

THE REPERCUSSIONS OF SEXUAL ASSAULT TO CHILDREN: A PSYCHOPATHOLOGICAL LOOK AT THREE OBSERVATIONS AND ANALYSIS OF DRAWINGS IN SOUTH KIVU, DEMOCRATIC REPUBLIC OF THE CONGO.

LES REPERCUSSIONS DES AGRESSIONS SEXUELLES CHEZ LES ENFANTS: REGARD PSYCHOPATHOLOGIQUE A PROPOS DES TROIS OBSERVATIONS ET ANALYSE DES DESSINS AU SUD-KIVU, REPUBLIQUE DEMOCRATIQUE DU CONGO.

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Abstract

Objective: *is to determine the psychological repercussions of sexual assault and its socio-cultural representations on the life of the child who is a direct victim and his mother.*

Method: *This is a descriptive qualitative study with an analytical aim on three child victims of sexual violence, whose ages vary between two and six years. It was conducted in South Kivu, DRC, over a one-year period from January 2019 to January 2020. To assess the degree of suffering of the children, we used free drawing and semi-structured interviews with the parents*

Results: *The children showed many signs of suffering, both physical and psychological. Beyond this personal situation, the context was weighed down by social considerations. These had the value of a second trauma as they maintained the first trauma and offered a practically impossible future. The drawing had proved to be a good indicator of this trauma. The processes of psychic reorganisation could be observed, as well as chaotic situations of diffuse suffering. The families, especially the mothers, had also participated in the management of this traumatic event. The mothers' restraining attitudes had helped these girls a great deal. This advantage diminished when the social values of rejection were introduced into the family, thus reinforcing the devaluation of the victim. The personal history of each of the girls in our study could also influence the way in which they dealt with the harm.*

Conclusion: *Secure extrinsic input is necessary for the resilience of these three girls.*

Keywords: *Sexual violence; Children; Trauma; Resilience; Panzi.*

Résumé

L'objectif : *déterminer les répercussions psychologiques des agressions sexuelles et ses représentations socioculturelles sur la vie de l'enfant victime directe et de sa mère.*

Méthode : *il s'agit d'une étude qualitative descriptive à viser analytique sur trois enfants victimes de violence sexuelle, dont l'âge varie entre deux et six ans. Elle était réalisée au Sud-Kivu en RDC, sur une période d'1 an allant du Janvier 2019 à janvier 2020. Pour évaluer le degré de souffrance des enfants, nous avons fait recours au dessin libre et aux entretiens semi structurés avec les parents*

Résultats : *Les enfants avaient manifestés de nombreux signes de souffrance, autant physique que psychique. Au-delà de cette situation personnelle, le contexte était alourdi par les considérations sociales. Celles-ci avaient la valeur d'un second traumatisme tant elles entretenaient le premier trauma et offraient un avenir pratiquement impossible. Le dessin s'était révélé être un bon indicateur de ce traumatisme. Les processus de réaménagement psychiques avaient pu être observés, de même que des situations chaotiques de souffrances diffuses. Les familles, surtout les mères avaient également participé à la gestion de cet évènement traumatique. Les attitudes maternelles contenantantes avaient beaucoup aidé ces fillettes. Cet avantage s'amenuisait lorsque les valeurs sociales de rejet s'introduisaient dans la famille, renforçant ainsi la dévalorisation de la victime. L'histoire personnelle de chacune des fillettes de notre étude pouvait aussi influencer la manière de supporter le préjudice.*

Conclusion : *l'apport extrinsèque secure est nécessaire pour une bonne résilience de ces trois fillettes.*

Mots-clés: *Violences sexuelles ; Enfants ; Traumatisme ; Résilience ; Panzi.*

I. INTRODUCTION

Abducting and sexually assaulting a child is a serious transgression of norms in African society. Sexual assault is a serious problem in the world today [19], affecting all ages and sexes without distinction.

For more than two decades, women and girls in the Democratic Republic of Congo have not escaped this form of abuse. In the east of this vast Central African country, sexual violence is used as a weapon of war, with more than 300,000 women sexually assaulted since 2004, earning this part of the country the title of "the rape capital of the world" [1]. Since then, there has been a change in the perception of femininity, once considered sacred, the Congolese female body is now used as a "battlefield" [4].

From 2004 to 2016, a total of 3,457 minors who were victims of sexual assault were treated at the Panzi General Referral Hospital, i.e. 346 minors per year, including 205 under the age of five [3].

The 2018 report of the psychosocial pillar of the Panzi Foundation presents a total of 4,114 sexually assaulted women who have benefited from psychological care, including 748 minors [10]. Girls are therefore the most vulnerable, a situation exacerbated by false ideas in the community, such as: "sleeping with a girl could cure HIV/AIDS" or "sleeping with a girl would increase the chances of getting a promotion in her job" [29].

Because the children lack the physical strength to defend themselves, the language appropriate enough to express their suffering, and because they are forgotten in the community, they are left with wounds masked by silence, which Florence THIBAUT [21] presents as emanating from the loss of their honour or that of their family, modesty, shame, social pressure or the sometimes discreet threats of reprisals from the aggressor.

Being sexually abused as a child can be the main determinant of health 50 years later and can lead to a loss of up to 20 years of life expectancy, if several other forms of violence are associated with it [13]. Romano H. has shown that 45% of minors who are victims of sexual assault in France have made at least one suicide attempt as adults [22].

Given the daily increase in the number of child victims of sexual assault in the community, this aroused our curiosity to analyse the experience in order to understand the repercussions of sexual assault on these children and on the mother-child dyad.

The particularity of these sexual assaults on minors described is that they are not incest, but rather sexual assaults committed by an unfamiliar stranger, in families living in precarious conditions, the assaults take place at night in the bush after mysteriously stealing the child, without the people with whom the child sleeps at night being aware of it, mainly the girls.

The general objective of this study is to determine the psychological repercussions of sexual assaults and their socio-cultural representations on the life of the child who is the direct victim and his mother. To achieve this, we will highlight the elements of suffering in the children and their mothers and describe the socio-cultural implication of these assaults in the future of these three children.

II. METHODOLOGY

This is a descriptive, qualitative, analytical study, which was conducted over a period of one year, from January 2019 to January 2020. The study was conducted in the Province of South Kivu in the Democratic Republic of Congo. It focused on three child victims of sexual assault, ranging in age from two to six years. To highlight the psychological suffering of the children, we used free drawings, observed the children's behaviour while they were drawing, conducted semi-structured interviews with the mothers and finally analysed the drawings and reconciled them with the children's mothers' accounts. The free and informed consent of the parents was required in order to work with them and their children. Anonymity is well respected. The names used in the text are fictitious and not real.

III. PRESENTATION OF THE OBSERVATIONS

III.1 OBSERVATION N° 1

Nadia is five years old at the time of the study. She was born to a monogamous union. She is the third of six children, two boys and four girls. Her father is a travelling salesman in a town 30 km from the family home, an activity that takes him away from the family very often. Her mother is a housewife. There was no history of fostering or abuse. Nadia is currently enrolled in kindergarten in the first section where she is being prepared to start primary school.

On the first day of the interview, we had received Nadia's mother. Despite instructions, she had deliberately not brought her daughter. The reason given was: "I didn't want my daughter to hear discussions about her rape". When asked "can you go back to the circumstances of your daughter's rape?" She started to cry and then added, with a sad look on her face: "Doctor, I don't like to be asked these things but as you are a doctor I will make an effort to explain. On the day of this incident, Nadia was three years old. Everything happened without her father's knowledge. I was in pain at the time and could hardly leave the bed. Nadia was taken in the night. It was around 11pm when I heard a knock on the door of the children's room. I woke up to see what was going on and found my daughter lying in the doorway, her dress soaked.

Nadia was shivering and couldn't speak. Her skirt was stained with blood and faeces. I cried a lot that day. With the help of the neighbours, Nadia was taken to the Hospital Centre (HC) where she received first aid. As soon as we arrived at the hospital, Nadia started crying again, saying that she was in pain everywhere. I was curious to know how she could have been taken away and brought back without anyone noticing anything. Nadia had replied; "A black dad had a knife in his hand, he said I'm going to cut your head off! After the emergency care at the hospital, Nadia was referred to the General Reference Hospital (HGR) for better management of the injuries she suffered. During her stay at the GRH, Nadia was semi-mute and spoke only to her mother. After three months in hospital, she was allowed to go home with a medical certificate.

On the second day of our interview series, we asked the mother to describe her daughter two years after the event. The mother, despite the sadness on her face, spoke up and said: "She is not my daughter anymore since that day. She often complains of stomach aches. She is always irritable with the other children, she can no longer stand provocation, saying: 'the Kabangas had taken you away and removed your 'kizazi', you will not have children'. Nadia responds to these verbal assaults by sometimes throwing herself violently to the ground or rushing at an object to hit her classmates. It hurts me a lot and I feel a strong urge to kill myself instead of her. One day she took a machete from her father in revenge. When it is dark, she is afraid to stay in the dark and asks me to leave the lamp on. Nadia's mother also shared her fears with us: "I can't sleep at night because I keep thinking about the attackers; I think that they might be out there and that they will come back and take my other girls. Nadia no longer plays with the other children. She hides whenever someone she doesn't know comes to our house. Whenever she is alone, she adopts an attitude of sadness and hidden suffering: hands on her back, head bent forward; she stares at the ground. Nadia's mother reports that she now avoids admonishing her daughter for fear that she will become angry. She explains that Nadia's teacher had complained several times about Nadia's attitude in class: "She doesn't work anymore, she is less concentrated in class, often distracted and forgets quickly. She sometimes refuses to answer questions and starts to cry. Quite often, in the middle of a lesson, she provokes the others; at recess, she isolates herself. She spoils everything she touches.

On the third day of the interviews, Nadia had come with her mother for the drawing session. She was wearing a khaki skirt with a white top that was not clean; she had no shoes. Her face showed fear. She was staring at the ground and clutching her mother. The thumb of her right hand was in her mouth and her left hand was holding her mother's loincloth. She had objected to our proposal to draw. However, when her mother asked her to do so, she got up slowly and walked to the table. Nadia chose the sheets of paper and pens she wanted to use and without being told what to do, she drew two freehand pictures. While she was drawing, Nadia did not speak. In the end she did not explain her drawings, she just named the objects.

III.2 OBSERVATION 2

Grace is six years and four months old. She is from a monogamous couple. Her parents are farmers; they go every morning in search of a field to plough in return for a fee to ensure their survival.

Grace is the seventh of nine siblings, two boys and seven girls. She was in school at the age of six. Her family is displaced by war.

At the first interview, Grace's mother came alone. She explained that she did not want her daughter to hear about her sexual abuse again, because when she listens she becomes sad and refuses to play. At the beginning of the discussion, in the child's place, the mother explained her own difficulties: "I don't sleep like I used to, I've had headaches for a year now, despite the medication I've been given". After ten minutes of conversation, we managed to extract some confidences from her about her daughter's history: "It was raining last night. At around 1am, Grace's older sister had come to wake her father because she wanted to go to the toilet. Tired, he did not want to get up. Unable to bear my husband's attitude, I got up to accompany him.

When I left the room, all the doors of the house were open. I had called my husband thinking that we had been robbed. He was too quick and went straight to the children's room. There he found Grace lying on the floor with her legs apart; her clothes were stained with blood. Without being asked, she had told her father that someone had entered the room. When she had opened her eyes, a bright light had prevented her from seeing anything. It was probably this man who had abused my daughter. Grace was then taken to the hospital where the doctor found deep perineovaginal lesions, a missing hymen, a wound about six centimetres deep and two centimetres wide and several perivaginal abrasions. Grace was referred to the RGH where the gynaecologist diagnosed a perineovaginal trauma complicated by a vesicovaginal fistula. She was hospitalised for 4 months. From that moment on, her fear was exacerbated.

At the second interview, the mother had described her daughter to us since her discharge from hospital: "Grace has become enuretic, yet neither her older sisters, nor her younger sister, nor anyone in the family is enuretic. I felt she was closer to her sisters than to me and her father. She had told me that she felt as if the stitches she had received in hospital were coming undone when she walked and yet everything was normal. She still complains of stomach pains and headaches despite the medical treatment she has been prescribed. At night she is afraid and starts crying if no one is around. In the third interview, a doubt about Grace's future arises from her mother's words. Not only does she regret her daughter's lost identity, but also her ability to procreate: "I wonder if she is still a girl. What has been taken from her is something precious

for every woman. Doctor, does my daughter still have a womb? Will she ever be able to give birth? When we asked her why she expressed herself in this way, she replied: "Everyone knows that if a girl is kidnapped at night in the family home, it is to abuse her and take away her 'Kizazi'. Otherwise, why don't these people go after the boys. When asked about the child's behaviour at school, the mother replied: 'Her teacher had told me about her concerns about Grace's behaviour in class; she had explained that my daughter was very temperamental (refusing to write in the notebooks). Her classmates reported that she slept a lot in class and refused to obey the teacher when she questioned her. Her results were also poor.

At the last interview, Grace had come with her mother for the drawing session. She wore a black skirt, a white blouse and held her mother's hand firmly as she entered the room. Her face was sad. She had approached the table with her head down. She answered questions very hesitantly and had refused to explain her drawing in the presence of her mother; as her mother left the room, Grace pointed out that she had drawn her siblings, houses and a car.

III.3 OBSERVATION 3

Yvette is six years and five months old. She was born to a monogamous couple. She is the fifth of six children, four girls and two boys. Her father was always away from home. She went to school at the age of five.

At the first interview her mother said: "Her story goes back to about two years ago when she was four years old. Her father was at work and the whole family was sleeping. It was cold in the house, I woke up at 2am and oddly enough I found the door of the house wide open and a big hole in the wall. I went to the children's room and there she was gone. She was found in the morning in the bush by the side of the road called "demobilisation road". Her clothes were soiled with blood, faeces and mud. We took her first to the hospital where the doctor noted a perineal tear affecting the anorectal region. She received emergency treatment and was quickly transferred to the HGR for better care. She was hospitalised for three months.

At the second interview, the mother told us about the aftermath of the rape: "as soon as she returned home, she was afraid of the neighbourhood, and demanded to go back to the hospital because everything seemed strange to her. A month later, she presented with anaemia. We went back to the hospital and the doctor told us that she needed blood. I gave two bags of blood for her transfusion. Yvette asks a question several times. Her attention is always disturbed and she never finishes what she has started. She never does what I ask her. When I ask her for a knife she brings me the pot. When I don't give in to her whims, she tells me that I am like the one who took her into the bush. At bedtime, we have to wait for sleep to take her to the living room before taking her to bed, otherwise she cries and demands to spend the night in the parents' bed (parents' room). When she starts her tantrums nobody can control her. Sometimes she screams and cries in her dreams: either she wakes up and tries to leave, or she just cries. She often falls ill. She suffers either from headaches or recurrent abdominal pains that subside without treatment. She never accepts to be alone away from her sisters. She sometimes refuses food without cause and no one can force her to eat. She sometimes demands her own plate. She equates anyone she doesn't recognise with her abuser, saying that it was him who wore the black clothes at night, and leaves immediately. The mother told us: "What bothers me more are the insults of the neighbouring children who tell her that her uterus has been removed, she will not have a child. After that she became irritable and opposed everything. She cries with a start and at times she throws herself on the floor without fear of injury. The teacher had called me to talk about her behaviour at school. According to her, Yvette refuses the teacher's orders. Even to go to the blackboard, she stands up with difficulty compared to the other children and this after several negotiations.

On the day of the drawing, Yvette had come with her grandmother, her mother saying that she could not stand certain questions related to the events concerning her daughter. She was wearing the school uniform (blue and white) but no shoes. After choosing the material, she turned her back to us to start her drawing. She used the chair instead of the table. She drew while her grandmother talked to us. Every time she heard her name, she stopped and listened to us. At the end, she gave her drawing to her grandmother.

IV. DISCUSSION

IV.1 Psychopathological aspects

Child sexual abuse has a considerable place in the etiopathogeny of mental suffering. This can be observed in the development and life course of the victim. One could imagine that these three children, however small, did not understand anything. The parents did not even believe in the morbid nature of the rape and the rumours that their daughters were victims of, as some said: "they are still too small, they cannot remember...". Since these girls were confronted with the reality of death, there is a latent suffering within them. Authors such as Golse B et al [8], in the tradition of Freudian thought, have shown the traumatic impact of the aggression suffered, whether it is obvious or latent. This aggression leaves its mark in the long term, especially as the subject is prevented from revealing and expressing the facts and his or her experience. This could be the case of these three girls who have no well-developed verbal language at their age. In our context, it was not easy to get in touch with the internal wound of the three girls. This difficulty led us to choose the most likely method for highlighting this suffering secondary to the rape: the use of free drawing.

It would be necessary to be able to deconstruct the non-verbal in order to unearth this hidden suffering, but also to pay attention to the outlines of a neodevelopment. In Nadia's two drawings, we observed in the foreground the dangerous objects in the middle of the objects of pleasure (drawing 1). In the second drawing, we noted mobile and fixed containers

referring to control and safety (drawing 2). The two drawings are an outline of dangerousness quickly contained by reassuring elements (drawing 1 and 2). According to Kaes R. et al [15], the marks of the trauma confer capacities on the resilient; the latter emerges as a winner. Nadia reveals a rather surprising level of mastery in contradiction with the violence of her experience (drawing 1 and 2). One might even wonder if she has been shaken by this trauma.

As for Grace's drawing, it is more complex; it is divided into three parts: two parts in the upper compartment, one of which is made up of mobile objects that constitute the rapid and violent loss she has suffered and the other is made up of fixed containers that represent the valuables she will need for protection (drawing 3). The second compartment is a secure projection image of a girl lying in a house (drawing 3). This drawing shows overall a violent and brutal disarray with the aspiration of a strong containment (drawing 3). Brolles L. [5], explains that the borders could be a need to reinforce a failing containment but also a disorganisation of the environments, which are also intermingled, with little structure in their relationships. Agneray F. [2], shows that house drawings represent a particular object of attachment where the experiences of loss and abandonment, but also traumatic traces and a movement of reconstruction of envelopes, try to be arranged.

Yvette in turn represented two distinct elements in her drawing: characters and numbers. The first element, the figures, can be divided into two compartments where Yvette moves from a state of distress and vulnerability to a more secure, but still vulnerable state (drawing 4). The second element, the figures, shows an overall progression from helplessness to a more contained, even self-controlled feeling. Dynamically, she started her drawing, in the shape of an arc, from the bottom with a representation of herself in red to end with the number five in blue at the top left (drawing 4). According to Widlocher D. [28] and Pastoureau M. [20], the use of colours in children's drawings is a way of expressing their emotions in relation to a given situation: the colour red symbolises aggression, black sadness, anxiety and depression, and blue self-esteem. Thus, by carefully analysing Yvette's and Gr ace's drawings, we can see elements of psychic reorganisation in response to a traumatic situation. This movement seems to be set in motion through compartmentalizations that make us evoke a cleavage whose goal is to face the aggression. This reflection corroborates that of Ferenczi S. [9] who specifies that, faced with the destructive effect of the trauma, the psyche adopts survival strategies: sidération of thought, fragmentation of a part of the ego which produces narcissistic self-cleavage. The patient is split: one part of the person continues to live and develop, while the other, encysted, remains in a state of stagnation, apparently inactive, but ready to reactivate itself at the first opportunity. In this sense, Freud S. [11] stipulates that the revival of such affects common to the scenes, reactivates in the subject the mnemonic traces of the first scene, thus conferring on it in the aftermath a pathogenic power, whereas the traces were dormant, buried and inert, repressed as a foreign body included in the psyche.

IV.2 Shared suffering and the reorganisation process

The mothers were alone in their treatment of this tragedy. Indeed, the interviews with the mothers of these child victims of rape enabled us to uncover the way the mother-child dyad functioned. Whenever we talked about Nadia, her mother would put on a sad face and sometimes she would start to cry. We also find in her a problem of insomnia. As for Nadia, she would withdraw from her activities. This attitude of the mother seems to be protective for Nadia on the one hand and on the other hand creates a vicious circle that maintains and perpetuates the trauma in the mother-daughter duality. This same situation was described by Cyr M. et al [6] in reference to a group of sexually abused children and their suffering mothers. In Nadia's case, the mother seemed to be suffering, showing an attitude of overprotection and somatisation. Despite this, her daughter's drawing reveals a phase of circumscription of the trauma. This reminds us of Joan E. et al [14] who evoke the theory of children being able to cope with their parental attitude towards their own ascendants, thus making them emotionally precocious people. This was all the more likely as the age of the rape was also early (2-3 years).

Grace's mother's suffering manifested itself in insomnia and headaches that were resistant to medical treatment. Nevertheless, Grace was more attached to her sisters than to her parents, although her mother expressed a desire to be closer to her in order to better cope with her difficulties. A situation that reveals a certain failure of her maternal function. Cyr M. et al [6] described those mothers who outwardly appeared to offer an adequate level of support to their abused daughter, but in reality had difficulties with their ability to support them emotionally. Grace's mother's suffering leads her to imagine a lot. She tries to make sense of it in various ways, including espousing cultural beliefs about her daughter's lack of a womb. In addition, we observed Grace's sisters' participation in this impulse. Yvette's mother had shown a good emotional disposition, showing a lot of care and empathy towards her daughter.

In Grace's and Yvette's drawings, we can observe psychic processes that reveal active elements of struggle against the trauma, which we can compare to what Cyrulnik B.[7] calls "the internal resources imprinted in the memory in order not to be carried away by the natural slope of trauma until the moment when an outstretched hand will offer an external resource".

IV.4 Clinical aspects

After the sexual assault, all the girls were taken to hospital for medical treatment. At the end, they were all declared physically well. A few months later, the parents had observed numerous changes in the children's behaviour, which they immediately equated with capriciousness (isolation, restlessness, irritability, heteroaggression, fear, insomnia, headaches, abdominal pain, enuresis). No initiative for medical and psychological consultation was taken out of ignorance. Fall L. et al [8] show that when the child gradually becomes aware of the destructive nature of the sexual abuse he is suffering, he comes to challenge the adults with functional or behavioural problems, as we have observed in all his girls. Scheeringa et al [23] presented these symptoms as a sign of post-traumatic stress disorder in children under the age of 6. For Sy O. [25] these symptoms are part of the psychological consequences of sexual abuse, especially in slightly older children. Nadia is a special case in that she used violence as a means of defence, as evidenced by her use of a sharp object such as a

machete. According to Terr [27], this attitude is a pretext for assessing the level of damage to the traumatised child. In Grace, certain elements show active trauma, namely the fear of losing her urine and the sensation that the sutures are coming apart when she moves. This is what Freud, quoted by Golse B. [12] described the "aftermath", which reveals the actuality of Grace's traumatic experience in the face of the evidential absence of a current trauma. In sum, all the children in our study showed attitudes of withdrawal and signs of psychological suffering revealed by the bodily symptomatology.

IV.4 Socio-cultural aspects

In the 'shi' tradition, raping a girl child is a serious transgression of the 'mizirhu' and deserves divine punishment. All three girls were also rejected by their communities. They were perceived as lacking a womb. These representations are so strong that they are accepted by the families. The girls, as Kwakya E. [16] describes, were supposed to become toxic, deadly, and carriers of the defilement inflicted on them by their abusers. The consequence is that no one will be able to marry a woman with such a history in the future. Seck B. [24] specifies that the child victim of rape became "the one through whom the stories came", hence the "overdimensions" surrounding this issue in Senegal. The suffering of all three girls was perpetuated by rumours: 'spoilt children, children without wombs'. This experience was also shared by the families who became "carriers of shame". This same situation is described by Mbassa M.D. [17] among the Bafia and Beti of Cameroon. The rumours surrounding the uterus constitute a second problem for these children, especially as when speaking of a girl, she is already seen as a mother. This shows the despair of children and their families in the face of rumours about the female organ, the uterus. Tempels P. [26] emphasises that life is a supreme value for black Africans, who are attached to everything that generates, reinforces and perpetuates it. Hence the attention of the African man to preserve life, but also and above all to generate and transmit it. In the same vein, Oleko NK. [18] states that a woman's identity and narcissism are drawn in the ink of fertility, the canvas for the accomplishment of this work exists in marriage. It is therefore easy to understand the anxiety of parents about the future of their sexually abused children.

CONCLUSION

Sexual trauma in children is a danger to their physical, psychological and social integrity. There are attempts at an internal psychological struggle that must be identified and supported to enable them to emerge from this unspeakable situation. Drawings and listening to the parents can lead us to the correct diagnosis of the child's suffering, especially if he or she is under ten years old.

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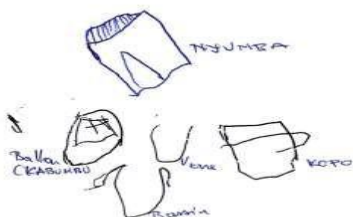
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DRAWINGS ATTACHED:

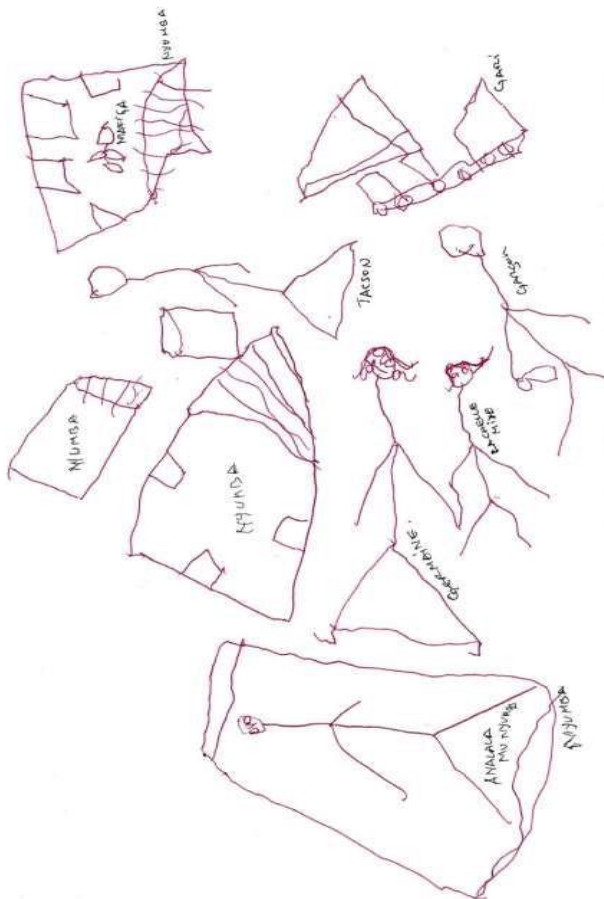


Drawing no 1

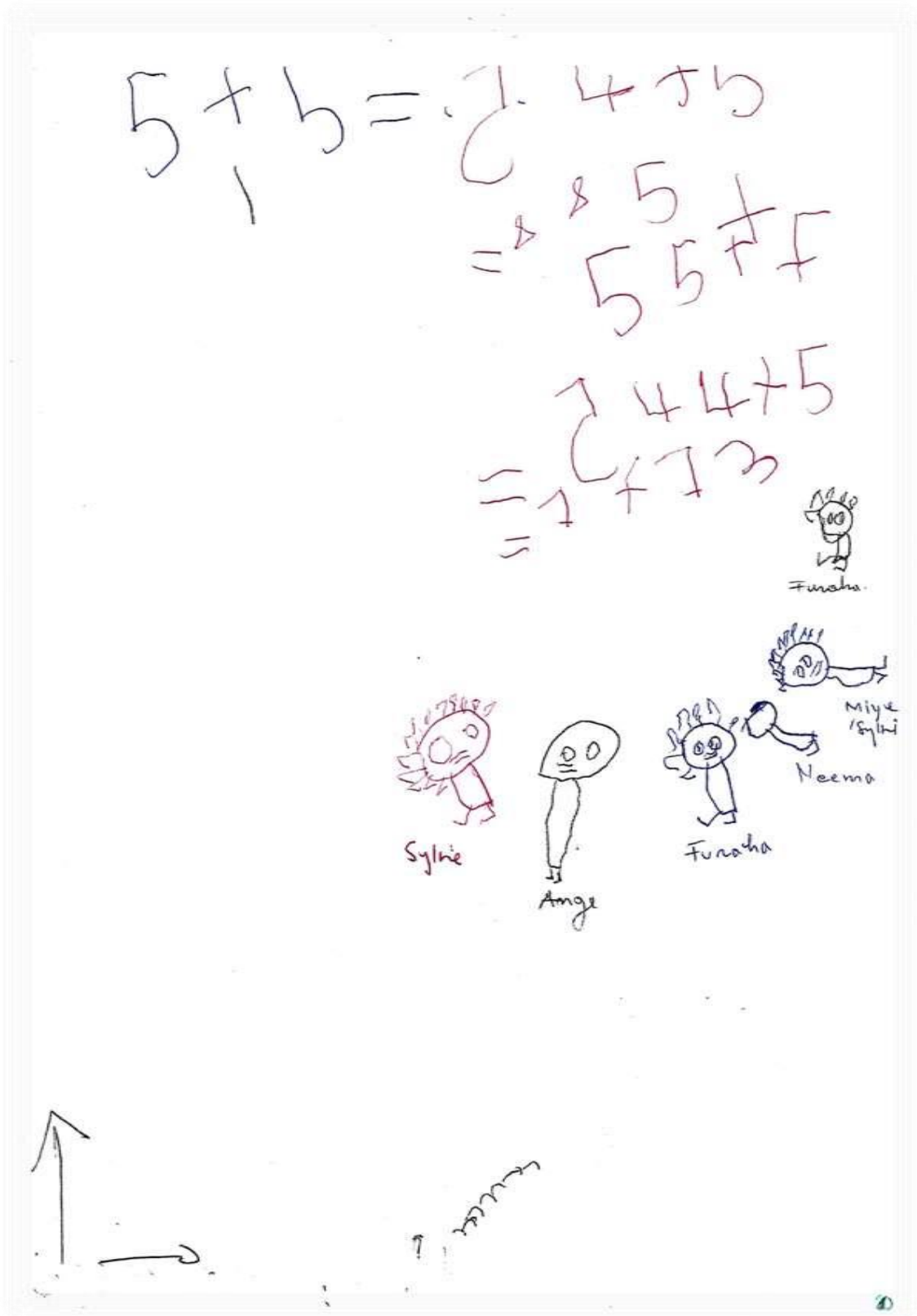


Drawing no 2

Zanetelis



Drawing no 3



Drawing no 4