

Mental Health Consequences of being Raped in the Eastern Region of the Democratic Republic of Congo

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Rape has been used as a weapon of war in a lot of countries, including the Democratic Republic of Congo (DRC). In eastern Congo, the prevalence and intensity of rape and other acts of sexual violence are described as the worst in the world. Considered as a public health problem, rape in this region has a lot of impact on the mental health of the population. A convenient sampling method was used to identify female rape victims who reported to Heal Africa hospital in Goma (Eastern DRC) and had developed mental disorders from July 2012 to March 2013. The DSM IV Scale was used to assess the mental state of the victims and after diagnosis, three groups of mental responses were considered: Post Traumatic Syndrome Disorder (PTSD), Major Depressive Disorder (MDD), comorbid PTSD/depression. Chi-square test was used to ascertain if any association existed between socio-demographic characteristics of the victims, types of rape, social rejection and the mental response of the victims. A total of 69 subjects met these criteria and were enrolled for the study. Results from the single factor analysis revealed that Social rejection ($p=0.00$), the type of rape ($p=0.03$) and residential area ($p=0.04$) were significantly related to the mental disorders of the victims. The findings of this study suggest strategies for better health care of women who are victims of sexual violence in the eastern DRC.

Keywords: War, rape, mental health consequences, Democratic Republic of Congo.

INTRODUCTION

It has been since mid-1990s; that a brutal civil war ravaged the Democratic Republic of Congo (DRC) and escalated the rate of crimes. Men, women and children have been targets for sexual violence crimes. A five year conflict placed government forces and their allies (Angola, Namibia, and Zimbabwe) against rebels supported by Uganda and Rwanda. A peace agreement was signed in 2002 and a transitional government established in 2003, raising hopes that the conflict was coming to an end. Although the war is now generally contained, the conflict has re-emerged in the eastern part of the country. This has led to Eastern DRC being called the rape capital of the world (Nicole, P et al., 2011).

Perceived as a particularly effective weapon of war and used to subdue, punish, or take revenge upon entire communities, acts of sexual and gender based violence increased concomitantly. Attacks have comprised individual rapes, sexual abuse, gang rapes, mutilation of genitalia, at

times undertaken after family members have been tied up and forced to watch. The perpetrators have come from virtually all the armies, militias and gangs implicated in the conflicts, including local bands that attacked their own communities and local police forces. Victims of Sexual violence range in age from 4 months to 84 years (Marion Pratt et al., 2004).

Rape as a public health problem has a lot of consequences on the well-being of the victims including mental consequences such as Post Traumatic Disorder (PTSD), depression and phobias. For this study, the responses of the victims have been grouped into the three syndromes: Post Traumatic Syndrome Disorder (PTSD), Major Depression disorder (MDD), and Comorbid PTSD/depression.

PTSD is defined as an extremely debilitating disorder occurring after a highly disturbing traumatic event, such as military combat or violent crime (G. Kilpatrick, 2000). Rates of life-time prevalence of PTSD after sexual assault have been

found to range from 30 to 94%, and current PTSD from 12 to 16% (Baker CK et al, 2005). According to the American Psychiatric Association (APA, 1994), the diagnostic criteria for PTSD include exposure to a traumatic event that invokes intense fear, helplessness, or horror and a range of symptoms, such as reoccurring recollections or dreams of the event, persistent avoidance of all things associated with the trauma, numbing and lack of responsiveness, and increased alertness to perceived threats (American Psychiatric Association, 2013).

MDD (also known as clinical depression, major depression, unipolar depression, or unipolar disorder; or as recurrent depression in the case of repeated episodes) is a mental disorder characterized by a pervasive and persistent low mood which is accompanied by low self-esteem and by a loss of interest or pleasure in normally enjoyable activities (Barlow DH, 2005). A depressed person may report multiple physical symptoms such as fatigue, headaches, or digestive problem (Patel Vet al., 2001).

In this study, Comorbid PTSD/depression refers to victims with PTSD and minor depression. This classification was done to resolve the challenge caused by individuals who met the criteria for PTSD and at the same time had significantly elevated levels of depression but did not meet diagnostic criteria for major depression. With the presence of the minor depression, these participants were classified in the comorbid PTSD/depression group, rather than in the PTSD group.

Studies have attempted to identify the factors contributing to differences in the mental responses of victims following rape (WHO, 2007). They are grouped into: social factors (culture, family reaction, society's reaction), demographic factors (residential area: rural or urban; age, marital status, educational status), the type of the assault or kind of rape (war rape, gang rape, repetitive rape), and the psycho-biological characteristics of the victims.

For many victims, any negative responses or attitudes by close social support structures, or the feeling that one lacks social support, have a disproportionate effect on the mental health aftermath of rape (Mc Nally et al., 2003). Poverty, discrimination and oppression have also been investigated as a factor contributing to women's abilities to cope with traumatic stressors (Wolfe J et al., 1997)

It has been shown in one study that the factors which can influence PTSD in rape victims include: presence or absence of psychological problems before the sexual assault, the experience of frequent life stress, the experience of a prior sexual assault or other traumatic experience, and the severity of the sexual assault (Frazier PA, 2000), Researchers have found completed rape to be one of the various factors that may be associated with heightened risk for survivors to develop PTSD (Kilpatrick DG et al., 2003)

Previous research has however not fully explored the factors that can influence depression in rape victims. It has been shown that Childhood sexual trauma Survivors are also more likely to suffer from depression, suicide, and other mental health problems. In one study, the rate of lifetime depression among childhood rape survivors was 52% compared to 27% among non-victims (Saunders, B. E et al., 1999). Life events connected to social rejection appear to be particularly related to depression (Kendler KS et al., 2003; Slavich GM et al., 2009).

The relationship between stressful life events and social support has been a matter of some debate; the lack of social support may increase the likelihood that life stress will lead to depression, or the absence of social support may constitute a form of strain that leads to depression directly. (Monroe SM et al., 2007; Sadock VA et al., 2007).

Furthermore, a woman's age at the time of the rape may play a role in survivor's responses, and subsequent adjustment. For instance, older women have been found to have more difficulty in psychologically adjusting to victimization events (Ruch L.O et al., 1983).

METHODOLOGY

Study population and design

The study population was constituted of victims of rape who reported to Heal Africa Hospital in Goma; and who develop mental disorders (PTSD, MDD, and Comorbid PTSD/depression). The study design was a Retrospective cross-sectional study.

Data Collection

Data was collected from March to June 2013. The register of Heal Africa hospital in Goma was the principal source of data. The demographic characteristics, social connection and the type of rape of the victims were taken by the psychiatrist during the consultation and other interview sessions and these were available in the hospital register. Because a convenient sampling method was employed, data were taken from the register of the hospital, to meet the goals of the study.

Sampling Procedure and Sample size

Victims aged 12 years or more presenting for rape and who developed mental disorders (PTSD, MDD, and Comorbid PTSD/depression) were included in the study; convenience sampling method was used to select participants. In total, 69 subjects met these criteria and were enrolled for the study. The inclusion criteria were:

1. Women who have been raped and who reported to the Heal Africa hospital in Goma between July 2012 and March 2013
2. Survivors who have been diagnosed with one of the three mental disorder (PTSD, MDD, and Comorbid PTSD/depression)
3. Subject must be at least 12 years old.

Instrument

The psychiatrists in the Heal Hospital used the DSM 4 to diagnose the women with mental disorders (PTSD, MDD, comorbid PTSD/depression) after rape.

Data Analysis

Descriptive statistics were used to describe the demographics social characteristics and the type of rape suffered by victims. All hypothesis tests were conducted at the $\alpha = 0.05$ level with a 95% confidence interval. The chi-square test was used to ascertain if any relationship existed between the socio-demographic factors, type of rape and the mental response of victims.

RESULT

Demographic characteristics of the participants

The participants' age were between 12 and 64 years. The mean age of the victims was 25.57 ± 12.756 . The mean age

was 24.63 ± 12.463 in the PTSD group, 27.00 ± 13.128 in the MDD group, and 27.23 ± 14.060 for the comorbid PTSD/depression group. The frequencies for each of these mental disorders were 2.3% (43/69) for PTSD, 18.8% for MDD (13/69), 18.8% (13/69) for comorbid.

Three groups of age were created for analytical purposes, in accordance with Erik Erikson's stages of human development (Martin Briner E.E., 1999). The three age groups were: adolescents (less than 20), young adult (20 to 40) and middle adulthood (more than 41). The distribution of the victims in the 3 groups was: 44.9% for the adolescence (31 victims), 40% for the young adult (28 victims), and 14.5% for the middle adulthood (10 victims).

The distribution of the mental response by marital status: 34.8% of the victims (24/69) were single, 49.3% (34/69) of the victims were married, 2.9% (2/69) of the victims were divorced, 4.3% (3/69) of the victims were unmarried, and 8.7% (6/69) were widowed. Among the victims 52.2% (36/69) were illiterate; 34.8% (24/69) had primary level education; 10.1% (7/69) had a secondary level, and 2.9% (2/69) had a university level. Concerning places of residence 76.8% (53/69) lived in rural areas while 23.2% (16/69) lived in urban areas.

Social rejection

Social rejection can be divided into two:

- Community and family rejection (peer rejection)
- Spousal rejection (romantic rejection)

Family rejection means that a woman is told she can no longer stay in the home of her husband or parents. In the case of community rejection, women are ostracized by peers to such a degree they feel forced to leave the community (J T Kelly et al., 2011). The victims reportedly perceived community rejection in the form of stigmatization, by the society and the family through acts such as refusal to: greet them or respond to their greetings, talk to them, eat with them and considering them as cursed.

Spousal rejection is the type of rejection, in which women are abandoned by their husbands and sacked from the house. Spousal rejection has been described by the victims has their repudiation, due to fear of husbands to live with raped women who the society cannot accept.

Analysis shows that from the 69 women, 35 women (50.7%) reported that they have been rejected by the community. And from the 34 married women, 11 women (32.4%) reported that they have been rejected by their spouse.

Distribution of social rejection by mental disorder of the victims

Table 1 displays the frequency of mental disorder by the social rejection. Of the 50.7% rejected women, 26.1% have PTSD; 5.8% of victims have MDD and 18.8% of victims have comorbid PTSD/depression.

Type of rape

The type of rape is one of the characteristics of the sexual assault. For the purpose of the study, rape types are grouped into two, depending on the number of assailants: Rape by one assailant and rape by two or more assailants (gang rape).

Table 2 shows that 51 victims have been raped by one person, which is 73.9% of the survivors and 18 victims (26.1%), reported gang rape.

Chi-square statistical test of mental response

Table 3 shows that social rejection, type of rape and residential area are significantly related.

DISCUSSION

This study shows that victims of sexual violence develop different mental responses as demonstrated for PTSD, MDD and comorbid PTSD/depression for the victims enrolled in this study. PTSD was found to be the most frequent mental response of victims in this group (62.4%). This finding is similar to that reported by Johnson et al. (2010), who conducted a study of 998 adults aged 18 years and older in the Eastern DRC (Johnson K et al., 2010).

Social rejection, the response of the society against the victims is presented to be associated with the development of mental disorders. This result is similar to a study done by Bartels Susan et al. from November 2007 to March 2008 at Panzi Hospital in Bukavu (Eastern DRC) (Susan A Bartels et al., 2010), and from a 2003 report by the Réseau des Femmes Développement Associatif (RDFA) which reported that 26% of victims of sexual violence were rejected by their family (Réseau des Femmes pour un Développement Associatif, 2009).

The type of rape was found to be significantly related to the mental response of victims. The proportion of gang rape is, however, lower than what is reported in other studies done before. Gang raped has been found to be more common in the DRC as compared to other conflict, such as Sierra Leone (Medecins Sans Frontiers, 2009)

Implications

Findings from this study help us to understand the responses of the victims of sexual violence in the eastern DRC. They indicated that the response of the Congolese society to the victims have a role to play in the mental health of the survivors. Some victims reported that people refuse to talk, eat, and sleep with them because they have been raped. Being suddenly cut away from the community, in addition to the feeling of being humiliated by the rapist constituted the beginning of the mental disorder responses. It is therefore suggested that the health ministry of DRC must create strategies for good mental health care of those victims, and educates the population, to support the rape victims in this region.

Social rejection is closely linked with spousal rejection. The shock of seeing the wife being raped pushes a lot of husbands to reject their wives. The perceived loss of dignity, the shame of living with a raped woman, the influence of the family members are contributing factors to spousal rejection.

The victim's place of residence influences their mental responses. This is because of the insecurity in rural area: many victims come from rural areas, like shown in the result section. The rural areas are the most dangerous part of this region, a lot of rebels and civilians are disturbing, killing and raping the population. It is shown in a number of literatures that the war usually takes place in villages (the rural area) where the effect of war is really seen; all the villages are usually pillaging.

Table 1. Distribution of social rejection by mental disorder of the victims

Variables	PTSD	MDD	Comorbid	Total
Social rejection:				
Yes	18 (26.1%)	4(5.8%)	13(18.8%)	35 (50.7%)
No	25(36.2%)	9(13.0%)	0(0%)	34(49.3%)
	43 (62.3%)	13(18.8%)	13(18.8%)	69(100%)

Table 2. Distribution of the mental disorder by the type of rape

Variables	PTSD	MDD	Comorbid	Total
Type of rape:				
By one	35 (50.7%)	6 (9.6%)	10 (14.5%)	51 (73.9%)
Gang rape	8(11.6%)	7 (10.1%)	3 (4.3%)	18 (26.1%)
Total	43 (62.3%)	13 (18.8%)	13 (18.8%)	69 (100.0%)

Table 3. Chi-squared test on mental response (single analysis)

Variables	PTSD	MDD	Comorbid	X ²	P value
Age group (x₁):				2.118	0.71
Less than 20	20 (64.5%)	5 (16.1%)	6(19.4%)		
20 to 40	17 (60.7%)	7 (25.0%)	4 (14.3%)		
More than 41	6 (60.0%)	1(10.0%)	3(30.0%)		
Marital Status (X₂):				8.101	0.42
Single	18(75.0%)	3(12.5%)	3(12.5%)		
Married	20(58.8 %)	7(20.6%)	7(20.6%)		
Divorced	1(50 %)	0 (0%)	1(50%)		
Unmarried	2(66.7%)	0(0%)	1 (33.3%)		
Widow	2 (33.3%)	3(50.0%)	1(16.7%)		
Study level(X₃)				3.557	0.73
Illiterate	25 (69%)	6 (16.7%)	6(13.9%)		
Primary	13(54.2%)	5(20.8%)	6(25.0%)		
Secondary	4(57%)	1 (14.3%)	2(28.6%)		
University	1(50%)	1(50%)	0 (0%)		
Residential area (X₄):				6.328	0.04
Rural	37(69%)	9(17.0%)	6(37.6%)		
Urban	6(37.5%)	4(25.0%)	13(37.5%)		
Type of rape (X₅):				6.505	0.03
One raped	35(68.6%)	6 (11.8%)	10 (19.6%)		
Gang raped	8 (44.4%)	7(38.9%)	3(16.7%)		
Social rejection (X₆):				16.015	0.000
Yes	18(51.4%)	4 (11.4%)	13(37.1%)		
No	25(73.5%)	9 (26.5%)	0(0%)		

The population from rural area experience attacks, confrontation of armies and rape than people in the urban area. This can be considered as cofactors of victims in rural area, that infer with their mental responses.

Limitations

The study was limited by its sampling methodology, because the data is representative only of those victims presenting to Heal Africa Hospital for post sexual violence care. Victims of rape are a difficult population to reach, because of the risk of stigmatization. So the result of this study, drawn from a non-

random sample, can't be used to generalize about women's experiences with sexual violence in eastern DRC or determine the prevalence of rape in the general population. It, however, gives vital insight into how socio-demographic factors may contribute to the mental responses of the rape victims. Another limitation is the small size of the sample.

CONCLUSION

This study shows in general the effect of rape on the mental health of victims. It shows that the most frequent mental disorder among these raped victims is PTSD. Social rejection

perceived as stigmatization of the victims and defined by community and spousal rejection; influences the response of the victims, and that the residential area of the victims influences also their mental response. In all, the study revealed that the social, cultural, and demographic factors have a link with the mental response of rape victims.

The result of this study should be not generalized to all the population of victims of rape in DRC, because of the sampling method and the sample size. In conclusion, these findings will help to draw an effective health educational program for better orientation of the population about the consequences of stigmatization. This will increase social support of victims in the Congolese society.

RECOMMENDATIONS

The purpose of this study has been to draw a better understanding of the challenges rape victims encounter after experiencing rape, so as to determine and build strategies for resolving their challenges. This is needful because proposals for intervention and better mental health care of victims are very necessary to decrease the prevalence of mental disorders that occur among these victims while protecting the entire population against rape and other forms of sexual violence. For this the following recommendations will be useful:

- Establish agencies and institutions specialized in the mental health treatment of rape victims.
- Expand and intensify training of qualified people for better psycho social management of these raped women (counselors, clinical psychologists, social workers).
- Organize awareness campaigns in the communities to reduce denunciation, alienation, and discrimination against victims of sexual violence.
- Organize community education campaigns designed to help rape survivors understand the importance of early post-rape care.
- Create a national system of reintegration of raped victims into society.
- Set up an economic aid program for victims without economic resources, victims of pillage and spousal rejection.
- Increase justice infrastructures to punish severely all perpetrators of rape in this region.

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