

A woman wearing a yellow headscarf and a patterned green and white dress is carrying a young child on her back. They are standing in a rural, hilly landscape with green vegetation. The woman is looking to the left. The child is looking towards the camera.

If Numbers Could Scream:

Estimates and determinants of sexual violence in the Democratic Republic of the Congo

The Center for Health Services and Outcomes Research (CHSOR)
Stony Brook University (State University of New York)
Research Brief • May 2011

Amber Peterman, Ph.D., Tia Palermo, Ph.D., and Caryn Bredenkamp, Ph.D.

Sexual violence in the Democratic Republic of the Congo (DRC) has garnered much international attention. Reports include gang rape, abduction for purposes of sexual slavery, forced participation of family members in rape, and mutilation of women's genitalia with knives and guns, among other atrocities. Popular press, peer-reviewed publications, and reports from multinational and non-governmental organizations describe the number of rape victims in the DRC as in the "tens of thousands," but nearly all state that the true magnitude is unknown. This research represents the first-ever population counts and determinants of sexual violence against women in DRC based on rigorous analysis of nationally-representative data collected by the DRC Ministries of Planning and Health.

Our analysis found that **over 400,000 women aged 15-49 had experienced rape in the 12 months prior to being interviewed in 2007** and that **between 1.69 and 1.8 million of women aged 15-49 had experienced rape in their lifetimes**. These estimates of rape in the past twelve months translate into **approximately 1,152 women raped every day, or 48 raped every hour, or four women raped every five minutes**. These are orders of magnitude higher than previous estimates of sexual violence.

These estimates of rape in the past twelve months translate into approximately 1,152 women raped every day, or 48 raped every hour, or four women raped every five minutes.



How the research was conducted

We used the DRC Demographic and Health Survey, a nationally-representative household survey funded by USAID in collaboration with Macro International and collected by DRC Ministries of Planning and Health in 2007. We estimated the proportion of women experiencing sexual violence separately for five-year age intervals in each region. We analyzed three types of sexual violence: 1) rape in the last 12 months, 2) ever experienced rape, and 3) intimate partner sexual violence. We use women aged 15 to 49 who were randomly selected to complete the domestic violence module for the analysis and restrict our analysis to women who have ever been married or lived with a partner for the intimate partner sexual violence analysis. Next, we used population estimates from the DRC's Ministry of Planning and National Institute of Statistics to extrapolate these estimates to the full population to obtain national estimates of sexual violence. Finally, we ran multivariate logistic analyses to determine characteristics correlated with reporting sexual violence.

Findings

In the 12 months prior to this survey conducted in 2007, there were between 407,000 and 434,000 women who reported being raped, with the highest absolute number of reported rapes occurring in Equateur, Province Orientale and Nord-Kivu. After adjusting for population, the highest rate of rape in the prior 12 months occurred in Nord-Kivu (67 rapes per 1,000 women aged 15 to 49), Equateur (65), Maniema (50), and Sud-Kivu (44). The lowest rates were found in Bas-Congo (7), Kasai Oriental (8), and Kasai Occidental (8). Rates of lifetime rape were highest in Nord-Kivu (205) and lowest in Kasai Oriental (67). Furthermore, among women who had ever been married or lived with a partner, approximately three million women aged 15 to 49 had experienced intimate partner sexual violence in their lifetimes. Further analysis was conducted to control for individual and regional characteristics, but few factors apart from age and residing in Nord-Kivu were consistently correlated with reporting of sexual violence. This suggests that the chance of being a victim of sexual violence is somewhat random. Women are not protected from, or more at risk of, sexual violence because of their education, level of wealth or urban/rural location. Because of the chronic underreporting of sexual violence due to stigma and shame and the exclusion of information on children, women older than 50, or males—all of whom are also subject to sexual violence, though perhaps to a lesser extent—as well as the fact that women who may have died as a result of attacks could not be included in the count, these estimates represent a lower bound of the true prevalence of sexual violence.

Discussion and recommendations

These estimates demonstrate that the level of sexual violence is both magnitudes higher and more geographically dispersed than previously estimated. Compared to women in the US, where the US Department of Justice estimates that 0.5 women are raped per 1,000 women aged 12 and up annually¹, our analysis shows that women in DRC are 58 times more likely to be raped annually. Additionally, though rigorous and defensible statistics on rape from conflict areas are rare, evidence suggests that in comparison to other conflict affected countries, these estimates are extremely high. For example, during Sierra Leone's conflict from 1991 to 2002, a population-based assessment largely among internally displaced peoples found that between 50,000 and 64,000 women were raped². Further, rates of intimate partner sexual violence were also comparatively high. These findings are supported by prior research suggesting that intimate partner sexual violence is the most pervasive form of sexual violence worldwide.

Direct policy implications of these findings point to the need for a stronger policy response to curb sexual violence in DRC, and steps have been proposed by advocacy, legal and policy institutions (including the government). These findings also highlight the importance of the need for interventions cutting across geographic regions and socioeconomic levels.

Amber Peterman, Ph.D., is a Gender and Development Specialist and Postdoctoral Fellow in the Poverty Health and Nutrition Division at the International Food Policy Research Institute, **Tia Palermo, Ph.D.**, is an Assistant Professor in the Graduate Program in Public Health, State University of New York, Stony Brook, and **Caryn Bredenkamp, Ph.D.**, is a Health Economist in the Human Development Network, World Bank. Address for correspondence: Amber Peterman, 2033 K St. NW, Washington D.C. 20006-1002, a.peterman@cgiar.org, (202) 862-8128.

The findings, interpretations and conclusions expressed in the paper are entirely those of the authors, and do not represent the views of IFPRI, Stony Brook University, or the World Bank, its Executive Directors, or the countries they represent.

*For more information on this study, see the full article: Peterman A, Palermo T, Bredenkamp C. (2011). "Estimates and determinants of sexual violence in the Democratic Republic of the Congo" *American Journal of Public Health*, 101(6).*

¹US Department of Justice. (2010). Criminal Victimization in the United States, 2007 Statistical Tables. Retrieved March 21, 2011 from <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=1743>

²Physicians for Human Rights. (2002). War-Related Sexual Violence in Sierra Leone: A Population-Based Assessment. Boston, MA. Retrieved March 21, 2011 from <http://physiciansforhumanrights.org/library/report-sierraleone-2000.html>