‘Murderous Madness’: Rape as a Tool of War in the Democratic Republic of Congo

Alexis V. Marbach, MPH

Background Information

Since 1996, the Democratic Republic of the Congo (DRC) has been in a constant state of militarized conflict. In August of 1996, Tutsi soldiers from Rwanda invaded DRC’s eastern Kivu region to launch an attack against Hutu soldiers. Shortly after, the DRC government destabilized as Laurent-Desire Kabila seized power from previous leader Mobutu Sese Seko. Rwandan conflict continued to spread into the eastern provinces of the DRC while a new government generated new sources of internal political conflict. The violence and tension has vacillated between periods of escalating conflict and periods of relative stability over the past 14 years but the persistent conflict has had a tremendous impact on the health and well being of the citizens. Basic infrastructure has been destroyed, as has the concept of stability and safety for communities and families.

Women are disproportionately suffering as a result of instability and violent conflict, suffering specifically as victims of sexual assault. Ward and Marsh describe the sexual violence as being carried out by warring forces for “the explicit purpose of destabilizing populations and destroying bonds within communities and families”. (1) Rape is used to subdue, punish, take revenge and quell resistance by instilling fear in both local communities and in opposing military groups. (2) “Women’s bodies are used as an envelope to send messages to the perceived enemy” (1). In the DRC, violence against women includes, but is not limited to, individual rapes, sexual abuse, gang rapes, genital mutilation, rape-shooting, and rape-stabbing. (2) There are reports of individual attacks as well as cases in which attackers encircle and rape women publically and collectively. (2) In addition to weakening communal ties, rape is used as a tactic to gain access to valuable and scarce assets including national riches (diamonds, coltan, gold, and timber) as well as domestic goods (livestock, crops, and clothing). (2) The World Health Organization identifies rape as one of the largest health threats for women and girls in this region (3). While rape has been used as a tool of war throughout history, the conflict in the DRC deserves special attention because of the overwhelming number of victims, the severity of the injuries sustained as a result of the sexual violence, and the lack of safe and appropriate medical services that are available to victims.

Scope

In the DRC, rape has become so indiscriminate that it is being referred to as “murderous madness”. (1) The United Nations (UN) Undersecretary-General for Human Affairs John Holmes called rape in the DRC the “worst in the world”, as it has become so common and vicious. (4) The UN estimates that 200,000 women and girls of the DRC have

been assaulted in the past 12 years and the victims do not fit any ethnic or racial profile, ranging in age from 4 months – 84 years of age. (2) In the first three months of 2010, approximately 1,244 women and girls were raped, according to the UN High Commissioner for Refugees. (4) Health centers estimate that an average of 40 women are raped each day and of these women, 13% are under the age of fourteen, 3% die as a result of the rape, and 10-12% contract HIV/AIDS. (5) Men have also been identified as victims of rape in the DRC. Male victims tend to only come forward if they have life-threatening physical injuries, making it challenging to track specific numbers or to provide reasonable estimates. The most recent estimate of the number of male victims of rape was one tenth of the number of females reported. (6) Even after estimating the number of male victims who haven't come forward, it is clear that women are experiencing the vast majority of sexual violence perpetrated as a tool of war.

There are methodological challenges to gathering data on sexual violence in the DRC. When collecting data, researchers, nongovernmental organizations (NGOs), and health workers must carefully define "rape", as the definition differs between countries and in cultural contexts. There are also challenges in how data is physically collected. Many NGOs and health centers are in urban settings and the majority of the violence against women has typically occurred in rural settings. Hynes identified four main variables in data collection. First, many rapes are not reported leading to chronic underreporting. Rape is consistently underreported as women lack confidence in the judicial system and frequently do not have access to formal channels to file a report (including law enforcement or medical professionals). Often double counting occurs between field reports and clinics as there no way to cross-reference studies to see if a woman has already reported to additional institution or researcher. Additionally, many women are raped on multiple, separate occasions, and some women are victimized by multiple offenders. (7)

Identifying Perpetrators

The primary perpetrators of the sexual violence are government and armed forces from the DRC, Rwanda, Burundi, and Uganda. The forces include the Mai Mai, the
Congolese Assembly for Democracy, the Movement for the Liberation of the Congolese, Forces for the Democratization and Liberation of Rwanda, Forces for the Defense of Democracy, and the Interahamwe (meaning those who attack together") of Rwanda. (3) Addressing rape as a tool of war in the DRC is increasingly complicated due to the number of different factions committing the same crimes. Each has a different motive for perpetrating violence against women and communities. For example, the Interahamwe have told researchers that they are "desperate and angry", in part because they know that they cannot return to their homes in Rwanda with any assurance of safety. (2)

Soldiers are taught from their initiation that violence garners control. One soldier stated to a Harvard Humanitarian Initiative (HHI) researcher that he had been beaten into the mud as part of a violent initiation, literally remolding him into a new man. Military forces stress the anonymity and impunity that a soldier has post-initiation, encouraging them to do what they need to do to advance their position in the conflict and to survive.

Their need to employ survival tactics is closely tied to financial instability. Soldiers are often unpaid and use this lack of financial stability as a motive for perpetration. Without adequate financial resources, some soldiers claim that they are unable to hire prostitutes. One soldier stated, “if we politely ask women to come with us, they are not going to accept. So, we have to make they obey us so we can get what we want”. (1)

In addition to financial instability, limited access to arms, poor transportation systems, and no way of quickly and effectively communicating with troops leads militants to employ violent means for control. Dr. Jennifer Leaning of HHI states that the way they are able to control a region is by systematically terrorizing and abusing the people. (8) Rape is used as a deliberate tactic to terrorize the community and to force people to flee from a region. If the people move out, the militia members can move in, taking advantage of the resources left behind (food, shelter, etc). This mentality and civilian’s fear of future violence has created millions of refugees.

The UN High Commissioner for Refugees (UNHCR) reports that as of 2004, 34 million people have been displaced by armed conflict. Additionally, 9.3 million have been displaced into neighboring states and 25 million have been internally displaced in their home countries. (1) While refugees are fleeing their homes, they are at high risk for sexual violence committed by bandits, insurgency groups, military, and border groups. Displaced women may be compelled to submit to sex in return for safe passage, food, shelter, or other resources. This situation is often referred to as survival sex, where a woman exchanges sex for basic tools of survival.

The use of rape as a means to achieving a personal or group goal has now become a normative response in the DRC as both military forces and civilians have been identified as perpetrators. The HHI reports that from 2004 to 2008, the number of civilian rapes increased by an astounding 1733% or 17-fold, while the number of rapes by armed combatants decreased by 77%. (8) “These findings imply a normalization of rape among the civilian population, suggesting the erosion of all constructive social mechanisms that ought to protect civilians from sexual violence”. (8) Men from the local community exploit the chaos of conflict, using the disruption as an opportunity to commit sexual violence against women without fear of punishment. Pratt writes that “the use of sexual violence has proliferated to the point that even the most seemingly minor or transgression or old personal scores are now dealt with through the use of rape and violence”. (2) Brutality against women has transcended from a tactic used in a conflict situation to a wider epidemic. Gettlemen states “while rape has always been a weapon of war, researchers say that they fear that Congo’s

problem has metastasized into a wider social phenomenon". (9) Congolese aid workers deny that this is a cultural problem, affirming that the violence is not a product of some cultural belief that is ingrained in the way Congolese men treat women. Aid workers say, "if this were the case, this would have shown up long ago". (9)

Research from the HHI states "sexual violence has been so clearly linked to the military strategy of warring parties [in DRC] and has occurred in such a systematic way that it is wrong to think of it as a side effect of war". (8) Prior to the start of the conflicts, Congolese women and girls were seen as second-class citizens. The "Congolese Family Code" dictates that women obey their husbands, who are recognized as the head of the household. (10) Male education was prioritized over female education. Women were not able to require husbands to use condoms and extramarital sex was permitted for husbands but not wives. (10) These culturally prescribed gender roles did not translate directly into the pandemic rates of sexual violence currently being recorded in the DRC.

Physical, Psychological, and Economic Ramifications of Rape in the DRC

Sexual violence causes numerous deleterious effects on a woman's physical health. These effects are exacerbated when rape is used as a tool of war in the DRC. The extremely violent nature of the attacks coupled with the lack of adequate healthcare resources available in rural settings makes women in the DRC especially vulnerable to serious, life-threatening health outcomes as a result of rape. Healthcare workers in the DRC report high numbers of patients presenting with traumatic fistulas. A traumatic fistula is defined as tissue tears in the vagina, bladder, and rectum as a result of violent, forced sexual intercourse. Women who suffer from fistulas need surgery to recover and many rural women are unable to receive proper medical attention in time. Women who cannot receive corrective surgery often experience life-long incontinence and may be shunned from their communities and families. Other physical repercussions women experience are uterine prolapse, infertility, unwanted pregnancies, contracting sexually transmitted diseases, and contracting HIV/AIDS.

Limited medical services exist to serve victims of rape in the DRC. There are two referral hospitals for women in the eastern provinces that specialize in post-rape care. These hospitals are hard to get to when traveling from rural areas. The hospitals are also in need of basic supplies such as emergency contraceptives, antibiotics, and post exposure prophylaxis (including antiviral retrotherapy). (2) Doctors and nurses who have no specialized training for repairing fistulas staff many health centers. According to the WHO, in 2004, there were 5,827 doctors and 28,879 nurses to serve a population of over 57.5 million. (7) These numbers translate into 1 doctor per every 9,919 people in the DRC. To put this number in perspective, there are 690,000 physicians and 2.9 million nurses in the United States, translating to 1 doctor for every 445 people. (11)

Women who do receive care may not leave the medical facilities for fear of what will happen to them if they attempt to return to their homes. Some have lost family members as a result of violence and some are not welcome back in their homes. Many of the patients have been ostracized and “find themselves on the margin of society”. (10) The desire to stay in the medical facility poses a moral and ethical dilemma to medical staff, who want to protect the women they have cared for but need to make room for more women who need medical treatment.

The psychological distress of rape varies from victim to victim and differs depending on the severity of the rape and the presence of social support for the victim. Common psychological problems include major depression, alcohol and drug abuse, generalized anxiety, eating disorders, multiple personality disorders, and post traumatic stress syndrome (PTSD). (2) The psychological distress commonly experienced by rape victims through the world is compounded by the stigma attached to rape in the Congolese culture.

Women who are victims of rape in the DRC face extreme social stigma of shame and humiliation. The social value of Congolese women is still closely tied with virginity, wifehood, and bearing children. For these reasons, rape can result in ‘social murder’. (2) Families and communities reject many rape victims and the children conceived as a result of the rape. Children conceived as a result of a rape are referred to as “children of hate” or “unwanted children”. (2) Husbands and families weigh these determining factors in their response to allowing a woman to return to the home. Women receive differential treatment depending on their pregnancy status, HIV status, and if they have a fistula (creating an increased burden of care on the husband and family). (10)

From a wider population perspective, fear of going to work in fields or to markets is contributing to “spiraling malnutrition” and economic loss. (2) The epidemic of rape has begun to curtail movement and economic activity. Food production has declined because people are forced to flee their homes, villages, and farmland. HHI researchers stress that while this fear may be driving individual and group behavior, over half of the women are attacked in their own homes. HHI researchers state that the result of the diversity of attack location makes the attacks especially unpredictable. (8) When women cannot find refuge from the violence in their homes, there is truly no safe haven for them.

Recommendations

In 2006, under pressure from the international community, the DRC began to enforce a new law that redefined rape to include both males and females as victims. The law also defined rape as any form of vaginal or anal penetration. Sexual violence was also redefined to include sexual slavery, mutilation, forced prostitution, and forced marriage. Prosecution and enforcement of penal procedures improved and settling cases through “friendly resolution” (i.e. informal

resolution methods including marriage or payment) were outlawed. The passage of this law was a major milestone in terms of governmental response to gender based violence yet has only had limited success in practice. International resolutions have been passed in an attempt to strengthen DRC government efforts.

On June 19, 2008, the United Nations Security Counsel passed Resolution 1820, which states “rape and other forms of violence can constitute war crimes, crimes against humanity, or a consecutive act with respect to genocide”. (6) In March of 2009, the UN developed a Comprehensive Strategy on Combating Sexual Violence in the DRC. This Comprehensive strategy identified four focal areas: combating impunity for cases of sexual violence, prevention and protection against sexual violence, security sector reform and sexual violence, and multi-sectoral response for survivors of sexual violence.

While the international community is speaking out to create change, efforts have limited impact due to the ineffective government of the DRC. The UN has the power to create resolutions but cannot enforce them because of the lack of functioning formal state institutions and a professional police force. The current police force, the National Congolese Police (PNC), is comprised of ex-militia members including the Mayi-Mayi, a group often identified as perpetrators of sexual violence in DRC. There are almost no repercussions for perpetrating rape in the DRC. There is criminal impunity as well as inadequate local and regional governance. When looking at the current infrastructure of the DRC, there are limited opportunities to reduce the violence from an institutional level. Geography has also played a role in the lack of government control. The capital of the DRC is far from the main source of conflict in the eastern provinces. The eastern provinces are closer to Rwanda and are subsequently impacted by Rwanda’s politics and ongoing sources of conflict.

Government authorities have provided a limited and disjointed response to the rampant sexual violence. There is a general lack of protection of citizens, as the government waits to intervene until the attack is over. Citizens have little faith in their government and refuse to make formal reports because there is no confidentiality or protection offered to witnesses. (10) Even though sexual assault is rampant, few perpetrators have been brought to justice, a fact that keeps victims silent.

These attacks persist in a country that has the largest UN peacekeeping force in the world. Over 17,000 UN peacekeeping troops are currently residing in the DRC. (9) UN peacekeeping troops and officials are concentrated in urban areas, far from rural areas where the majority of violence is occurring. A high number of peacekeepers may be a double-edged sword. Peacekeepers in DRC have been accused of using commercial sex work and violating women they are supposed to be protecting. (1) Women who have experienced rape during conflict are more vulnerable to further exploitation. (1)

The Ponzi hospital is the one institution in the DRC that is consistently working towards helping and healing women. Ponzi was initially created to address the high rates of maternal mortality in the DRC. Doctors found themselves performing more surgeries to repair fistulas than to deliver newborns. Ponzi serves over 3,600 women a year, providing them with medical care and informal counseling services. (8) Women complete intake forms with a social worker, describing "l'incident" – their rape. The hospital creates a community for women where they are not stigmatized and are supported. Medical NGOs have had not been able to duplicate the success of the Ponzi hospital.

Medical NGOs and international relief organizations have not demonstrated the ability or willingness to collaborate, creating a number of service gaps. The gaps and issues of concern include victims not being systematically referred to health centers for post-exposure prophylaxis within 72-hours, no coordinated data collection methods or system, and no medical center documentation provided to victims for judicial follow-up. (5) Many programs are operated by "remote control", where they are directed by organizations in other countries but managed by local partners. Some NGOs and relief organizations focus on development while others provide emergency assistance. "Remote control" coupled with different outcome objectives creates duplication in services in some regions and gaps in services for others. (8)

Rodriguez identifies startling problems with relief organizations: falsification of data. National associations that provide psychosocial assistance "have realized that higher numbers of victims mean increased changes of obtaining international finance support". (8) Increased incentives to falsify numbers to maintain funding should translate into more money to support more victims, yet services have not improved in their quality or scope.

International relief and governmental efforts also need to provide services to the perpetrators of the violence. Those who are committing these atrocious acts against the women of the DRC will continue to do so unless they are provided with an incentive to stop, such as safety, refugee status, or financial security. Pratt researchers interviewed members of the Interahamwe who reported "With nowhere to go, they have nothing to lose, and with the advent of disarmament, demobilization, and reintegration (DDR) programs, they feel they can benefit only by continuing the violence and forestalling an uncertain but likely ominous end for themselves". (2)

All approaches to ending sexual violence in the DRC need to be gender balanced to include men and women as integral parts of the solution. To deal with the root causes of sexual violence, programs in the DRC need to address gender inequity within the household. (6) Cultural norms that govern the relationship between husband and wife complicate the process of reporting and accessing services. Under "Congolese Family Code", married woman do not have full legal rights equal to those of a man. Married women must have husband's authorization to initiate judicial action. As more resolutions protecting female survivors of rape in the DRC are passed, equality between genders is

increasing, at least on paper. Monitoring and enforcement mechanisms need to be established at the national and local levels to regulate and enforce them and change health outcomes for female victims.

Local community members and networks need to be engaged in efforts to reduce sexual violence since there is a lack of government level assistance available. “In the absence of a functioning state and professional police (and army) security tends to derive from the local community and social networks. That in turn indicates the importance of according high priority to re-building and strengthening local social networks”. (6) It is imperative that the international community and local partners strengthen their effort to address the “prevailing climate of impunity and culture of violence against women” in the DRC. (10). Violence against women threatens to become a culturally accepted norm, endangering the safety, welfare, and lives of millions of women.

List of Resources:

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