care of you any more; even your own children can start thinking that you have been contaminated." Another woman described the cycle of blame and anger that can develop: "The husband and the wife will be quarrelling every day, the man will blame his wife because she didn't resist, and the woman will blame her husband because he didn't protect her."

Social determinants of sexual violence – Custom, impunity, and poverty

Local Custom - "You don't have any value for him."

The role of local custom in creating an environment conducive to the stigmatization and rejection of rape victims was noted by both men and women in the focus groups. Women perceived that the root of the stigma problem lay in local customs, such as levirate marriage³, the concept of women as property, and the idea that women who have been raped bring misfortune into the family. One woman explained when asked why women face such harsh responses from their community after rape that "first, it is rooted in our customs. If you have sex out of your marriage, nobody will consider you a woman."

Women from the focus groups emphasized that certain customs that had always been directed towards female adulterers were now being applied to victims of rape. "In my village, when the husband is sick, customs don't allow women who committed adultery or have had sex with anyone else to look after their husbands." One man described that according to local custom, "If

³ Levirate marriage is a type of marriage in which a woman is required to marry her deceased husband's brother.

the husband gets sick, the wife is not allowed to look after him because she has been raped. Otherwise something would happen and the husband will die.” The majority of men agreed that this was the case, and used the practice to justify their rejection of women. One man noted that he rejected his wife “because it is taboo for a woman to have sex with someone who is not her husband,” and when further prodded to answer why this is the case even if she was forced to have sex, he said, “even if it was against her will the community does not want to understand. They need to be educated to understand that kind of situation.”

Despite the fact that men stated women were not at fault for being raped, men’s narratives repeatedly used custom to defend the stigmatization and rejection of women. As one man explained, “this is what happens according to our customs,” while yet another participant echoed this by saying that “the thing that pushes the family to take such action [rejection] against the woman is that when in the future the husband gets sick such a wife is not allowed to look after him.” One female participant explained a devastating result of this “custom”, describing how:

When those who have raped get released and they go back home, the husband won’t allow them to touch the baby because they think they are bringing a misfortune. The baby can spend two days without being breast-fed. This is a big problem.

Men characterized women who had been raped as having “lost their value,” because of the importance placed on virginity at marriage and a belief that women who have been raped bring misfortune into the household. Women participants similarly determined that rape lowered the “worth” of women as daughters, wives, or prospective wives, and suggested that this was one of the main reasons for repudiation, “You don’t have any value in front of your peers. Wherever you go, people will always despise you.” Participants also made clear that the rejection and stigmatization of rape victims varied from community to community based on differing local customs:

In some communities, if a woman commits adultery or if she has been raped, she will be punished immediately. As Congolese, we have different customs and traditions. For some customs, a woman who has been raped is not allowed to go back in her household. She should kill her self because it will bring misfortune to her family, and it is written also in the Bible. In other communities, if that happens to a woman, they will try to analyze how that situation occurred, and then take the woman to the hospital.

When pressed about determinant factors in the repudiation of rape survivors, men noted religion, education, customs, and economic status were factors that affected how a survivor might be treated.

Justice – “Justice is nonexistent”

All groups felt that perpetrators of rape should be punished. Discussions, however, revealed widespread distrust in the justice system and a belief that the rule of law was not adequately enforced, as echoed in the previous section. One female participant went so far as to say that “We are slaves of [armed groups], they can do whatever they like and we can’t do anything about it.” Another participant

“We are slaves of [armed groups], they can do whatever they like and we can’t do anything about it.”

emphasized the pervasive corruption, saying, “The justice is nonexistent. If you have some money they might listen to you, but they will do nothing.”

The ineptitude of the Congolese government and the flawed and corrupt judiciary system mean that often men and women settled their disputes at the community level. Men and women alike expressed a clear hierarchy within communities, where there was an established path for seeking assistance and solutions to community problems, beginning at the family level and working up towards the chief of the neighborhood. For the most part, men and women participants concurred that men are the decision-makers, and although some women argued they influenced their husband’s decision, the process of seeking justice was portrayed as one that needed to be led by a man. Yet as one woman noted, “We feel that with the kind of husbands we have we cannot lean on them when we have problems. They won’t even go to the local authorities to see if there is something that can be done.” Rape survivors were skeptical that male-led justice was an effective option. Female participants overwhelmingly said that outside of the flawed and corrupt justice system they had few options. They couldn’t go to their neighbors for assistance because of the “shame”, and other avenues of possible assistance such as churches and women’s organizations remained problematic as well because of the stigma and shame rape survivor’s experienced.

Within communities, women’s narratives showed that they thought the best thing for men to do in response to rape was to accept them into the household and assist them in seeking medical care and treatment. Women noted there was little else men could do, as most perpetrators were armed. In contrast to women, men thought that it was their role and duty to protect women, and expressed emotions of shame and embarrassment that they could not do so. Their inability to protect their households was one reason listed as to why men rejected their wives.

Outside of the community, foreign soldiers are still seen as the primary destabilizing source and the root of the violence, and the most frequently suggested solution to the problem of rape in both men and women’s groups was expelling foreign soldiers from the country. Many participants, both male and female, noted that this option was unrealistic, and indicated that due to the flawed and inefficient justice system, the best form of punishment would be the death of all perpetrators of rape. One survivor of rape said that “For me, I think if they killed anybody who commits that kind of action, they could stop the rape.”

Livelihoods – “When they came, they took everything”

Asked what the major problems were upon returning home after being raped, women repeatedly complained of restricted access to their fields, lack of income-generating activities and access to markets, and not enough money to feed or send their children to school. Participants consistently and spontaneously brought up economic issues throughout discussion. Women emphasized that if they do make it to their fields they often encounter armed men demanding their crops and face the threat of rape. Participants in the focus groups considered the desperate economic situation they were in as one of their biggest obstacles, and were vocal about their desire to have greater access to their farms, microfinance, and education. One man agreed with women’s calls for economic support, saying that “for a victim of rape receiving a medical and psychological support is not enough. If she is not assisted to recover her livelihood, she won’t be able to recover completely since she is going to think about her life that has been destroyed as a result of rape.” Men and women alike made the connection between the state of poverty and widespread rape.

Women saw their increasing impoverished state a result of being raped, which was often associated with robbery and looting. “You will be starting your life from nothing, because they burnt houses.” Men, however, saw poverty as one of the reasons rape is so widespread. One man suggested that “[rape] has increased because of poverty and hunger,” while another men’s focus group was persistent in stating that if they had employment they would not rape. Almost all men stressed loss of land and other assets and employment as factors that lead to sexual violence.

Education and Religion – “Messages about caring for others”

When asked about how communities could come to terms with victims of rape, participants overwhelmingly stressed education and religion as potentially effective strategies. One woman described that without education, “We are like people who are in the darkness and who can’t



Women weave baskets for income at Panzi Hospital

see.” Similarly, men stressed that, “The only thing that should be done is to educate the community. People should understand that if a woman is raped it is not her fault. So she needs the support from the whole community to help recover from that shock.” Men and women also pointed to religion as having the potential to change the culture of repudiation prevalent in their villages:

The best thing to do is to teach people about the God’s word.

People should understand that committing rape or adultery is a sin. Then, the issue should be addressed at the family level, since those who are raping are our families’ members, it can be a brother, a parent or a son. Communities need to discuss and find a way to stop these horrors.

Another female participant said that “teaching about the Bible and training about gender” is one of the best ways to mitigate the widespread rejection women face. Her colleagues echoed her, saying that, “Messages about caring for others and becoming more sympathetic,” are needed. There was also a call for counseling for both husband and wife. As one woman describes, “tell them that what occurred was an accident that neither of them wanted. A message about how you can gain respect from the other, and to be compassionate with one who is in such a situation.”

Some men, however, rejected the idea that churches were places that could provide assistance. One male focus group emphatically said that neither pastors nor their churches could be trusted. Participants from this focus group listed a number of reasons why pastors, priests, and churches are not helpful, saying that they lack wisdom, break God’s law, deceive people and tell traumatized victims that they are possessed by demons; that they only preach and don’t assist people; and that they sexually abuse women and girls who work in the churches.

Militia Interviews

The research presented thus far has underlined the importance of the role of armed actors in sexual violence – the majority of women reported that their attacker was wearing some kind of military uniform, over two-thirds of women said they were gang raped, and almost half reported being abducted. These findings speak to the highly “militarized” forms of rape in the DRC. Looking at militia attitudes towards conflict and violence could provide valuable insight into the root causes of sexual violence, how it comes about, how sexual violence is viewed in the ranks, and which factors influence soldiers’ behavior in combat. This research was geared to act as an entry point for further research and to start elucidating basic information about soldiers’ lives,



A soldier stands outside the interview room in Katogota

including: the command structure; soldiers’ greatest problems and hopes for future; experiences with violence; and reasons for fighting. Addressing topics about soldiers’ problems and lives also served to create a rapport between interviewer and interviewee before more sensitive topics, like sexual violence, were addressed and was geared at encouraging more frank responses. Twenty-five combatants were interviewed in total – 17 in Kamituga and 8 in Katogota. HHI requested that soldiers

with a range of ranks attend. One female combatant, a major, attended the interview session in Kamituga. Her responses presented a unique perspective on some issues, and concurrence with her male counterparts on others. Her responses are presented below as well.

The particular group interviewed for this pilot project is a subgroup of the Mai Mai (Swahili for ‘water water’), originally formed in the 1960s as part of the “Mulelist Rebellion”, when then education minister Pierre Mulele organized youth into militias to take part in a revolution against Mobutu’s government. Mulele used local medicine men to convince the young men that they were invincible to bullets, which would turn to water if shot at Mai Mai fighters. Beginning in 1993, many of these local militias reorganized in order to protect their communities from Mobutu’s army and the influx of foreign armed militias after the 1994 Rwandan genocide^{26 27 28}.

Mai Mai militias soon became a powerful force in the eastern region of DRC, with an estimated 10,000-25,000 fighting with Kabila in the conflict waged during 1996-1997. As the Mai Mai continued to proliferate throughout the Kivus and Katanga, fighting each other, foreign militias, and the government over natural resources and land, they have increasingly been implicated in the looting, raping, abductions, and mass displacement of civilians²⁹.

Experiences with war and everyday challenges – “We lack everything”

Conversations with Mai Mai combatants largely revolved around the devastating consequences that over a decade of war has had on communities throughout eastern Congo. Nearly all soldiers spoken to had lost at least one family member during the conflict. Many stressed the large impact this loss had on their lives, as one soldier explained:

By the time I lost my father, who was paying school fees for me, I decided to stop my education and start doing a small business. I didn't last long in the business, because then Kabila overthrew Mobutu out of power. Rwanda got the opportunity to invade Congo, and started killing people, stealing people's goods, all that brought hardship in Congolese lives. In seeing all that, I decided to get into the army, because I could no longer get back to school, so that I can defend my country, my own life, and my fellow country men and women with their goods.

Interviews with the Mai Mai soldiers highlighted the fact that many were driven to join armed groups because the harsh circumstances of war left them with few alternatives. Many stressed the idea that the Mai Mai militia sprang out of a need for self-defense in a time when many populations were increasingly threatened by foreign armed groups. As one soldier explained his reasons for joining:

They [Interahamwe] were killing the population, they were beating them without any reason, and they were looting their goods and raping the population, because of that we felt that we might be exterminated and then we decided to create this group to be able to protect the population.

"We have waited for government support for so long; it did not come, so we decided to fight ourselves for the country."

Soldiers were largely in concurrence about the objectives of Mai Mai Shikito. Nearly all stressed that their aim was to protect Congo's population from foreign invaders, bring peace to the country, and integrate into a united and powerful national army. One interviewee described Mai Mai objectives in this way, noting the inability of the government to defend Congo:

The objective we had in the beginning continues to be the same today, and it was to liberate our country from the occupation, we came to realize that our country has been invaded by foreign troops, and that we needed, ourselves, to fight for our country ...us...we have waited for government support for so long, it did not come, so we decided to fight ourselves for the country...

However, interviewees also spent much time explaining that life had not gotten any better with enrollment in the militia. Indeed, their lives were plagued by a number of fundamental problems. Food, water, health care, shelter, lack of salary and inability to live and spend time with family members were the major grievances Mai Mai soldier's voiced. As one soldier explained:

The main challenges are the fact that we are living in the forest, and we lack everything, we don't have food, or health care, in addition to that we are not being paid. So we lack everything.

While this soldier also spoke at length concerning the challenges he faced, he made it clear that there were few alternatives to militia life:

The first challenge is to be separated from your family, and the second one is that we are not receiving any pay. We are not receiving any pay; we are eating food we don't like. Everyone could be happy to have a job and to live a normal life in

the town. We know that all over the country people don't have jobs, even here there are no jobs, so whatever I can wish will not happen quickly. So if I decide to leave the group to go in the town, there is nothing I can do there because there are no jobs.

"If you don't go to work, you can't find any money. You need to go in the cassiterite mine, to dig and suffer to get money."

Overall, the most mentioned problem was that soldiers did not receive their salaries. When asked what problems Mai Mai combatants face, one man said, "I told you before about one problem, we are not getting paid. That is the only problem, and nothing else."

Mining was cited as one way soldiers might supplement the income of the group. One soldier explained how mining could help make up for a lack of consistent pay, describing a situation where soldiers are forced to seek alternative incomes:

But now we are working for the government and we are not paid. If you don't go to work, you can't find any money. You need to go in the cassiterite mine, to dig and suffer to get money whereas a soldier should not be suffering like that. A soldier role is to protect the country against the enemies. If a soldier is getting paid, he will never be tempted to go into mines even if they are digging gold mine in front of his house. And whenever he needs something, he can just use the money he got from his pay.

Another interviewee elucidated the central role natural resources play in Mai Mai objectives, strengthening the observation by many international organizations that the remarkable richness of natural resources in the DRC is fueling the violence.

The goal of this group is to protect natural resources that are in this part of the country. We know already that natural resources are what motivate the enemy to come here. We used to have a lot of money but because those people have robbed us on the road when we were going to Bukavu, and we have lost everything. So it is mostly to protect natural resources and protect those who are weak and fearful, those who say they can't do that. We just sacrifice ourselves.

Despite issues like lack of pay and healthcare, the Mai Mai command structure seems highly organized.

Command structure – "There is a hierarchy"

When discussing the command structure of the Mai Mai, all soldiers described a hierarchical system with clear roles for each level. According to one combatant, "It is the general who has to give order, then it reaches the colonel, the latter transmits it to the regimental adjutant, and the last one gives orders to soldiers." Participants stressed that the general was based in Goma and could reach colonels and other commanders through phone or messenger.

We have telecommunication devices, we have mobile phones, the general give orders by phone to the colonel, and the latter will talk with the adjutant of regiment who at his turn will talk to the captain, to the lieutenant, until when it reaches the soldier who is at the bottom of the hierarchy.

Another interviewee described the geographic aspect of the Mai Mai command structure, noting bigger cities and towns play host to higher-ranking commanders, while the more rural areas are home to lower-ranking soldiers.

There is a hierarchy in the decision making process. First it is the general who is now in Goma, and then there are colonels in Kitutu, in here, in Kitutu, in the Ruzizi Plain, there are also regimental adjutants. The general is the one assigning ranks, he has assigned them to some of us while others are on the waiting list.

Although all participants described the same command structure, discussions revealed disagreement among soldiers on whether or not orders considered morally wrong were followed. Many interviewees strongly suggested that they would not follow an order perceived as conflicting with their values. As one soldier described:

I will resist, even if he is my supervisor and he is the one giving an order that doesn't please me, for instance raping, I will say can't do that. Since I was born until now I have never tried to rape a woman, even when I was in the army. In our group nobody has ever raped.

Another soldier claimed this was not the case however, saying "Every order from the Commander is always respected, and must be followed. Nobody can go against it."

Magico-religious system – "Our biggest support was that witchcraft"

One of the defining characteristics of the Mai Mai group is its widespread use of magico-religious practices that protect combatants during battle and help them fight. As one soldier stated, "We use the traditional medicine for protection, and help us to win the war – sort of." Interviewees overwhelmingly expressed belief in these magical practices, which included drinking a special porridge, allowing female elders to shower them with special water, and the use of local herbs and scarifications. As one combatant explained:

Well, it was the rule, and it was our foundation, our biggest support was that witchcraft. Because when we started fighting we didn't have any support for firearms, so, after you got the scarifications, they will provide you with a machete or a knife and you'll go to war. When you kill an enemy fighter then his firearm would become your weapon. We really believed in the witchcraft, so if you didn't get the scarifications you would not go anywhere.

Interviewees emphasized that these practices made them immune from bullets and rockets and allowed them to morph into different human and animal forms.

An enemy can be waiting for me and yet I am just around him, he won't see me. We also have another one which you simply blow it like *fuu* and I just appear again as a policeman. You can look like a goat in front of your enemy and yet it's you.

For the most part however, soldiers stressed that they followed both Christian and traditional beliefs, and many saw no conflict of interest between the two. When asked if he faces any problems practicing two separate belief systems, one soldier responded, ““It is not a problem, I will follow both, I can’t do one and not do the other.” Another explained it as a matter of practicality:

If you belong to a church you have first to abide with all the teachings you get from that church. Then when you join Shikita you have also to comply with all the requirements from the group, this is the law we all have to follow, so if there are any magic practices I have also to follow it. And then when I go to church, if there is any activity that is required, I will also participate.

Role of women in society – “A woman is a helper”

Overall, men interviewed defined the role of women in Mai-Mai society as largely consisting of working in the fields, selling products at the marketplace, taking care of children and the family, and performing other domestic duties such as food preparation and cooking. As one male militia member defined women’s role in society, “The role of a woman is to work in the fields, to sell products and to do tasks related to the kitchen.” However, some interviewees hinted at the possibility of women pursuing educational opportunities and income-generating activities:

Her role is to work in the farm and if she has some financial resources, she can do some business, and also she can work in her kitchen, those are the three roles of woman.

Women play a secondary role to men in society as described by male Mai-Mai combatants, and soldiers used local custom and religion to justify this:

A woman is a helper in which way, as the Bible states, a man is head of the family, and a woman is a body. When a woman is married, she should know her role, like how the family should be, what my husband will eat, she should also know that this man has his marriage right which need to be fulfilled and so on and so forth.

One female interviewee defined women’s role in society similarly, saying that “Her role is to take care of her family and to cook.” Interviewees noted that marriage could protect against men’s desire to commit rape and other criminal acts. As one man said, “since there is war, combatants might not be able to get married – that can push them to continue raping.”

Interviewees also repeatedly stressed the changing nature of women’s roles depending on levels of conflict. As one man said, “She can’t do anything because she is at war.” Another explained:

Well, when there isn’t war, her job is farming. She should cultivate and get what she will eat with her children. During the war she won’t be able to farm, because she will be at war, so she will be running away.

The female interviewee described women’s role during peace-time rather differently however, explaining that during times of peace:

As a woman, my duty is to represent the other women at the high level and to defend their rights. For example, when we meet with the soldiers, I can tell them this; 'it is only women who can help, men too.' because I am a woman like them.

Women living with Mai Mai – “They are in the intelligence service”

Mai-Mai soldiers also noted that there were women living with them as wives of combatants. Although for the most part only high-ranking officers had wives living with the Mai-Mai, it was made clear that anyone could bring a wife into Mai-Mai territory. “Yes, they do have wives; the regiment adjutant has a wife, and other high ranked soldiers. Also anyone who wants can have a wife.” When asked about their role in the group, one combatant explained:

There are women there who grow food in their fields in the surrounding villages, they assist us with food. There are also some of the soldiers from our group who have wives. Their wives are doing small businesses; they sell some items and get a little money that is how we survive. It is very difficult to get that food.

Soldiers also voiced opinion on the motivations of women who come to live with the Mai-Mai as wives, again noting the lack of alternative options and the voluntary nature of the move:

There are women who don't have anything to do here in the town; she can't stay with her own family, so she decides to go with her husband. There are women, who don't go to school, or they don't farm, then they think it is better for them to go and live with their husband. It is always an agreement because there he cannot go with her if she doesn't agree to follow him.

“A woman [combatant] brings us some information about what is going on, because she is the person who is moving around.”

Men also described the fact that some women are enrolled in the militia, for the most part as intelligence officers. As one soldier put it, “They are in the intelligence service, which is their main role.” Another man provided a more nuanced observation, noting the ability of women to move around in different areas as one of their strengths:

Taking care of children is part of her own family, but in general a woman [combatant] brings us some information about what is going on, because she is the person who is moving around. During the war they may let her pass which help us to get information on where our enemies are.

In contrast to the men, the female interviewee suggested that men and women have equal roles in Mai-Mai Shikito, saying, “We have the role like men. There is not men's role and women's role. We have all the same role.” The same soldier reiterated her opinion that male and female soldiers play similar parts in Shikito, and explained that “They cannot ask me to cook because I am only a woman. He is a soldier like me. He can cook and I can, then we will eat.”

Defining rape – “We thought it was destruction”

The majority of Mai Mai soldiers defined rape as “having sex with women without their consent.” Some men gave more specific definitions - one man noted that he thought sex with minors was rape, and another man noted rape could only occur with a woman who was not

your wife. Some interviewees, however, defined sexual violence more broadly, as “destruction of the population” and used it as an example of the kind of violence that became common with the onset of the conflict. As one man said:

According to me, the situation of rape existed during the time of RCD⁴. We thought it was destruction, and because of that we decided to take weapons to protect the population.

Invariably, men vehemently denied ever having witnessed rape or having any personal knowledge of the issue. Often, these statements extended even to the denial that rape existed in the DRC at the time of the interview, or existed in their area.

Q: You have been in Mudundu 40 now you are part of Shikito, what do you think about rape?

R: I haven't heard about rape here, it happens only in other places, but not here.

Yet the female combatant interviewed suggested otherwise, noting that rape does exist in Mai-Mai territory (Kamituga).

Q: Do you know specific sexual violences. Does rape exist in your community, society in Kamituga?

R: Yes, it does.

Q: How? Tell me more about rape in Kamituga.

R: People were raped during the war, they fled in the bush where the Bahutu were living.

She also stated that rape was increasing in the area occupied by the Mai-Mai:

Q: Since you got involved in these conflicts, do you think that the rate of sexual violence has increased, decreased or unchanged?

B. Elsewhere like at home as I am telling you, it is terrible.

A. Is it increased?

B. It is very increased.

When pressed, male soldiers sometimes admitted that rape was carried out by other groups (the “enemies”) and was one reason why the Mai Mai soldiers needed to protect the population. This is illustrated in the following dialogue:

Q: With your experience in the military... are you aware of any situation of rape?

R: I have never witnessed in any rape in any group that I have been part of.

Q: I don't mean in the group that you have been part of, in general is there any situation of rape?

R: There is not.

Q: Haven't you ever heard that women have been raped in Walungu, or other places in Burega?

R: Yes, I have heard about it, but not where we are living.

⁴ Rwanda and Uganda formed the Congolese Rally for Democracy (*Rassemblement Congolais pour la Democratie*) with the aim of overthrowing the Kabila government and installing a leader friendly to their interests.

Q: I don't mean in your group.

R: Yes, I have heard about it. For instance we have heard that in Kanyola, the group of Interahamwe went to a village to loot houses, and abduct women.

Another man noted:

The Hutus have raped the population, a Hutu could never court or talk to a Congolese woman, he will find her on the street go and rape her immediately. The Tutsi were also doing the same thing.

Consequences of Rape – “This will make the community perish”

When speaking about the consequences of rape on women, men focused on the risk of disease first and foremost, and then on the risk of pregnancy, miscarriage and of other physical problems. Only the female interviewee noted the psychological damage caused by rape, saying that “It causes diseases, the victim is traumatized because of the forced sex act.” No men commented on the psychological impact sexual violence could have on women. One man gave a representative response about the consequences of rape, saying “[The victim] can get infected, or maybe she can get raped while she is pregnant and that pregnancy is destroyed, she might also die.” Another man noted:

Mostly, the consequences of sexual violence could be diseases. [The rapists] will contaminate people, some women can become pregnant and children who will be born will not have someone to look after them. Others can get sick and later on can die because of the lack of access to health care.

When asked about the impact of mass rape on communities, men again focused on the risk of disease, noting that mass rape could even cause the destruction of entire communities.

Q: You said that there are consequences for a woman who has been raped. If six or seven women from the same community are raped, what might be the consequences to that whole community?

R: The whole community might be extinguished because disease can spread to everyone, even to the newborns. This will make the community perish.

Yet the female combatant painted a more nuanced picture of the effects rape has on communities, describing that “They are a lot. As I liked to repeat, children can become orphans. Rape can kill people; when you rape you can die.”

Two soldiers talked about how men might respond to being married to a sexual violence victim. One man said if his wife were raped, he would have to leave her. Another noted that a man could stay with a woman if she tested negative for STIs:

For instance if a man decides to get married, and he sees a woman that he likes, then after people tell him that she has been raped. Immediately you have to step back and stop because she might get already infected. But if you really love her, you should then take her to the hospital so as she can be tested. If she is not infected, you can marry her because she didn't choose to be raped.

Possible motivations for sexual violence – “They are evil minded”

Although all soldiers interviewed denied taking part in sexual violence, there was some concurrence as to what motivates some men to perpetrate such violence. As one combatant stated, “Those who rape are suffering from mental problems.” Another man explained:

I don’t understand how someone can go to rape someone else’s wife. If I have a woman or a wife I can’t commit rape because whenever I do that, my own wife will be despised. Thus there is no any benefit in raping. Only those having mental problems are able to commit such actions.

Interviewees pointed out that men who rape must have psychological issues because of the obvious risk-factors associated with the practice. One soldier asked, “For those who commit rape, it is because they are psychologically challenged. How come they can know that there is a risk and they keep on doing it?” Soldiers also highlighted the fact that oftentimes men who desired to sleep with women who did not have mutual feelings ended up raping them instead. As one interviewee noted, “That is what I have told you, you might like her and she doesn’t like you, and then you become violent toward her.” Another stressed the inhumane nature of rapists, “Well, those who committed that act, we say that they are evil minded, and they are not human being.” One soldier explained that the psychological effects of war on soldiers are often overwhelming enough to change behavioral norms:



Justin Kabanga, right, interviews a soldier

Psychologically, they can be addicted to rape because intelligence or mind doesn’t work normally. They might think that any person in the militia or in the military has a priority to take any women.

Risks and consequences of raping – “Contaminated by diseases”

When discussing possible consequences for men who perpetrate sexual violence, interviewees again focused predominantly on the risk of disease, “The consequences for those who have committed rape can be mostly to get contaminated by diseases. They can get sick without knowing because they have never gotten tested.”

Two interviewees described the risk of being punished by their commander and of STIs in the same thought. STIs were described almost as if they were a form of unavoidable punishment that would result even if one were not formally “caught” raping. One man noted, “Yes there is a risk of getting infected, also of being punished. And even when you are not caught you can get sick.” Another man expressed a similar thought, “Even when he is not caught, if that woman was infected, then you become sick and you will be feeling pain in your body.”

Soldiers noted that another consequence of raping was the risk of losing community support for the group. As one soldier described, “There are women there who grow food in their fields in

the surrounding villages, they assist us with food.” An interviewee described the risk of losing this support, conceptualizing rape as a form of “infection” – a problem with the capacity to spread and harm the group. He again reinforced the previous linkage between punishment and STIs:

Q: In a group like Shikito or in other similar groups, what could be the consequences for a person who rapes?

R: If you commit rape and you are caught, you must be punished.

Q: What else besides being punished?

R: And if you were not caught, you can get infected.

Q: Can the whole group get infected?

R: No. . . .Yes – in the sense it can get ‘infected’ because if one member rapes, everyone will be saying that the whole group of Shikito is raping.

Another perceived risk was that raping, or disobeying the Mai Mai precepts in any way could break the protective spell put upon the soldiers by traditional healers. As one man said, “The African medicine which we take doesn’t allow us to go astray otherwise we will break the condition.”

Punishment – “You might be shot”

Rape and sexual violence are formally banned within the Mai Mai Shikito group. As one man described:

Shikito as a group forbids [rape]. If they hear that you have done such an action you will get into troubles. Since there are no jails where the group is, they will try to find a way to punish you. You might be shot. That is the rule.

The reasons given for this were partly ideological since the Mai Mai began as a homegrown militia ostensibly created to protect the population. When speaking about soldiers that do *not* rape, one interviewee said:

It is only thanks to the spirit of God that is within them [that they don’t rape], also thanks to the love they have for the whole Congo and for the whole world because we are able to realize that rape is the destruction for the whole population. Rape is forbidden, since we know that we are here to protect the population.

On a more practical level, the group heavily relies on host communities to feed it and support it. As one interviewee said, “Well, about food [the civilians] say we cannot die with hunger because we are protecting them, so we are helping them and that is the way we live.” Another combatant emphasized that dependence on local populations is a two-way street:

Foods, we have an excellent collaboration with the population who help us. When we don’t get something from them, we try to find something using our own ways and means. We cannot steal, that’s why we approach them with humility and respect to see if we can get some foods. We sometimes work for people simply to get food or money.

Thus, being seen as rapists or sources of trouble in the host population could be detrimental to the soldiers' livelihoods. As one man said, "For instance if one person from the group decides to rape, or a fellow soldier rapes a woman, people will say that the group of Shikito Mai Mai is raping women. It becomes an illness for the whole group." Another man elaborated on this:

R: Anyone who commits rape deserves to be killed because he will ruin others. If you have a basket full of oranges, when one of them gets bad, it needs to be removed before others get spoiled from it... If we are aware of such a person we cannot allow him/her to join the group because that might destroy it.

Q: What if that person is already within your group, is there any impact that can happen to the group as a whole?

R. It can bring troubles. The person who has committed such an action will not be in harmony with the rest of the group because if he was infected he will not be able to enjoy life as usual. And if he gets caught, he has to be removed from the group, it could better for him to go and misbehave somewhere else because he can ruin the reputation of the group.

Perhaps for this reason, the threatened punishment is harsh. One man said, "If it is proved that you have raped, they have to shoot you and that is the law, so as you don't ruin the group." However, it was extremely uncertain from interviews with these men whether this punishment was even carried out, or indeed if there were ever any attempts to find out if men had raped.

Although it was unclear if he was speaking about his group or not, one man said, "Currently, there are only few people who commit rape, and if they are caught they are punished very harshly."

Information on sexual violence – "According to what I have heard on radio..."

Interviewees almost unanimously stated they got information about sexual violence from the radio. This medium served as a way to learn about the conflict and which geographic areas were experiencing violence.

R: On the radio, they say some people sexually abused women...

Q: And what did they say on the radio?

R: Sometimes people don't say the truth, but from what I have heard is that, people were saying that Interahamwe are sexually abusing women in the forest. There is a time when we fought AFDL⁵ in these mountains, and we started getting some report stating that, they are sexually abusing women.

Another man noted, "We heard that there is violence against women in different places, that women are being raped. . . . We have experienced this and we heard it from radio and even in our parliament they discuss about those issues."

⁵ The Alliance of Democratic Forces for the Liberation of Congo-Zaire (*Alliance des forces Democratiques pour la Liberation du Congo-Zaire*) was a coalition of opposition groups that formed in 1996 with the aim of toppling then President Mobutu. The AFDL eventually succeeded in unseating Mobutu, and installed Kabila as president in 1997, after which the AFDL became the bulk of the national army.

Radio was also cited as an educational tool. Often when defining sexual violence, soldiers noted they had learned the definition from the radio. In response to the question, “how do you define sexual violence?” One man responded, “It is not easy for me to answer to that question because these are things I heard about but I haven’t experienced them myself. According to what I have also heard on radio, sexual violence is whenever someone has intercourse with a woman without getting her agreement.”

It is important to note that the radio is probably used by interviewees as a “safe” source of knowledge about sexual violence, as opposed to citing personal experience. Often, before broaching the subject of sexual violence men would insist they had never witnessed or been a part of sexual violence and would emphasize that all of their knowledge of the issue came from public media, as in this exchange:

Q: I don’t know if you have heard about sexual violence? According to you what is sexual violence?

R: I heard sexual violence on radio, but I have never seen it.

Q: What did they said about it?

R: I just heard on radio, they are talking about sexual violence.

Q: So, what do they say about?

R: What I heard is that they get the woman by force, and do sexual act.

Though one interviewee denied receiving any education about rape from the command structure, two other interviewees stated they talk about sexual violence in group meetings. As one said:

Q: Do you have any information about rape? And how do you get that information?

R: We get information from the [military] hierarchy.

Q: How do they spread the information?

R: They call a meeting or a kind of a gathering for a talk.

Q: Do they talk about rape?

R: they talk about rape, about theft and many other issues.

Another man noted that the consequences of raping women were discussed in a command meeting. As he said, “Well, in the meeting they sometimes told us that the person who sexually abused that woman has infected her with HIV virus.”

Interviewees seemed extremely concerned that talking about sexual violence, however generally, might be taken as an admission of guilt or personal knowledge of the issue. However, it seems to be an issue that is discussed by the command structure in meetings with soldiers. More research, and better framing of these very sensitive questions, may elucidate exactly how and when soldiers discuss sexual violence amongst themselves.

Demobilization and reintegration

Soldiers repeatedly brought up alternative livelihood strategies and skills that they would employ if demobilized and reintegrated into society. Many noted that they were looking forward to *brassage* (the term used for integrating militia groups into the regular army). Interviewees were animated when speaking about the diversity of the group and the wide-range of skill-sets that members have. As one soldier explained:

What [soldiers] can do it's what we can easily get here like, fishing, farming, business, car repairing, and masonry. It will depend on what a person learnt while he was living with his parent or what he was doing before joining the group. We may also have carpentry, but if you take time by interviewing one by one you may find more from each individual, and you will also have those who will tell you that we are waiting for brassage.

Not all interviewees wished to demobilize however, as one remarked:

I have no intention of leaving the army. We have heard a similar story of some guys who left the army and they were promised a job, since then they have never gotten even one, they are right now stranded, that why my group and I will remain in military service.

Limitations

The limitations to this research are many, as may be expected when working in a changing and sometimes insecure environment. Survivors of sexual violence are an extremely difficult to reach population, and conducting research on such groups involves a great deal of ethical complexity. It is imperative that a system be already in place so that women asked about traumatic events can be referred to appropriate services. For this reason, we elected not to conduct a representative population survey, but rather to survey women already seeking services.

This restraint posed a number of study limitations. Sampling bias may have worked in directions that we cannot control for. Women who participated in our survey may represent those who have sufficient resources for traveling or those who live relatively closer to the research sites. Women who have come forward to seek services may have the most serious medical issues and disabilities arising from rape, making them more likely to be rejected from their families due to medical issues such as fecal or urinary incontinence. Similarly, women with more serious injuries resulting from rape may also be more likely to have experienced gang rape or abduction. It is possible, however, that women who have not come forward to seek services are among the most vulnerable and disadvantaged, making it difficult to determine the direction of possible bias in the estimates of violence, rejection and stigmatization. Most fundamentally, the women in these groups were chosen on a non-random basis, so no statistical inference can be drawn from the findings reported here relating to the larger population from which they came. The numbers surveyed, however, are sufficiently robust to permit statistical inference about them as a separate population.

Recall bias may also have affected the results. Given that a significant number of respondents waited over a year to seek services for rape, recall bias may have influenced survey responses and focus group themes, particularly respondent attitudes towards the conflict and their personal experiences of sexual violence.

To avoid the possibility that the survey administrators might “gossip” about the women taking the survey and their experiences with sexual violence, only nurses with deep experience already

working on these issues were chosen to administer the questionnaire. The survey team then underwent ethics training by the lead researcher to prevent breaches of confidentiality.

Another source of bias could have emerged through women's contact with NGOs. Often, women who had spent time at a service provision organization had their views of SGBV interventions colored by their interaction with these organizations. For instance, in one rural village, many women responded in the survey that "training in soap-making" would be one of the most useful interventions to treat SGBV (this arose spontaneously – it was not a pre-determined category). Intrigued by the large number of these very specific responses, the lead researcher made inquiries and found that a local NGO had recently promised to begin a soap-making program in the area. The militia members' enthusiasm for reintegration into the national army might also be an example of this strategic response mechanism. Interviewers made it clear to all research participants that their responses would not directly affect services they might receive currently or in the future. However, responses might still be colored by participants' desires for previously promised services or the belief that talking about specific services will mean they will be introduced.

In the focus group portion of the project, as with all qualitative research, the role of the moderator is a source of potential bias. Facilitators were trained in focus group methods before the study and through on-going debriefs during the research period in an attempt to mitigate undue influence by moderators on participant responses. Additionally, while focus groups are useful for understanding community attitudes, a certain inevitable amount of bias occurs through group dynamics. Participants may be reluctant to voice opposing views, or the most assertive participant may disproportionately affect the results. Key informant interviews, with an interviewer and interviewee talking in a one-on-one setting may be a further way to gain qualitative data on the issue of sexual violence. Resource constraints limited the number of sites visited and the geographic range of our investigation. Our future work intends to increase the number of health structures and NGOs sampled as well as the geographic area examined.

Limitations with the militia project are manifold. Commanding officers selected the interviewees and it is clear from the analysis of the transcripts that all interviewees were coached in advance by commanding officers to reveal no knowledge of sexual violence. Almost identical disclaimers about knowledge (or lack of knowledge) of rape across many transcripts made it clear that such coaching was the case. In response to the first question about sexual violence existing in the DRC, soldiers often reacted with an immediate and wholesale denial of the phenomenon. Two typical responses to the question "how would you define sexual violence" are given below:

- R. I haven't heard about rape here, it happens only in other places, but not here.
- R. In the part of the country where I live, there is no more rape, we don't hear about it.

Additionally, soldiers may have changed some of their responses about their problems and desires for reintegration under the hope that their answers would result in more aid. These challenges were addressed by emphasizing the fact that the research was completely confidential and none of the responses would affect services the combatants might receive in the future. Clearly, these results are preliminary and only speak to one section of one militia group. Future studies will seek to compare answers across different militia groups. Despite these limitations, the interviews give extremely valuable insights into how to adapt future interview

techniques to more fully engage respondents and better understand militia experiences with the conflict.

Discussion and Implications

A number of studies done in peace-time environments suggest that experiencing sexual violence, especially as a child, has negative consequences throughout an individual's lifecycle. Boys who experience or witness violence as children are more likely to commit violent acts against women as adults, while women between the ages of 15-19 are more at risk of experiencing sexual violence if they witness it as girls³⁰. A history of sexual abuse has also been shown to distort perceptions about sexual violence and the risk of HIV infection³¹. A study conducted in South Africa found that men who experience adversity in childhood, including physical abuse, physical hardship, sexual abuse and emotional neglect are also more likely to rape³². Other research on why men rape describes how men's inability to achieve the perceived standards of "successful manhood" can be clear risk factors for perpetrating rape and intimate partner violence. These forms of violence are seen as vehicles of power, which can help men re-gain their lost status³³. A World Health Organization (WHO) study also identified poverty, traditional gender norms that support male superiority and entitlement, social norms that tolerate or justify violence against women, weak community sanctions against perpetrators, and widespread crime and violence in society in general as common characteristics of places with pervasive SGBV³⁴.



Children watch a Mai Mai soldier

This study yields cross-sectional findings that cannot translate directly into the longitudinal cohort or retrospective studies described in the literature. It is also rooted in a war context, which introduces some limitations in terms of study design but also yields important insights that in many ways reinforce the themes from the literature obtained in more peaceful circumstances. Discussed here are main findings from different methods of inquiry that allow the views of men, women, and men in one militia group to be heard. In many instances, the focus group results reinforced quantitative results and helped provide a more nuanced and contextual understanding of the numerical data. Comparing women and men's attitudes towards sexual violence was also illuminating. Women and men participating in the focus groups concurred on many of the issues. They had different perspectives however, on issues surrounding risk factors and consequences of rape as well as on the role of husbands, wives and communities in response to rape.

The survey revealed extremely elevated levels of gang rape and abduction in DRC, speaking to the highly "weaponized" forms of violence against women in this region. The majority of these

very violent attacks are carried out by men in uniform. Focus group findings also revealed the occurrence of other forms of violence with features rarely seen in other settings, including forced incest, rape with foreign objects, and public rape. Participants in both the men and women's discussions overwhelmingly blamed the war and the foreign soldiers that came to fight in eastern DRC for the rapes occurring in the country. At the same time, there was widespread recognition that the practice of rape is becoming more and more common in civilian society. Participants noted that poverty, unemployment, impunity and social customs were all contributing factors to the spread of sexual violence.

Particularly of interest were the discussions around the customs in some communities that did not differentiate between rape and adultery. As one man said, "in some communities, if a woman commits adultery or if she has been raped, she will be punished immediately." These practices are not only intended to directly humiliate a woman but, by equating rape with adultery, also carry the implication that women have a choice about whether they want to be attacked. The punishments given to raped women can undermine family cohesion as well as family health (e.g. not being allowed to nurse a sick husband or breastfeed a baby). Customs like these that isolate survivors from their caretaker roles contribute to the extremely negative perceptions of sexual violence survivors in society.

The intense stigma survivors face, and their resulting rejection from their families or communities, remains a foundational problem for survivors in the DRC. One in three women reported being rejected by their husbands and one in 15 women reported being rejected by their communities after rape. Women state that the stigma they face as survivors of sexual violence can be as traumatic as the attack itself. The reactions of a survivor's family and community are therefore highly correlated with her ability to recover.

One of the most salient findings of this research was that receiving support from one's husband was an influential protective factor against survivors' feelings of shame and loneliness, as well as isolation by others. Although almost one-third of women experienced rejection by their husbands, this finding means that the majority of husbands did not reject their wives. More work is needed to understand the risk factors that make a husband likely to abandon his wife after rape, and to identify possible intervention points. One solution identified by women was marriage counseling to help the couple move past the trauma of the attack, perhaps occurring in tandem with presenting results from a woman's HIV and STI results to her husband. A similar process was also suggested at the village level to educate communities about how to support and treat survivors of violence.

Gang rape, and the associated perception that women are "contaminated," increased women's risk of being abandoned by their husbands. The issue of "contamination" is closely linked with the widespread and very pervasive fear of HIV/AIDS. For this reason, women stated that HIV and STI testing is one of the most effective interventions for reintegrating into their families and communities after rape. However, only women who test negative for STIs and HIV were seen by participants as likely candidates for reintegration, begging the question of what happens to women who test positive. Similarly, having children from rape was common and increased the risk of social isolation. Women carrying children of "unknown" fathers, like women who test positive for STIs and HIV and women who suffer from fistula, constitute highly vulnerable populations that need specialized, long-term services that are currently lacking in this context.

Despite the fact that rape is extremely widespread, survivors still face significant challenges in seeking care, as evidenced by the fact that half of women waited over a year before seeking SGBV services. The vast majority waited until they had a medical problem resulting from rape to seek services, rather than seek prophylactic care to prevent pregnancy and HIV after the attack. In fact, less than 5% received this important care within the 3-day time window, perhaps because it took half of the women surveyed over a day to travel to SGBV services. Other reasons women delay finding care include: fear that seeking services will brand them as raped women; difficulty traveling to services; difficulty leaving family duties; inability to pay for transport; and fear that her absence and the associated stigma might lead her husband to reject her.

Participants also called for an improved justice system in which perpetrators of rape are punished for their crimes. Lack of punishment was cited as one of the reasons sexual violence continued to become more common in civilian society. However, women are often reluctant to access legal services, either because they are afraid of being stigmatized as “rape victims” or because they fear reprisal attacks. Even women who expressed an interest in the legal services



Women wait for services at Panzi Hospital

being offered at no charge were often prevented from accessing them because of the cost of the transportation.

Results from the focus groups show that men and women discussed many of the same issues, but brought their own perspectives and analysis to a number of problems. For instance, women often saw poverty occurring as a result of rape, either because of the pillaging during the attack or as a downstream consequence of being

ostracized. Men, on the other hand, saw poverty as a reason men might be driven to rape. Men’s role in responding to rape was also perceived differently by men and women. Women believed the most valuable thing a man could do for a survivor would be to accept her into the household and assist her in seeking medical care and treatment. In contrast, men saw themselves primarily in a protective role, with a duty to prevent rape. If they failed at this prevention, they often saw rejecting the woman as necessary and justified.

Both men and women recognized the enormous physical, psychological and social toll rape carries for women. The concept of being “contaminated” was a recurrent theme in both men and women’s discussions. The term seems to signify something more than just fear of disease, and encompassed a sense of humiliation, of being branded as “tainted”, and of having lost value in the eyes of her husband and the community.

The term also seemed to connote a measure of figurative contamination, in that men whose wives were raped were themselves deemed to have suffered serious damage to their own standing in the community and a loss of self esteem. In this context, men described a less-recognized phenomenon – that of male trauma associated with rape of wives or female relatives, and noted that the powerful concept of “contamination” also affected them. Feelings

of shame, powerlessness and loss of dignity all play into psychological trauma for men whose wives or relatives have been raped. Husbands especially express shame that they shared their exclusive right (that of having sexual relations with their wife) with others. The wife's loss of worth can translate to the husband - as one man said, "you lose your pride and you are worth nothing in the community." Men fear that by sleeping with a woman who has been raped, they will also risk becoming infected with HIV/AIDS. The implications of living with a survivor go deeper, however. Men say that staying with a woman who has been raped leads to public humiliation for the man, who may often undergo intense peer and familial pressure to abandon his wife. Men also talked about feelings of humiliation and being robbed of their manliness and sexual prowess. Seen from this perspective, the need for a man to demonstrate his power by rejecting the person who had brought this contamination upon himself could be seen as logical and "self-preserving."

Men's trauma will play a role in the ways wives are treated if they remain in the home. Even if a couple stays together, feelings of anger and shame can significantly change their interactions; often, sexual relations cease, the woman is looked at only as a preparer of food or caretaker of the children, and the husband treats her with less respect. This finding emphasizes the important shades of grey in what is often looked at as a dichotomous indicator (rejected or not rejected). More research is needed to understand the kinds of problems that couples experience when they stay together, and what kinds of interventions might help both partners overcome their trauma.

The militia study reveals preliminary findings about the experiences of combatants with the war, and how to expand this research. The Mai Mai's purported role as the self-proclaimed "protectors of the people" seemed to significantly affect their responses and the way they present themselves to others. It is clear that men who have joined the Mai Mai have often done so because they have no economic alternatives. As difficult as life is in the militia, it also provides some sense of protection, security, order and, perhaps camaraderie. Soldiers describe the strong chain of command, and their belief in magical rituals to give them powers. They also describe women as property, with strongly defined and subordinate roles to men. The strong command structure and supporting magical belief system, coupled with their very narrow and gendered view of the role of women, are certainly factors that could contribute to the perpetration of sexual violence and other atrocities. The Mai Mai command structure may often represent a soldier's first experience with stability and order. A desire to stay within this system and to gain the approbation and respect of one's peers and commanding officers may be forces that drive men to commit acts they might not otherwise commit. Further research with this group, as trust between researchers and Mai Mai command continues to be built, could reveal more insights. Additionally, research with other groups could reveal vastly different results - helping to elucidate the different profiles of armed actors in this conflict.

Conclusion

Sexual violence is a complex and highly destructive feature of the protracted conflict in eastern DRC. It can produce profound physical and emotional trauma on the individual and group level, as well as disturb the cohesion of communities as a whole. While quantitative data are useful for

understanding the scope of a problem and percentage of people affected, qualitative data are needed to elucidate the nuances of this multifaceted and pervasive issue.

The war in DRC has disrupted much of the Congolese social and economic fabric. Many of the peace-time risk factors and precipitants described in the literature also apply in this setting, but other, much more complex and less well understood factors are also at work. Both men and women say a lack of economic opportunities and pervasive and brutal violence have contributed to a weakening of family and community structures. Participants note that the war has created an environment where violence and rape have increasingly been seen as normalized. Men in focus groups describe their feelings of humiliation and loss of power. This disempowerment and disconnection from peace-time life trajectories may turn out to be a significant risk factor for further violence especially in a society like the DRC, where strict gender roles are the norm³⁵.



Children walk home from school in Bukavu, DRC

The findings from this study raise serious concerns about how current experiences of violence and sexual abuse will affect new generations. More research is needed to elucidate how these dynamics play out in a protracted conflict environment, to better examine the long-term sequelae, and to understand how sexual violence in the region continues to evolve.

Needs for future research are manifold. Participants in this study highlighted a number of risk factors that contribute to stigmatization and rejection of survivors. However, more research on these and other risk factors is needed to understand the relationship between and among risk factors, and the consequences that women face if and when they begin to speak out or seek help. Are women more at risk for physical violence and beatings from husbands after rape? Does the fear of retribution after reporting a rape introduce a significant barrier to both reporting and returning home? If so, are there some family and conjugal settings that provide more or less protection against reprisal? These questions must be explored in order to address the widespread problem of rejection of survivors. The finding that women who have been raped are not allowed to take care of their children or sick family members must also be further investigated, given the macro understanding that rape of one woman serves often to endanger her children and destroy the family unit. The experiences and needs of children born of rape and the dynamics in families who keep or reject these children, as well as how these children are viewed by their community, need to be further explored in order to design responsible and comprehensive interventions. Given the very hierarchical and instrumentalized picture of domestic gender relations that emerge from this study, it is important to gain better knowledge of the incidence of baseline domestic violence and peace-time stranger rape that existed prior to the outbreak of armed conflict. Both are forms of violence that may have been prevalent prior to the war and may well contribute to sustaining very high levels of sexual violence into the post-conflict period.

Discussions with members of Mai-Mai also highlighted areas in need of further research. A more comprehensive study on perpetrator experiences and motivations for carrying out sexual violence is required to better understand the environment, from both the perspectives of perpetrators and survivors, in which rape occurs on such a large scale in DRC. Studies of the experiences and perceptions of war-related violence, including rape, need to be conducted among several different armed groups and with current and recently demobilized soldiers (demobilized soldiers may be more forthright when they are no longer within a command structure). Other areas in need of further study are: a study of female combatants and women living with militias; research on violence perpetrated on local populations under control of different non state armed groups in comparison to villages under government control; and further study on perceptions of DDR among various militia groups and civilians in communities where DDR has occurred on a large scale.

More generally, cross-regional studies of sexual violence in conflict and post-conflict environments are crucial for future prevention and mitigation efforts. Until we gain a more robust and intricate understanding of the long-standing historical, economic, and social factors that precipitate and sustain the infliction of these ferocious gender-based assaults during periods of active conflict, the international community will be continually forced to intervene after the fact, when much of the damage has been done and when measures to support survivors may collide with traditional norms and the pervasive destroyed opportunities wrought by the war. Responding to this observed epidemic of mass violence against women during these war years in eastern DRC, and probably in other settings, certainly requires the significant protection measures now underway. But to have any chance to foresee this onslaught and to reduce its impact on future generations, we must also gain better understanding of the risk factors, consequences and characteristic of the violence now occurring.

Policy Recommendations

Research carried out by the Harvard Humanitarian Initiative over the past year in eastern DRC has pointed to a number of underlying factors that contribute to an environment where SGBV is widespread and perpetrated with impunity. A number of possible areas of intervention and further investigation emerged from these themes. The following steps are recommended to work towards mitigating the effects of rampant SGBV in eastern Congo:

Stigma & Rejection

- To integrate counseling services for couples and families to facilitate reintegration, but also to counsel couples that have decided to stay together but may still be traumatized;
- To support community-wide discussion groups led by local decision makers addressing the prevailing stigma and rejection faced by women who have been raped, as well as the perceived drop in value of women who have been raped;
- To establish educational programs for both men and women to help communities understand how to accept survivors of rape and to provide education about problems like fistula and HIV/STIs that may affect survivors.

Provision of Services

- To increase access to Voluntary Counseling and Testing (VCT) centers for HIV/AIDS, with the option of getting a results slip women can use to show family and community members as well as referrals for those who test positive;
- To improve holistic services for especially vulnerable populations like women with HIV, women with fistula and women with children from rape;
- To provide economic solutions for both women and men, including income generating training and micro-loans;
- To establish a network of health care that can better identify survivors in a timely manner, especially in remote areas, then provide the necessary case management and transportation to ensure women are appropriately referred to services.

Justice

- To improve legal services, making them more accessible to women, improving management of SGBV cases, and ensuring women's safety as they come forward to prosecute their attacker;
- To strengthen the capacity of the legal system to hold convicted rapists, many of whom are currently released after small bribes;
- To strengthen national legislation addressing rape and sexual harassment by redefining the concept of rape to include the causes and consequences of all types of SGBV;
- To establish a mechanism that can be used by women to report rape anonymously and voluntarily and so begin the process of pursuing legal action against perpetrators;
- To incorporate women into community-level decision making processes. Research findings showed women for the most part do not trust male-led community level justice initiatives, suggesting that further integration of women into this process would allow more survivors to report their experiences.

Programs for Militia Members

- To ensure the timely payment of soldiers salaries, mitigating the need to engage in illegal activities such as mining;
- To establish training centers for militia members to learn or improve their skills in various trades and other income-generating activities;
- To strengthen the agricultural capacities of Mai-Mai militias, reducing their need to rely on and exploit local populations;
- To improve access to health care services, including VCT for HIV/AIDS.

Programs for Men

- To establish counseling services for men whose wives and/or family members have been raped to address the shame and humiliation often expressed during interviews;
- To create a council of local *mwami* to discuss how traditional practices geared towards adulterers are now being applied to rape survivors;
- To establish and support economic solutions for men, filling the lack of any sense of [non-sexual] prowess and accomplishment, which feeds male needs to be competent and protective of their families.

References

1. Human Rights Watch. DR Congo: Massive Increase in Attacks on Civilians. June, 2009. Available at: <http://www.hrw.org/en/news/2009/07/02/dr-congo-massive-increase-attacks-civilians>
2. Réseau des Femmes pour un Développement Associatif (RFDA), Réseau des Femmes pour la Défense des Droits et la Paix (RFDP) and International Alert: **Women's Bodies as a Battleground: Sexual Violence Against Women and Girls During the War in the Democratic Republic of Congo**. Bukavu/London: Réseau des Femmes pour un Développement Associatif/International Alert; 2005, 29. Available at : http://www.international-alert.org/pdf/sexual_violence_congo_english.pdf
3. IRIN News. Rape Cases Soar in South Kivu. Kinshasa. June 3 2009. Available at: <http://www.irinnews.org/Report.aspx?ReportId=84685>
4. World Health Organization. The world health report 2000. Health systems: improving performance. 2000. Available at: <http://www.who.int/whr/2000/en/>
5. Oxfam (2001) No End in Sight: The Human Tragedy of the Conflict in the Democratic Republic of Congo. Oxfam, London.
6. World Health Organization (2002) Country Profile: DRC. Geneva. UPDATE?
7. International Rescue Committee Survey. Mortality in the Democratic Republic of Congo, an Ongoing Crisis. January 2008. Available at: http://www.theirc.org/resources/2007/2006-7_congomortalitysurvey.pdf
9. United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Population Movements in Eastern DR Congo. July 2009. Available at: http://stopthewarinnorthkivu.files.wordpress.com/2009/08/april-june-2009-ocha-drc_idps-report-july-2009.pdf
10. Oxfam. Waking the Devil: The Impact of Forced Disarmament on Civilians in the Kivus. July, 2009. Available at: <http://www.oxfam.org/sites/www.oxfam.org/files/bn-waking-the-devi-drc-0907.pdf>
11. International Crisis Group. Africa Report N°108. Congo's Elections: Making or Breaking the Peace. 27 April 2006. Available at: <http://www.crisisgroup.org/home/index.cfm?id=4081>
12. Human Rights Watch. The War Within the War: Sexual Violence Against Women and Girls in Eastern Congo. June 2002. Available at: <http://www.hrw.org/legacy/reports/2002/drc/Congo0602.pdf>
13. Grignon F. *Rape as a Weapon of War in Congo*. Spiegel International, June 2009.

14. Human Rights Watch. Soldiers Who Rape, Commanders Who Condone: Sexual Violence and Military Reform in the Democratic Republic of the Congo. July, 2009. Available at:
<http://www.hrw.org/sites/default/files/reports/drc0709web.pdf>
15. United Nations Population Fund. Secretary-General Calls Attention to Scourge of Sexual Violence in DRC. Goma, Democratic Republic of Congo. 1 March 2009. Available at:
<http://www.unfpa.org/public/News/pid/2181>
16. Jennings, P. J., & Swiss, S. (2001). Health and human rights: Women and sexual violence. *Lancet*, 351, 302-304.
17. Thomas, D. Q., & Ralph, R. E. (1999). In Ramet S. P. (Ed.), *Rape in war: The case of Bosnia*. University Park, PA: Pennsylvania University Press.
18. World Health Organization. Sexual and other forms of Gender-Based Violence in Crises. 2009. Available at:
<http://www.who.int/hac/techguidance/pht/SGBV/en/index.html>
19. Eriksson, M., Wallensteen, P., & Sollenberg, M. (2003). Armed conflict, 1989-2002. *Journal of Peace Research*, 40(5), 593-607.
20. Leaning, Jennifer and Gingerich, Tara. The Use of Rape as a Weapon of War in the Conf Program on Humanitarian Crises and Human Rights, Harvard School of Public Health, 2005.
21. UN Security Council, *Security Council resolution 1820 (2008) [on acts of sexual violence against civilians in armed conflicts]*, 19 June 2008, S/RES/1820 (2008). Available at:
<http://www.unhcr.org/refworld/docid/485bbca72.html>
22. Report of the Secretary-General Pursuant to Security Council resolution 1820. S/2009/362. Available at:
<http://daccessdds.un.org/doc/UNDOC/GEN/N09/405/56/PDF/N0940556.pdf?OpenElement>
23. Kitzinger, J. (1994). The methodology of focus groups: The importance of interaction between research participants. *Sociology of Health and Illness*, 16(1), 103-121.
24. Maxwell, J. A. (2005). *Qualitative research design: An interactive approach*. (2nd ed.). London: Sage Publications, Inc.
25. Strauss, A. & Corbin, J. (1990). *Basics of Qualitative Research*. Newbury Park: Sage.
26. IRIN (United Nations Regional Integration Networks), "DRC: From Protection to Insurgency - History of the Mayi Mayi," 16 March 2006. Available at:
<http://www.globalsecurity.org/military/library/news/2006/03/mil-060316-irin01.htm>
27. International Crisis Group (1998), "North Kivu, Into the Quagmire? An Overview of the Current Crisis in North Kivu," Kivu Report No. 1, 13 August (Brussels: ICG) Available at:
http://www.crisisgroup.org/library/documents/report_archive/A400221_13081998.pdf

28. Steve Smith (2005), "Ceasefire Negotiations in Eastern Democratic Republic of Congo," Conciliation Resources website. Available at: <http://www.c-r.org/our-work/accord/engaging-groups/ceasefire-negotiations-drc.php>
29. Human Rights Watch. DR Congo: Protect children from Rape and Recruitment. December, 2008. Available at: <http://www.hrw.org/en/news/2008/12/16/dr-congo-protect-children-rape-and-recruitment>
30. Jewkes R, Sikkema Y, Morrel R, Dunkle K. (2009) Understanding Men's Health and Use of Violence: Interface of Rape and HIV in South Africa.
31. Andersson, N. *et al.* 2004. National cross-sectional study on views on sexual violence and risk of HIV infection and AIDS among South African school pupils. *BMJ* 2004; 329; 952-957.
32. Jewkes, RK, Penn-keena I, Rose-Junius H (2005). "If they rape me, I can't blame them": reflections on the social context of child sexual abuse in South Africa and Manibia. *Social Science and Medicine*, 61, 1809-1820.
33. Moore H. (1994) *Fantasies of power, and fantasies of identity: Gender, race and violence*. In H. Moor, *A passion for difference*. Cambridge: Polity Press .
34. Jewkes R, Sen P, Garcia Moreno C. (2002) Sexual Violence. In: Krug EG *et al* (Eds) *World Health Report on Violence and Health*. World Health Organization, Geneva, 2002. pp 148-181.
35. Kishor, S. & K. Johnson. 2004. *Profiling Domestic Violence – A Multi-Country Study*. Calverton, Maryland: ORC Macro.

Appendix A. List of Abbreviations

AIDS – Acquired Immune Deficiency Syndrome

DRC – Democratic Republic of the Congo

FARDC – Armed Forces of the Democratic Republic of Congo (French: Forces Armées de la République Démocratique du Congo)

FDLR – Democratic Forces for the Liberation of Rwanda

HRW – Human Rights Watch

HIV – Human immunodeficiency virus

IRC – International Rescue Committee

NGO – Non-Governmental Organization

UN – United Nations

SGBV – Sexual and Gender-Based Violence

STI – Sexually Transmitted Infection

WHO – World Health Organization

Appendix B. Survey Tables

Table 1. Demographics for survey respondents.

	Number	Percent
Nationality:		
Congolese	243	95.3
Other	7	2.75
No response	5	1.96
Total	255	100
Marital Status:		
Single	25	9.8
Married	121	47.5
Separated / divorced / abandoned	61	23.9
Widowed	45	17.6
No Response	3	1.18
Total	255	100
Education Level:		
No education	184	72.2
Primary School	54	21.2
Secondary School	16	6.27
Post – Secondary School	0	0
Not Specified	1	0.39
Total	255	100
Religion:		
Catholic	122	47.8
Protestant	110	43.1
Kimbanguist	3	1.18
Muslim	1	0.39
Other	17	6.67
No response	2	0.78
Total	255	100

Table 2. Characteristics of sexual assaults.

	Number	Percent
Experienced sexual assault:		
Yes	193	75.7
No	62	24.3
No response	0	0
Total	255	100
Assailant classification:		
Stranger	169	87.6
Acquaintance	7	3.63
A friend	1	0.52
A family member	3	1.55
Husband	6	3.11
Other	1	0.52
No response	6	3.11
Total	193	100
Military vs Civilian:		
Civilian	23	11.9
Military	161	83.4
Other	4	2.07
No response	5	2.59
Total	193	100
Gang:		
Gang rape	133	68.9
Rape by 1 person	45	23.3
No response	15	7.77
Total	193	100
Abduction:		
Abducted	89	46.1
Not abducted	71	36.8
Other	27	14
No response	6	3.11
Total	193	100

* This level of sexual violence is not an estimate of prevalence and reflect the self-selected nature of the study.

Table 3. Rape survivors' experiences with rejection.

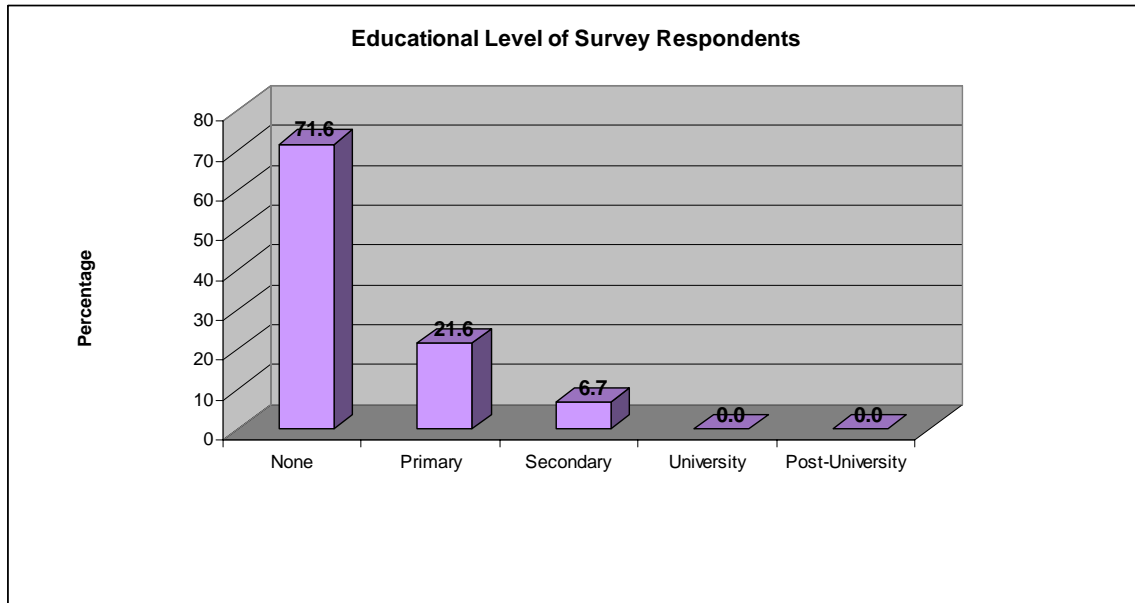
Column1	Number	Percent
Experienced rejection from family		
Yes	55	28.5
No	116	60.1
No response	22	11.4
Total	193	100
Experienced rejection from community		
Yes	12	6.2
No	116	60.1
No response	65	33.7
Total	193	100

Table 4. Attitudes towards justice.

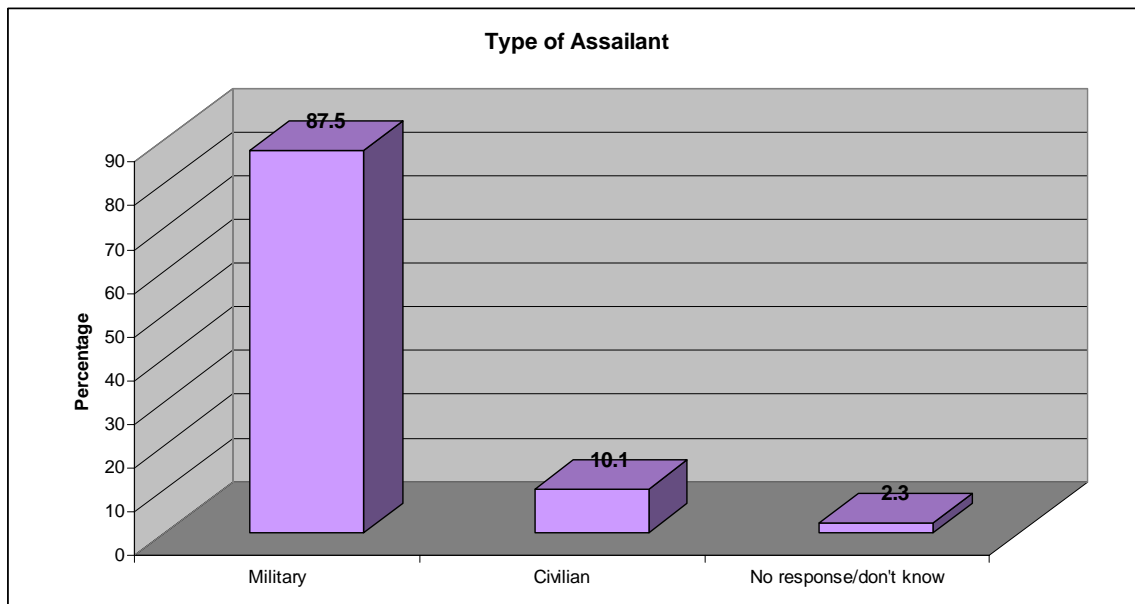
Column1	Number	Percent
Would you want to see your attacker arrested?		
Yes		
No	111	57.5
No response	53	27.5
Total	29	15
	193	100
Want to personally prosecute assailant?		
Yes		
No	93	48.2
No response	76	39.4

Appendix C. Graphs

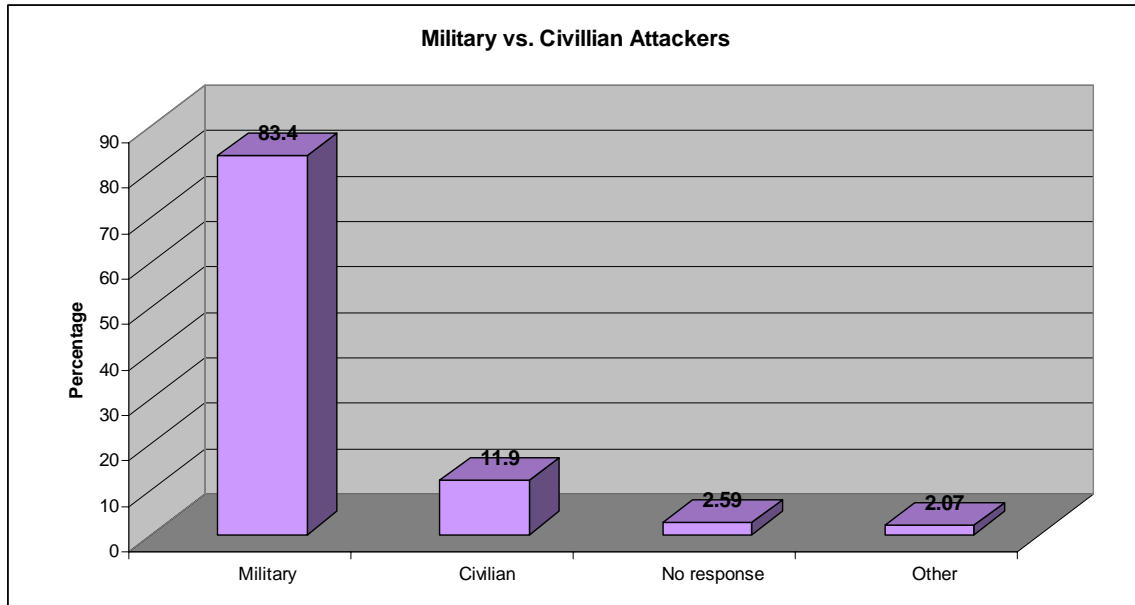
Graph 1. Educational level of survey respondents



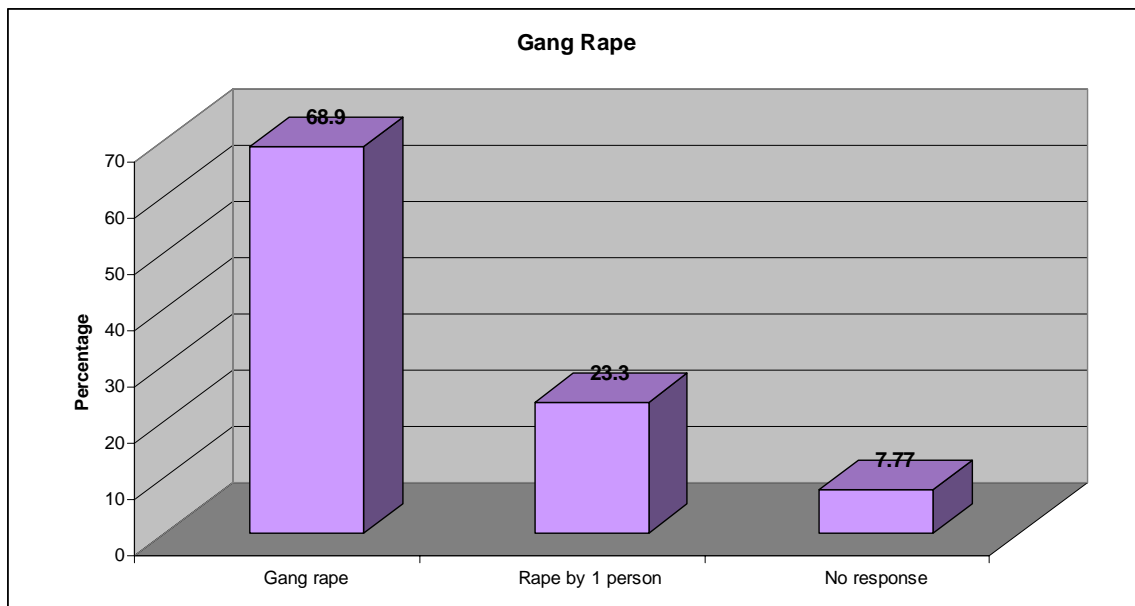
Graph 2. Type of assailant by percent



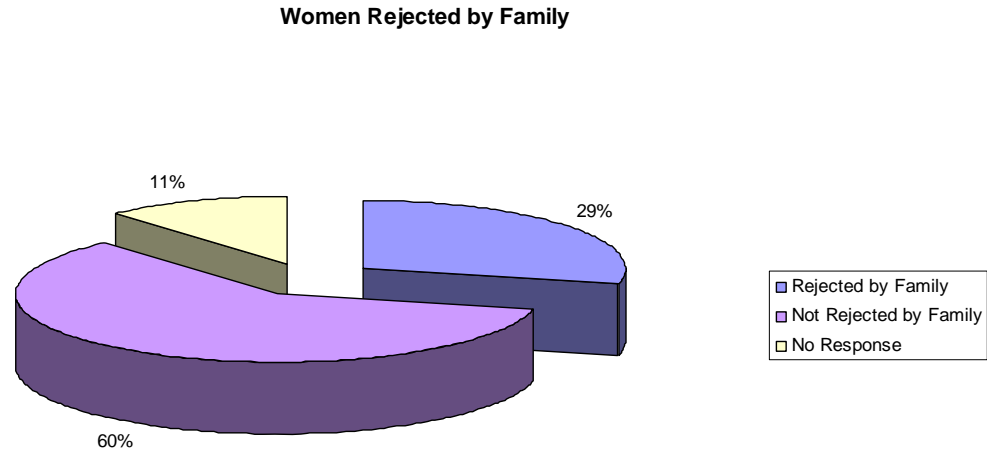
Graph 3. Military vs. civilian attackers



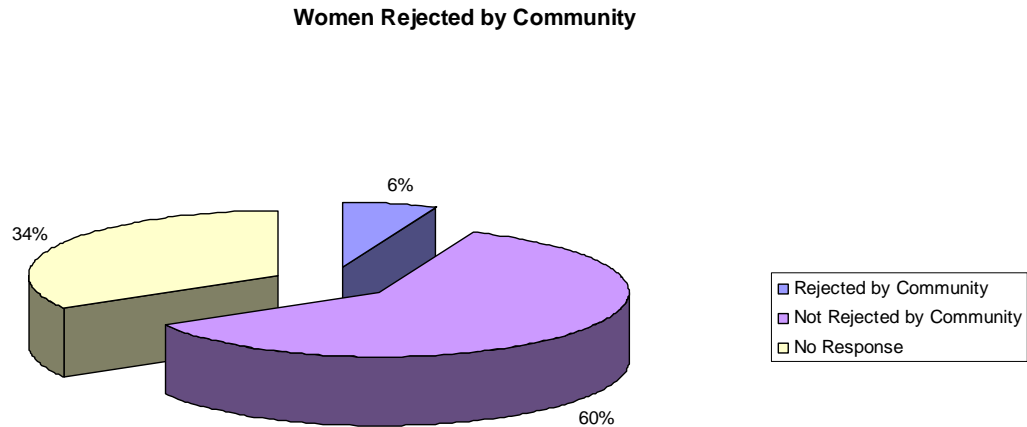
Graph 4. Women experiencing gang rape



Graph 5. Women rejected by their family



Graph 6. Women rejected by their community



Appendix D. Map of Field Sites

