

Sexual violence in South Kivu, Congo

by Claudia Rodriguez

Tackling sexual and gender-based violence (SGBV) in the Democratic Republic of Congo (DRC) will require greater resources and coordination. The number of attacks continues to increase and perpetrators go unpunished.

From 1996 to 2003, war in DRC claimed some 3.8 million lives. SGBV against women and girls – and some men too – has been one of the conflict's most horrific aspects, for its viciousness, magnitude and long-term impact. As point of entry for foreign armed groups coming from bordering Rwanda and Burundi to participate in the war, the eastern province of South Kivu has experienced particularly high levels of SGBV. Even now, according to statistics provided by local health centres, an average of 40 women are raped every day in the province. Of these, 13% are under 14 years of age, 3% die as a result of rape and 10-12% contract HIV/AIDS. Kidnappings, sexual slavery, gang rapes and forced marriages are common.

Four years after the signing of the peace agreements that officially ended the war and after the conclusion of Congo's first ever democratic elections, SGBV remains widespread. Government forces have emerged as the main perpetrators whilst the number of assaults involving foreign armed groups still present in the area has fallen. A new problem has surfaced, however: the increase of abuses perpetrated by civilians. Both factors highlight the environment of impunity prevailing in the area.

Assessing the problem

Most cases of SGBV go unreported. Victims lack confidence in the judicial system and fear being persecuted for denouncing their attackers. Assaultants are mainly Congolese soldiers and law-enforcement

agents and are known to be seldom prosecuted. 'Friendly' resolutions have been encouraged, with victims' families often accepting marriage or gifts as compensation for assault.

Blurred lines of 'consent' add to women's vulnerability. In some areas of South Kivu a woman is the property of her husband's family or



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becomes property of the community if her husband leaves or dies. Any man in the extended family or in the community can have access to her without the woman being able to refuse. The notion of consent is non-existent and therefore cases are not reported as violations. Other factors inhibiting reporting of such crimes include shame and the fear of being rejected and stigmatised. Efforts are under way, mainly by the Human Rights Division of

MONUC (the UN Mission in DRC)¹ and national partners (such as Arche D'Alliance and the Synergy of Women's Associations for the Fight Against Sexual Violence), to sensitise law-enforcing agents as well as the general population on the definition of rape, the notion of consent and the illegality of forced marriages. To be successful, such advocacy requires access to remote areas that most agencies do not have.

Statistics are available from health centres supported by international NGOs and by the local 'Maisons d'Ecoute' (Counselling Centres). National associations supported by international NGOs to pursue judicial follow-up also provide some data. Yet the data collected is inconsistent due to significant discrepancies in collection methodologies. Inconclusive discussions over details – including the right to share information among partners – have characterised inter-agency discussions for years. Available statistics are useful in painting a general picture but much more qualitative data (such as gender of victim, type and origin of assailant and type of aggression) is needed to identify trends, perpetrators, profiles and characteristics of victims. Encouragingly, all Counselling Centres have recently developed a standard format and now compare their data with that provided by health centres.

Need for coordination

Humanitarian assistance for victims of sexual violence in DRC is available. Most health-related agencies now include SGBV programmes as part of their primary healthcare interventions. Panzi hospital in South Kivu – one of only two referral centres for fistula treatments in the east of DRC – offers a comprehensive package of assistance to victims

Women wait to receive medical services in Panzi hospital, Bukavu, South Kivu. The hospital runs a treatment programme for women affected by sexual violence.

referred for care. Yet, despite the long-term presence of international and national agencies in the area, the basic referral system has never worked effectively due to lack of coordination and adequate funding.

There is little willingness on the ground to collaborate. Medical NGOs have their own, varying protocols and standards, as do agencies focused on psychosocial assistance and reintegration. Lack of collaboration is exacerbated by the 'remote control' nature of programmes – programmes managed by local partners but directed from abroad – and the fact that some agencies focus on emergency assistance, others on development. This has led to duplication in some fields while other areas of need have been left uncovered, to considerable discrepancy in standards and lack of accountability.

Issues of concern include:

- victims not being systematically referred within the necessary 72-hour period to centres where post-exposure prophylaxis (PEP) kits are available
- medical centres not providing medical certificates necessary for judicial follow up
- cases where ex-combatants sleep in the same centres where victims are being looked after
- no coordinated training for local organisations in how to investigate, collect data and assist women in reporting their case to the right authorities
- no government authority, at least at the local level, with responsibility to direct policies and improve interventions and coordination.

A related problem is the fact that national associations (key to the referral system as only they are providing psychosocial assistance) have realised that higher numbers of victims mean increased chances of obtaining international financial support. There is evidence that associations have exaggerated their statistics, traded women between their centres to augment statistics and encouraged repeat visits by

women in order to count them more than once. An OCHA-supervised evaluation carried out by NGOs in December 2005 concluded that many psychosocial activities undertaken by national associations do more harm than good and recommended the closure of several Counselling Centres (including some supported by international NGOs).

Lack of financial resources means that organisations struggle to improve care standards and ensure adequate follow-up. However, resources could be better utilised if there were better collaboration. The referral system could be strengthened sufficiently to improve performance by all agencies and ultimately help achieve tangible and sustainable results. Coordination fora exist, yet those in charge lack technical expertise to introduce minimum standards of operation, ensure common procedures and establish coherent frameworks and strategies.

Ending impunity

Some progress has been made in the legal and judicial domains. In August 2006 a new law came into force in DRC, redefining rape to include both sexes as well as all forms of penetration. The law also covers other forms of sexual violence: sexual slavery, mutilation, forced prostitution and forced marriage. It has increased the penalties for those successfully prosecuted and has improved some penal procedures – such as speeding up preliminary investigations and prohibiting the settling of cases by 'friendly' resolutions. However, the judicial system remains too weak to establish precedents that might serve as a deterrent against further violence. Denunciation and reporting also remain limited, due to the victims' continuing lack of trust in the system. Cultural beliefs, taboos and traditional conflict resolution methods need to be addressed through education and awareness. Structural reforms are needed to address the role and place of women within Congolese society. Commitments to engage in this lengthy process are needed from all those involved, especially state authorities). The creation of 'field courts' with judges, prosecutors and defence lawyers deployed to remote and inaccessible

areas (where most violence takes place) would be a great step forward.

An SGBV cluster?

In 2006 the UN in DRC adopted the 'cluster' approach to coordination, as part of the proposed humanitarian reform system.² Unfortunately, in DRC and elsewhere no cluster specifically for SGBV has been proposed; instead SGBV fits within the wider 'protection' cluster. This represents a missed opportunity. An SGBV cluster would provide leadership to galvanise greater efforts to tackle sexual violence. An enhanced leadership and coordination framework would allow:

- common methodology
- better synergy and inter-sectoral/inter-agency planning
- better data collection and analysis
- strengthening of the referral system
- compilation of better prepared cases for judicial follow up.

Victims of sexual violence in DRC will continue to require assistance from international and national organisations for years to come. Those working to assist them must collaborate in order to overcome the many obstacles constraining their operations. A stronger partnership with and a clearer involvement of state authorities would help develop a common framework and strategy for action in order to provide effective, long-term assistance. Only thus will it be possible to break the vicious cycle of impunity.

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See also: Human Rights Watch, June 2002 The War Within the War. Sexual Violence Against Women and Girls in Eastern Congo www.hrw.org/reports/2002/drc/

1. www.monuc.org

2. See T Morris 'UNHCR, IDPs and clusters', FMR25, www.fmreview.org/FMRpdfs/FMR25/FMR2531.pdf