Beyond the silence: sexual violence in eastern DRC

Jessica Keralis

The sexual violence laws introduced in DRC in 2006 have had only limited impact. A much louder condemnation of rape and a far more proactive approach to prevention are urgently needed.

Dr Denis Mukwege has been called the 'angel of Bukavu'. He is a gynaecological surgeon who runs Panzi hospital, a medical centre in South Kivu that specialises in the repair of vaginal fistulas[1] and the treatment of rape victims. Not only is he the only gynaecologist at Panzi but he is the only doctor with gynaecological expertise in all of South Kivu – an area of 65,000 square miles. He is probably the world's leading expert in repairing injuries resulting from rape.

As of October 2008, he had treated over 21,000 rape victims, many of them repeat victims. Most of the patients are cared for under the hospital's Victims of Sexual Violence programme.[2] Of the 334 beds at the hospital, 200 are allocated to this programme, and it not uncommon to have 450 sexual assault survivors in the hospital at any given time. Women and girls arrive every day for treatment but the hospital can only accept 10-12 new patients each day; the rest are asked to return the following day. One third of the women admitted to Panzi require major surgery. Dr Mukwege treats 3,600 women per year and performs approximately 1,000 reconstructive surgeries per year.

The 2006 sexual violence laws: limited impact

In 2006, the Congolese government passed two laws specifically addressing sexual violence. The first provides a formal definition of rape, includes both sexes and all forms of penetration, and criminalises acts such as the insertion of an object into a woman's vagina, sexual mutilation, sexual slavery, forced prostitution and forced marriage. It also defines sexual relations with a minor (any person under age 16) as statutory rape, establishes penalties for rape, and prohibits the settling of rape cases by 'amicable' resolutions. The second law deals with criminal procedure with regard to rape cases. It states that victims have the right to be seen by a doctor and a psychologist, that judicial proceedings cannot last longer than three months, and that the security and psychological well-being of victims and witnesses must be guaranteed; it also prevents the use of character accusations or the plaintiff's past actions from being used against them.

These laws, as well as the lobbying that led to their passage, have had some impact, though it has been minor. More cases are being tried in military and civilian courts. Military justice officials in DRC know more about the issue and seem more ready to try cases of sexual violence, and they are taking additional steps to protect child victims. Additionally, military courts have been actively applying the Rome Statute (of the International Criminal Court) to cases of war crimes and crimes against humanity.

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Heal Africa Transit Centre for women victims of sexual violence

Despite these improvements, however, the extent and brutality of these crimes has remained largely unchanged. The stream of new victims coming to Panzi Hospital continues unabated, with women appearing in waves each time there is a new outburst of militia violence in the region.

How can protection be improved?

Dr Mukwege has said that in addition to a political response to the violence, he would like to see real protection for the women once they leave the hospital. While he can treat them and surgically reconstruct them, there is no guarantee that they will not be raped again, and he has often seen repeat cases where women return to the hospital, considerably more damaged than the first time they appeared. This underscores the need, now more than ever, for a multi-faceted approach to combat sexual violence in the DRC. This approach must include:

Enforcing existing laws and ending impunity: DRC has an established legal framework to hold perpetrators of sexual violence responsible for their crimes. The government must work to enforce those laws to ensure that aggressors are no longer able to act without fear of punishment. Additionally, an actively working legal system might encourage more victims to come forward.

Integrating education on civilian protection and sexual violence into military training: Compliance with international humanitarian law should be enforced among all members of the armed forces. Both officers and lower-ranking soldiers should receive regular and comprehensive training on civilian protection, including protection of women and girls. This training should be evaluated regularly to determine its impact, and modified according to the results.

Creating new protection interventions specifically for South Kivu: Aid organisations should work with local communities to devise protection interventions which are specific for the area and based on evidence of typical patterns of attack.

Working to change the culture: Cultural awareness and re-education are crucial to both encouraging victims to come forward and helping them to heal. A key step in this process would be clear and audible condemnation of the violence by the Congolese government, which Dr Mukwege complains is too often silent on the issue: "The problem is known but the government is inaudible. …It doesn't need money to condemn the rape – they would need only a microphone and the will."

When Dr Mukwege accepted the African of the Year award in 2008, he stated that he would accept it only "if it will highlight the situation of women in eastern DRC."

Jessica Keralis (jmkeralis@gmail.com) is a Public Health Surveillance Specialist with McKing Consulting, working with the Texas Department of State Health Services in Austin, Texas. This article is written in a personal capacity and does not reflect the views of McKing or Texas DSHS.

See FMR 27 'Sexual violence: weapon of war, impediment to peace', online at http://www.fmreview.org/sexualviolence.htm

1. An abnormal opening between the reproductive tract of a woman or girl and one or more body cavities or surfaces. See A Pinel and LK Bosire, 'Traumatic fistula: the case for reparations,' FMR 27, http://www.fmreview.org/FMRpdfs/FMR27/10.pdf

2. Harvard Humanitarian Initiative with Oxfam America, 'Now, the world is without me: an investigation of sexual violence in eastern Democratic Republic of Congo,' April 2010 http://tinyurl.com/oxfam-drc-sexualviolence-2010