

REGARDS CROISES

Quarterly Magazine No. 11 August 2004

***An Open Wound:
The Issue of gender-based Violence
in North Kivu***

GOMA

August 2004

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EDITORIAL

Rape of women is an act of war. It has even become one of its most fearsome weapons. We saw this in Serbia, in Kosovo. We saw it in Rwanda during the genocide of 1994. We are seeing it in the wars in Congo. In all these wars, the rapists have a common ideology: going beyond humiliation, to destroy the other person by attacking the woman, the procreator, in an ignoble fashion. In short, it represents the desire to root out and totally annihilate the other person.

Confronted by this scourge, which in some parts of Democratic Republic of Congo goes hand in hand with acts of unimaginable cruelty; campaigns of denunciation have been started, and the question of gender-based violence is beginning in a small way to attract national and international attention. Unfortunately, we are seeing that sexual violence against women during these wars in Congo is being treated like a titillating theme which can bring in money from international donors. The raped woman is becoming a victim for the second time: a victim of her physical abusers on the one hand, and a victim of those who want to profit from her tragedy on the other. It would be less dramatic if it were only the case for a few corrupt local individuals, well known and used to manipulating, even twisting the truth, to catch some donor funds by any possible means. But imagine our surprise when we see even the heavyweights of the so-called humanitarian community throwing themselves into the game, avid for the millions generated by sexual violence. This is true for the UN Mission to Congo (MONUC) which according to our sources has launched a “Joint initiative for prevention and response to the needs of victims of gender-based violence against women and children in DRC”, a programme budgeted to the colossal sum of thirty million three hundred thousand US dollars (30 300 000\$US !). We have the right to ask what percentage of this sum is really destined to those people, the real victims of sexual violence, in whose name it has been mobilised. It is well known that in this sort of business, salaries and benefits of employees take the lion’s share. As a reminder, at the time of the eruption of Nyiragongo volcano in January 2002, we learned from a reliable source that the humanitarian community mobilised thirty million American dollars (30 000 000\$) for the relief of disaster stricken citizens of Goma. Logistics alone used nineteen million dollars (19 000 000\$) of this sum!

What the Congolese population wants therefore, as a priority from the UN mission now able to fall back on the famous chapter 7, is that it should use all its strength to get rid of the armed bands that still infest our forests despite the official end of the war, those bandit gangs that are most frequently cited as the hideout of the rapists. We understand that if they accept the mission to disarm and disband and repatriate foreign militias and to work for social reinsertion of local militias scattered throughout the forests of Kivu, MONUC would be accepting an impossible assignment. Any observer who knows what he is talking about knows that they cannot do this. Instead of confessing their inability, is MONUC trying to redefine its priorities and activities in terms of something it

thinks it can succeed with? What we want from the UN mission is to deal with one of the root causes of the countless rapes of our wives, our sisters and our daughters, rather than getting involved themselves with the work on the ground. We say with reason 'one of the causes', because sexual violence against women is not the prerogative of foreign armed bands, nor of rebellions, nor of MayiMayi ... even if this displeases those who will take any grist to their mill, who manipulate facts for dishonourable reasons, as if this horrible crime of rape needed aggravating circumstances.

Numerous local organisations have put much time and effort into this shifting scene of gender-based violence, with the outstanding advantage (compared to humanitarian agencies) that they know their environment on the ground. MONUC could if necessary finance their actions (without stifling them) while at the same time seeking to make their work sustainable, instead of quarrelling to take over an activity which they are fully capable of performing.

MONUC is not the only one. There are also some international organisations with impressive funds to assist the sexually abused women in Congo. How can you avoid the clientelism which is springing up around these victims? How can you ensure that these available funds will be invested to build alternatives that render these victims actors rather than dependents of these multiple predators who are gaining from their misery? Many of the local organisations such as **Synergy of Women's Organisations against Sexual Violence** (SFVS) are trying to answer this crucial question. SFVS is a platform of women's organisations which Pole Institute has supported since its creation in February 2003.

This edition of **Regards Croisés** is mainly devoted to the work of these women, who with limited resources try to help their sisters of all ages, these innocent victims of a nameless horror, which puts its victim beyond the pale of the community; her community rejects her as much for the horrible smell of the fistula she may have been left with, as for what is often considered to be 'her own fault'. The Synergy focuses on working with the victims, with the goal of helping them to recover not only their health but also their psychological balance, to let them know their rights, but also to become aware of their dignity and strength to become the authors of their own destiny.

The texts in this edition cover areas as complex as the subject itself. Where do you start to deal with a subject – sexual violence – which as an act has biological, psychological and moral consequences for the raped woman, and which calls for tough action from our communities and our institutions, both at the traditional and at the modern legal level? This **Regards Croisés** wants to bring together all these reflexions and experiences, where the counsellors and the victims look one another in the eye, a place where the optimism of the spiritual person meets the cold analysis of the doctor, in short, a concerted appeal from the grass roots to put an end to these medieval brutalities which degrade a

woman to the status of a leper, acts committed by armed males who roam our forests with impunity, and also by twisted civilians in the urban environment.

Let us say in conclusion that these rapes recounted here as in all statistics broadcast for different appeals are only the tip of the iceberg which hides a multitude of women and girls who do not dare to speak out, either from fear of the rapists who are ready to attack them again, or from fear of the social context which, when all is said and done, punishes the victim rather than the criminal.

Yes, it is true that the war, and the violence committed in its name in a context of total impunity, are one of the major causes for the proliferation of these crimes. We must therefore spare no effort to bring an end to armed conflict and to impunity. In this, the Congolese people have a role to play, as well as international actors and neighbouring countries.

Aloys Tegera

Christiane Kayser

Leopold Rutinigerwa

Prosper Hamuli

Onesphore Sematumba

I. GENERAL DECLARATION OF 19TH SEPTEMBER 2003

Synergy of action against gender-based violence inflicted on the women of North Kivu: Values and Principles

We, a group of individuals, initiatives and organisations in North Kivu, have decided to act with all our might against the sexual violence inflicted on girls and women of all ages. We consider that this scourge raging among us to a degree that is hard to imagine must be fought by our communities and our society. The future of our children and of our whole society is at stake. We come from different horizons, from different beliefs and disciplines, but we work together on the basis of our shared values.

The dignity of the woman is a value that our society has traditionally respected. We defend it today as the central pillar of all that allows us to live together and all that we want to pass on to future generations. Acceptance and respect for oneself as a human being with all the rights and duties that this entails is one of the bases of a healthy society. Acceptance and respect for one another. The diversities of men and women, young and old, of our communities, our beliefs and our individualities, are the wealth of our region.

The following two axes seem to us to be important:

- Knowing and giving value to our rich and diverse traditions, in their growth in response to the demands of modern life;
- Education and instruction as the bases of a better life and openness to the world.

We work according to the following courses of action:

- Negotiation of interests, on the basis of mutual recognition, to combat the culture of violence, hate and scorn.
- Girls and women must learn to know and claim their rights and their duties. Men must learn to recognise these rights and to redefine their own rights and duties. All must work together to define their roles in tomorrow's Congo.
- Recognition of the suffering of victims and support for them as they move towards a positive, active role.
- Commitment and action to make medical care accessible to the victims.
- The fight against degradation and scorn for victims. Our society must learn to be ashamed of the authors of these acts of sexual violence, and not of the innocent victims of these acts.
- The fight against the impunity of rapists, and all those who commit acts of sexual violence.
- In the current context which is characterised by violence, to promote and reinforce any logic of non-violence.

Goma, 19th September 2003

Signed by all the participants at the workshop in Great Lakes Hotel.

II. AN OPEN WOUND

For at least 10 years, the Great Lakes Region has been flooded by a tide of hatred which has left the world astounded. This hatred is expressed in acts of destruction and unimaginable acts of cruelty, all hidden under the name of war. 'War' seems to give an excuse to the belligerents – 'the pursuit of political ideals' – for acts which would shame wild animals. The reality is quite different: when they think they are attaining their political objectives, they lose their humanity. And we wonder which society could correspond to their ideals if it were to be based on such foundations.

In our urban and rural context of North Kivu area – the town of Goma and its surroundings, and the territories of Masisi, Rutshuru, Walikale and Pinga - the non belligerents are hardest hit by the war, the "farming" population of the rural sector. We are challenged by the extreme suffering of the women and girls. Our first personal contact with the consequences of this violence goes back to November 2002. Bernadette Muongo of PAFEVIC told us about a woman from Kirotshe, who had been suffering for weeks in the general hospital of Kirotshe, abandoned, and torn, after being raped by a group of eight men. This widow, a refugee after the attack on her village and the murder of her husband by the "inciviques" (a euphemism which covers all men of diverse origins who exist as predators on vulnerable communities), this woman was trying to bring up her children who had escaped from the attack in a safer environment. That is how she found herself in Kirotshe, where she was taken one evening by 8 men, all well known in the community. When her last assailant had finished raping her, he took a stick which he pushed into her body. The awful wounds kept her bedridden for weeks; she was sinking into starvation, without any money to pay for the medication needed to fight off the infections.

The plight of this woman was for us a call to action. At the same time, we came across the report from Human Rights Watch: *The War within the War*¹ a 60 page document of testimonies of women such as her. And the documentary of NBC Nightline showed us hundreds of women in Shabunda who were raped during attacks by various bandits and armed groups, and who are no longer ashamed to talk about it. One says to the journalist, with a voice shaking with anger: "Why keep silent about this fact? Why hide it? They raped me in full day light, in the street, in front of my children. What is there left to hide?" For her life has no sense, no meaning left. Her husband has abandoned her, and she can no longer

¹ Human Rights Watch: La guerre dans la guerre, June 2002

look at her children without the memory of this shameful event coming between them.

Then we began to ask ourselves many questions: What is the justice system doing about such crimes? Who commits these crimes? What does the Congolese community do to protect women living on their own? What does the church do to support the victims of rape? How big is the problem? What can be done to avoid an epidemic of sexually transmitted infections following the passage of armed forces? Who has the necessary medical qualifications to repair the vesico-vaginal or recto-vaginal tears caused by this torture?

The more we looked around us, the more we realised the horror of the situation of these raped women, hidden until now from the rest of the community. This awareness marked the beginning of a program of collaboration organised by Doctors on Call for Service, the Federation of Protestant Women and a large network of women's and Human Rights organisations gathered together by Mrs Masika Bihamba of Pole Institute.

Since the first funding arrived in March 2003 until mid December 2003, this is the number of victims of rape identified in the southern part of the province of Nord Kivu by these two programs:

	Guéris mon Peuple – Heal my People	Synergie des Femmes – Women's Synergy	Total **
Identified and benefiting from psychosocial support	1177	956	2133
Having received first aid after rape	455	486	941
Having asked for and received an HIV test	208	54	262
Having had surgery for VVF at DOCS	90	16	106

** It is possible that a woman can be registered in both programs.

From such a large number of victims, we can see certain common features in these different kinds of violence.

Most often, the crime is committed during an attack on a village by the "inciviques"- in our area we call them *interahamwe*; the core of this group is made up of militias responsible for the genocide in Rwanda in 1994. Hunted out of the refugee camps in the east of the Congo in November 1996, they fled into the forest towards the west, in particular in the territory of Masisi, and disaffected youth from the rural areas joined them. These *interahamwe* are hunted down by the Armed Forces of Rwanda and by the RCD army and they survive through

pillaging unprotected villages. During an attack, the men of the village are killed, the houses ransacked and burned, the foodstuffs taken, and the girls and women are raped. The age of the woman is of no consequence for these beasts. Among the victims at DOCS at the moment, the eldest is 83; her assailants bound her hands and legs to branches of trees; she does not know how many men raped her as she lost consciousness. She regained consciousness when pygmies came to untie her; she was already losing blood and urine. A vesico-vaginal fistula is often the result of gang rape; the woman may sometimes be tortured afterwards with a stick or a gun.

A second category of violence concerns young girls who have to carry the foodstuffs stolen from the village to the bandits' camp. This road ends for many in death; if the gang decides not to keep the girl as a slave, she is shot on the spot. These poor girls become the property of certain members of the group, those very same men who have just killed members of their family. M. has told us of the punishment for attempting to escape the camp where she was held prisoner, after the destruction of her village near Uvira by the Burundi forces. The savages brought the girl back to the camp and shot her in the knees and left her to die. The bandits would not accept that their slaves become pregnant, and provoked abortions with inhuman and dirty means. The few women we have received, after their escape from slavery, were in need of treatment for all STIs, and some are infected with HIV.

A third category is made up of the girls taken by the regular military personnel in the "safer" towns. Because of the lack of discipline in the military camps, the lack of food and of basic necessities, these young men are in the habit of grabbing everything they encounter on their path. Young girls coming back from the fields or from school, or the spring, or the market are the choice victims of these soldiers for their sexual satisfaction.

The fourth category is the victim of armed robbery. When the bandits, armed and often in military uniform, break into a house to ransack it, the wife or the daughters of the owner are often raped.

Fifthly, there is the classic rape, committed by a man who is incapable of self-control, on a woman he has coveted for some time. In these cases, it is often a local man, known by the woman, and sometimes a member of the family or the household.

The last category of attack is the rape of a small child by a cowardly and perverted man who thinks that the child will not be able to talk or bring him to justice. Sometimes that man is HIV positive, and he has heard the false rumour that sex with a virgin guarantees healing from AIDS. Of course it heals nothing, and it most certainly exposes the young girl to infection, as the lesions of the first sexual encounters are an open door for the virus. The youngest victim staying at

DOCS for surgical repair is only 3 years old, and her aggressor is a man over 20 years old.

The social framework of crime

Out of the two thousand recorded crimes of rape in our region, up to the date of writing, only two convictions have been obtained in Goma. In Bukavu, for the South Kivu region, there have been three, out of twice as many cases. Why are there so few convictions?

First of all, the majority of the crimes are committed by armed militias, in other words, unknown men in uniform, and no attempt is made to punish these people. It is difficult to identify the criminals as there are so many militias operating in the region: they all wear the same uniform, and the only distinguishing feature is their language. One is dealing therefore with soldiers who speak Swahili, and others who speak kinyarwanda, strangers in uniform, strangers brandishing firearms. But after the attack, they disappear, and no one tries to pursue them. M. tells us how the bandits frequently move their camp. These militia groups use sophisticated communication equipment, and their associates in the town of Bukavu tell them when a vehicle is leaving in the direction of Uvira, and what the cargo on that vehicle is. The regular forces dare not mount an offensive against the bandits: they are limited to protecting the biggest concentrations of civilian population.

A second cause of the rarity of convictions is the fact that justice is still the domain of men. Policemen, lawyers and barristers, officers of the judicial police, and judges are mostly men. And for many men in this region, rape is not a serious crime. The law does not provide for punishment for the rapist commensurate with the damage caused to the victim. Unfortunately, for many men, a woman's sexuality is the only thing which gives her any value in society. This crime affects her chastity, which is the foundation of her place in the household and of her role vis-à-vis her husband and her children. Traditional society dictates that her value is intimately linked to her sexuality, and in this way the assailants are able to conduct a very effective campaign to demoralise the whole of society. Their rapes are destructive acts which go far beyond murder.

The more visible this impunity, the more frequent are new cases of sexual violence. If it were only a phenomenon of war, new cases of aggression would become rare since the end of hostilities. But the reality is totally different. What is the message heard by the young men, both civilians and soldiers? They understand that rape is a trifle, the law courts cannot be bothered with it. In the case of a young 13 year old girl raped by a friend of her father's, the parents of the girl refused to report it to the police. In the context of the village it would be pure folly to come before the authorities in order to accuse a neighbour. In a case like this, compensation offered to the parents ends the matter; but for the girl, the suffering is not diminished by the payment of a fine, and her chances of

marrying have become almost nil; moreover, the community hears the message that rape is just a matter of paying a few goats.

The authorities do not give priority to this problem. In a well-known case in Goma, a man who was in “preventive custody” after the rape of a girl at the market, (a well- documented case), was released two days later; the case against him does not seem to progress at all in the courts. The widow from Kirotshe was seriously threatened when she came out of hospital, as the other rapists, friends of the leader who initiated the rape of the widow and who was in “preventive” custody, hunted her down in order to take their revenge over the fact that the law is now dealing with them. In this way, intimidation of the witnesses and victims is added to the inertia and hard heartedness of the prosecutors, should a woman wish to make a complaint.

Turning the crime of rape into a ‘pecadillo’ is a consequence of the attitude of the whole society towards women. So long as the woman is only considered for her sexual role, and so long as the judicial system is in the hands of men, the raped woman will not get justice. Under apartheid, what black man would have dared to report and make a complaint to a court of whites about acts of violence committed by a white on a black person? In the same way, which woman can expect the understanding of a court made up of men only? The fact is that the raped woman sees no point in making a complaint, that in fact she is frightened of doing so, witnessing the prejudice operating against women at all levels of Congolese society. Unfortunately, only the protests of foreigners, aid workers and expatriates defending human rights, gave rise to the many interventions of 2003. In fact, the authorities turned a deaf ear to the complaints of Mrs Masika Bihamba of Pole Institute (nicknamed Mama Violence), and of the local women’s organisations. There was no reaction at all until these complaints were taken up by international organisations.

Accelerating the response

DOCS action has two components: medical care and psychosocial support (counselling). The soldiers on the front line in this “war” are lay women counsellors, from faith-based communities of all denominations, working in the Masisi area and in Goma. In this environment where educated women are rare, the selection criteria are wisdom and compassion, discretion and the ability to read and write in Swahili. This work began in April 2003 in Masisi territory, and a few months later, a wide network of women counsellors covering the whole of the province of North Kivu, was organised by a consortium of women’s associations called the “Synergy of Women against Sexual Violence” (SFVS).

The role of the counsellors is to identify the women victims of violence and to give them moral and psychosocial support. They have had training based on the

text *Relation d'Aide face au SIDA*². Together with a 10 page supplement called *Mushituko*³ (*Trauma*), which deals with the specific problems relating to rape. To make the task of the counsellors easier, we have created follow up materials, to guide the process of support towards precise objectives. The same material is used by the supervisors for gathering data regarding the impact of the project.

The support of the community from administrators, pastors, priests or imams, is an important factor in the success of psychosocial support and counselling.

Counselling is a very delicate task, and the one-week training planned by the project is inadequate. We therefore insist principally on listening skills, thinking and reflecting, and on the importance of allowing the woman to find her own solutions to her problems. We insist on confidentiality, even when referring clients to the hospital or health centre.

The counsellors are trained to understand the physical consequences of rape, and which care is offered where in the health system. Each partner health centre in the programme has received the Guidelines on the care of STIs (sexually transmitted infections); the general referral hospitals (HGR) deal with complications of STIs; and at DOCS, we deal with the cases of serious tears and fistulas. Project funds pay for medical care, which is free to the victims of violence. Each woman can be tested for HIV, if she so desires.

The hospitals in the interior are beginning to get involved in caring for victims of violence. Professor Ahuka, a specialist surgeon at DOCS Learning Center, has taught and demonstrated care for simple fistulas to surgeons of the general hospitals of Mweso, Masisi, Kirotshe, Nyamilima and FEPSI Butembo. MSF Holland in Kitchanga gives PEP (Post Exposure Prophylaxis) against HIV free of charge to any woman victim of rape who comes to them within 72 hours of the aggression.

The project was evaluated after 6 months of operation, focusing on the quality of counselling from the subjective comments of the women, and observation of the counsellor working with her clients. The medical program is evaluated on the basis of the number of cases treated, their prognosis, and the subjective comments of the patient pre and post treatment.

The doctors involved in the project disseminate their knowledge to other projects through articles and papers published in scientific journals; and trainers in the psychosocial field are constantly called upon to help start up other projects. In this way, the impact of the project is multiplied far beyond what we foresaw or can know about today.

² *Dortzbach, K et al: Relation d'Aide face au SIDA, MAP International, 1994*

³ *Kabekaty M, Walire M, Chakupewa J. Mushituko – Doctors on Call for Service, 2003*

Lessons learned from this project

Surprises

We had completely underestimated the size of the problem. At the beginning of the project we doubted whether forty women counsellors could each identify fifteen women victims of violence. But the floodgates were opened. Over the next two years, as combat zones become progressively more secure, the number of victims needing medical and surgical assistance will increase.

We receive victims who were attacked sometimes ten years ago, and some victims who have been attacked that very day. The police and judiciary still do not intervene to apprehend the criminals, and the local community is frightened of protesting or complaining. Before the advent of the “Guéris mon peuple” (Heal my People) programme, no woman from a rural environment had had any psychosocial support after rape, and several women felt the need to hide the fact of the rape from their husbands, fearing they would be thrown out of their homes. It is very distressing to see that the community accepts rape with impunity, but what can we say about the fact that the woman who is the victim of rape can be thrown out her home by her husband and family?

Medical care

Since the war began, medical care in the rural areas has been almost non-existent. After an attack on a village, the survivors flee to the forest to hide, and the entire infrastructure in the village, including the medical centre, is ransacked and destroyed. There is no longer any first aid service. Women tell us that they treated themselves with traditional herbs and leaves. In these conditions, the STIs transmitted to them by their aggressors settle in and become chronic. When we understood the size of the problem of STIs, we had to modify our approach to medical care to ensure STI treatment to all victims in primary care centres.

In the course of a gang rape, several women have told us that they lost consciousness. They wake up finding themselves on their own, with urine and sometimes faeces flowing endlessly from the vagina. Torture with a hard object tears the delicate walls of the vagina. Young girls who have never given birth have fistulas, an old woman of 78 finds herself with a fistula. The life of a woman with a fistula is unbearable: such women are excluded from society because of their bad odour. Surgeons have an extremely difficult problem: out of the first 51 cases repaired at DOCS, only 25 were solved by only one surgery. After surgery, convalescence lasts for 90 days, without sexual relations, without heavy work; the women must therefore stay in the vicinity of the hospital and cannot go back to the village for several months.

Fistulas can also be caused by difficult deliveries, and in the areas destroyed by war, maternity services no longer exist. Immature young girls are sometimes

pregnant following the rape and have a difficult delivery or give birth by caesarean section. What are we to do then with these children, whose father is the assassin of the parents and friends of the village? Our counsellors also try to help the mother's community to accept these innocent children.

This project would not be possible without the involvement of World Food Program, which supplies basic foodstuffs for patients during their entire stay at DOCS. International Rescue Committee, UNICEF, Christoffel Blindenmission and DDC Switzerland support various aspects of this work. But how do we occupy one hundred women for four to eight months, all piled up in two big UNICEF tents? Boredom sets in, and the only pass-time is squabbles. To make their time of inactivity profitable to them, some volunteers from Rotaract have started reading and writing lessons: nine out of ten women coming to us from Masisi are illiterate. We have also started classes for sewing, embroidery, knitting and mat and basket making. Spiritual and psychological support continues, encouraging mutual support among the women themselves, where the older patients assist the newer victims.

Confidentiality is very important in such a program, but this is often badly understood at all levels. Results from laboratories are sometimes sent out without an envelope; journalists sometimes try to sneak into the hospital. Publicity can help in the fight against impunity, but this type of journalism often feeds an unhealthy curiosity, and the language used to describe these women increases their humiliation.

The strengths and weaknesses of the project

As a pioneer in this field in the North Kivu area, "Guéris mon Peuple" has been able to give direction to other actions which are gathering momentum. Medically, the project is a success thanks to the technical competence of the surgeon and the gynaecologist, who share their expertise freely with their colleagues. Our partners from the Fédération des Femmes Protestantes (the Federation of Protestant Women) have developed their expertise in counselling, and respond to requests for training all over the east of the Congo. La Synergie des Femmes led by Mrs Bihamba Masika, adds to the medical program by pleading the cause of women in the courts and coordinates all the local involvement in the whole of the province of North Kivu. The data found in the follow up notes of the patients are computerised, and constitute a unique and important databank on sexual violence.

Communal support and involvement are a key to success at the community level, as the counsellors are chosen and supported by their faith-based communities, although they work for all victims of violence, without any distinction. This support has enabled the local population to bring into the light a problem hitherto hidden as shameful. The faith-based communities have reacted with compassion, shown through gifts of food and clothing and sharing in the cost of transport.

But there are weaknesses. Our counsellors are not professionals: they are sometimes torn emotionally by the horrors they must listen to all the time, day after day. They find themselves overwhelmed by the complexity of the problems: in particular they feel helpless before the woman who finds herself HIV positive after rape.

In Masisi Centre, Kitchanga and Sake, the counsellors have identified groups of orphaned girls: their parents have been killed, they themselves have been raped; they live at the moment as a group in conditions of total destitution, and they have become the village prostitutes. They beg the counsellors to move them, to free them from this sexual slavery, in order to live a normal life. We have not been able to answer their prayers so far.

First aid is given at the moment in some very remote health centres. We have not been able to visit them and we cannot guarantee the quality of the care given there.

Fistulas caused by violence are relatively few compared to those caused by difficult deliveries in the forest. The lack of maternity services is the primary cause of vesico- or recto-vaginal fistulas, and until now, nothing has been done about the cause or the consequences.

After healing, the reintegration of these women in their original environment poses a problem. The FAO gives them seeds and a hoe, and they leave with a little food. Many of them, however, fear going back: their village is destroyed, their family is smaller and dispersed, and the region is still unsafe.

Finally, the project acts like a crazy housekeeper, frantically trying, cloth and bucket in hand, to mop up the water flowing onto the floor, not thinking to turn off the tap. If the problem were a question of war, we could hope to see the end of the traumas one day, but new cases come to us every day. Our program is weak in advocacy. For example, in September, the medical personnel of DOCS was asked to produce a medical report on a Goma university student, taken by three local military officers, and ferociously raped and tortured. She wanted to go to court. Our medical personnel was threatened because of that report, and felt they were in danger; and the case has still not come to court. Victims staying at the hospital have been pursued right into the wards by soldiers who wanted to do them more harm. Ending impunity is the only way to turn off the tap.

CONCLUSION

This assessment of the situation in the region around Goma and of our local efforts to respond, leads us to propose the following urgent actions by the authorities:

1. It is necessary and urgent that an exemplary conviction should be obtained for a rapist, and the conviction should be publicised using all the means at our disposal. The message that society has decided to apply the law rigorously will filter through to the other criminals.
2. The sentences written into the law are not sufficiently severe, when one thinks of the cruelty of the crimes committed. The law must be changed. Sentences for gang rapes, for rape associated with torture and the rape of minors must be differentiated from the rape we knew before the war. We propose that certain women victims of such crimes testify in front of the parliament. According to the surgeon Professor Ahuka, they must go before they can benefit from healing surgery, so the senators and deputies realise the horror of the life these victims of violence have had to endure since the aggression.
3. Rape must be a crime prosecuted by society and not by the victims of rape or their close relatives. It is wrong to wait for the father of a girl to lodge a complaint on her behalf. Society should not allow tutors or parents to choose whether to lodge a complaint or not, just because the aggressor is a friend or a member of the family, nor to accept payment in place of justice.
4. The justice system must be impartial. Women should be reassured that their case will be judged by women magistrates, who will take them seriously and listen impartially. The witnesses and the victims will need protection against the accused and their friends or associates.
5. Congolese society must not ignore complaints made against unknown persons. We suggest the creation of a mobile tribunal, going through the areas recently made safe to register all complaints, to judge, to gather all testimonies and publicly and locally condemn all aggressors, even if these are unknown persons. These acts will have to be recognised and acknowledged as crimes of war, which will be prosecuted without moratorium.

Up to this day, these wounds in our society have been treated superficially. The rottenness stays enclosed in the wound which cannot heal. A dirty wound should never be closed. Let Congolese society agree on the need to open up this wound and clean it, and let us all pray for deep healing from God in these damaged lives.

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II. RESEARCH ON GENDER-BASED VIOLENCE FOR MORE EFFECTIVE ACTION

0. Context and content of the problem

The context of war and the absence of the State which has characterised Congo for many long years brought in its train all sorts of violence of which the main victims are the civilian population. In fact, since the 90s, the country has been going through crisis after crisis, going from politically motivated inter-ethnic conflicts played out against a backdrop of economic frustration, to two successive wars (1996 and 1998) which has plunged the country and its inhabitants into an indescribable situation. The Democratic Republic of Congo is the home for numerous congregations of the internally displaced, those people who find themselves in the contradictory situation of being a refugee within his own country; the whole socio-economic system is in a state of melt-down, the imperatives of territorial boundaries for the different war lords have pushed them to large-scale and blind recruitment of fighters, without considering age or moral integrity, and even less the educational level of the conscripts. These hordes of armed men in all the warring factions, badly trained, poorly led and never paid, have thus taken control of the country, paying themselves as they please by exactions against defenceless peasants, kidnapping them into slavery, or simply killing them, and even at times eating them. But a new phenomenon in this savage war is the rape of women who have been systematically targeted as victims of armed men, but also of civilians in this region where impunity has become the rule, and where, a further paradox, the victim is ridiculed and the rapist is glorified. This phenomenon of rape has attracted the attention of the international community, particularly human rights organisations who have mobilised to monitor the situation and to plan action against what has rightly been called a war within the Congolese war. It has become evident that all these cases of rape could not be explained by physiological impulses to satisfy the sexual instinct, but they occurred in situations where the rape itself was a weapon of destruction of the victim and her close family, who were often forced to watch the humiliating shame. As was the case in the Rwandan genocide of 1994, the objective was to degrade the other person, to turn a person into a thing, before destroying it completely, because some rapes ended in murder. This has become a very serious matter and urgent action was required.

1. A money making concept

'Gender-based violence against women' has suddenly become not only headline news, but also the concern of many international non-governmental organisations. This interest in the subject has not escaped the attention of members of the civil society who have assisted or consulted for the international actors. To be fair, the immensity and complexity of the task does require bringing together the maximum in effort and energy. But what is sad to see is that this general mobilisation is often limited to reports and workshops, to such

an extent that we have the right to ask how the raped woman benefits from any of this. Because she is the person who should be at the centre of the action, and the income generated, in the end, should result in support for this woman to regain her position in society and to reaffirm her personal dignity.

2. Pole Institute and gender-based violence

So what interest does our research institute have in approaching this issue which requires far more expertise and competence than we would claim to have?

The involvement of our Institute in the fight against gender-based violence fits perfectly into our programme with its section on 'Observation of social and economic consequences', which mandates us to conduct research and analysis on direct and indirect consequences of the crises and conflicts we are experiencing on civilian populations, in order to be advocates of their cause. This can go from the issue of exploitation of the natural resources of our country, to the effects of the volcanic eruption on family economies. But our action is limited to our original mandate, the support of initiatives and synergies, and action research. Thus, Pole Institute's involvement aims first to do research on the ground to take an accurate measure of this phenomenon in North Kivu, and to reflect on the best way to support the victim. The next step is to identify partners in civil society who share the same concerns in order to work in synergy, and mutual reinforcement, with each partner doing what it does best. In order to delimit the question and better articulate the dynamics, Pole Institute began with research to collect data on sexual violence in North Kivu. This study was entrusted to two women, Justine Masika, a member of Pole Institute, and Sylvie Maunga, a lawyer now working for Life and Peace Institute (Institut Vie et Paix) in Bukavu.

The results of this research commissioned by Pole Institute attracted the attention of certain local and international organisations. In particular, DOCS Goma (Doctors on Call for Service) used this research to launch a program of medical assistance for victims of rape, in collaboration with IRC, and organised training in psychosocial support, in collaboration with the Federation of Protestant Women.

In February 2003, on the basis of the results of this research, 35 women's organisations banded together in synergy, to place the victims of rape at the centre of their concerns. That was the birth, under our sponsorship, of the Synergy of Women against Sexual Violence (SFVS), operational since February 2003, and active on the ground since May, after a period of monitoring. The Synergy supports victims of sexual violence in three areas: medical treatment, psychosocial and legal support. The results at 20th November were very encouraging in terms of support of victims:

Medical treatment:

945 victims received medical treatment

83 surgeries for repair of fistulae

658 treated for sexually transmitted diseases

347 tests of HIV AIDS

Psychosocial support:
30 women supported for social reintegration

Legal support:
2 cases before the courts
6 cases under investigation
1 case at the military tribunal

(Source: Evaluation of 20th November 2003)

3. Hindrances

3.1. Economics: the lack of resources and infrastructure

Partners from Butembo shared their experience of self-financing their activities, but they are hampered by the current context of destabilisation in the region, by the lack of viable infrastructure (which goes for the whole of Congo), and particularly the war in Ituri. They are faced with the massive displacement of vulnerable populations from this region. The agents of SFVS on the ground are in need of means of communication and transport, and have to cover long distances in unsafe conditions. As for the medical institutions, they do not always have the necessary medicines and supplies to respond adequately to the victims they receive. The absence of these essential components could damage the process which started well; despite their commitment and their investment in the program, the members of the Synergy cannot meet these needs from their own resources alone.

3.2. Culture: the victim is always in the wrong

Rape is the most serious degradation, felt most deeply by the woman, and the rapists know this. This means that in many cases, the raped woman will be careful not to expose this act if she thinks that she can keep it secret. As we mentioned before, the social consequences from this ignoble act will also fall upon her; the victim becomes the criminal and the criminal walks away scot-free with his head held high! This shame which paralyses women who could speak out makes it difficult to identify those women who are wounded in their body and their personality. Committed members of the Synergy, aware that they cannot change centuries old customs overnight express this wish, that there will be changes in our society that will heap shame on the rapist, and that will untie the tongues of raped women.

3.3. Politics: impunity

In a country where the administration of justice and the judicial system are gangrenous with corruption, where might is right, rapists and other crooks are in

their element. The advocacy agents are the most often face to face with this difficulty. Rapists are often men who, because of their position and the power of their arms (kalachnikov), feel they are above the law. Despite this, members of Synergy are determined to overcome the fear that paralyses, to have the courage to stand up to injustice and unjust men. Synergy has been told of acts of courage which have changed unacceptable behaviour, like the demonstration of women who marched in Butembo, and caused the arrest of leaders of RCD-K-ML who had made women walk naked through the streets, under the pretext that they had sheltered thieves. The concerted reaction of the population to injustice is the only way to make the other side afraid.

4. In conclusion

The work of the Synergy is obviously strewn with pitfalls, but it is exciting, and most of all profitable for women victims of sexual aggression. Its greatest success remains without any doubt to have become aware of the duty to assist victims of violence, and having done all, the satisfaction of disinterested action, voluntarism and self-sacrifice, on behalf of another human being. If only for that, this action must continue.

Onesphore Sematumba

III. SEXUAL VIOLENCE, A PLAGUE THAT UNDERMINES DEVELOPMENT AND REPRODUCTIVE HEALTH

Since we have been working with women victims of sexual violence, we have observed the devastating consequences on the reproductive health of these women. The physical and sexual violence done to the women we have treated at Misinga I and Misinga II have put us on the track of health problems that are more difficult to resolve, at the same time as the social and health indicators give greater cause for concern. This is the case for unwanted pregnancies, STIs and HIV infection, and the complications of pregnancy.

In the course of our enquiries and while giving medical treatment, we have observed that violence against women frequently happens within the family setting. And abuse increases where there is tension in the family or frequent conjugal discord.

1. The consequences of sexual violence

Medical follow-up has allowed us to observe that sexual violence causes:

- Behavioural and emotional damage
- Depression
- Low self-esteem
- Post traumatic stress
- Risky sexual relations
- Unwanted pregnancy, which sometimes involves abortion and in certain cases infanticide.

Sexually transmitted infections have increased mortality with

- Neo-natal mortality
- Difficult pregnancies and forced abortions.

Through our work, we have come to realise how sexual violence negates any prevention work against HIV. These forced relations do not allow for the negotiation of the use of a condom.

Some women have told us that after sexual violence they have nothing to lose, so they have indulged in high risk sexual behaviour.

Where children are concerned, parents have told us that their children have begun to behave in ways that expose them to the risk of unwanted pregnancy or even infections.

Other women have had gynaecological problems. During medical treatment for victims of rape, we have seen numerous gynaecological problems that weaken their constitution. Some have chronic pelvic pain. In others, especially those kidnapped and dragged away into the forest by armed gangs, we have seen signs of mental disorders: these women and girl have psychological problems. Because of this unhappy experience, they have lost their self-esteem, and this leads to mental problems. In fact, some of them have told us they want to kill themselves.

We see too that sexual violence committed against the mother has also undermined the well-being of the children in thousands of homes in North Kivu. During interviews and medical treatment, we have observed the repercussions on the children of the conflict between their parents. Often the children who witnessed the rape of their mother have emotional problems and behavioural disorders, such as anxiety, depression, poor performance in school, low self-esteem, and aggressive behaviour ...

Concerning children who have suffered rape and gender-based violence, we have noted the following

Concerning physical health:

- Physical lesions
- Physical symptoms
- Poor general health

Concerning mental health:

- Post-traumatic stress
- Depression
- Phobias
- Anxiety
- Panic
- Sexual dysfunction
- Low self-esteem

Concerning reproductive health:

- Early unwanted pregnancy
- HIV-AIDS
- Gynaecological disorders
- Dangerous abortions
- Miscarriage
- Malformation of the foetus
- Acute salpingitis

All these problems cause chronic pathologies such as

Chronic pain syndromes

Irritable digestion syndromes

Gastro-intestinal disorders

Somatic complaints

Fybromyalgia.

Our response as health workers is to give appropriate care to the victim; then we ask questions about the gender-based violence to evaluate any immediate danger. We make out a file about the condition of the victims, using standard forms brought to us by the counsellors.

2. Social repercussions of sexual violence

The negative consequences of sexual violence against women go beyond the sexual and reproductive health of the women. They affect their total health, the well-being of their children, and the economic and social fabric of the nation.

Their energy is sapped, their self-esteem is undermined, their health is compromised; women find it hard to participate wholeheartedly in projects for the social and economic development of their country.

Concerning the economy, since the appearance of the scourge of gender-based violence in North Kivu, the productive activity of women has greatly diminished. The fear of rape has led to malnutrition in many families, since the woman no longer dares to go out to the field or the market for supplies.

Concerning culture, gender-based violence against women has caused considerable disturbances in the province and even in the country. A campaign for a change in attitude must be set up within the Synergy and beyond ... To fight against rapes and violence against women, the Synergy must design a coordinated strategy touching many sectors of Congolese society at the community level and at the national level. Concerning medical action, a commission should be set up to analyse reproductive health problems. The mandate of this commission would be to raise awareness of the issue of rape and the repercussions of violence on the health and daily life of the population.

3. Communication strategies to combat gender-based violence against women

When we think about this problem within the League for Congolese Solidarity, we propose that the Synergy should:

- Organise workshops and campaigns to denounce sexual violence
- Integrate into awareness campaigns sketches dealing with sexual violence, using street theatre, alternative media, and public education campaigns.
- Use television and radio broadcasts especially with social theatre presentations to encourage reproductive health
- Make known to the whole community the long term consequences of sexual violence on women.
- Alert the World Health Organisation about the prevalence and epidemiology of rape and sexual violence
- Give a solid sex education which includes exercises to examine norms for behaviour of both sexes, the differences in the behavioural norms for men and women, role play showing how to resist pressure for undesirable sexual behaviour.
- Allow boys and girls, in school and in vocational training centres, to discuss human relations and gender-based violence.

Everyone should contribute to rooting out this evil which is attacking the very foundations of our society.

Counsellors of the medical program of SFVS

Goma

February 2004

V. GENDER-BASED VIOLENCE IN THE EAST OF CONGO IN WARTIME: FEATURES AND MEDICAL CONSEQUENCES

1. Introduction

Rape, one of the most extreme forms of sexual violence, occurs in every society and every region. It is a worldwide problem.¹ Refugees and displaced people are particularly exposed to this sort of human rights violation. More and more, it is seen in conflict zones.² Congolese women in general and those of North Kivu in particular are, repeatedly, victims of sexual violence. Custom, practice and even the Congolese family law, consider women and girls as subordinate beings. Apart from the flagrant discrimination attached to gender, violent crimes against women and girls are resolved outside the law courts. The fight against gender-based violence is one of the components, but not the priority, of the national policy on reproductive health. But nothing has yet been done within this framework.

The outbreak of interethnic conflicts in North Kivu in 1993, the genocide in Rwanda in 1994 and the so-called war of liberation in the DRC in 1996, increased the scale of violence against women in the east of the DRC. Since then, vast rural zones are uncontrolled, dominated by men bearing arms, and countless autonomous armed gangs who commit atrocities against people and their property. Each group can at any moment launch reprisal campaigns against residents of rural areas, including the most savage and degrading acts of sexual violence, if they are suspected of collaborating with the enemy. Among these groups, we can name the *interahamwe*, the Rwandan Liberation Army (ALIR 1 and ALIR 2), the Front for the Defence of Democracy in Burundi (FDD), the National Liberation Front (FNL), the (more or less) regular armies of the different official factions, and the Mai Mai. This last group is made up of Congolese who oppose the presence of foreign forces on their soil, but they have no central command, and no unified rules of operation. Over time, some Mai Mai, in the name of the defence of their communities, have chosen to enrich themselves and increase their own power. They have become opportunist predators, killing, raping and looting goods belonging to local civilians.

Humanitarian organizations and local observers have reported an increase in sexual violence over the last two years (3, 4, 5), but little is known about the nature and the intensity of these acts. The present article aims to describe the characteristics of sexual violence perpetrated against women and girls in the east of Congo, and highlight the medical and psychological consequences.

2. Materials and methods

This study was carried out on the women received in the Reproductive Health service of DOCS (Doctors on Call for Service) Learning Centre in Goma, following a sexual aggression or sexually motivated aggression, within a

programme called 'Heal My People', which began in May 2003. This programme has a psychosocial programme undertaken by the Federation of Protestant Women, and a medical programme undertaken by the Reproductive Health service at DOCS. This programme financed by USAID through IRC was carried out in Goma, in the Zones of Mweso, Kirotshe and Masisi, all in the territory of Masisi over a period of six months.

From 1st May to 31st July 2003, a period of three months, 100 women who make up the population of this study, were referred to DOCS for medical treatment by the psychosocial counsellors working in the programme. Thirty six of them live in Goma and 64 come from health zones in the interior. Data was collected according to a protocol which noted the following elements, collected during a preliminary interview, followed by a medical evaluation:

Concerning the victim:

- Age
- Place of residence or origin,
- Married, single, widowed, divorced
- Number of children
- Educational level
- Circumstances and type of aggression
- Medical and psychological evaluation
- Screening for STI, HIV by ELISA testing, VDRL for syphilis and if necessary direct examination of vaginal secretions.

Concerning the aggressor(s)

- Identity or category of aggressors
- Number of aggressors in the gang

For statistical analysis of these data, we used the χ^2 or the Likelihood ratio test. The threshold of significance is 0.05.

3. Results

3.1. General and obstetrical characteristics of the victims

Table No. 1: General characteristics and parity

Age (years)	Total	Urban areas	Rural areas	P
≤ 10	6 (6%)	6 (16, 7%)	0 (0, 00%)	
11 – 20	23 (23%)	13 (36, 6%)	10 (15, 6%)	
21 – 30	35 (35%)	11 (30, 6%)	24 (37, 5%)	0,00 (1S)
31 – 40	15 (15%)	5 (13, 9%)	10 (15, 6%)	
41 – 50	5 (5%)	1 (2, 8%)	4 (6, 3%)	
> 50	4 (4%)	0 (0, 00%)	4 (6, 3%)	
Marital status				

Single	37 (37%)	23 (63, 9%)	14 (21, 9%)	
Married	27 (27%)	6 (16, 7%)	21 (32, 8%)	
Divorced	3 (3%)	0 (0, 00%)	3 (4, 7%)	0,000 (TS)
Separated	12 (12%)	4 (11, 1%)	8 (12, 5%)	
Widowed	21 (21%)	3 (8, 3%)	18 (28,1)	
Educational level	Total	Urban areas	Rural areas	P
Illiterate	53(53%)	14 (38, 9%)	39 (60, 9%)	
Primary school	27(27%)	12 (33, 3%)	15 (23, 4%)	
Secondary school	19(19%)	9 (25, 0%)	10 (15, 6%)	0,12 (NS)
Higher education	1(1%)	1(2, 8%)	0(0, 00%)	
Parity				
Nullipare	25(25%)	19 (52, 8%)	6 (9, 4%)	
Primipare	37(37%)	12 (33, 3%)	25 (39, 1%)	O,003(TS)
Multipare	27(27%)	3 (8, 3%)	24 (37, 5%)	
Multipare ++	11(11%)	2 (5, 6%)	9 (14, 1%)	

All the girl victims, two of whom were only three years old, were among the urban victims in the study. Moreover, the proportion of adolescent victims is higher in town (36.6% to 15.6%) than in the rural areas, where adults and older people are the majority. In the rural areas also we find victims who are over 50 years of age, and two aged over 70.

Victims in the urban areas are mostly single (69.3% to 21.9%), without children for more than half the group, whereas those in rural areas are either married (52.8% to 32.8%), widowed (28.1% to 8.3%) or divorced or separated (17.2%) and for the most part they are mothers.

However, the level of education is low for the two groups, though most of the rural group have not gone beyond primary school.

3.2. Characteristics of the rape

Table No II: Type of aggression and direct or intermediate consequences

Type of Penetration	Total	Urban areas	Rural areas
Vaginal	98(98%)	36 (100%)	62 (96,9%)
Foreign body	3(3%)	0(0.00%)	3 (4, 6%)
Fondling	4(4%)	2 (5, 6%)	2 (3, 1%)

Sodomy	1(1%)	0(0.00%)	1 (1,6%
Other abuse			
Blows	22(19%)	4 (10%)	18 (22, 8%)
Knives	1(0, 9%)	1 (2, 7%)	0 (0, 00%)
Tied up and/or strangled	4(3, 4%)	1 (2, 7%)	3 (3, 8%)
Murder of husband or close family	15(12, 9%)	5 (13, 5%)	10 (12, 7%)
Looting, expropriation	8(6, 9%)	0(0.00%)	8 (10, 1%)
Arson	2(1, 7%)	0(0.00%)	2 (2, 5%)
Other humiliations	4(3, 4%)	0(0.00%)	4 (5, 1%)
None	60(51, 7%)	26 (70, 3%)	34 (43, 0%)

Rape during pregnancy or after delivery	Total	Urban areas	Rural areas
Pregnant woman	16(16%)	2 (5, 6%)	14 (21, 9%)
Mother immediately after delivery	5(5%)	0 (0, 0%)	5 (7, 8%)
Effects (direct or immediate consequences)			
Loss of consciousness (Fainting)	21(18, 8%)	4 (10, 5%)	17 (23, 0%)
Pregnancy as a result of rape	10(8, 9%)	5 (13, 2%)	5 (6, 8%)
Loss of a pregnancy	12(10, 7%)	1 (2, 6%)	11 (14, 9%)
Feco-urinary incontinence	12(10,7%)	1 (2,6%)	11 (14, 9%)
Bed ridden (incapable of standing)	3(2,7%)	0(0.00%)	3 (4,1%)
Haemorrhage /Haematuria	2(1,8%)	1 (2,6%)	1 (1,4%)
No consequences	52(46,4%)	26 (68,4%)	26 (35,1%)

Almost all the victims were forced to have vaginal sexual relations (98%). But three cases of penetration of genital organs with a stick and one case of sodomy were reported in rural areas.

In addition to sexual acts, other violent and barbaric abuse was inflicted on the victims. These acts were more often reported by victims from rural areas than from urban areas: beatings (22.8%) even tying the woman's legs to trees; beating, kidnapping or murdering the husband or other members of the family during the attack 10 cases (12.7%) compared to 5 (13.5%) as well as systematic

looting: 8 case compared to 0; and arson 2 cases to 0. One case of kidnapping a 2 month old baby was reported. Victims from rural areas reported many other humiliating acts that they were reluctant to describe (being forced to parade naked).

Cases of rape of pregnant women (21.9% compared to 5.6%) or women who had recently delivered vaginally or by C-section (7.8% vs 0) were reported by women coming from the interior. Most of the victims coming from the interior (65%) and a large proportion of those resident in Goma (32%) reported direct or immediate effects from the rape: fainting (23% v 10,5%), miscarriage (14.9% vs 2.6%), urinary or fecal incontinence, and inability to stand after rape (4.1% vs 0). But cases of pregnancy after rape are more frequent in the urban area (13.2% vs 6.8%).

3.3 Time and circumstances of the rape

Table No III: Time, circumstances and location of the aggression

Time of day	Total	Urban areas	Rural areas	P
Morning	60 (60%)	20 (55.6%)	40 (62.5%)	
Afternoon	16 (16%)	6 (16.7%)	10 (15.6%)	
Night	24 (24%)	10 (27.8%)	14 (21.6%)	
Circumstances				
At home	21 (21%)	6 (8,3%)	15 (23.4%)	
In the field	35 (35%)	4 (11.1%)	31 (48.5%)	
Travelling on the road in the interior	13 (13%)	9 (25%)	4 (6.3%)	
Fleeing the war	16 (16%)	3 (8.3%)	13 (20.3%)	
On the road or isolated place alone	8 (8%)	8 (20.5%)	0 (0%)	
While playing with other children	6 (6%)	6 (16.7%)	0 (0%)	

Sexual aggression seems to happen mostly in the morning, but also during the night. In town as in the rural area, victims can be taken by surprise in their homes. In the rural area in particular, victims are taken by surprise while working in their fields (48.4% vs 11%) or while fleeing the war (20.3% vs 8.3%). Those who live in the town are most often caught while travelling in the interior (25% vs 6.3%), on the street (20.5% vs 0%) or while children are playing (16.7% vs 0%).

3.4 Captivity (taken as a hostage or a sexual slave)

Three victims from Goma and eight from the rural areas were kept for a long time in captivity in the bush. The reported durations of captivity were: 1 day, 2 days, 3

days, 2 weeks, 1 month, 2 months, 7 months, 8 months, 1 year and 6 years. the last case, the victim was captured when she was 12 years old, before puberty, and she escaped when she was 18 years old, already a mother of two children.

3.5 Behaviour after the rape

Table No IV: Behaviour of victims after the rape

First action after the rape	Total	Urban areas	Rural areas	P
Traditional medicine	7 (7%)	3 (8.3%)	4 (6.3%)	
Medical care	26 (26%)	5 (13,9%)	21 (32.8%)	
Accusation before the law	9 (9%)	8 (22.2%)	1 (1.6%)	
None	58 (58%)	20 (55,6%)	38 (59.4%)	0.00025
Informed about the crime				
Yes	83 (83%)	31 (86.1%)	52 (81.3%)	
No	17(1%)	5 (13.9%)	12 (18.8%)	
Immediately				
Later				
Talked to -				
Parent or guardian	21 (21%)	16 (58,3%)	5 (7.8%)	
Family member	41 (41%)	13 (36.1%)	28 (43.8%)	0.53
Neighbour	24 (24%)	4 (11,1%)	8 (12.5%)	
Spouse	9 (9%)	1 (2.8%)	8 (12.5%)	
Delay before medical treatment				
0 – 3 days	9 (9%)	8 (22.8%)	1 (1.6%)	
4 – 7 days	3 (3%)	2 (5.6%)	1 (1.6%)	0,00024
8 – 30 days	7 (8%)	4 (11.1%)	3 (4.7%)	(TS)
1 – 3 months	10 (10%)	5 (13.9%)	5 (7.8%)	
4 – 6 months	17 (17%)	5 (13.9%)	12 (18.8%)	
7 – 12 months	29 (29%)	11 (30.6%)	18 (28.1%)	
More than one year	25 (25%)	1 (2.8%)	24 (37.5%)	

More than half the victims in both groups did nothing after the rape. Even so, we see that more victims sought medical treatment (32.8% vs 13.9%) in the rural

areas and more victims sought judicial assistance (22.2% vs 1.6%) in the urban areas.

If the majority of victims reveal the fact of the rape in both groups, appropriate medical treatment was obtained significantly later for victims in the rural areas.

In urban areas, parents are the first to learn about the rape (44.4% vs 6.3%), and family members (36.1%), whereas family members and community members or neighbours (31.3% vs 11.1%) are the first confidants in rural areas.

3.6 Characteristics of the aggressors

Table No V: Number and type of aggressors

Number of attackers	Total	Urban areas	Rural areas	P
1	17 (17%)	16 (44.4%)	1 (1.6%)	
2	6 (6%)	3 (8.3%)	3 (4.7%)	
3	12 (12%)	5 (13.9%)	7 (10.9%)	
4	16 (16%)	2 (5.8%)	11 (17.2%)	
5	7 (7%)	0 (0%)	7 (10.9%)	0.00007
6	9 (9%)	3 (8.3%)	6 (9.4%)	
7	1 (1%)	0 (0%)	1 (1.6%)	
8	3 (3%)	1 (2.8%)	2 (3.1%)	
9	1 (1%)	1 (2.8%)	0 (0%)	
10	10 (10%)	0 (0%)	1 (1.6%)	
14	1 (1%)	0 (0%)	1 (1.6%)	
15	1 (1%)	0 (0%)	1 (1.6%)	
Many	28 (28%)	5 (13.9%)	23 (35.9%)	
Number of rapists				
1	20(20%)	17 (47,2%)	3 (4,7%)	
2	11(11%)	5 (13,9%)	6 (9,4%)	
3	11(11%)	5 (13,9%)	6 (9,4%)	
4	15(15%)	2 (5,6%)	13 (20,3%)	0,00014
5	8(8%)	(0,00%)	8 (12,5%)	
6	9(9%)	3 (8,3%)	6 (9,4%)	
7	1(1%)	0(0,00%)	1 (1,6%)	
8	2(2%)	0(0,00%)	2 (3,1%)	
Many	16(16%)	4 (11,8%)	14 (21,9%)	
Identity of aggressors and rapists				
Unknown armed men	83 (83%)	21 (58,3%)	62 (96,9%)	
Unarmed identified men	12 (12%)	11 (30,6%)	1 (1,6%)	0,000

Unarmed unknown men	5 (5%)	4 (11,4%)	1 (1,6%)	
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This table shows that in the rural area more than the urban area, aggressors come in a group and commit collective or serial rape. In the rural area, in almost all cases (96.9% vs 58.3%), the rapists belong to armed bands, whereas in the urban areas, a large proportion of rapists are unarmed strangers (30.6% vs 1.6%) or acquaintances of the victim (11.4% vs 1.6%).

3.7 Medical consequences

Table No. VI: Physical examination and HIV STI screening

Physical condition at examination	Total	Urban areas	Rural areas
Physical trauma	11(11%)	6 (16,7%)	5 (7,8%)
Vaginal constriction	4(4%)	1 (2,8%)	3 (4,7%)
Lower genital infection	15(15%)	6 (16,7%)	6 (9,4%)
PID	23(23%)	10 (27,8)	13 (20,3%)
Defloration	13(13%)	13 (36,1%)	0(0,00%)
HIV	5(5%)	3 (8,3%)	2 (3,1%)
Pregnancy post rape	5(5%)	3 (8,3%)	2 (3,1%)
Fistula post rape	17(17%)	2 (5,6%)	15 (23,4%)
Fistula of other origin	17(17%)	0(0,0%)	17 (26,6%)
Other problems	4(4%)	1 (2,8%)	3 (4,7%)
STI			
HIV+	12(12%)	4 (11,1%)	8 (12,5%)
Syphilis	2(2%)	1 (2,8%)	1 (1,6%)
Trichomonas vaginalis	6(6%)	5 (13,9%)	1 (1,6%)

PID = Pelvic inflammatory disease

Different medical complications have been observed of which the most frequent are: STIs (average prevalence of 38%), post-rape fistulae which are significantly more frequent among rural victims (23.4% vs 5.6%) and HIV AIDS infection (average seroprevalence of 12%). The HIV rate is almost the same in both groups. It is important to note the high frequency of defloration in Goma (36% vs 0%) and the number of pregnancies consequent upon rape in both groups.

3.8 Emotional consequences

Table No VII: Psychological status and psychosomatic symptoms

Psychological status	Total	Urban areas	Rural areas	P
Fear	7 (7%)	2 (5.6%)	5 (7.9%)	

Anger	10 (10%)	3 (8.3%)	7 (11.1%)	
Disappointment	7 (7%)	1 (2.8%)	6 (9.5%)	
Sadness	72 (72%)	28 (77.89%)	44 (69.8%)	
Passivity	17 (17%)	7 (9%)	10 (15.9%)	
Psychosomatic symptoms				
Abdominal colic	7 (7%)	4 (5.1%)	3 (2.8%)	
Asthenia	5 (5%)	3 (8.3%)	2 (1.9%)	
Anorexia	3 (3%)	2 (5.6%)	1 (0.9%)	
Insomnia	2 (2%)	1 (2.8%)	1 (0.9%)	
Palpitations	5 (5%)	3 (8.3%)	2 (1.9%)	
Epigastric pain	4 (4%)	1 (2.8%)	3 (2.8%)	
Chronic headaches	10 (10%)	7 (9%)	3 (2.8%)	
Vertigo	3 (3%)	2 (5.6%)	1 (0.9%)	
Vomiting	2 (2%)	2 (5.6%)	0 (0%)	
Dyspnoea	1 (1%)	1 (2.8%)	0 (0%)	

There is a marked emotional reaction manifest in most victims (72%) by sadness to different degrees. A certain number of victims want revenge (10%), some are passive and some forgive their abusers.

IV Comments

4.1 The size of the problem

The magnitude of the problem of sexual violence is difficult to determine. Even in peace time, gender-based violence is not spoken of. The World Bank thinks that in peace time, less than 10% of all cases of sexual violence are reported. The factors that contribute to this silence are: the fear of reprisals, shame, weakness, lack of support, disappearance of or unreliable public services, disappearance of families and communities; and all of these are exacerbated in times of war ⁽²⁾.

Some reports state that in the villages of Maniema, more than 80% of women and girls were publicly raped, some miscarried as a result, and others were kidnapped and taken into the forest ^(5,7). In Shabunda in one day, a journalist brought together 600 girls and women who were victims of rape.

In the conflict zones of the east, rape is a Public Health problem. During five months, the Synergy of Women against Gender Based violence (SFVS) identified 973 women and girls who were victims of gender-based violence in the health zones of Kirotshe, Mweso and Masisi. Extrapolation of this figure over the whole area of North Kivu, more than one million square kilometres, and the duration of the war (5 years), gives an idea of the number of women and girls affected by these degrading atrocities in this part of the country.

4.2 Characteristics of the victims

In general, any person is at risk from gender-based violence, but the degree of risk varies. It is a fact that the highest incidence is among girls aged between 15 and 19. Some groups are specifically more vulnerable, such as the physically or mentally handicapped. ⁽⁸⁻¹²⁾

In the present series, in the urban area, the victims are mostly adolescents, children and young unmarried women, caught in places and circumstances such as on the way to school, around the airport, and isolated places, whereas in the rural areas, they are mostly older adults and heads of households. The capture of these people took place in targeted locations, while they were occupied with their everyday tasks for earning a living.

As we can see, the victims are mostly of a low educational level. Those from the rural areas are moreover destitute and often internally displaced in sites that are relatively safer or in urban centres where they find it difficult to adapt.

4.3 Characteristics and circumstances of the rape

It is well known that rape can be committed by a gang in dangerous and dark places, but most frequently by a boyfriend or even a husband (70% to 90%). Some factors like alcohol consumption or drug use significantly increase the risk of rape ⁽⁸⁾. In the series we are reporting on, rape is committed by armed thieves (in urban areas) or during an attack on a village, in the field, at the spring, when fleeing through the forest or during a journey, by unknown armed bands or by uncontrolled soldiers while foraging for supplies or on reprisal expeditions; in the course of their raids they destroy, kill, steal and rape out in the open, girls, young and old women, pregnant or just after delivery, with unheard of cruelty. These are truly ferocious attacks during which one of the weapons used against the community is gang rape and serial rape. These raids are launched when everyone is busy with their daily tasks and in places where the attackers are most certain of catching their prey: in houses, and in places of supply (fields, water sources, on agricultural service roads etc.)

The sexual acts are preceded by acts of the cruellest torture. Some victims were viciously beaten, either tied up or tied to trees with their legs spread apart before being violently raped by a group of men. What is more, the aggressors attack or kill their husbands or family members whether they show the least sign of resistance or not, they insult, they steal money and loot goods, they rape in front of husbands or parents; or they will make people commit incest, making brothers and sisters lie together, daughter-in-law and fathers-in-law, or they take away into the forest girls and women for sexual and physical slavery.

No victim stated that they were drunk at the time of the rape, and no one considered their aggressors to have been drunk.

Fainting during the rape, miscarriage or premature delivery, inability to stand after the rape, urinary or fecal incontinence or both immediately after the rape or a little time afterwards, is an indication of the atrocity and the purpose of these rapists in territories at war.

Eleven cases of sexual slavery were recorded; the duration of these long captivities varies from two months to six years. These sex objects were at the mercy of the commander of the group, and in his absence, at the mercy of all the others or the next in command. Their freedom came when they escaped, or when the poor health of the victim meant they could no longer be exploited.

4.4 Characteristics of the aggressors

In rural and urban areas, the majority of the attackers are armed men or soldiers. In the urban area, there may be individual cases of rape committed by civilians or opportunist bandits; but in almost all the cases in the rural areas (96%), members of armed bands, unidentified, speaking a foreign language, filthy, scantily clad, stinking, sometimes hooded or disguised, attacking in groups, commit these various atrocities, including gang rape and serial rape. But regular soldiers are also among the rapists.

4.5 Medical and emotional consequence

A forced sexual act can endanger the life of the victim. Like other forms of torture, the intention is to injure, to dominate, to humiliate a person, by violating his physical and mental integrity.⁽²⁾ Our patients, as for those quoted by Human Rights Watch⁽³⁾ report cases of people who have died during rape in captivity. In our series, we have encountered serious, even dramatic, physical consequences. These are:

- Sexually transmitted infections and HIV

Sexually transmissible infections and their complications (pelvic inflammatory disease) has an average prevalence in our sample of 38%. Seroprevalence for HIV is 12%, and the illness of AIDS is present in 5%. Seroprevalence for HIV is almost the same in rural (11%) and urban areas (12.5%). This can be explained by the fact the rapists are from the same category, whether in town or country. This demonstrates the risks to which rape exposes women, particularly in rural areas where the risk of HIV infection is higher since anti-HIV activities are in their infancy.

There is reason to fear a rapid spread of HIV seeing there is a very low level of protection against this illness. The high prevalence of STIs gives reason to fear a high incidence of infertility, which can be a tragedy for these poor and pro-natalist populations.

- Genital fistulae after rape

The most commonly observed urogenital fistulae originate from obstetrical causes during a difficult delivery. They are a feature of the rural areas in under-developed countries^(13, 14). In recent years, there have been reports of cases of fistulae due to rape in war-torn African countries like Sierra Leone. In the present series, the post-rape fistula is the second consequence after STIs. This surgical

challenge, observed on such a scale and going beyond the perineal tear described as the physical consequence of rape, is testimony to the extreme barbarity of which girls and women are victims at the hands of armed elements in the conflicts in Congo.

- Emotional disturbance

The psychological impact of acts of sexual violence which the victims describe as ignoble is evident. Most of them tell us they are profoundly afflicted and weep at the least reminder of these scenes, as if they were reliving the trauma they experienced; and this despite the fact that most of them come for medical consultation a long time after the period of acute trauma. This is a depressing situation, at times overwhelming, because of the association of many other factors, such as disabling medical consequences (like fistulae) and pauperisation.

5. Post rape management

Until April 2003, there were no medical structures in North Kivu prepared to manage victims of gender-based violence. In these conditions, the victims absorbed these acts, maybe they told one or two confidants or family members, or other victims, or it was known by the whole village if it could not be avoided. In fact, in most cases, women were resigned, either because they had no support, or through fear, or from shame. They had to make do with traditional medicines, but because of the atrocity of the sexual violence, some needed specialist care which could only be given a long way from their home. This lack of support or resignation explains why they consulted so late, especially for medical complications or for HIV screening. The role of psychosocial counsellors has been vital in recruiting these patients.

Conclusion

In the East of Congo during the war, sexual violence is practiced on a large scale with unprecedented cruelty: savage rape in public places, gang rape and serial rape, sometimes with foreign bodies in the vagina, accompanied by beating, tying up the victim or their husbands or family members, systematic looting and deportation of girls and women, most likely as a way of repressing and annihilating the population. This happens to women and girls of all ages and is the root cause of tragic physical consequences like STI or HIV infection and their complications, and post-rape urogenital fistulae. All these have an observable impact, even over the long-term. That is why we are launching a desperate appeal to all people of good-will who have any level of command over these events, to act immediately as quickly as possible to save the present generation at risk from the direct or indirect consequences of the present disorder.

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VI. THE ROLE OF COUNSELLORS IN THE SUPPORT OF VICTIMS

1. Introduction:

Gender-based violence against women has become a scourge in our country, gaining ground during the inter-ethnic conflicts and different wars. It is important to understand that the suffering of women victims of sexual violence has many aspects: physical, psychological and social. They are traumatized and need serious help to get over the trauma. Women in North Kivu have decided to work together in synergy to assist them, in three areas:

- Medical care
- Advocacy
- Psychosocial support

Members of this project have come from different platforms and local non-governmental organisations, and they were trained during a seminar to give psychosocial assistance to victims. This article aims to give an analysis of their role.

2. The task of the counsellor:

2.1. *Awareness*

There are very few victims who come and present themselves to the counsellors or social workers. Often they hide their problem and do not understand its gravity. They think in this way they will save their honour which has been trampled on the ground. Also, speaking about sexuality, especially one's own sexuality, is a taboo in our African traditions. Thus the counsellor does not wait for the victim to come to her door, she is obliged to go and look for her in her location. Everything begins with awareness among members of her own women's association. Then the counsellor goes out on foot to meet the woman in her neighbourhood or village. During conversation, they talk about the rape and the negative consequences on the life of the woman, and some ways to resolve problems like medical treatment, advocacy and prevention. Then the woman is invited to fight against this evil by denouncing the crime. At this time, some victims dare to speak out openly and encourage everyone to join the battle.

2.2. *Investigation*

After making herself available to those who want to contact her privately, the counsellor receives those victims who want to tell their story. Sometimes at that time, a woman will tell of another acquaintance who suffered the same fate as she. That is where the investigation and information gathering begins. The counsellor listens quietly, and observes carefully. From time to time, she asks questions to encourage the woman to give more precise information about the rape and its consequences on her life. She discovers then the terrible afflictions of the person, and her hopes. This is the right time to talk about the help that the Synergy can offer, although this carries the danger of raising false hopes. At the

end of this conversation, the counsellor goes away and fills in the identification and psychosocial investigation form for the client. They can then get medical help.

2.3. Medical assistance

Since the counsellor can see from the first interview the extent of the affliction of the woman, the counsellor decides where the best place would be to send the woman for medical care. Difficult cases are brought to DOCS clinic, whereas others are directly cared for in health centres that have signed a contract with SFVS. If the victim is outside her home location or too weak, the counsellor has to accompany her to every level of care: from reception to laboratory to pharmacy, and also the medical consultation. This is the time to encourage the patient to complete her treatment and come back for her next appointments. Then it is time to move to the next stage.

2.4. Legal aid

When the victim wishes to take legal action against her aggressor, the counsellor puts her in touch with the advocacy programme headed by the NGO CREDHO whose legal experts will support her judicial action.

2.5. Psychosocial support

This is the main task of the counsellor. In fact, right from the first contact, she must pay attention to everything the victim says and to all her reactions. This will allow her to answer questions such as:

- Does the victim weep while telling her story?
- Does she speak without embarrassment?
- Is she angry, vengeful, seeking retribution?
- What are her relations with her family since the rape? Is she accepted, supported, tolerated, rejected?

It is important to note that even after healing, the counsellor continues to keep an eye on the victim, either by inviting her to the Women's Refuge or to the office of one of the associations, either by visiting her at home or with another appointment. This step is very necessary, especially in cases where the woman is rejected by her family.

Here we have to point out that family mediation is a difficult phase. The man is tormented by jealousy and by his powerlessness to intervene in the incident, the family thinks only of its honour, at the time when the victim, who did nothing to cause the rape, is doubly penalised. It is the counsellor's task to bring the two groups back together, to bring them to accept the situation and accept each other. In fact, in the course of individual discussions, everyone blames the victim instead of supporting her. The husband quickly forgets his vows before God and before men: 'We will stay united in good times and in bad'. Rape is the worst thing that can happen, and men should think hard about the meaning of the

marriage vow before making this commitment. Denying the victim the rights of a sick person makes it hard for her to recover her health.

This is the case of a woman who came to us from Shabunda. Her husband was in Goma at the time when armed men fired on the market. She fled into the bush, where she fell into the hands of a notoriously vicious group of Mayi Mayi. She was unconscious even before they raped her. Today, she cannot tell us how she managed to return to her village. Sick and very depressed, she is rejected by her family. She finds it difficult to walk. And when, eight months after the incident it became obvious to everyone that she was pregnant, she was thrown out and fled to her in-laws. She delivered a little girl who was eighteen months old when we heard her story. No one did anything for her. She decided to go and find her husband in Goma. This man had already heard what had happened to his wife. He would not even listen to her, he was totally indifferent to her. In the end, he left her. For the woman, the pain and consequences of the rape are still present. The counsellors are trying tirelessly to reconcile husband and wife. Despite the tact and patience they show, the man does not even want to see the bastard child. He left for Kigali, and when he returned he did everything to get rid of his wife; he even took away her bed. Now she has to sleep on the floor, covered with cloth. It makes the counsellors weep to see this; they would like to help the woman so she can regain some dignity, but where would they find the money that would take! But they have not given up, and maybe they will find inner resources to accept that in reality failure is also a part of life.

There are other questions asked by the victims that need an answer, such as:

- How can I regain my health?
- Will I ever again own any property of my own?
- What should I do for my future?
- Who can help me?
- What can I get from SFVS?

The counsellor accompanies the woman in her quest for an economic activity which will meet her priority basic needs. A summary of her needs is presented to SFVS, and together we decide how to respond according to the resources that are available.

In the depths of despair, we find in our faith the strength we need to continue. At present, the difficulties and the problems of the victims have become part of our life. We are available and ready to serve. But we are beginning to understand that listening to all this takes a lot out of us. Some of us are aware that we have mood swings, which never happened before.

This brings us to a description of the problems we are facing:

As regards the victims:

- They do not keep appointments, and this causes delays in the counselling process.
- They move house frequently because they cannot pay their rent.
- They do not finish medical treatments.
- It is hard for them to go back home.
- They are afraid of the reprisals threatened by the criminals.
- It is very tiring to try to talk to people who cannot express themselves.

As regard the role of the counsellor:

There are times when the role of the counsellor exposes us also to rape, when we have to supervise the programme in the interior where it is unsafe because of armed bands. We are women, no different from the others, and we have no special protection. We have been very lucky so far to escape attempted rape targeting us particularly. But for how long? Quite apart from that, the long walks on foot in bad weather have done nothing to dampen our spirit. But how long can we go on and how far can we go?

Conclusion

Until today, the counsellors from the psychosocial programme have gone from counselling session to family mediation, throughout the town and the countryside, motivated by the hope of a better life for their community. It is a harsh trial for their nervous and physical resources. There is no remuneration, while the work occupies them to a degree where they cannot earn a living. In the same region, they see employees of international NGOs justifying their funding with a minimal effort to show that they are helping victims of sexual violence, but from the start, the largest part of their finance is spent on 'high risk bonus' and their R+R (rest and relaxation) travel. We are human beings, despite our commitment. If we could earn a living and assure our health, we would surely be able to offer better service. It is true, the Holy Spirit covers us with his love, according to Galatians 5: 22; but our vocation risks succumbing to the vagaries of life. It has not been easy in 2003, and the weaknesses we see will help us find a new orientation for our work and do a better job in 2004.

For SFVS

The permanent counsellors:

MUPENDAWATU Marcelline

CIRHIGIRI Germaine

VII. THE VICTIM OF RAPE NEEDS THE SUPPORT OF HIS CLOSE FAMILY

Interview with a pastor, husband of a rape victim, supported by FEPSI in Butembo. He requested anonymity for his wife who is still living with him.

Q. What do you think of the problem of rape and of rapists?

R1. First of all, this is my opportunity to thank all the women of the ADDF (Association for Defending the Rights of Women) for the medical and psychological help they have given to my wife and me; especially the medical help we have received from FEPSI which has been very important for us. I hope this solidarity to help their sisters will carry on, because in this time of war, it is incredible that you can still find people who organise themselves to help people in distress like us, voluntarily without asking any reward, people they don't even know. As a pastor, I would like to take part, in my own way, in this wonderful work. I would like to help where I can; even if it is with the word of God, that could be my contribution. My personal testimony could help others to get over the trauma, if only psychologically.

As for the rapists, I think they have lacked moral education from a very young age. That is why I forgive them. But I think we should make parents aware and make them understand the importance of teaching a good moral foundation to their children, to save the society of tomorrow.

Church leaders must also intervene at their level, because they have a duty to watch over the moral well-being of their faithful. If they welcome victims who come to them seeking help, and if they avoid condemning them by telling them they should have chosen to die a martyr's death rather than give in. That only adds to their trauma.

Q2. FEPSI works with a group of women, SFVS, based in Goma. It is this group that is supporting us, particularly by paying the medical bills of the victims of sexual violence. What message do you have for them?

R2 Really, words fail me to thank them, the message is so clear. May God bless them for the noble work they are doing, in everything they do for us. If God had not allowed me to meet you, at the present time, maybe my wife would already be dead through lack of care, or else I would be shackled by debt from trying to meet medical bills that I could not pay. The C-section alone that you paid for, and the malformed child who was born, who have cost me everything I had. Add to that the care she had before and after the C-section, in hospital and as an outpatient ... only God will repay you for all that.

Q3 What punishment would you suggest for rapists?

R3 As a pastor, I cannot wish for the death penalty, even if I consider rape to be an odious crime. However, I want them to be punished in an exemplary fashion, so they can recognise their crime, and discourage repeat offenders.

Q3 How do you feel towards you wife?

R4 I have experienced this as a heavy oppression. That is why I asked the Lord to give me strength to bear it, and to understand that it is an accident, she never went looking for this. I pray, I say that I forgive, I try to forget but it is not easy. I constantly have to ask for God's strength to forgive, and maybe one day forget. I still love my wife and feel deeply what has happened to her. To avoid gossip among the neighbours, my wife and my close family, that is, my mother and I, we have decided to say nothing and to keep this as our secret.

Q5 What about your wife's health?

R5 When she had this accident, she was four months pregnant, her health deteriorated seriously. Thanks to your help, she got the right medicines, and she does seem a lot better. I thought that the child would survive this tragedy, I had chosen the name TULIA for him. In Swahili, that means, 'Be consoled' or 'Be still', but unfortunately, God chose that he should not live long. I accept it all, I am bearing it, I am calm and confident in my Lord.

Q6 What do you think about AIDS?

R6 If that happened as a result of this rape, I would consider it to be a terrible accident, because I have decided to accept it all. I am morally prepared to bear the consequences because, after all, death is waiting for all of us. Even so, I have a little hope that that will not happen, because it's already five months since that horrible event, and then you told me, thank God, that the HIV test was negative.

Q7 What message do you have for other husbands whose wives have also been victims of rape?

R7 I would ask them to show even more affection to their wives, because they need their support as they go through this very difficult time. It's a dark period when they need our support and help from outside. It is important to show her our love, including married love. We must carry this cross with her, if we really trust her, let time heal, and stay calm, because she never went looking for this: she is innocent in this misfortune.

Q8 And the political, administrative and military authorities, what do you have to say to them?

R8 Let these authorities bring us peace! Formerly, in peace time, we never heard about all these cases of rape. And there are also rapes committed by civilians; it's still a consequence of the war, because people have gone crazy from the stress of the war. Let them take charge of these soldiers scattered all over the place, and let them pay them their wages.

Butembo, 15th November 2003

FEPSI

Mrs Masika Kafanya Marie Dolorose

President

VIII. RAPE VICTIMS MUST NOT BECOME THE OUTCASTS OF SOCIETY

Dr Kizito Kasonia, District Medical Officer of the Health Zone of Musienene, and the nurse in charge of Ivatana Health Centre (who remains anonymous) answered a questionnaire presented by Mr Musambaghani.

1. Questionnaire

- 1) What are your thoughts on the subject of sexual violence as regards
 - a) society?
 - b) the rapist?
 - c) the victim?
 - d) the authorities?
- 2) What will be the end result of impunity for the rapist?

2. The opinion of health workers

In answer to these questions, two health workers recommend an advocacy campaign to change the view of society about the victim of a rape; so that everyone views her as a victim, and so that the rapist will be named and treated as a rapist, so that the scourge can be eradicated.

The torment of the women victims of rape

They must understand that the way out for them is to take charge of their own situation so long as they have made the competent authorities aware of it. In Musienene, as elsewhere, these innocent victims are blamed by society, and this makes it difficult for them to get medical and psychological help, and this help should be entirely free, and it should be backed up by material assistance, because for several months, these women are reduced to living on handouts from people who despise them.

Rapists walk around in broad daylight

Often, under the cover of a military uniform that they do not deserve, these men indulge in rape as if in a sports competition. In any case, quite apart from the fact that unmarried men should not be employed in certain services, married rapists should be shut up in a lunatic asylum until they have been completely reeducated morally and psychologically. For its part, the army should keep troops in their barracks, so that the movements of its units can be better controlled.

Responsibility of society

There must be a concerted effort for awareness so that every sector of the population gets involved in the solution to the problem of rape. This would begin by making information available in the neighbourhoods around health centres, in schools, even in churches and different associations. This information should be

part of a more comprehensive permanent training strategy, with its central theme of education for peace. This will bring us more quickly to the goal, when rape is no longer trivialised, and raped women will no longer be obliged to hide, and will be helped rather than humiliated.

Putting an end to impunity

One interesting approach would be to deal with the inadequate information among the population about how to defend your rights if you are raped. There is also the fact that the lack of protection of the victim discourages her from making her plight known and from appealing for justice. On this last point, a simple solidarity between women, all of whom are potential victims, could lead to some exemplary trials. What is certain is the difficulty of speaking on behalf of someone who does not talk about her own problem. In the end, for all of us, there is nothing that can oblige us to choose a course of action that would be suicidal, and that would be the case if we choose to ignore the consequences of rape on the health of the whole population in this era of AIDS; and we would be going backwards to the state of animality.

Butembo

Baudouin MUSAMBAGHANI

IX. SEXUAL VIOLENCE AGAINST WOMEN: THE POINT OF VIEW OF THE AUTHORITIES OF BUTEMBO

This account presents, without comment, the hypocrisy and abdication of men in general and in particular, the authorities, as soon as it is a question of taking responsibility to fight against rape, which today is almost exclusively by men against women. Lawyer Ms Cathy Katungu Furaha summarises here this exchange with no holds barred, which women lawyers had with various authorities in Butembo, named in the list following this report.

The women lawyers in charge of the advocacy program in the far north of the province of North Kivu talked to the political and administrative, judicial and military authorities to hear their point of view on sexual violence against women especially during a time of war. Some participants requested to remain anonymous.

To start with, we underline that the mission of the coordination of the Synergy of Women is to do all in its power for lobbying in our long neglected region when it comes to talk about human rights, or in particular, the rights of women. Under the leadership of Pole Institute, through the coordination of the Synergy of Women, and in collaboration with women's associations organised in a platform (SAFDF), a Women's Refuge has just been opened in Butembo, to welcome, listen to and guide women victims of sexual violence and all other types of

violence. This is a significant breakthrough in Butembo. The idea of such a house is truly original, and responds to a great preoccupation of the population. In fact, the need to create such a house was perceived after a structured training session on mechanisms for the protection of women against sexual violence, organised in Butembo in the meditation centre, from 9th to 12th August 2003, by the Synergy of Women against Sexual Violence, with the financial participation of a Swiss donor, through the good offices of Pole Institute.

We, the partners, organised ourselves into programmes to supervise the objectives we fixed for ourselves, and to execute the strategies already adopted for the entire campaign against gender-based violence against women. In this way:

- The psychosocial programme is responsible for the psychosocial support of the victims, and provides whatever material help, be it ever so little, that we can give them
- The health programme is responsible for psychological detraumatization and physical health
- The advocacy programme is responsible for legal aid and investigation to follow up on safety issues, and monitoring the applicability of legal texts.

The Association of Women Lawyers for Women's Rights leads the advocacy team in Butembo and Beni. Our present objective is to poll the opinions of different social groups and especially the civil and military authorities on the following questions:

1. What are their views on violence against women?
3. What is their opinion about opening the Women's Refuge for victims of gender-based violence?
4. What, according to them, are the causes of this outrageous phenomenon?
5. What is their opinion about the generalised impunity in DR Congo, and specifically for the authors of these violent crimes?
6. What do they think of the attitude of many victims who do not want to start legal proceedings, and who withdraw into themselves?
7. What are their recommendations?

For the political and administrative authorities, and in particular the Mayor of Butembo, they welcome the opening of the Women's Refuge for victims of gender-based violence; such structures should be opened by the State, which is the guarantor of public safety. Moreover, they congratulate the fact that women have understood that working in synergy gives them an incomparable strength, because frequently, the work of individuals lacks credibility. The authorities encourage us to continue the fight against any action that increases the vulnerability of the female gender, by awakening women who are not already aware of it to the fact that they have a role to play in our country and province, in all sectors of public life, without distinction. It is true, adds the Mayor, the State is lame, and things will not happen as we wish they would. Anyone with the will to act must be patient and brave, before seeing any real changes. The Mayor adds

that when women understand the role they should play in the smooth running of state affairs which have been chronically sick for a long time, women will understand that they are the hand, the ear, the eye and the foundation of the State, because, he adds, 'if you educate a woman, you educate a whole nation'. He recommends that we document carefully all our work, to highlight the scope and the importance of the work we want to do.

Concerning gender-based violence, the authorities tell us they are revolted by this phenomenon because every woman is a potential victim. But they underline that we are talking about a few isolated cases in our country that it started with the war which has brought us nothing but evil. The proof is that we are starting to talk about sexual violence today, when before it was a taboo in society, especially as regards the morality of the religion that most of us have embraced. The Mayor and his two assistants add that where the Congolese soldiers are concerned, they cannot imagine that they would commit such an offence against their mother, their sister, their grandmother or their neighbour. They understand that this is an imported ideology originating with evil people, who for whatever reason, use soldiers and young boys who lack leadership. The authorities challenge us not to look at sexual violence only among the military, because in former times, civilians who tried to rape, or even spy on women who were bathing at the river, were sanctioned with punishment or were excommunicated because they were a permanent danger to society. In kinande, they were called 'mukumbira', which means a person who must be isolated because of an irreparable crime. The authorities go further in asking us to raise awareness at every level, even among the military. It is a fact that in war crimes, the military head the list, ahead of civilians, who even so are not exempt from perverted behaviour.

Concerning the causes of this flagrant phenomenon of sexual violence against women, the Mayor of the town tries to demonstrate that concretely it is the war which is the first cause, and that needs no explanation because the facts are there. Next comes the uncontrolled sexual appetite of many men; among church goers, the causes are demon possession, or drug or alcohol abuse and the lack of leadership of young people. The Mayor asks the women of the Synergy to continue to put pressure on society and speak out loudly to refuse the war, to refuse all sorts of violence against women, since it is women who pay the highest price for all these evils. According to this authority, the phenomenon of gender-based violence has nothing to do with scorn for the person of the woman. It is a pure aberration. Until now, in Congo, there is no connection between violence against women and assertion of power. According to the Mayor, this violence cannot be considered as a weapon of war, especially since the people who commit these crimes are timid, failed personalities. Rape is not a political tool in Congo, so these rapists need appropriate supervision, so that our children can hope for a better future.

Concerning impunity, the authority asks the judicial system to take its tasks seriously, not to be interested only in lucrative cases, and to avoid this obvious abdication. The justice department should make available legal aid to plead the cases of the very poor. The law should also make the penalties fit the gravity of the crime and the extent of its consequences on the victim. To dissuade potential rapists, extreme penalties are required, solitary confinement and imprisonment in a different province far from their home. This will make such people begin to fear consequences and this sort of banditry will diminish.

We are speaking out loudly; we condemn this impunity in Congo in general and in our province in particular, because every one should answer for their actions. We condemn with all our might this sexual violence against women.

Concerning the question of the attitude of victims who do not want to lodge a complaint and testify, according to the Assistant Mayor in charge of Finances, these women are concerned to maintain their self-respect, because a judicial action or a complaint could jeopardise their future. And also, the way the accusations are investigated is not reassuring; in particular, the indiscretion of the investigators could cause the victims to withdraw into themselves. The fact is that, instead of making these acts shameful, our society puts all the shame on the victims, and these people feel marginalized and stigmatised.

The authorities encourage us to continue working hard at counselling, legal protection of the woman against any violence, and in advocacy to make both victims and investigators aware of how to get involved in the battle. The political and administrative authority of Butembo, that is, the Mayor, his assistants and his burgomasters, recommend the following:

- To intensify the awareness campaign, with leaflets and schools campaigns, by putting pressure on the government in the proposed new law which would include in the courts some programmes to fight sexual violence;
- Lawyers must avoid compromise and work in an exemplary way.

The judicial authority in Butembo was happy to meet the women to talk about this burning question of sexual violence, which he thinks has become almost exclusively the prerogative of women, and it appears that they want to keep it that way, solve the problem alone and exclude men. However, the fight must involve everyone, it is a global question because everyone has a role to play. For a jurist, it is clear that since responsibility in the legal community is collegial, women must stop thinking that there will be some questions reserved for women, and others for men. We should rather work together in perfect collaboration. The scourge of violence against women is a burning question, and everyone should be involved in the solution, because it is a danger for us all.

We condemn sexual violence with all our might, and we are ready to work with any person of good will to help the population to live in safety.

Concerning the question of the ineffective operation of the Congolese judicial system and impunity, the legal officer in Butembo explained to us that justice exists, despite the sad fact that people exaggeratedly pervert its course. We are all aware of the chaos the Congolese people are living in. Justice, as other institutions, has financial problems, but that should not prevent a judge from delivering his verdict in good time, and bringing his authority to bear if necessary, if he sees a violation somewhere. People who claim to represent the downtrodden are the first to violate the rights of their clients and to violate legal principles that we all know. The authority expressed his indignation when people affirm that the judicial system is not doing its job. He asks instead that people should support the judicial system, and encourage collaboration by understanding how it works.

Concerning punishment of the authors of sexual violence, the judicial authority accepts the challenge of fighting against this scourge in the same way they fight against theft, corruption, murder, trickery, exploitation of girl minors, etc. He takes vehement exception to the suggestion that they are responsible for the impunity of rapists, because, according to him, all the cases that reach the courts are dealt with according to standard procedures. In this way, the few cases of rape that have been brought before the courts have been judged. In addition, because of the war, a parallel system of justice has been created, and this makes the judicial system ineffective, and creates the bad image of the legal system. But everyone knows the State is sick. I'm just saying that under the rule of law, any power must be exercised within the provisions of the law.

Concerning the causes of sexual violence, just like the political, administrative and military authorities, the judicial authority also hides behind the excuse of the war, the lack of leadership and inexplicable perversion. The truth is that this practice must be repressed in any human society, and must be fought by everyone without exception. The authority asks to be associated because often people allow themselves to do stupid things without knowing that the law is there. The law is harsh, yes, but it is there to organise human society.

The authority recognises, however, that human nature is imperfect, and asks people to recognise the good points in others and exercise mutual respect. The judicial system should not be condemned without cause. It would be better to understand its mission and draw objective conclusions.

Concerning the Women's Refuge, it is a praiseworthy initiative and a good one so long as the organisers listen to advice and do not stop at recording and a little medical care and awareness campaigns. It should go beyond and help the victims reintegrate their society; there should be follow-up to complete the job. And men should be involved in the struggle and the judicial system, so women can hope one day to overcome gender-based violence. In this sick country, fighting against scourges such as this should be everyone's objective. This transitional period should be a time to take stock and bring everyone, our sister,

our brother, our father, our mother, our daughter and our son, to live in peace and safety.

Leaders of the Protestant church tell us that it is not enough to criticise the military alone, because, even in the church, the phenomenon of sexual violence is common, especially with the practice of deliverance where women, under the pretext that they are being delivered from demons, are subjected to practically indecent treatment. There are many servants of God who indulge in stupid actions in the name of the Bible. Awareness should not be limited to military camps, schools and the conference rooms, it should also reach the churches, the markets and the hospitals that shelter many delinquents. The pastor asked us to pray ardently to ask God for the competence and discernment necessary to unmask false servants of God, and bring them to justice to answer for their acts. The word of God tells us that everyone will be judged for their actions. We must all not only ask for deliverance, which is a passive way to fight as the pastor says, but also we must engage actively in the struggle against sexual violence by denouncing even attempts and evil intentions which show up in different ways.

His Grace Mwanamupenzi of Butembo cathedral is indignant that the war has exacerbated evil and especially rape, because according to him, in peace time, rape is rare and almost unheard of. The prelate says that delinquents are profiting from the war, because they lack leadership. Add to that the anarchic recruitment to the army, which has given us men in uniform who know only how to intimidate women, to humiliate them by having sex with them in public. It is a very serious degradation.

As a priest, the cleric does not condemn the agents, but he condemns their evil actions. According to him, before judging, it is important to understand how these criminals grew up, what basic education they received, what environment shaped them, what their childhood was like. Only then can we come to a valid conclusion. But he goes on to say, however, that the guilty person must answer for his acts, and asserts that society is in part responsible because society plays a role in education and leadership of all people. In this way, as far as religion is concerned, people are trying to supervise young people through different youth movements, through days of meditation, and even through organising days of prayer.

His Grace continues by saying that, according to him, the laws of the country are ineffective, because, despite the whole Congolese judicial arsenal, these laws are not known by those they should rule. The Congolese on whole do not know the law. In other words, people commit infractions without being aware of it and without wanting to. In short, people live without reference to the law.

Going on from there, His Grace recommends forgiveness and not vengeance. The author of the crime should recognise his guilt and ask forgiveness from the victim, and make a well-calculated reparation payment. The victim, as a good Christian, must accept to forgive. The word of God can enlighten her, to

understand that what happened to her is not the end of the world. That understanding will help her to reintegrate society. As she is exposed to STIs, to AIDS or an unwanted pregnancy, she must be supported in prayer which will encourage her spirit, and others must have compassion on her, as well as giving her the medical and psychological support appropriate for her condition. And finally His Grace encourages the Synergy, and its collaboration with SFDF.

Health workers (a doctor and a nurse) condemn fiercely gender-based violence against women and commit to support all actions that could lead to their eradication. The impunity of rapists is obvious. Soldiers who were dragged into court move around freely and threaten their victims. People are frustrated, especially the victims. It is necessary for everyone to return to moral values, because the State has abdicated its responsibilities. Children must receive the best possible education from their parents, and they must be constantly supervised. As for the victims, the health worker asks them to be brave and to make a complaint so that the authors of the crime can be punished. But even before that, the victims must go to the health centre for medical and psychological help. Finally, those working in this field should be trained in counselling, because this field of action in relation to sexual violence is very delicate, and needs certain skills, if only to learn how to talk to victims.

Association of Women Lawyers for the Defence of Women's Rights FFJDF), with assistance from SFDF

Ms Cathy Katungu Furaha (Lawyer)

In collaboration with

Ms Kahambu Kathi (Lawyer)

Marie Kafanya

Baudouin Musambaghany

Elise Maguy

Annexe: List of the authorities who talked to us:

Political and administrative authorities

Mr Julien Kahongya (sociologist) Mayor of Butembo

Mr Ephrem Kimimi (historian) Deputy Mayor responsible for administration

Mr Emery Kataka (economist) Deputy Mayor responsible for finance

Mr René Siva and Mr Delphin, Security Officers

Mr Ndengonge, Burgomaster of Kimemi Commune

Mr Akulema (Army) Commander of FAC Butembo

Judicial authorities

Mr Leon Mathe, Judge President of the County Court (TGI)

Mr Ndando, Judge of the County Court

Mr Kahindo, Judge of the County Court

Mr Kopami, Judge of the local court of Butembo

Mr Mukukyo, Clerk of the Court

Church leaders

Pastor Kalipi (theologian) CEBCE / MGL

His Grace Mwanamupenzi of Butembo Catholic Cathedral

Pastor Mahuka, CBCA Butembo

Health authorities

Dr Kizito, District Medical Officer (Musienene)

Dr Malikwisha (Musienene)

Mr Mwira Wavangi, Nurse (Katoto)

Mr Isui, Branch head CIDEF (Musienene)

X. RAPE, THE ULTIMATE NEGATION OF THE HUMANITY OF THE WOMAN

From her primordial role in the chain of life, and her determinant role in the conservation of life, from her activities in earning a living, the woman is the foundation stone of our society. That is why those who commit rape are causing a collective suicide; the treatment goes far beyond a simple surgical repair, which in fact does not always succeed. The trials of a woman from Maniema, and the torment of another from North Kivu, described below, show the enormous moral strength of women in desperate situations.

They talk without stopping, they are so disgusted. The counsellors have gone beyond one thousand cases of rape today, confirmed cases that they follow up as well as they can, to the extent of their limits and handicaps. But that does not detract from their merits, far from it. And their anger is always increasing. They explode into speech: This madness must stop! Today, when the woman is paying such a high price in these conflicts in which she naturally plays no part, she tends towards resignation, to accept her socio-economic condition as if it were normal. She is the guardian of our customs. She is the one who farms the fields. She is the one who feeds and clothes the children. And when a child falls ill, she is the one who stays up all night beside him, while the men play games (sombi) or go out drinking. But the majority of the murderous armed bandits are men. After every attack, every defeat, every rout, it is the woman or the girl who is raped as a trophy of war. When these people are raped, if their life is spared, they permanently lose their dignity and their autonomy. Two women, interviewed on 5th and 7th January 2004 in Goma, testify anonymously, about the tortures that were inflicted on them in these troubled times. The first comes from Shabunda in South Kivu, and the second lives in Bambo, in Rutshuru territory.

1. Testimony of Mrs Shalufa

Mrs Shalufa, married and mother of one child, lost her husband when he was kidnapped by the Mai Mai and taken away to an unknown destination. Later, during a battle between the Mai Mai and the National Army, six Mai Mai fighters came into her house, and mistreated her, blindfolded her, gagged her, and threw her on the ground. It was a gang rape. She lost consciousness and only came round when a neighbour came to see what had happened to her after the criminals left. During two weeks, she suffered from a vaginal haemorrhage, and has been incontinent ever since. For three weeks she had no control over her urine. You can imagine the stench. There was no hope of medical treatment. She tells us about this today.

Question: Why are you here in Goma?

Answer: Some traders come here regularly, they had heard about some people who work with DOCS to care for victims of rape. They organised to bring me here. Two of my brothers travelled with me. We are staying with my older sister.

Question: How did you get in touch with the Synergy (SFVS)?

Answer: It was the president of GAVDI; their office is next door to my sister's house. They called the counsellor Rose K. when I arrived in September 2003. They brought me to DOCS for the medical care that I needed.

Question: What treatment did you receive?

Answer: Before I came to Goma, I treated myself with warm water. For seven days, Misinga 2 treated me without any improvement. So they wrote a transfer to a hospital. So when I arrived in Goma, the counsellor brought me to DOCS. One week later, I had a successful operation, so eight days later I left the hospital to carry on with outpatient treatment. I remember that it was on 19th December 2003. I have no more pain, and even my organs are back to normal. I am very proud of that!

Question: What do you have to say about the Synergy of Women Against Sexual Violence?

Answer: I say a big thank you to the counsellors who share our joys and our sorrows. This should be an ongoing action, so that those who are in the same situation as I can be helped quickly and completely. And although I am healed, the counsellors continue to bring me food.

Question: Do you have any difficulties or any wishes that you want to express?

Answer: I have become a heavy load for my older sister, and she really doesn't have any resources. Life has become very difficult. I hardly eat, unless the counsellors bring me some food (beans and maize meal). I am housed under a rigged-up tarpaulin, and to sleep, I have two boards on the ground. It is very uncomfortable. If anyone can help me, I would like to return to Shabunda. I couldn't find the price of the return ticket without help. It is an enormous amount.

Questions: Do you think there will ever be an end to this sort of sexual violence?

Answer. If the war stops and the different armed bands are brought under control by the government, you will see an end to the violence. At present, you have to denounce them and try to get the guilty people punished.

The counsellors recognise that this woman was very fortunate. But they wonder for one woman who is lucky enough to be helped, how many suffer and die in the bush, far from everything. And what we must recognise is that the women who fell into the hands of the cruellest torturers have less chance of healing. This is the case of the woman whose story follows.

2. Testimony of Mrs Mukabaganda

Six months pregnant, and a widow, Mrs Mukabaganda was weeding her bean field in Bambo when she was surrounded by six *interahamwe* (Rwandan Hutu militia, NDLR) who came out of the bush nearby. Firstly they asked her to come and be their wife. When she refused, they started to discuss whether they would let her live or kill her. Then they decided to rape her. They carried her off to another field and tore off her clothes, threw her on the ground, and competed

with each other in raping her. When the sixth rapist had finished her filthy task, she was bleeding profusely, but that was not the end of the torture of this poor woman. They decide to take her with them and force her to walk. When she was unable to walk a single step, they dragged her for a while, then loaded her onto their shoulders like a sack of beans. When they stop for the night, some of them rested, but three of them raped her again. Her haemorrhage became worse. In the morning, they went off and abandoned her, naked and lifeless. She thinks she had stayed there two days when a woman coming to look for firewood found her there in the forest. The good Samaritan carried her on her back for four hours as far as Mariba, then the same again to her own village of Bambo. The people of the village were very concerned and located her family, who had thought her dead. In the meantime, her health had deteriorated seriously. After losing her pregnancy, she found that the flow of urine did not stop. Her presence in the vicinity is announced by a sickening smell, which prevented even her close family from coming near her. And despite the medical care received here in Goma, she is far from healed, as she explains herself.

Question: How do you come to be here in Goma?

Answer: I heard that DOCS hospital was admitting patients like me. So I came and I was received by the counsellor Marcelline M. After she took my details, and listened to me, she took me to the reception of the hospital. I began treatment on 2nd October 2003. I had the first operation on 14th October for repair of the fistulae. Two weeks later, they had to remove the catheter because the urine was leaking around it, instead of going into the bag. The surgery had failed, and that is why I have to stay in the hospital to have a second operation.

Question: How do you feel about this failure?

Answer: God decides on healing, not the doctor. And then, we say, 'Bahati ya mwenzako usiilalie inje'. Every one has his own luck. I just hope that the next operation will succeed. Right now, I can do nothing at all to prevent my urine leaking all over the clothes I wear; I have to get better. This humiliates me every instant, when anyone shows that he understands my illness because of the smell.

Question: Has this smell changed your behaviour or how you do things?

Answer: When I am here in the hospital, I can wash four times a day, and I could not do that outside. And then, almost all of us are in the same situation here at DOCS, we get used to our smell, and the counsellors and even the nurses come near us without reacting. But at home, family members will even hold their nose.

Question: How do you react to everything that has happened to you here in the clinic?

Answer: Even though I am not healed, I thank the whole team for their patience in caring for us. You can see for example, even though we have food fads, the kitchen tries to give us food every day. Obviously, we can't each have our favourite food, but we accept what we are given. We have to know how to say

thank you. Our only concern is: why do some heal and others not? How often will we have to be repaired before we are healed? They tell us it is a very difficult operation, that we must be prepared for a long time, that we have to be in good health, and that the specialists know more about a fistula ... So there you are!

Question: Do you have a message for the Synergy of Women against Sexual Violence?

Answer: I bless God for allowing us to meet. He is the one who has motivated these organisations to care for people who are suffering and abandoned. I encourage them to go further to deal with the psychological recovery and advocacy. Tell me, do you think the members of the Synergy could bring pressure to bear to get these criminal *interahamwe* out of our country and back to their own land?

The team of counsellors of SFVS
Goma, 5th and 9th January 2004

XI. STRENGTHS AND WEAKNESSES OF THE JUDICIAL TOOLS FOR THE FIGHT AGAINST SEXUAL VIOLENCE

Concerning rape, in our customs, there is nothing to deal with the root of the problem, because it is considered an individual matter. Looking for the root of this problem or any problem, is not what most people want to do, because of selfishness, because of the fear of ridicule, which encourages people to look at what is pleasant, whereas the unpleasant is the concern of the victim alone. What does the law provide concerning the violence against women?

Concerning the national legal instruments, the penal code punished rape, and all attacks on decency, but its weakness lies in the lack of willingness on the part of those with authority to do so, to apply the sanctions. In short, impunity is obvious. As to our Family Law, some of its provisions contradict international law, as expressed in the Convention for the elimination of all forms of discrimination against women, as well as the international agreement on civil and political rights, both of which have been ratified by DR Congo.

The status of the woman in Congo remains at the level of a second class citizen: the married woman does not enjoy the same rights as the man; the situation of the unmarried woman is hardly more enviable. No one mentions conjugal violence in the Congolese Civil Code, even though it is an everyday experience.

International legal instruments, for their part, treat rape as a war crime, but it is the crime with the fewest convictions. It is not often denounced, even though the first supplementary protocol to the Geneva Convention relating to the protection of victims of international armed conflicts states that women should

benefit from particular respect, and will be protected against rape, sexual slavery (forced prostitution) and all forms of indecent attack. Numerous articles of international law on human rights refer to gender-based violence against women. The Statute of Rome, for example, lays down measures intended to ensure the protection of women victims.

Despite all these texts, however well-written they may be, the international response to the catastrophic chronicle of human rights abuses has been insufficient on a global scale, faced with the extent of the problem which has cost the lives of so many people.

Moreover, rape is not denounced equitably by public opinion. The rape of an American woman, for example, hits the headlines, rather than the thousands of cases that make up the content of our reports, which unfortunately, are not read or considered in the same way. We are tempted to believe that there are super-victims and second class victims.

In short, the legal instruments, both national and international, have more weaknesses than strengths. Crimes can be committed in the sight and to the sure knowledge of the public, without ever being denounced before the law. When they are denounced, it is rare for the case to reach a conclusion. Victims who have been violated are left to their sad fate, because a denunciation is not enough to help them reintegrate their society.

We must all fight against retrograde customs, selfish habitual practices, and work for collective awareness, so that my neighbour's trouble becomes my own trouble; and we must fight in this way against impunity at all levels, beginning within the family.

Ms Cathy Furaha Kathungu (Lawyer)

XII. THE JUDICIAL SOLUTION FOR THE ERADICATION OF RAPE OF WOMEN IN THE DEMOCRATIC REPUBLIC OF CONGO

In a short summary, Magistrate Bessembe Wangela, judge of the County Court of Goma, shares his thoughts about the hope some people place in the legal system, which is based on assumptions about legal recourse which people think exists in Congolese law, and not on the reality of the effectiveness of the instruments which are available to the Congolese people in the fight against rape.

Rape, defined as a forced sexual union imposed by one person on another – of the opposite sex or not – is a sexual union obtained against the will of the other person. In general, in our country, this means that a woman is taken by a man in an unacceptable way. In fact, today, rape has become a scourge, a weakening of society that must be fought urgently.

Even if this is not unique to our country, we must remember that this crime is severely repressed by the criminal law. The penal regime goes from five to twenty years of penal servitude, as well as other subsidiary penalties. Supposing death results from the rape, or lasting damage to health, or an unwanted pregnancy, the death sentence can be imposed on the criminal, or a very long prison sentence, as well as the civil penalties imposed. In addition, the law has declared it a crime to have sexual relations with a child (a girl) who is younger than 14 years of age.

Through such a severe penal regime, criminal law, as a repressive instrument, has the power to intimidate, and from that fact reduce the incidence of criminality connected with rape, the more so because the force of the law resides in the sanction, or the provision for coercion. And it represents one of the most effective ways to prevent the recrudescence of this plague.

However, it must be made clear that the law as an instrument of repression for prevention has many weaknesses at the social level, concerning the eradication of the rape of women in DR Congo. This results from several root factors. Wars, political revolts, economic depression and social disorder make up the main acute crises, and the fallout is delinquency. We must face the fact that, mainly because of the war, our country has a higher crime rate related to rape than elsewhere. We should also point out that these crimes have escaped justice because they have not been reported to the judicial authorities. In fact, in certain localities, the judicial system is no longer functioning. It was and in some case still is a hostage of the warring forces. On the other hand, some families whose girls are victims of rape choose to arrange the problem in a neighbourly way, to avoid legal proceedings where the outcome is unsure. The family thinks that in this way, they will achieve a speedier solution. This is wrong, because this is not the right way for the victim to get redress.

Add to this the fact that some families, because of extreme poverty, have abdicated their responsibilities. They let their girls fend for themselves, and in this way they learn things that they should only learn much later in life. In order to gain money, some girls frequent places where they should not be, until late at night. They are retailing goods, but at the same time they are exposed to rape by criminal clients.

Some people take advantage of their social standing to impose sexual union and abuse their authority. Let us not forget the case of those who abuse narcotics to achieve their goal and neutralise their victim. Or the fact that lack of education predisposes to rape. Parents who have once welcomed an unprincipled person into their home know about this. Their hospitality brought them the torment of the consequences of rape. And if this were not enough, we have to deplore the escapes from prison engineered by rapists who feel no guilt when they are escaping from the application of the law to their crime.

All these elements listed above show that the law is really weak in the face of the evil consequences of rape. And this reduces the effectiveness of repression in this question. That is why, somewhere we will have to face the fact that it is practically impossible to eradicate the crime, seeing the social dynamics and the requirements connected to certain accepted social practices (customs included). Consequently, the daily fight to try to reduce the incidence implies solutions based on awareness of the population and the rehabilitation of penal institutions. The contribution of churches and the involvement of the international community are also preconditions. So we have to direct these solutions. A monograph on rape throughout DR Congo is necessary. It will allow us to get the facts on many particular aspects, so we can find appropriate solutions and effective remedies.

Finally, the law as the instrument that sanctions any deviation, can reinforce solutions for repression. This is true because at the same time we have to fight against the use of narcotics and other drugs which encourage people to break the law, as factors predisposing to the crime. That is why publicity around judgements is necessary and requires the presence of journalists at the trial. On the same question, the presence of court recorders is useful particularly to those who do not know how the law will strike down the guilty person. And what is happening now shows that they are more numerous than we thought. The whole society needs to feel that the guilty criminals are punished and that justice has been done. The penal process, the only aspect of the reaction of society that remains open to the public, would do well to be broadcast.

Those were some thoughts on solutions we can imagine effectively to combat the plague of rape. Studies are being done to access much data to explain the phenomena. They need funds, of course, but in a question like this, more than money, they need the motivation and the will to continue.

Besseme Wangela

Judge of the County Court of Goma.

XIII. RAPE, ANIHILATION OF THE PERSON

We took arms to free our country! What arms? Weapons of destruction. And what country? Is it really ours? Or do we ever ask ourselves for one moment whether women are part of this country we want to free? In reality, we only have to see these 'operations of liberation' that the marginalized members of our population are subjected to, even in their body during these wars, to be convinced of the need to re-examine the true motives behind these officially whitewashed armed conflicts in Congo. But even if this might be an interesting speculation, we will not go down this road, and we will just invite readers who are interested in the question to refer to the archives and resources of Pole Institute. On the contrary, our intention is to think out loud about the reasons why the actions presented to the population, implicitly or explicitly, as part of the dynamic of liberation for the Congolese people are accompanied by targeted violence, with women being especially and sometimes specifically targeted.

To begin with, bombs falling on the heads of people who are to be liberated, that is the sovereign form of negotiation for radical change. Lies legitimised as a normal way of grabbing communal resources, that is the hit song sung by the hordes of predatory liberators, so people will swallow the pill of the *take it by force* philosophy. It is clear that for these people, as Bois Vian says, 'Money is not happiness if you have none'. But on this topic, they should think about what Nietzsche said, when he reminds us that: 'If you look into the abyss, the abyss looks back at you.'

Whoever applies to the local scene the logic which comes out of the interpretation of current world events, where might is right, is only right in his own eyes. The fact is that those who want to have, and have, and have more, will accumulate until they become bulimic, and will be obliged to take by force, and that is the exact opposite of all negotiation. But living means negotiating. Otherwise, the human being would have to be a violent being, and this is a totally unacceptable way of life. When our relationship with the other is reduced to a simple balance of power, access to goods, by any means, has to be conditioned by removing, sometimes radically, that other person.

And where is the woman in all of that? Until very recently, she was considered as an eternal minor by Congolese family law, and even today she is a social inferior and sometimes even considered as a chattel. To marry her, the man must pay, sometimes too dearly. So you can understand the logic of the philosophy of grabbing by force. So in the situation we are examining, to dispossess a man, you take his wife. Viewed in this light, violence against women is the ultimate annihilation of a man, as the final way to remove all obstacles of access to resources. And this recourse to annihilation can be seen from the political, economic, social and cultural points of view.

Political annihilation

From Belgian Congo to the democratic Congo, going through the interlude of Zaire, no one has ever seen democracy in this country. Taking just one example, in the Zaire of Mobutu, it was not unusual to see two politico-administrative authorities resolving their power conflicts by mutual divorce. To do this, Sir would happily empty the coffers of the State and use the money to break up the home of his adversary. If willingly or unwillingly, the wife allowed herself to be seduced, she would abandon her husband and children and become the 'second office', the reserve wife. And once the man has achieved his goal, he would abandon the dishonoured wife because his objective, to humiliate his adversary to reduce his power, had been achieved.

Today, in the multifaceted conflicts which are shaking the foundations of our society, armed groups think they can impose their authority by an excessive exercise of their virility. Raping the wives of their adversaries punishes them, to remove the last vestiges of resistance, it shows them that they count for nothing, that they don't exist, that they are slaves, and as slaves have only obligations and cannot protest. Political power acquired by force can produce no more hideous monster. The woman is a human being. Consequently, she should at the very least, be treated as such in the struggle for political hegemony.

Economic annihilation

Peter MacArthur thinks that 'to succeed in any business, you need three people: a dreamer, a businessman and a bastard'. This last term describes the rapist and predators of all sorts who infest our country. As for the others, our saintly dreaming compatriots are so numerous that those associations and organisations that trade on their naiveté have many happy days ahead of them. That is the exact opposite of MacArthur's dreamer, who is a visionary, capable of foresight. As for the businessmen, partners of the agents our misfortune, they care nothing for our state of mind. But they ought to pay more attention to the scum they employ. In fact, especially these days, the woman has such economic importance that she has become the secret of our survival. It is undeniable that attacking a woman expresses a desire to destroy our productive capacity, to reinforce the cycle of poverty and move our life in the direction of generalised poverty. To rape women in the fields, to loot their harvest, seen in an economic light, comes from the same logic as looting resources for private gain. Unfortunately, even for the authors of these crimes, the scarcity of produce resulting from these pillaging operations is illogical from a commercial and an economic point of view, because the consumers are in extreme poverty and have no purchasing power. We are very far from the model of production, sale, purchase, investment, which makes up the economic cycle. We are driving headlong towards an economic void.

Socio-cultural annihilation

If we begin from the idea of Diderot that the condition of a people that has been degraded is worse than the condition of the uncivilised, we come to consider the process of elaboration of the world view of a group, or a community or a nation. An analysis based on this thought would explain acts of cannibalism observed here and there during the 'wars of liberation'. Eating the flesh of another person means taking for yourself the ingredients of his vital force. With such beliefs and practices, it is no longer a question of a conflict of cultures, but rather the culture of a paroxysm of madness. In this way, the one who has not managed to eat the flesh of their enemy satisfies himself with 'eating' his wife. Where has it disappeared to, that deep respect for human life, that African humanism? Why are we seeing these acts on the increase now? This is a very recent development. Rape has indeed been used as a weapon of moral and physical destruction in these very recent wars, the most widely known of which are the wars in Yugoslavia and Rwanda during the genocide of 1994. In Congo, which is not experiencing its first period of armed conflict, sexual relations used to be considered incompatible with the 'army of victory'. The Mai Mai warrior of the Mulele rebellion in 1964, or the soldier of the regular army of the time, was careful to purify himself before going into battle. There was no question of receiving favours even from his own wife, otherwise he could be killed by a more disciplined enemy. Today, on the other hand, everything happens as if rape was a proof of virility or military valour. And unfortunately, it will be a long time before judicial penalties can contribute effectively in the fight against these immoral practices. It is a fact that the Military Tribunal has only delivered eight convictions for rape in six years! Sixteen cases are being investigated. The figures are in total contradiction to the numerous cases denounced by the population, who have no hesitation in pointing their finger at armed men in uniform whom the authorities describe as 'unidentified'.

The practice of violence against women endangers the woman in the culture and in society. According to the will of the rapists, the image of the 'mother', the life giver, guarantor of the continuation of the line of descent, must be eliminated, replaced by an object of collective shame for the community. Whereas, in certain communities, men who dared to get an eyeful by spying on women bathing in a part of the river that is reserved for them, were punished in an exemplary way, among these armed bands, gang rape is an object of pride. This downward slide of community values from the ideal towards mindlessness, is a descent into hell of society; it should sound a warning bell challenging every human being.

So there is no time to lose. The denunciation of these sufferings inflicted in general, and the violence to women in particular, must be reinforced. It would be a preventive act of self defence. If we consider simply the chain of transmission of AIDS, for example, we understand that, in this period of globalisation, what happens to one human being, wherever he may be, can easily affect the remotest corner of the world. However, to make the wider community aware of the misfortune of some of us could be limited to satisfying unhealthy curiosity,

voyeurism by proxy, if this act did not include a dimension of raising awareness among the populations concerned. By inducing an internal dynamic within the mental space which must lean towards positive choices, members of the groups or communities concerned should feel challenged to review their world views. And global society will be the better for it. But we must not be deceived: we still have a very long way to go.

Prosper Hamuli Birali

XIII. READ FOR YOU

FISTULAE

Throughout this document, fistulae have been mentioned as one of the most serious consequences of sexual violence which the agents of medical and psychosocial programmes have to face in SFVS. To give you an idea of what this means, I have collected a few elements from Internet.

1. What is a fistula?

A fistula is an abnormal communication between two organs that normally have no connection. When one first hears about a fistula, the first reaction is to refuse to hear more. The subject is really too disagreeable. That is exactly what happens to women affected by a fistula. No one wants to know them.

2. How does a fistula appear?

During a long labour, the constant pressure of the head of the baby against the pelvic basin of the mother prevents blood from reaching the soft tissues around the bladder, the rectum and the vagina. The damage to the tissue leads to their breakdown, thence a hole appears, or a fistula. If the hole affects the vaginal wall and the bladder, the woman can no longer control her urine; and if it is between the vagina and the rectum, she loses control of her defecation.

In the case of rape, the lesion is often caused by collective or repeated rape.

3. The hellish life of a woman with a fistula

If the joy of giving birth (delivery) can be transformed for a parturient into an eternal nightmare, transforming her into a ghost, excluded from society by the appearance of a fistula, what can we say of these women who acquire their fistula following sexual violence?

'The woman with a fistula is abandoned by her family, by her husband and by society: depression, disgust for sexuality, fear of re-entering society, are all consequences of the

vesico-vaginal fistula. Unable to stop the flow of urine, the woman suffers the humiliation of smelling constantly of urine and faeces. It may also be difficult for her to walk because the nerves supplying the lower limbs are also affected. And

when she should be consoled for the loss of her child, often she is rejected by her husband, avoided by the community and blamed for her condition.’ Women who receive no medical care not only look forward to a life of shame and isolation, but they also risk a slow and premature death from renal failure.

4. Is it possible to repair a fistula?

Fortunately, it is possible to operate on a fistula in most cases, even several years later. The cost of the operation in Goma can vary between 100\$ and 400\$, but this is far beyond the resources of the majority of patients or victims. If the operation is correctly performed, the success rate can be 90%, and in most cases the woman can have other children. Careful post-operative care, over at least 10 to 14 days, is essential to prevent infection during healing. It is also necessary to educate and advise the young woman to help her regain her self-confidence and assist her to reenter society when she is healed. A fistula operation, which involves reconstruction, requires a qualified surgeon and well trained nurses. Carefully supervised post-operative care is no less indispensable for the recovery of the patient or the victim.

So surgery can repair the damage, but most women are not aware that treatment exists, or they cannot access this care, in many cases because they are too poor.

I used the following articles:

1. UNFPA / ENGENDER HEALTH, ‘The obstetrical fistula: breaking the silence in Africa.’

1. HAROUNA Y.D. *et alia*, ‘The vesico-vaginal fistula from obstetrical causes: a study of 52 women admitted to the fistula village.’

Source: Internet

Onesphore Sematumba

List of publication of Pole Institute

Already in print:

- research on the traditional management of conflicts in the Great Lakes Region (Regards Croisés No. 00)
- organisation of the meeting of agents of civil society in North Kivu, in Goma, to analyse the mutual interests of the communities (Regards Croisés Special Edition, November 1998)
- analysis of concepts: ethnic group and ethnicity, nation, democracy, citizenship and the cross-border concept (Regards Croisés No. 001)
- in collaboration with EZE, organisation of a meeting in Bonn, bringing together church leaders, and people's organisations from Burundi, Congo and Rwanda (Regards Croisés, special edition, February 2000)
- co-production with the NGOs ACOGENOKI, ACODRI, UCOOPANOKI and CRONGD / Nord Kivu of an Economic Model in a situation of prolonged crisis
- Four productions on the theme of the inter-Congolese dialogue, looking in the eyes of university leaders, the women of North and South Kivu, examining the experience of intercommunity interaction, and the opinions of rural farmers in North Kivu (Regards Croisés No. 002, 003, 004, 005)
- In collaboration with some members of CREDAP, publication of a study on *Colombotantalite and its social impact on the populations of North Kivu* (December 2000 and April 2001)
- Production of two papers on: *Impunity and violence, the diagnosis of the educational community*; and *Lessons learned from work centred on the emergence of nuclei of legitimacy*.
- One edition of Regards Croisés on the *Volcanic eruption of Nyiragongo and its impact on household incomes*.
- In collaboration with Dominic Johnson, publication of a study on the activities of the Canadian company Heritage Oil, and the impact that exploration and imminent exploitation of black gold could have on populations in the North East of our country: *Shifting Sands: Oil Exploration in the Rift valley and the Congo Conflict*, February 2003. The French version: *L'exploration du pétrole dans le Graben et le conflit congolais* is also available.
- Regards Croisés No. 10 : Intercultural exchanges for peace. January 2004