Challenges in Aid to Rape Victims: the Case of the Democratic Republic of the Congo

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Abstract

Officially the war in the Democratic Republic of the Congo (DRC) has ended, but human rights reports leave no doubt that the conflict is still going on, particularly in the Eastern provinces. The widespread and systematic use of rape as a weapon of war has put the issue of sexual violence at the heart of the public debate. Rape victims are faced with severe physical and psychological trauma, high risks of unwanted pregnancies, infections with sexually transmitted diseases including HIV/AIDS, and rejection by their family and the community. Based on broader empirical research focusing on the sexual and reproductive health (SRH) rights and needs of war-affected children, this article suggests the adoption of a rights-based approach in the aid to rape victims. Such an approach should not only pay attention to the provision of direct aid to the victims and to protecting them from being repeatedly victimised, but also to the prevention of the further spread of sexual violence. Direct aid to the victims requires the development of comprehensive programmes that should include five interrelated and complementary components: medical assistance, psychosocial support, economic aid, legal aid, and protection. Prevention should focus on the fight against impunity and the elimination of socio-cultural barriers that enhance the ‘acceptability’ of sexual violence perpetrated by non-combatants. In the reconstruction of the country the fight against impunity will be paramount to counteract the ‘ethical vacuum’ that has been created, whereby other forms of sexual violence, such as adult men making use of the services of children who try to survive as sex workers, are not only tolerated but even accepted. Given the complete state of impoverishment in the DRC to which the author calls attention, the support of international donors will be indispensable. The creation of effective coordinating mechanisms will be essential and the strengthening of the national and local capacities to respond properly to the needs of the rape victims will be paramount in order to guarantee sustainability of the programmes.

1. Sexual Violence on the International Agenda

For centuries rape and other forms of sexual violence have been condoned as inevitable, though regrettable and horrific, side effects of war. Although the Fourth Geneva Convention of 12 August 19491 and its Additional Protocol of 8 June 19772 prohibit the use

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of sexual violence against women in wartime, it was not until the war in the former Yugoslavia and the genocide in Rwanda in the early 1990s that the issue of sexual violence was really put at the heart of the international humanitarian agenda. In 1993 the United Nations Security Council explicitly included rape and other forms of sexual violence, such as enforced prostitution and sexual assault, in the mandate of the International Criminal Tribunal for the Former Yugoslavia. Rape and other forms of sexual violence were also identified as crimes against humanity and a violation of international humanitarian law in the mandate of the International Criminal Tribunal for Rwanda. These decisions marked the beginning of a new era in the setting of the international humanitarian law and human rights agenda.

Sexual violence became a recurrent point of concern in several special UN procedures, particularly where the protection of women's and children's rights were concerned. On 4 March 1994 the United Nations Commission on Human Rights adopted a resolution (1994/45) on the elimination of violence against women, and a Special Rapporteur on Violence against Women, its Causes and Consequences, Ms Radhika Coomaraswamy, was appointed. In her preliminary report to the UN Commission on Human Rights she noted that rape remained 'the least condemned war crime'. In 1995 the UN High Commissioner for Refugees (UNHCR) issued guidelines on 'Sexual Violence against Refugees'. In 1996, in her report on the impact of war on children, Ms Graça Machel, the Expert of the Secretary General of the UN, emphasized the devastating effects of sexual violence on the physical, psychological and social development of children and adolescents. In a progress review report five years later, she referred extensively to the severe psychological and social impact of rape and sexual violence on children, both girls and boys.

In line with the growing recognition among the UN bodies about sexual violence against women and children as a violation of human rights and humanitarian law, the Rome Statute of the International Criminal Court (ICC, 1998) recognized the widespread and systematic use of sexual violence as a war crime and as a crime against humanity. Moreover, the ICC Statute stated that the definition of war crimes not only applied to war,

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2 ‘Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflict (Protocol I) of 8 June 1977’, at II.76.
4 S/RES/955, 8 Nov. 1994.
11 ICC explicitly recognizes ‘rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity’ as a war crime (ICC, Art. 8.2.b.xxii) and a crime against humanity (ICC, Art. 7.1.g).
but was also applicable in the case of internal armed conflict (Article 8.2.c). The ICC Statute not only marked an important progression in the development of the human rights component of criminal and humanitarian law, but also reflected a mainstreaming of women’s rights in the normative structures of international humanitarian law, which used to marginalize sexual violence as a natural consequence of war. This tendency was also reflected by the adoption of Resolution 1325 by the UN Security Council, reaffirming the need to fully implement international humanitarian law and human rights law that protect the rights of women and girls both during and after conflict. The Security Council called on all parties to armed conflict to take special measures to protect women and girls from gender-based violence, ‘particularly rape and other forms of sexual abuse’ (Article 10). Moreover, the resolution emphasized the responsibilities of all States ‘to put an end to impunity and to prosecute those responsible for genocide, crimes against humanity and war crimes including those relating to sexual and other violence against women and girls’ (Article11).

States are explicitly held accountable for taking measures to prevent and protect women and children from sexual violence. In 2003 the mandate of the Special Rapporteur on Violence against Women was extended by another three years through resolution 2003/45 on the elimination of violation against women. In this resolution the UN Commission on Human Rights emphasized the duty of Governments to take appropriate and effective action concerning acts of violence against women, whether those acts are perpetrated by the State, by private persons or by armed groups or warring factions (Article 5). Governments should also take measures to ensure victims’ access to just and effective remedies and specialized, including medical, assistance (Article 5). Furthermore, the Commission encouraged States to ensure that women have access to comprehensive and accessible health services and programmes and to health-care providers who are knowledgeable and trained to meet the needs of patients who have been subjected to violence, in order to minimize its adverse physical and psychological consequences (Article 9).

Still, growing awareness and improved legislation to combat the use of sexual violence as a weapon of war is not translated into increased protection for women and children. Although the use of rape and sexual violence is widely discussed at international political fora and in the media, effective responses to protect the civilian population and to meet the needs of the victims remain scarce.

2. The Case of the Democratic Republic of the Congo

Since 1996 the DRC has been the scene of ongoing ethnic conflicts and civil wars with troops from several neighbouring countries regularly intervening. In 1999 the Lusaka Ceasefire Agreement was signed between the conflicting parties. The agreement set out the modalities for the disarmament of the armed groups involved in the conflict and the

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12 This definition is particularly important since the majority of armed conflicts nowadays are internal, within States, and less between States.
withdrawal of all foreign forces from the national territory of the DRC. However, the Rwandan armed groups who had fled to the DRC after participating in the 1994 genocide in Rwanda maintained their active presence in DRC territory. In 2002 the Pretoria Agreement was signed between the DRC and the Republic of Rwanda which regulated the withdrawal of all Rwandan forces. In spite of the official peace agreements the conflict continued, particularly in the Eastern region of the country, in the Provinces of North and South Kivu.

Accurate figures on the number of rape victims do not exist and are difficult to collect, but observations by human rights organizations and reports from hospitals and health centres indicate that there must be tens of thousands. The rapes are committed on a massive scale and are characterized by an appalling cruelty. The acts of rape are often combined with beating, stabbing, cutting and severe genital mutilation of the victims with sticks, knives and guns. The victims are often raped in front of their families and the whole community. Their ages range between 23 months and 84 years. The vast majority of victims are women and girls, but there are also reports of men and boys being raped by armed groups. The local population prefers to believe that the acts of rape are committed by enemy troops from over the border, i.e. the Rwandan troops. Nevertheless human rights reports agree that all armed organizations involved in the conflict, including the DRC armed forces and many domestic rival armed organizations and militia, are guilty of using rape as a weapon of war.

For many years rape was used by all sides to the conflict with the aim of spreading terror and to destabilize communities. In spite of reports about the use of sexual violence to spread terror and destabilize communities there was little, if any, response from the international community, and the armed groups involved in the conflict rejected any responsibility for acts of violence against civilians. In the course of the peace process, however, the silence was broken and the voices of international NGOs and human rights organizations such as Human Rights Watch, Amnesty International, Médecins sans frontières and USAID were gradually heard.

In the UN Secretary-General’s fourth report to the Security Council on ‘Children and Armed Conflict’, Mr Olara A. Otunnu, Under-Secretary-General and Special Representative of the Secretary General for Children and Armed Conflict, highlighted the situation in the DRC, where rape is used in its most violent, cruel and brutal form as a weapon of war against women and children. Not only did he point out that child victims of

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17 Interview of the author with Dr. Mukwege, gynaecologist at the Panzi Hospital, Bukavu, 6 May 2004.


rape have difficult or non-existent access to appropriate medical care and psychosocial support, he also stressed the particular vulnerabilities of raped girls, who risk losing whatever possibilities for marriage they may have and easily become pariahs, as they are forced to flee and to prostitute themselves in order to be able to survive. In her report to the UN Commission on Human Rights the Special Rapporteur on the Human Rights Situation in the DRC, Iulia Motoc, drew attention to the specific needs and rights of women and child victims of rape and other forms of sexual violence and made an urgent call to end impunity.  

In its latest 2005 report on the DRC, Human Rights Watch highlighted the fact that the practice of widespread and systematic use of rape is still going on, particularly in the eastern provinces. For many women and girls the nightmare continues and the threat of being targeted by crimes of rape and other forms of sexual violence has not yet ended.

Today, the DRC is party to the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW, 1979), the Convention on the Rights of the Child (CRC, 1989) and the ICC Statute, but in practice huge challenges remain to protect women and children against rape and other forms of sexual violence.

3. The Impact on the Local Population

3.1 Severe Physical and Psychological Trauma

The widespread and systematic use of rape in the DRC war has inflicted severe and long-lasting physical and psychological traumas on both the direct victims, i.e. the persons who were actually raped, and the indirect victims, i.e. the husband, the family, the community and the entire population, who are also severely traumatized.

Sexual violence can have devastating long-term psychological effects, which can radically affect the course of a person’s entire life. Many years after the events the victims may still suffer the psychological consequences of the trauma they experienced. Men may feel deeply frustrated at not having been able to protect their wives and children. Child victims of sexual violence may suffer depression, anxiety, low self-esteem, increased or inappropriate sexual behaviour, loss of social competence, cognitive impairment, body image concerns and substance abuse. Many victims suffer from internal tearing or severe fistula. Complicated childbirth, difficulties with urinating and menstruation problems are common.

The tears and physical damage also increase vulnerability to sexually transmitted infections and HIV/AIDS. Interviews with several local non-governmental organizations in Kinshasa and the Eastern DRC revealed that the population was convinced that the rape raids were organized with the particular aim of infecting the population with HIV. Whereas the national HIV prevalence rate is estimated at around 5 per cent, regional records

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25 Although it sounds surrealistic to assume that enemy forces identify HIV-positive soldiers to execute the ‘rape missions’, it cannot be denied that there must be a very close link between the massive number of rapes and the increasing prevalence of HIV/AIDS in the area.
indicate that the prevalence may be much higher, particularly in the Eastern DRC, where prevalence rates of 32 per cent among adult men, 54 per cent among adult women and 26.5 per cent among children were found.\footnote{DRC: Conditions Ripe for HIV/AIDS Explosion’, (Nairobi: IRIN, 15 Aug. 2001) \url{http://www.globalhealth.org/news/article/1188}. Last accessed 4 May 2005.}

3.2. Unwanted Pregnancies

Rape increases the risk of unwanted pregnancies and unsafe abortions, particularly in countries like the DRC where abortion is forbidden by law, even in case of rape.\footnote{The War within the War. Sexual Violence against Women and Girls in Eastern Congo, (New York: Human Rights Watch, June 2002), at 66.} Humanitarian policy documents and guidelines for the protection of children in conflict situations have failed to describe how to address the situation of children born to rape victims. They do not necessarily experience war in the same way as child soldiers, refugees, displaced children or war orphans do, but are rather victims of abuse and stigma during and after the war.\footnote{R.C. Carpenter, ‘Assessing and Addressing the Needs of Children Born of Forced Maternity’, Submitted 27 July 2000 to the Secretariat for the International Conference on War-affected Children, Winnipeg, Canada, 11-17 Sept. 2000. \url{www.waraffectedchildren.gc.ca/orphans-e.asp}. Last accessed 18 Dec. 2001.} So far little research has been conducted into the living conditions of children born to rape victims; nevertheless, it can justifiably be assumed that so-called ‘rape children’ face high risks of infanticide, stigma, neglect and discrimination. Some children have been called ‘Interahamwe’ after the Rwandan militia who had crossed the border, and are thus stigmatized for life.\footnote{The Interahamwe was the most important Hutu militia in Rwanda, which, together with the state army and the police forces, was responsible for over 800.000 deaths in the genocide of 1994. After the genocide, they crossed the border with former Zaire, now DRC, and actively involved themselves in the war.} In Shabunda territory, 350 kilometres south-west of Bukavu, for example, the local population threatened to kill all ‘rape children’ if they were not sent back to Rwanda ‘where they belonged’.\footnote{Personal interview of the author with Ms Milen Kidane, UNICEF Protection Officer, in Bukavu on 5 May 2005.}

3.3 Social Rejection

On top of the physical and psychological traumas, rape victims in the DRC also face a real risk of stigmatisation and rejection by their family and community, who may feel deeply dishonoured and humiliated. In a society where a woman’s value is closely linked with virginity, marriage and child bearing, the victim’s suffering is often subordinate to the dishonour and frustration inflicted upon the husband, the family and the whole community. Although public opinion may well recognize that women and girls raped by the military are not to be blamed, the victims run the real risk of being expelled from their homes and ending up in the street with no means of survival.

Particularly in the case of girls, rape may have far-reaching consequences. An exchange with young HIV/AIDS peer educators left little doubt about the future of raped girls. In answer to the question how they felt about these girls, some answered: ‘We are boys, and we satisfy our physical [sexual] needs with her’, ‘There is our culture. One should respect our culture
and there is no way that she can stay home’ and ‘She should be taken elsewhere.’ Fear, shame and stigma will prevent her from finishing her education. She may become the second or third wife (‘le deuxième ou troisième bureau’, ‘the second or third office’) of a married man, but her chances of getting married are seriously reduced, not to speak of the chances of her baby being accepted by her husband. Raped girls also run a high risk of being rejected by their families. Once on the streets, with no place to go to and no one to protect them, they will become easy victims of all kinds of sexual violence, left with few other means of surviving than as a sex worker. Child sex workers have very little control over the kind of payment and very little negotiating power over the use of condoms to protect them. This kind of sexual transaction is typified by girls offering sexual services in exchange for payment in kind – some biscuits, soap, a plastic sheet, clothing, shoes, books or pencils. As a survival sex worker, she will no longer be considered as a child with specific protection needs and rights, but as a ‘prostitute’, loathed by society and thus victimized for the third time.

3.4 Loss of Social and Moral Norms and Values

Years of protracted conflict may result in an ‘ethical vacuum’, as the distinction between combatants and civilians becomes blurred. In a war-affected society, traditional norms and social values regarding the status of women and children and their protection may gradually fade, the consequences of which may be disastrous for the civilian population. Particularly in a context where the judiciary fails to prosecute the perpetrators and to bring them to court, this situation can give rise to serious social tensions within the community. Weak, ineffective or even non-operational legal systems and the low investigative capacity of local police forces, combined with the isolation and social stigmatisation of the victims, may create an environment that is conducive to an increased incidence of sexual violence against women, children and adolescents, instead of preventing it.

The widespread use of rape, combined with an almost generalized impunity for the perpetrators, has lead to a widespread tolerance and even acceptance of sexual violence as a fact of everyday life in the DRC. The Director of Child Protection at the Ministry of Women and Family Affairs explained that ‘sexual violence was very much in vogue’ and constituted a threat to all protection programmes for women and children. The Minister of Human Rights expressed her concern that human rights had become ‘a triviality’. Where women and children used to be protected, they have now become ‘fair game’ in the struggle for power.

More and more reports indicate that the military are often joined by civilians who actively participate in the rape raids. Focus group discussions with adolescents revealed that

32 Exchange of the author with 34 peer educators (15 girls and 19 boys) on sexual and reproductive health and HIV/AIDS in Bukavu, 2 May 2004.
33 A. Lawday, HIV and Conflict: a Double Emergency. Without war, we could fight AIDS (London: Save the Children UK, 2002), at 9.
sexual violence and rape are a widespread phenomenon. Reports of young girls, and even little babies, being raped by neighbours and relatives are no longer exceptional. Adult men and adult women sexually abusing young boys are more and more heard of. These findings confirm the findings of a Human Rights Watch team in the Eastern DRC that concluded that so-called survival sex created a context where abusive sexual relationships between adult men and young girls has become accepted and ‘men regard sex as a “service” easy to get.’ Using the services of girl sex workers is no longer regarded as an act of sexual violence against children, but rather as a favour, providing these girls with a means of surviving.

4. Addressing Rape Victims’ Rights and Needs

4.1 Factors Contributing to Helping Rape Victims

At least the severity of the situation in the DRC has contributed to raising awareness among the DRC authorities and the civil society about the unacceptability of the use of rape as a weapon of war. Gradually the prevailing taboos on sexual violence are being broken and the issue has started to be discussed publicly at national and regional fora. The use of rape by the parties in conflict was the subject of fierce debates on the International Women’s Day in Kinshasa on 8 March 2004. Within the DRC many non-governmental organisations have taken up the challenge of providing psychosocial support and engaging in victim identification, orientation, referral, trauma counselling, as well as in family and community mediation aimed at facilitating the reintegration of raped women and girls into their families. Civil society, and more particularly women’s organisations, are actively involved in the development of national laws that equally promote rights for men and women and protection of women and children against sexual violence. On 22 June 2006, the DRC Parliament voted in a specific law against sexual violence, which is still waiting to be ratified by the president.

At the level of the DRC authorities several ministries, such as the Ministry of Women and Family Affairs and the Ministry of Human Rights, are committed to fight impunity as one of the priorities in preventing sexual violence. The president personally committed himself through the creation of a Social Fund that has taken the lead in the fight against sexual violence and other forms of violence against women. Rape of women and girls are explicitly integrated within the mandate of the Truth and Reconciliation Commission, which also provides for the creation of a Special Permanent Committee to deal with issues of violence against women and children. The fight against all forms of violence against women and children, including sexual violence, is also explicitly incorporated in the new Constitution which was approved in a national referendum organised in December 2005.

39 Sexual violence was one of the issues discussed by the author with adolescent boys and girls in Kinshasa, the capital of the DRC, and Bukavu, the capital town of the eastern Province of South-Kivu, at the border with Rwanda. A total of 11 focus group discussions with adolescent boys and girls (4 in Kinshasa and 7 in Bukavu) were organised with a total number of 117 adolescents (70 girls and 47 boys).

40 The War Within the War, n. 28 above, at 21.


Challenges in Aid to Rape Victims

There is common agreement that the fight against rape and other forms of sexual violence should take place at different levels, addressing the needs of the individual victim as well as the needs of the husband, the family and the community at large. However, many challenges remain and factors hampering the development of comprehensive aid for victims are still far too numerous.

4.2 Factors Hampering Aid for Rape Victims

Worldwide, a major obstacle in fighting sexual violence against women and children is that the concept of violence is understood differently in different social and cultural settings. Some acts of violence, such as sexual harassment and sexual intercourse with minor girls, are not widely recognized as forms of sexual violence although they can have negative and long-lasting consequences for women’s mental health and overall well-being. Other forms of sexual violence, such as coerced sex and the sexual abuse of children are even condoned, since the line between giving gifts for sex and buying sex has become blurred.

The representative of an international agency for women’s rights explained that culture was the main barrier in fighting sexual violence as it ‘is part of the tradition’. An expert in sexual violence from an international humanitarian organisation explained that even before the war sexual violence against women was widespread in the DRC and culturally accepted. Some traditions, she told, include women being raped in order to make them marry the perpetrator. Over the years, however, and as a consequence of the war, rape has taken extremely violent expressions and has become a strategy for men to intimidate and profile themselves. In the DRC the notion of sexual violence has become very ‘flexible’ and is easily reduced to refer solely to acts of rape committed by combatants, and more particularly by combatants from abroad, whereby the complicity of civilians in the acts of rape is easily denied or minimized.

The impact of culture on how sexual violence is being dealt with, and defined as such, is a very sensitive issue among the civil society in the DRC. Female activists against sexual violence expressed their fear about how some international organisations approach the issue without showing respect for their culture. In an interview with a coalition of women’s organisations in the Eastern DRC, who played a prominent role in the law reforms mentioned above and in national and international advocacy, the women kept on insisting that international organisations should show respect for the victims and their culture instead of ‘scandalising’ and looking for sensation. As an example, they explained that in some cultures in the DRC raped women are not allowed to breastfeed their babies since the common belief is that this will kill the baby. Before returning to their family, the women should undergo a rite of ‘purification’, which may consist, for example, of offering a goat as a present. To their understanding, these purification rites should not be explained as an act of violence against women, but be accepted and respected as part of their tradition.

48 Interview by the author, Bukavu, 4 May 2004.
The interviews and focus group discussions also revealed that rejection and expulsion of the rape victim from the community was a widely accepted practice that was not being questioned. ‘It is our culture’ was the phrase most commonly heard as a justification. Overall in the DRC, the rights of women and girls are subject to the honour of the husband, the family and the community. In coming forward and denouncing rape, the victim risks being victimised once again, as she may put her marriage at risk or lose her chances of getting married. Appropriate shelter and refuge possibilities for rape victims are insufficient to meet the huge demand, which exposes the victims to ongoing risks of violence in the street. Programmes for aid to victims of sexual violence lack the resources for long-term follow-up of the victims, their family and the community. Often the programme stops at the moment when the victim returns back home, although problems of cohabiting with the family and the community may arise only after some months, or even after some years, as the effects of the trauma start to emerge.

Another barrier in the fight against sexual violence is the fact that the issue is not automatically dealt with in child protection programmes, although these might be dealing with street children and unaccompanied, internally displaced minors, who are most vulnerable. It was obvious that the director of a vocational skills training programme for street children in Kinshasa did not fully understand what sexual violence against children was about. She explained that girls living on the streets, who used to survive as sex workers, were no longer targeted by the programme as they were ‘too expensive’, for they required shelter and provisions for their babies. Moreover, she was convinced that these girls were not interested in changing their lifestyle since ‘they earned fortunes in the street.’

When talking to survival sex workers, however, it appeared that they only had one request: to quit the life they were living. Ironically, not integrating prevention and response to sexual violence in such programmes may also be conducive to a greater vulnerability of the children targeted. Girls attending a vocational skills training programme in Bukavu explained how they were regularly forced to have sex with men in order to obtain the materials they needed to attend the course: If we find that we are chased from school because we do not have the materials for the sewing class and a boy offers us five dollar, we know that these five dollar can help us to buy the sewing materials for the next three months, we accept to have sexual relation with him.

The volatile and uncertain political context is another hampering factor, the impact of which should not be underestimated. The existence of thirty-four different ministries does not facilitate the development of coordinated interventions. Men and women representing political organizations that are allegedly guilty of organized rape occupy high political positions. This was the case, for example, of the Minister of Women and Family Affairs, who experienced severe difficulties in convincing public opinion of her commitment to fighting sexual violence and seeking justice for the victims. She is a member of the Congolese Assembly for Democracy (RCD - Rassemblement congolais pour la démocratie), one of the armed opposition groups involved in the war, which was also accused of having used rape as a weapon of war.

Perpetrators of rape and sexual violence feel untouchable as impunity is widespread. Years of war have left the country completely impoverished. The national and local authorities have been completely weakened and disrupted by the war and have little or no

50 Focus group discussion organised by the author with girls attending a professional training programme, Bukavu, 4 May 2004.
means of paying salaries or even providing pens for civil servants working at the National Court of Justice to write their reports.\textsuperscript{51} There is an overall lack of competence, power and resources among the judiciary to enforce the application of the DRC legislation on sexual violence. A lack of confidence in the judiciary prevents victims from seeking justice, as well as the lack of sensitivity of magistrates, lawyers, police officers and the military in dealing with issues of sexual violence. However, the situation is gradually changing and ‘examples’ are being set. On 12 April 2006, seven combatants from the RDC got life sentences at a military court for the mass rape of more than one hundred women and girls in December 2003 in Northern DRC.\textsuperscript{52}

Programmes for aid to victims of rape and other forms of sexual violence are not only hampered by socio-cultural barriers and prevailing impunity because of a weakened judiciary system, but also by a health system which has completely broken down, particularly in the war-affected areas where repeated pillages have deprived the population of minimal health services, including basic SRH services. Access to health services, particularly to services specialized in aid to victims of sexual violence, is difficult because of the geographical concentration of these services in major towns, the generalised destruction of roads, the ongoing military insecurity and the lack of information about the availability of appropriate services. Drug supplies are irregular and inadequate. Emergency contraceptives, antibiotics, post-exposure prophylaxis, voluntary counselling and testing for HIV and antiretroviral treatments are not generally available and only offered by a limited number of – mainly international – non-governmental organizations. Standardized protocols for dealing with victims of sexual violence do not exist and often the health staff are not properly trained in dealing with these cases. The surgical capacity for dealing with fistula patients is very limited and hospitals that offer these services are already overburdened and can no longer cope with the huge demand. Resources for the implementation of the national programmes for SRH and the fight against HIV/AIDS are lacking, particularly in the eastern provinces, and the international donor community is mainly driven by its own priorities and policies, which generally do not cover aid to victims of sexual violence.

5. Conclusions

According to international human rights and humanitarian law standards women and children not only should be protected from rape and other forms of sexual violence, but should also have access to adequate aid. Responding to the needs of rape victims from a rights-based approach necessarily requires a comprehensive approach that should not only pay attention to the provision of direct aid for the victims and to protecting them from being victimized multiple times, but also to preventing sexual violence from spreading further.

The direct needs of rape victims in the DRC are manifold: medical and clinical assistance, psychosocial support, economic aid, legal aid and protection/security. Adequate medical and clinical services, comprising treatment of physical injuries and specialized surgical interventions, pregnancy care and management of sexually transmitted infections and HIV/AIDS, should be provided. Victims should also have access to psycho-social support to overcome the traumas suffered. Economic aid will be needed in order to help them to survive without the support of their families. Legal aid will be needed in order to

\textsuperscript{51} Interview by the author at the National Court of Justice, Kinshasa, 28 Apr. 2004.
enable them to go to court and accuse the perpetrators. Victims should also be guaranteed shelter and refuge in order to protect them and their children from reprisals.

The findings of the study in the DRC also reveal the complexity of the problem and indicate that prevention will be at least as important as direct aid. Preventing rape and sexual violence not only includes fighting impunity, but also includes eliminating socio-cultural barriers that enhance the ‘acceptability’ of sexual violence perpetrated by non-combatants. The recent legislative reforms and the inclusion of sexual violence in the mandate of the Truth and Reconciliation Commission are the first and very promising steps in the fight against impunity, but huge challenges remain. Ending impunity will also require thorough changes in the minds and hearts of many Congolese, and of the judiciary in particular, as culture and tradition are easily used as a pretext to condone and accept rape, coerced sex and sexual abuse of minors.

A non-comprehensive approach to sexual violence, whereby attention is given to only one or two aspects of aid and prevention, will inevitably mean that the rights of the rape victims are not fully respected, and may even increase their risks of other forms of sexual violence. In a country that has been completely devastated by war, the international donor community will play a major role in providing the necessary resources for the rehabilitation and reconstruction of the health system and the judiciary, which is needed in order to address the rights and needs of tens of thousands of victims. The efficient and effective use of the limited resources available will be greatly challenged by the huge diversity of stakeholders involved in the aid programmes (national, international, governmental and non-governmental). Coordinating mechanisms should be set up with the aim of improving and enhancing the effectiveness of the different interventions in the field. Building a national and local capacity to respond properly to the needs of rape victims and to support advocacy on the broader issue of sexual and gender-based violence will be paramount for the promotion and realization of gender equality in the post-conflict Democratic Republic of Congo.