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Resettling Female Refugees from the Democratic Republic of Congo: Obstacles and Their Implications for Intervention

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RESETTLING FEMALE REFUGEES FROM THE DEMOCRATIC REPUBLIC OF CONGO:
OBSTACLES AND THEIR IMPLICATIONS FOR INTERVENTION

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Senior Capstone

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I first became interested in issues surrounding forced migration in the summer of 2018. I was working at Exodus Refugee Immigration, a refugee resettlement agency in Indianapolis, Indiana. During my time working at Exodus I learned about what qualifies a person for refugee status and the application and resettlement process they must go through in order to live legally in the United States. I was struck by the number of obstacles our clients had to overcome in order to achieve a safe, healthy, and self-sufficient life after fleeing their home countries.

A large portion of my clientele at Exodus was comprised of women from the Democratic Republic of Congo. Their stories inspired me to research more about the obstacles women from the DRC face, both pre and post migration, and the effects those obstacles have on their post-resettlement needs. I knew that Exodus had a women's program, but I wasn't sure of its goals or practices. According to their website,

Exodus provides services tailored to the unique needs of female refugees. The Women's Program is targeted at increasing refugee women's and girls' ability to gain confidence, promote economic self-sufficiency, education and empowerment. Additionally, the Women's Program provides supportive resources and referrals for services such as housing, counseling, healthcare, and interpretation.¹

This vague description left me with a lot of questions, so I resolved to research the ways people are attempting to meet the needs of these women, and then analyze their effectiveness based on existing academic research and my personal experience. My goal is to be able to recommend truly beneficial intervention practices for those working first hand with women resettling from the DRC.

In order to achieve that goal, I must first define the term "refugee" and explain the qualification of women from the DRC. The office of the United Nations High Commissioner for Refugees defines refugee as

¹ "Women's Program," Exodus Refugee, April 2, 2019, <https://www.exodusrefugee.org/our-programs/womens-programs/>.

someone who has been forced to flee his or her country because of persecution, war or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so.²

While the definition may seem clear, there are often debates about whether or not a certain person or people group qualifies for refugee status. To settle these debates, the United Nations turns to the 1951 Geneva Convention. This document, signed by 145 state parties, is based on the principle of non-refoulement “which asserts that a refugee should not be returned to a country where they face serious threats to their life or freedom” and is considered customary international law.³

Based on these definitions provide by the United Nations, there is general international consensus that many people from the Democratic Republic of Congo qualify for refugee status. This is based on the country’s long and complicated history of conflict and the violence and death it birthed. The people of the DRC were first exploited by Europeans during the Atlantic slave trade. Portuguese explorers made contact with the Kingdom of Kongo and took advantage of the existing practice of chattel slavery in order to provide a workforce for the production of cash crops in the Americas by trading gun powder weapons for slaves. This practice led to increased intertribal warfare and depopulation throughout what is now the DRC. In 1885 Belgium colonized what they called the Congo Free State and exploited its people as slaves in order to profit from the colony’s rubber and ivory.⁴ It is estimated that as many as ten million died by 1908 as a result of Belgium’s oppressive regime.⁵ In 1959 anti-colonial riots began.

² “What Is a Refugee? Definition and Meaning | USA for UNHCR,” United Nations, April 1, 2019, <https://www.unrefugees.org/refugee-facts/what-is-a-refugee/>.

³ “The 1951 Refugee Convention,” UNHCR, April 1, 2019, <https://www.unhcr.org/1951-refugee-convention.html>.

⁴ Jeanne M. Haskin, *The Tragic State of the Congo: From Decolonization to Dictatorship*. (New York: Algora Publishing, 2005), 9.

⁵ Haskin, 2.

In 1961 the Congolese gained their independence. Since then there have been a number of assassinations, coup d'états, corrupt leaders, proxy wars, and UN Peace Keeping missions as the country attempts to establish a stable government in the aftermath of colonization. Matters are further complicated by the discovery of rich mineral reserves, including diamonds, that made the territory more valuable and increased attempted power grabs from outside nations. This long history of conflict and instability has continued to the present day.

The modern conflict that spurs the flight of millions of refugees began with the Rwandan genocide in 1994. The Hutu extremist government in Rwanda utilized propaganda and militarization of youth to ignite a genocide to purge the land of the Tutsi people. When the genocide ended and the Tutsi took control of the government, over a million Hutu fled to the DRC (then called Zaire). In 1996 Rwanda and Uganda invaded Zaire to bring the perpetrators of the genocide to justice, despite the fact that the UN High Commissioner for Refugees found that few of the victims were perpetrators of the genocide, and in fact many were citizens of the DRC and Burundi.⁶ Opposition leader Laurent Désiré Kabila and his rebel group, the Alliance for Democratic Liberation (AFDL), joined the Rwandan and Ugandan militaries to overthrow dictator Mobutu Sese Seko by attacking Hutu refugee camps and marching on the capital, Kinshasa.⁷ They were ultimately successful in removing Mobutu and defeating the Hutu rebel group, the Army for the Liberation of Rwanda (ALIR). Kabila became president and the country was renamed the Democratic Republic of Congo in 1997.

Soon after, Kabila turned on Rwanda and Uganda. He removed all Tutsis from the DRC's government and spread anti-Tutsi sentiment. He forced the Rwandan and Ugandan militaries

⁶ "Democratic Republic of Congo, 1993-2003," United Nations Human Rights Office of the High Commissioner, August 2010, https://www.ohchr.org/Documents/Countries/CD/DRC_MAPPING_REPORT_FINAL_EN.pdf, 78-114

⁷ Haskin, 81-82

from the DRC in order to establish his independence from the two nations that helped him rise to power. He feared they would attempt to annex some of the DRC's mineral rich territory.⁸

Rwanda and Uganda then attacked the DRC with help of a Congolese rebel group. Namibia, Zimbabwe, Angola, and the ALIR came to Kabila's aid. The fighting that followed is sometimes referred to as the African World War. The war quickly spiraled as nations fought for control of the DRC's diamond trade. Even former allies, Rwanda and Uganda, began fighting one another.

The war ended with peace accords in 2002 and a transitional power-sharing government that was put in place in 2003. In 2006 Joseph Kabila became president of the DRC in the first democratic elections in forty years.⁹ At least 236,000 people died in a civil war against Kabila, and more than 100,000 people were internally displaced.¹⁰ Tens of thousands more have died in ethnic conflicts throughout the 1990s and 2000s.¹¹

While the war technically ended with the peace accords, fighting has not ceased in the DRC. There has been continued violence by armed groups in the eastern region of DRC due to corruption, weak government, and poor institutions. Some of the primary perpetrators of violence were the March 23 Movement (M23), a group of ethnic Tutsis and Mai Mai allegedly backed by the Rwandan government.¹² Their attacks on the Congolese government and people of the DRC prompted the UN to send peace keeping troops that defeated the group in 2013.¹³ However, other groups remain active.

⁸ Haskin, 85-88

⁹ Emizet François Kisangani, *Civil Wars in the Democratic Republic of Congo 1960-2010* (London: Lynne Rienner Publishers, 2012) 157-158.

¹⁰ Kisangani, 118.

¹¹ Kisangani, 208.

¹² Janet McKnight. "Surrendering to the Big Picture: Historical and Legal Perspectives on Accountability in the Democratic Republic of Congo Following the Defeat of the March 23 Movement," *Stability: International Journal of Security & Development* 3, no. 1 (2014): 10-11.

¹³ Ibid.

The Democratic Forces for the Liberation of Rwanda (FDLR) are a Hutu majority group operating in eastern DRC. They aim to open up dialogue with the Rwandan government about Hutu representation.¹⁴ The Allied Democratic Forces (ADF) is a Ugandan rebel group that operates in the Rwenzori Mountains. Their combatants are Islamists that desire Sharia law to be implemented in Uganda.¹⁵ The Lord's Resistance Army is a rebel group formed by the Acholi tribe from northern Uganda known for using child soldiers.¹⁶ They operate along the northern border of the Congo and fight for an unclear political agenda that includes multi-party government and rule by the biblical Ten Commandments in Uganda.¹⁷ There are also at least five other Mai Mai groups in operation in the DRC.

It is clear based solely on the descriptions of these groups that the DRC is still in a state of chaos. A strong central government has failed to take root, unite the Congolese people, and control these rebel groups. According to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) report from December 2017, the ongoing conflict in the DRC has created a total of 4.49 million internally displaced people.¹⁸ According to the Refugee Processing Center, the United States has welcomed 64,856 Congolese refugees since October of 2001.¹⁹ In 2016, the most refugees from any nation came to the US from the Democratic Republic of Congo, and the Congo accounted for 16,370 refugees.²⁰ Refugees often face a great

¹⁴ *Encyclopedia of Terrorism*, ed. Gus Martin (Thousand Oaks, CA: SAGE Publications, 2011) 157-158.

¹⁵ D. Fahey and K. Titeca. "The many faces of a rebel group: the Allied Democratic Forces in the Democratic Republic of Congo," *International Affairs* 92, no. 5 (2016): 1193.

¹⁶ *Encyclopedia...* 363-365.

¹⁷ *Ibid.*

¹⁸ "UNHCR - DR Congo Emergency," UNHCR, April 1, 2019, <https://www.unhcr.org/dr-congo-emergency.html>.

¹⁹ "Admissions and Arrivals," Refugee Processing Center, April 2, 2019, http://ireports.wrapsnet.org/Interactive-Reporting/EnumType/Report?ItemPath=/rpt_WebArrivalsReports/Map%20-%20Arrivals%20by%20State%20and%20Nationality.

²⁰ "Key Facts about Refugees to the U.S.," Pew Research Center, April 2, 2019, <https://www.pewresearch.org/fact-tank/2017/01/30/key-facts-about-refugees-to-the-u-s/>.

deal of trauma before they're able to immigrate. Women from the DRC in one study reported experiencing significant trauma before resettling "including sexual violence, abduction, and sexual enslavement by armed groups, torture, witnessing the death and torture of loved ones and others, and giving birth to children conceived through rape."²¹ While peace continues to appear far off in the DRC, it is crucial that Americans working with refugees from the DRC learn how to best care for their clients, neighbors, patients, and friends.

When refugees from the DRC plan to arrive in the United States, they are sponsored by a specific resettlement agency. This agency will have a cooperative agreement with the US Department of State.²² Their main goal is to help clients become economically self-sufficient within 120-180 days.²³ During my time at Exodus, I worked on the Self-Sufficiency team. Our primary task was to assist clients as they sought stable employment. We took inventory of their skills, helped them prepare resumé's, explained proper interview attire and behavior, assisted them with job applications, and drove them to drug tests and interviews.

While resettlement agencies are in place to help client secure employment, many women from the DRC still struggle to cover basic expenses, particularly if they are single parents. Though female refugees are usually held responsible for the care of their families, "they rarely benefit from the status, social support, or economic opportunities afforded to men that could assist them in carrying out these responsibilities."²⁴ Housing costs, low-wage incomes, limited English proficiency, and challenges securing childcare all complicate employment.²⁵ Housing

²¹ Noël Bridget Busch-Armendariz et al., "Unsettled Integration: Pre- and Post- Migration Factors in Congolese Refugee Women's Resettlement Experiences in the United States," *International Social Work* 59, no. 6 (2016): 881-882.

²²Noël Bridget Busch-Armendariz et al., 877.

²³ Ibid.

²⁴ Noël Bridget Busch-Armendariz et al., 885.

²⁵ Noël Bridget Busch-Armendariz et al., 884.

costs are rising. Low wage work is often physically demanding and offers no opportunities for advancement, especially without English proficiency. Women from the DRC have expressed feelings of being stuck and seeing no future where they are not struggling to make ends meet.²⁶

In order to help refugee women from the DRC secure stable employment with livable wages and opportunities for advancement, resettlement agencies must help to make English lessons, childcare, and transportation more accessible. Resettlement agencies offer English as a Second Language classes, but many women lack reliable transportation and others stop attending classes once they begin working, either because their schedules conflict or because they lack time and energy.²⁷ At Exodus many women relied on the IndyGo bus system to get to English class. The buses' hours are irregular, and not all of our clients lived within comfortable walking distance from a bus stop. It is also very difficult for clients to obtain driver's licenses and vehicles. Many of our clients, particularly women, expressed the desire to obtain English lessons in their home. This could be a successful solution, because it would lift the burden of childcare and transportation and allow these women to gain the English proficiency they need to advance in the workplace.

While home visits may lift the burden of childcare during English lessons, childcare is also an issue for employment. Women from the DRC have reported the difficulty of finding trusted childcare in the US. In a study by Busch-Armendariz et al., participants reported that, unlike the ease with which they left their children with neighbors in their countries of origin, leaving a child with a nonfamily member was troublesome, unpredictable, and anxiety producing. This was the case whether women used a professional childcare setting or had an informal arrangement with a neighbor.²⁸

²⁶ Noël Bridget Busch-Armendariz et al., 884.

²⁷ Ibid.

²⁸ Noël Bridget Busch-Armendariz et al., 883.

Some agencies, like Exodus, attempt to meet this need by settling families from the same countries in the same apartment complex. However, there are still cultural barriers between different ethnic groups from the same country and trust takes time to be built, time that may not be available as these women need employment to support their families. The burden of childcare may be eased if refugees were resettled with their extended families, but that is often not the case.

Strict refugee policies adopted by many Western countries keep many refugee families separated for long periods of time.²⁹ Refugee resettlement policies often result in forced nuclearization of extended families that create great distress in women from the DRC.³⁰ In one study,

participants expressed confusion, grief, and anger in regard to why they had not been resettled with family members. One single mother of three young children reported that her mother, father, and sister were resettled in Canada, while she and her children were resettled in the United States (they were resettled from different countries). Another participant's husband, with whom she had recently been reunited in the refugee camp, was not resettled with her and their five young children. Many women were unfamiliar with legal immigration procedures needed to reunify with family members.³¹

This loss of family not only leads to emotional distress, but it decreases total household income and limits the number of people able to care for children while their parents are at work. Women that were functioning as single mothers also expressed concern about what would happen to their children in an emergency, or worse yet if they died and their children were left alone in the United States.³² The impact family separation has on women from the DRC cannot be overstated.

²⁹ Déogratias Begilishya et al., "Remaking Family Life: Strategies for Re-Establishing Continuity among Congolese Refugees during the Family Reunification Process," *Social Science and Medicine* 59, no. 5 (2004): 1095.

³⁰ Lauren Gulbas and Karin Wachter, "Social support under siege: An analysis of forced migration among women from the Democratic Republic of Congo," *Social Science and Medicine* 208, (2018): 109.

³¹ Noël Bridget Busch-Armendariz et al., 883.

³² Ibid.

For the Congolese, the family is the most highly invested form of social organization. It evokes filiation, common places and property, but also a feeling of belonging that translates into affection, faithfulness, cohesion and common defenses against outside forces. The powerlessness that the subjects feel when separated from their families makes them question their identity, the meaning of life, even their very desire to live. In some stories, despair dominates, and suicide, a last resort (it being a direct transgression of Congolese cultural values), is mentioned implicitly or explicitly.³³

While these studies make it clear that women from the DRC are greatly distressed by family separation, family reunification is not prioritized in government policy. “Changes in administrative procedures to speed up and facilitate reunions are essential.”³⁴ All of those with first hand contact with refugees, and anyone interested in looking out for refugee wellbeing, should be advocating for policy changes that allow extended families to be resettled together. This could take the form of petitions, non-violent protests, calls to government representatives, and educating peers on the impact of family separation on refugees.

When family reunification does occur, there are often challenges. When one or more family member remains absent for a long period of time, there is often a reconfiguration of roles within the family. In some situations one parent may need to act as both father and mother while in other situations “the older children must assume adult responsibilities or symbolically take the place of one of the parents.”³⁵ These changes in roles are further complicated by the great power the host society often grants to children in relation to their parents as children are often quicker to learn the host language.³⁶ Women also feel threaten by the power their children hold to go to the police or child welfare, institutions that were not present in their home country.³⁷

Reunification is also a time where families realize how they’ve grown while they’re apart.

³³ Déogratias Begilishya et al., 1099.

³⁴ Déogratias Begilishya et al., 1107.

³⁵ Déogratias Begilishya et al., 1096.

³⁶ Déogratias Begilishya et al., 1101-1102

³⁷ Noël Bridget Bush-Armendariz et al., 883-883.

Changes in body, mind, and worldview occur gradually over the years, but become suddenly evident at reunification.³⁸ Finally, reunion is often built up as the moment when life will return to normal and families may finally be able to plan for the future again. However, when reunification actually occurs it is often paired with a realization that other barriers, such as those relating to the new host country, will not be so easily overcome.³⁹

A study by Bagilishya et al. that families from the DRC often handle these challenges in one of three ways. Some accept the changes in family life that come from resettlement, but choose to stay rooted in tradition and spirituality to help them overcome those changes.⁴⁰ Other families hold on to memories of the past and try to make family life exactly as it was before resettlement.

This denial can be a source of conflict, however, and it is often mentioned by the spouse or the children of the person who is clinging to an illusion of permanence. The gap between the family members manifests itself in a number of ways. First, there is a growing feeling of mutual incomprehension, often accompanied by an inability to share the other person's experience of living apart from each other. Some people talk a lot about the time in their lives before the reunion and have the feeling they are not being listened to. Others, on the contrary, avoid talking about it, feeling that nothing has happened to the other members of the family, as if time had been suspended.⁴¹

These conflicts in family cohesion often lead members to escape into work or alcohol.⁴² The third group reform their families around the one thing that has been a consistent part of their realities: instability. These families are united around the imbalance and loss they've experienced. They are able to envision a future in which they'll overcome obstacles, because that's what they've done in the past.⁴³

³⁸ Déogratias Begilishya et al., 1096.

³⁹ Ibid.

⁴⁰ Déogratias Begilishya et al., 1099.

⁴¹ Déogratias Begilishya et al., 1103.

⁴² Ibid.

⁴³ Déogratias Begilishya et al., 1105.

This study showed that the first group of families that united around tradition often made successful transitions. Families that rigidly held on to memories of the past often experienced turmoil or even voluntary separation. Families that united around their history of instability seemed to adjust well, but the short length of the study made them unable to conclude if this effect was lasting. Based on these results, the authors recommended family and individual counseling that would allow space for families to talk about hopes for reunification prior to their families arrivals, because counseling after reunification was often viewed by families from the DRC as more invasive.⁴⁴

Family separation and reunification is actually a small part of the larger issue of lost social support. Women from the DRC come from a culture in which social support is integral to daily life.⁴⁵

Categorizations [of social support] often include: emotional support, which describes expressions of empathy, love, attachment, trust and caring; instrumental, material or practical support that involves concrete assistance or help in sharing goods, money, skills, labor or time; informational support, which encapsulates advice, guidance, suggestions and information; and, appraisal support that involves feedback or information useful for evaluating oneself or situation.⁴⁶

In a study by Gulbas and Wachter, women from the DRC said that

that they were never quite alone, but were in effect surrounded by family and community. Advice they sought and received through established relationships reflected relational values that promoted reciprocity and the importance of maintaining relationships. Women recalled living with the sense that those surrounding them would help and provide valued support.⁴⁷

War and displacement have scattered communities and severed valuable relational ties.

Studies have found that women resettling from the DRC experience “dramatic constriction of

⁴⁴ Déogratias Begilishya et al., 1107.

⁴⁵ Lauren Gulbas and Karin Wachter, 109.

⁴⁶ Jeannie Annan et al., “Stigma modifies the association between social support and mental health among sexual violence survivors in the Democratic Republic of Congo: implications for practice,” *Anxiety, Stress, & Coping: An International Journal* 31, no. 1 (2018): 460.

⁴⁷ Luran Gulbas and Karin Wachter, 110.

trusted networks and availability of support, and women engaged various strategies for coping with their ruptured connections post-resettlement.”⁴⁸ Some use phones to talk with family and friends back in the DRC almost every day.

It is often challenging for women from the DRC to form strong new social networks when they resettle in Western countries that are more individualistic than the DRC. The fluid boundaries between home life and community life they are used to are replaced by more rigid boundaries characterized by separate apartments with locked doors and days filled with seclusion.⁴⁹ Women from the DRC also report feeling their newfound obligations, including work and meetings with various case workers, keep them from having the time necessary to form new, meaningful relationships.⁵⁰ Women in one study “described needing time, even a lifetime, to truly learn someone's character and to establish trust.”⁵¹ However, these women felt that life in the United States only allows for quick interactions to assess a person’s character.

This lack of social relationships and time spent alone lead some women to experience signs of depression like muscle aches, lethargy, crying, and thinking extensively about traumatic experiences.⁵² Some women combatted this loneliness by secluding themselves in their homes with their families so that their minimal social relationships would feel like a choice. Others coped by learning adaptability and self-reliance. Through adversity these women learned to be strong, to look ahead, and to learn how to solve their own problems.⁵³

⁴⁸ Lauren Gulbas and Karin Wachter, 111.

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Ibid.

⁵³ Lauren Gulbas and Karin Wachter, 112.

Often this ability to stand alone is praised in Western society. Gulbas and Wachter put it this way:

U.S. resettlement policies emphasize economic self-sufficiency, self-reliance, efficiencies, and reducing dependency on the state. Findings from this study related to learning to stand alone seem to indicate that policies are doing their intended work. The individualism promoted in U.S. resettlement policies enacted through government-funded services and compounded by societal forces associated with partitioned lives and changing relationships to time and space can further impede relational processes integral to re-establishing social support post-resettlement.⁵⁴

However, little consideration is given to the effects of this newfound self-sufficiency on the well-being of these women. A lack meaningful social relationships among women from the DRC has been connected to “social isolation, stress, and mental and physical health problems among refugee groups.”⁵⁵ Strong social networks also assist women from the DRC as they work to overcome the trauma they experience pre- and post- resettlement.⁵⁶

The stress caused by a lack of social support calls for action on the part of these women’s host communities. The importance of maintaining confidentiality, showing consistency, and building trust should be instilled in all resettlement professionals. It is also important to note that women need more access to their case managers. Many have limited access if they are not listed as the principle applicant for their family.⁵⁷ In addition, “community-based initiatives to welcome and regularly visit newcomers should be encouraged and replicated. Psychoeducation for faith and community leaders would be beneficial for increasing awareness of psychosocial and mental health concerns.”⁵⁸ Employment has also been shown to reduce the risk of isolation

⁵⁴ Lauren Gulbas and Karin Wachter, 112.

⁵⁵ Jeannie Annan et al., 461.

⁵⁶ Jeannie Annan et al., 470.

⁵⁷ Lauren Gulbas and Karin Wachter, 113.

⁵⁸ Ibid.

and inactivity, but barrier to employment previously discussed must be employed for that solution to be effective.⁵⁹

Personal experience also leads to me believe there are a few other methods that can be employed to reduce social isolation. Refugees that resettle through Exodus are often settled in apartment complexes that are home to other refugee families. Clients are encouraged to connect with one another and form bonds that may allow them to create strong social networks and help one another with things like childcare. Exodus also encourages social support by hosting women's programming events. These events are especially aimed towards helping women of retirement age form friendships and include things like basket weaving and Zumba dancing. However, both of these solutions have limited effectiveness because, as previously mentioned, many women from the DRC believe that forming trusting relationships can take a "lifetime."⁶⁰ It's also important to note that just because a group of women all immigrated from the DRC doesn't mean they're members of the same ethnic group or even speak the same language.

One final item to be discussed regarding women immigrating from the DRC is sexual abuse. Rape has been used as a weapon of war throughout the conflict, but particularly at the start of the Second Congo War. The United Nations Population Fund reported 5,783 cases of sexual violence in 2017 alone.⁶¹ Another study published in 2011 found that approximately 1,150 women between the ages of 15 and 49 were being raped every day.⁶² There have also been reports of rape at the hands of UN Peacekeeper, the very people sent to protect the people of the

⁵⁹ Lauren Gulbas and Karin Wachter, 113.

⁶⁰ Lauren Gulbas and Karin Wachter, 111.

⁶¹ "2018 Nobel Prize for Peace to Dr. Denis Mukwege and Nadia Murad," United Nations Population Fund, October 5, 2018, <https://www.unfpa.org/press/2018-nobel-prize-peace-dr-denis-mukwege-and-nadia-murad>.

⁶² C. Brendenkamp, et al., "Estimates and Determinants of Sexual Violence against Women in the Democratic Republic of Congo," *American Journal of Public Health* 101, no. 6 (2011): 1064.

DRC.⁶³ Acts that qualify as sexual violence can include “victims being raped in front of relatives, a pregnant woman having her fetus ripped out and at least one victim being forced to perform sex acts on a family member before being executed.”⁶⁴ Women from the DRC have also reported sexual enslavement and giving birth to children of rape that they must then raise alone.⁶⁵

Sexual assault in refugee and conflict settings is a serious threat to public health and places “survivors at risk for unintended pregnancy, unsafe abortion, STIs, HIV, psychological trauma, and social stigma.”⁶⁶ In a study by Annan et al. “the feelings of stigma reported by women...included feeling badly treated by family and community members, feeling rejected by everybody, wanting to avoid people and hide, and feeling shame, worthlessness and detached from others.”⁶⁷ Feelings of stigma can manifest as anxiety, depression, and Post Traumatic Stress Disorder, and feelings of stigma often continue on post-migration.⁶⁸ The same study found that emotional support seeking increased symptoms of anxiety, depression, and PTSD. Clearly asking for help is an exhausting and damaging process. The study also reported that anticipated long term emotional support reduce symptoms of PTSD, once again highlighting the importance of social support for women from the DRC.

⁶³ “UN sexual misconduct investigation in DR Congo finds violence and cases of abuse,” United Nations, April 4, 2016, <https://news.un.org/en/story/2016/04/525982-un-sexual-misconduct-investigation-dr-congo-finds-violations-and-cases-abuse>

⁶⁴ “Democratic Republic of the Congo,” United Nations Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict, accessed April 6, 2019, <https://www.un.org/sexualviolenceinconflict/countries/democratic-republic-of-the-congo/>.

⁶⁵ Noël Bridget Busch-Armendariz et al., 881-882.

⁶⁶ Janel R. Smith et al., “Clinical Care for Sexual Assault Survivors Multimedia Training: A Mixed-Methods Study of Effect on Healthcare Providers’ Attitudes, Knowledge, Confidence, and Practice in Humanitarian Settings,” *Conflict and Health* 7, no. 14 (2013): 1.

⁶⁷ Jeannie Annan et al., “Stigma Modifies the Association between Social Support and Mental Health among Sexual Violence Survivors in the Democratic Republic of Congo: Implications for Practice.” *Anxiety, Stress, & Coping: An International Journal* 31, no. 1 (2018):463

⁶⁸ Jeannie Annan et al., 470-471.

In addition to the prevalence of violent sexual assault in the DRC, a study by Beltrami, et al. found that victims of outsider violence were eleven times more likely to report intimate partner violence than those that had not been victims of outside violence, and of the women that experienced IPV and participated in their study, 79% had experienced outsider violence prior to IPV.⁶⁹ “Intimate partner violence (IPV) is a term that defines the abuse that occurs between two people in a relationship and includes acts of physical, sexual, and psychological violence committed by a current or former partner.”⁷⁰ Victims of IPV expressed feelings of “stress, sadness, and fear” that show a need for mental health intervention that extends beyond treating symptoms of PTSD alone which is common practice.⁷¹

Studies show that trauma from sexual assault carries on into post-resettlement life, so there is a great need for trauma-informed programming that includes high-quality mental health services relevant to refugee clients, but service providers are concerned about the scarcity of those services in resettlement sites.⁷² A study by Bass et al. piloted a new method of mental health intervention for low-resource areas that could be particularly helpful for women that experienced sexual assault and IPV. It was performed in a DRC refugee camp in Rwanda, but I believe it could be applicable in the US as well. They called it Nguvu which is Kiswahili for “strength.”⁷³ It built upon the proven results of cognitive process therapy to create an eight week group therapy program lead by trained women from the DRC with oversight from mental health

⁶⁹ John Beltrami et al., “Conflict, Displacement, and IPV: Findings From Two Congolese Refugee Camps in Rwanda,” *Violence Against Women* 21, no. 9 (2015): 1091.

⁷⁰ John Beltrami et al., 1087.

⁷¹ Judith K. Bass et al., “An Integrated Intervention to Reduce Intimate Partner Violence and Psychological Distress with Refugees in Low-Resource Settings: Study Protocol for the Nguvu Cluster Randomized Trial,” *BMC Psychiatry* 17, no. 186 (2017): 6.

⁷² Noël Bridget Busch-Armendariz et al., 885.

⁷³ Judith K. Bass et al., 3.

professionals. It was successful in reducing exposure to IPV as well as psychological stress.⁷⁴ The program fostered the women's agency and empowered them to use their voices, both of which are important in IPV prevention programs.⁷⁵ I believe it would be helpful if such a program was piloted in the US to see if it could yield similar results.

There is also a potential opportunity for resettlement agencies that have limited resources to collaborate with sexual assault and domestic violence organizations that already exist in their city. These organizations often have counseling, case management, shelters, and transitional housing that can help women heal from past sexual assault or remove themselves from dangerous situations involving IPV. Resettlement agencies could help these organizations culturally and linguistically adapt their existing programs to meet the needs of women from the DRC.⁷⁶

There is also a need for better training for those working with victims of sexual assault from the DRC within the healthcare industry. The International Rescue Committee was concerned with the negative attitudes and lack of care they witnessed in the healthcare community, such as blaming or disbelieving victims, so they created a multimedia training program for people in the healthcare industry that work with women from the DRC. While it was not successful in changing attitudes, it improved providers respect for patient rights and the amount of care, such as HIV and STI post-exposure prophylaxis, given to patients.⁷⁷ For that reason, I would recommend this training to any healthcare providers working in an area with a refugee population from the DRC.

⁷⁴ Judith K. Bass et al., 10.

⁷⁵ John Beltrami et al., 1097.

⁷⁶ Noël Bridget Busch-Armendariz et al., 886

⁷⁷ Lara S. Ho et al., "Clinical Care for Sexual Assault Survivors Multimedia Training: A Mixed-Methods Study of Effect on Healthcare Providers' Attitudes, Knowledge, Confidence, and Practice in Humanitarian Settings." *Conflict and Health* 7, no. 14 (2013): 1.

As it currently stands, employment and self-sufficiency within 120-180 days is the main goal of refugee resettlement agencies in the United States.⁷⁸ “The combination of the dominant resettlement-as-solution paradigm and neoliberal foundations of U.S. resettlement policy limit examinations of the psychosocial implications of resettlement and conceptualizations of programming. U.S. resettlement policies emphasize economic self-sufficiency, self-reliance, efficiencies, and reducing dependency on the state.”⁷⁹ The research has made it clear that this is insufficient. There needs to be more focus on holistic care.

The issue is not enough funding is available to ensure that refugees, specifically female refugees from the DRC, can get the care they need to experience whole person health. In 2013, the Bureau of Population, Refugees and Migration provided resettlement agencies with \$1875 USD per client to provide for basic needs and core services during the first 30-90 days of their resettlement.⁸⁰ States, counties, non-profits, faith-based organization, and communities are left to fill in the gaps to provide refugees with holistic care. There needs to be improved efforts to lobby for more government funding as well as increased education about the refugee experience to garner more donations.

While there are clear gaps the care that resettlement agencies are able to provide, there is another entity that may be able to help fill these gaps: the church. According to the US Department of State’s 2010 report, about 80% of the population in the DRC identify as Christian and nearly 90% attend religious weekly services.⁸¹ Studies have shown that this pervasive faith in God helps women cope with their trauma. “Rather than filtering their faith through the sieve

⁷⁸ “Matching Grant Program,” Office of Refugee Resettlement, 2014, <http://www.acf.hhs.gov/programs/orr/programs/matching-grants>.

⁷⁹ Ibid.

⁸⁰ Noël Bridget Busch-Armendariz et al., 887.

⁸¹ “2010 International Religious Freedom Report”, US Department of State, 2011, http://www.state.gov/j/drl/rls/irf/2010_5/168399.htm.

of their experiences, the women held fast to their beliefs about God and made sense of their circumstances in light of their beliefs.”⁸²

The belief in God’s presence helps women accept their powerlessness and overcome the isolation and destruction of social bonds they experience during the displacement and resettlement process.⁸³ The belief in God’s sovereignty allows women from the DRC to trust in God’s protection and to construct a more purposeful and helpful framework for their experiences.⁸⁴ Prayer is also a useful tool that helps women sustain themselves during continued trauma, such as separation from children, and to see a “way forward in wisdom and strength.”⁸⁵ This faith in the face of trauma is viewed as a way of life, a manner of coping with various challenges, including sexual violence and navigating a new culture.⁸⁶

I believe that if churches were more aware of refugees from the DRC, the obstacles they face, and the importance of faith that they would be more pro-active in reaching out to this community. They would then have the opportunity to come alongside these women and attempt to meet some of their spiritual, social, emotional, and physical needs.

Despite all of the obstacles they face, the resilience I witnessed in my female clients from the DRC while working at Exodus was astounding. These women’s will to survive and thrive have been seen in studies and by the people that work with them first hand. The emphasis many resettlement agencies place on client resilience help to prevent burnout, but it is important to remember that their resilience should not be romanticized or taken for granted.⁸⁷

⁸² Jamie Aten et al., “‘My Heart Is in His Hands’: The Lived Spiritual Experiences of Congolese Refugee Women Survivors of Sexual Violence,” *Journal of Prevention & Intervention in the Community* 45, no. 4 (October 2, 2017): 267.

⁸³ Déogratias Bagilishya et al., 1099.

⁸⁴ Jamie Aten et al., 267.

⁸⁵ Jamie Aten et al., 268.

⁸⁶ Jamie Aten et al., 270.

⁸⁷ Lauren E. Gulbas and Karin Wachter, 112.

Pre- and post-migration experiences intersect and often compound the challenges that Congolese women face as they seek to integrate into the new society. Far from feeling (re)settled, then, many women end up feeling profoundly *unsettled* as they attempt to integrate into their new context. Vulnerabilities left unaddressed or untreated have reverberating effects on women's well-being.⁸⁸

I have made recommendations to help women from the DRC receive the care they need throughout this paper including better access to ESL classes, timely family reunification, more expansive mental health services. However, none of those steps will be possible without compassionate service providers, well-trained volunteers, engaged churches, and increased funding through the government and charitable giving. We as a nation can work towards these goals in a number of ways starting with continuing research, raising awareness, and practicing empathy in our relationships with our neighbors, whatever their background may be.

⁸⁸ Noël Bridget Busch-Armendariz et al., 884.

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