



War Related Sexual Violence in Africa: Medical and psychological consequences on Women and girls

Background

The scourge of war related sexual violence in Africa is of enormous proportions. In the Democratic Republic of Congo, it is estimated that more than 200,000 women and girls are survivors of rape. During the 1994 genocide in Rwanda, it is estimated that 500,000 girls and women were victims of rape and up to two thirds have contracted HIV virus. In Liberia, it is estimated that 62.5 % of the women suffered some form of sexual violence. Similarly in Teso, Eastern Uganda, a recent study by The Trans Cultural Psychosocial Organization (TPO) reported that 17.2% of women suffered at least one form of war related sexual violence. In the Sierra Leone, it is estimated that at least 50,000 internally displaced women were sexually abused at the hands of armed combatants during the war, and the story goes on and on... [1 - 6].

Despite the UN's Resolution 1820 of 2008 that called for the, 'immediate and complete cessation by all parties to armed conflict of all acts of sexual violence against civilians' [1], African countries continue to report the worst cases of war rape and sexual violence. From the civil war in Eastern Congo to the post-election violence in Cote d'Ivoire and to the recent popular uprisings in Tunisia, Egypt and Libya, all these conflicts are generating horrific tales of sexual violations against women and girls.

Recently, Amnesty International (AI) reported cases of sexual violence in Cote d'Ivoire that are directly perpetrated by armed combatants as narrated by a female survivor in one single ordeal:

"They came early in the morning.... They had knives and machetes. They broke my door and grabbed me. Their faces were blackened with charcoal. They said nothing; they threw

themselves on me and did horrible things to me. They raped me, three or four of them. They burned my house- the house of my family – and killed my brother..." [7].

Social workers in Africa have horrific tales of rape being used as a weapon of war. Louise Nzigire, a Congolese social worker had this to say: "...rape is a cheap simple weapon for all parties in the war, more easily obtainable than bullets and bombs. This violence is designed to exterminate the population." [2].

War related sexual violence can be described as:

- i) violence against the sexual organs;
- ii) Physical sexual assault, i.e. sexual acts involving direct physical contact either between victim and torturer or victim and an animal;
- iii) Mental sexual assault i.e. sexual humiliations, sexual threats and witnessing others being sexually tortured; [9].

Sexual violence involves subjecting the victim to involuntary sexual acts which are psychologically painful, whether or not they are also perpetrated with physical harm [9]. Victims of war related sexual violence experience long term reproductive health and psychological health consequences.

Reproductive health consequences

Reproductive health problems include: pain in both external and internal genitalia; menstrual disturbances; urination and defecation problems; sexual problems such as sexual dysfunction; rectal and vaginal fistulae and traumatic

genital injury; urinary tract infections; STDs including pelvic inflammatory disease, HIV/AIDS; disturbance of reproduction including infertility; and precancerous and /or cancerous cervical tumors [4,8-11].

Psychological consequences

Psychological consequences of war related sexual violence include post traumatic stress disorder (PTSD), anxiety disorders including phobias, psychosomatic symptoms, psychogenic pain, conversion-dissociative disorder, major depressive disorder, self-injurious behaviour including suicidality, alcohol and substance abuse and altered self-image and view of the world [9,11,12].

Isis-WICCE Research findings

Over the last 13 years, Isis-WICCE an International women's organization based in Uganda has been involved in systematic documentation of women's experiences in war, including the reproductive and psychological consequences of war sexual violence [14-21]. This work was initially undertaken in Uganda but has now been extended to Southern Sudan and Liberia. In undertaking this documentation, Isis-WICCE has worked with medical professional bodies in the participating countries. Most of the research findings have been obtained through field research and from women accessing the services of emergency short term medical interventions that Isis-WICCE has carried out in war affected communities.

Prevalence of war related sexual violence

The research findings noted that sexual violence was a common form of war torture practiced in all the war affected communities. The prevalence of sexual violence among women varied from 2.2% in Southern Sudan, 28.6% in Kitgum, Northern Uganda and the highest rate of 62.5% in Liberia [18-20]. In Southern Sudan, while only 2.2% of the women reported having suffered rape, 41.9% reported having witnessed the rape of someone [19]. This however reflects underreporting of one's personal experience of rape which could be attributed to intense stigma attached to rape as observed by one key informant from the Southern Sudan report:

"We witnessed and saw with our own eyes our own women being sexually abused. All the warring groups including the government were responsible, though senior officers used to prevent these activities." [20].

Nature of sexual violence

Sexual violence in these studies took on many forms, and included: single episode rape, gang rape, attempted rape, forced marriage, abduction with sex, defilement, incest, and forceful insertion of objects into the vagina, sexual comforting and witnessing the rape of others [14-21].

There were however local variations to these sexual violence experiences ranging from serial gang rape and single episode rape, with dire consequences of trauma on the victims as illustrated:

"I was 30 years old and married when I was gang raped..... first by six soldiers who found me hiding and they raped me one after another starting with their commander. This lasted three hours. The last one closed my legs and barked at me. I could not even talk nor walk. My relatives discovered me later soaked in blood, urine faeces and semen..... Weeks later I was again gang raped at a military checkpoint by 15 soldiers ..." [14].

Many family members testified of the trauma they experienced as they were used as objects on which to rape the women as clearly illustrated in the "mattress rape" from South Sudan:

"We witnessed cases (of rape) when men were used as mattresses. A man would be told to sleep down on the floor while facing up, and then his wife would be laid on top of him and systematically raped by the army". [19].

The long term implication of violations of women's bodily integrity increases their vulnerability and exposes them to social economic hardships:



Violation of women's bodily integrity

Women survivors testified about the harm done to their reproductive health systems thereby increasing their suffering and trauma. A respondent from Liberia shared her experience:

"..After the rape, I started bleeding heavily and my back still hurts.. My bladder was affected and I could not hold pupu (faeces). Up to now, I feel like urinating anytime and if I delay for some seconds, the urine can come out uncontrollably... Sometimes I can delay to go into my periods. At times I can delay for seven days or even spend three months without menstruating. In fact the doctors told me I cannot give birth again because my womb was spoilt..." [19].

The break down of health facilities and services during war has also subjected many women and girls to reproductive health complications that for medical practitioners will take long to heal. An attending gynaecologist narrated his experiences of women war survivors of Teso region, Eastern Uganda:

“A 32 old woman who sustained a genital tear in the late 1980’s during the insurgency. In her first pregnancy, the labor pains started at night and she could not go to the health centre because of fear of the rebels. She delivered at home assisted by a nearby traditional birth attendant. The baby was big. This caused a tear in her birth canal communicating with the anal canal (third degree tear). Initially, she could not control faeces.....” [16].

Psychological consequences of sexual violence

The most severe and long lasting yet invisible consequences of war sexual violence are the psychological complications. These range from the immediate aftereffects of sexual violence which include acute stress reactions and adjustment disorders to the longer lasting post traumatic stress disorders. Others include depression, alcohol abuse disorder, suicidality, conversion-dissociative disorders and various other anxiety disorders. In most of the Isis-WICCE studies, up to 60% of the respondents had significant psychological distress scores suggestive mental disorders [14-21] as indicated by the survivors from Uganda:

“I was tortured, raped, beaten and my son and husband killed. My home was destroyed, -everything. I have suffered too much. Now I hear of war coming from Congo. Well, I have my poison capsules ready. If they approach my village, I will swallow them and die. I can’t live through more war”. [14].

“...Another problem that I have seen common with many people and even with me is that when I hear a gunshot, I get diarrhea straightaway and my heartbeat increases. Sometimes I even collapse, and this just comes from nowhere. It just happens. And when the gunshots continue, my chest just goes on pounding. It is happening to me even right now. I never used to have this problem in the past.. it is the gun that I think has caused this problem because every time I hear a gunshot, my stomach becomes hot, makes noise and I get diarrhea. I even faint, and my body remains shaking for some time.” [18].

Inability to engage in economic activity

The various Isis-WICCE studies observed a negative impact on economic productivity due to these medical consequences of war related sexual violence. In Kitgum, Uganda, (2006), 30% of the women with gynaecological complaints reported that these problems were interfering ‘a lot’ with their ability to work [18]. In Liberia (2008), 69% of those with significant psychological distress reported that the psychological symptoms were affecting their ability to work [20], with serious consequences on their livelihoods as below:

“The armed conflict in Liberia seriously eroded the population’s ability to rehabilitate their livelihoods. With farming as the only form of occupation for most of the population, and given the inadequacy of supply of agricultural inputs and planting materials, there has been a rise in unemployment for all and increase of the production burden for women”.

This reflects a carry forward of the situation from the war time period as one female survivor testified:

“...in 2001, MODEL (Movement for the Democracy in Liberia) rebels came while I was in Pleebo town and I left with my children.... While in Grand Kru county, my husband abandoned me... I started loving an LPC (Liberia Peace Council) rebel. He and I had 4 children and when I was pregnant with the fifth child, my rebel husband got killed. Right now, I am selling fish while children are selling wood in order to earn a living...” [20].



Therefore, attaining the highest level of health is not only a fundamental human right for women but it is also a social and economic imperative. Hence, addressing the reproductive health consequences of war sexual violence is important to ensure that women and girls are active and participate in peace building and post conflict reconstruction processes.

Conclusion:

War sexual violence continues unabated in Africa. This is having a heavy toll on the health of women and girls, not only causing reproductive health problems and crippling psychological pain, but also having a negative impact on their socio-economic status. Unfortunately, most peace building and rehabilitation programmes for conflict and post-conflict communities in Africa tend to pay lip service to addressing women and girls reproductive and psychological health concerns.

Recommendation:

- African heads of state, having signed the UNSCR 1325 and 1820 should as a matter of urgency address needs of women in war and post conflict situations, and more importantly put in place comprehensive and multidisciplinary health systems to address the reproductive health and psychological concerns that result from conflict.
- Governments in Africa must commit themselves to stopping all acts of war related violence on women's bodily integrity in line with the principle of Gender Equality enshrined in Article (4L) of the AU All Constitutive Act.
- The African Union should hold accountable those governments where these acts are taking place indiscriminately.
- African leaders should apply the principles which they have committed themselves to regarding fighting impunity on the continent, as well as ensuring that the rights of women and girls are upheld.
- The Peace and Security Council of the African Union must include under its mandate the prevention of war sexual violence and enable proper planning and protection of women and girls in war and conflict areas on the Continent.

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