



Australian Refugee Rights Alliance

"No Compromise on Human Rights"

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WOMEN AT RISK IN CONGO

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WOMEN AT RISK IN CONGO

BACKGROUND

While officially the Civil War in the Democratic Republic of Congo ended in 2003, fighting has continued. On January 23 this year the government and 22 armed militia groups signed a comprehensive ceasefire agreement. While hailed as a diplomatic success, the conflict is not over and the continued suffering of Congolese civilians remains an international failure.

Congolese women are particularly at risk in this environment and it has been suggested that eastern Congo is currently the worst place in the world to be a woman or a girl.¹ Rape has become a strategy of war, intent on weakening the fabric of communities. While not all rape is committed by armed groups, government soldiers are key perpetrators, inflicting abuse upon the population they are meant to protect. In documented cases alone, more than 60,000 women have been raped since 1998 and since the ceasefire in January, a further 500 women have sought medical help after being raped.²

The violence in Congo has now been well documented and there is substantial awareness of the situation in the international community. Yet it appears there has been little change in the circumstances of women at risk. In particular, this paper argues that more needs to be done in eastern Congo to:

1. Protect women at risk from sexual violence
2. Ensure rape victims are provided with adequate services to cope with their abuse and with resulting health issues, particularly HIV/AIDS
3. Ensure adequate protection and services for children born of rape
4. Provide resources and support for community based women's groups

CURRENT SITUATION

In terms of **protecting women at risk from sexual violence**, it is clear that the Congolese state is unable to respond to and protect its own citizens. Congolese soldiers live in appalling conditions and are notoriously undisciplined. Impunity for sexual violence is the norm and misconduct is often condoned or ignored. The prevailing attitude is that it is the women's fault for putting themselves in situations where rape is possible. Additionally, without strong state authority the general population are not held accountable for crimes and rape by civilians is on the rise, especially in large cities such as Goma. When women have the courage to report rape, prosecutions are slow or nonexistent and as there is no witness protection, the incidence of re-rape is high. The prevalence of sexual violence both reflects and perpetuates the subordinate status of most women throughout Congo, and in such an environment women at risk have virtually no recourse for assistance. Additionally, many women have been displaced by the violence resulting in increased vulnerability as they lose their livelihoods.

While UNHCR formally launched an assistance programme for victims of sexual violence in North Kivu in May 2007, it appears that the suffering of rape victims continues to be exacerbated by lack of access to appropriate services, especially **health care**. The main service providers are general hospitals, which suffer from a lack of facilities and health care workers, where doctors will not provide services without payment. In these facilities rape victims are mixed in with the general medical population and not treated according to their unique needs, particularly the need for trauma counselling. At particular disadvantage are rape victims who have contracted HIV/AIDS. The stigma associated with this disease, the belief that victims are going to die regardless of treatment, and the complexities and costs of drug provision results in them being marginalised and having limited access to adequate care. Lack of community awareness and education also results in lack of acceptance of **children born of rape**. These children can be abandoned,

mistreated or face discrimination and exclusion from necessary support and services, which only serves to increase their vulnerability.

One of the few avenues for support that women at risk have in this environment are *maisons d'écoute* or Listening Houses. Run by **local women's groups** these shelters offer basic counselling and temporary housing for victims of sexual violence. However, most of these shelters are dilapidated with very basic facilities and these women's groups are urgently seeking further support for their work.³

WOMEN IN CONGO AND THE WOMEN AT RISK CONCLUSION

The 2006 Executive Committee Conclusion No. 105 (LVII) on Women and Girls at Risk outlines a number of short and longer term individual responses and solutions that are particularly applicable to the eastern Congo case. These include:

(n) (ii) provide women and girls at risk with information, counselling, medical and psychosocial care, as well as access to safe houses if they face domestic violence and abuse or attack by other members of the community, especially where there are no mechanisms to remove perpetrators; provide emergency voluntary relocation, e.g. to another town or camp, or emergency resettlement.

(o) (iii) strengthen individuals' access to education, vocational training and recreation programmes with childcare and promote community-based livelihood strategies

(p) (iii) consider using special evacuation programmes for internally displaced women and girls at risk, if necessary, given that resettlement is very rarely available to them

Additionally, the Women at Risk Conclusion highlights a number of preventative strategies including the empowerment of displaced women and girls through strengthening women's leadership and participation, strengthening capacities, and working with the community to raise awareness of rights and gender roles. Pursuing the implementation of these strategies, responses and solutions in eastern Congo has the potential to make a significant difference in the experience of Congolese women and children at risk.

CONCLUSION AND RECOMMENDATIONS

While the international community has recognised and taken some steps to address the dire situation facing women in Congo, first hand evidence suggests that little has changed in improving the circumstance of women at risk. More needs to be done on the ground to directly alleviate the suffering of these women and their families:

1. **Emergency resettlement/evacuation of women most at risk** – This paper is accompanied by a list of women currently known to be at critical risk of sexual violence and whose safeguard can not be guaranteed by in-country solutions. Acknowledging the recommendations of the Women at Risk Conclusion, as well as UNHCR's mandate to protect Internally Displaced Persons (IDPs) within the UN Cluster Approach, we recommend that UNHCR urgently pursues emergency resettlement or humanitarian transfer or evacuation for these women.
2. **Establishment of 'safehouses' in Goma and Bukavu** – We recommend the establishment of two United Nations protected centres to ensure both immediate protection for women and children at risk and the provision of services that can enable victims to recover and rejoin their communities. These centres should provide appropriate health facilities, including mental health expertise, to care for rape victims and children of rape. Additionally these centres should offer

capacity building and education and job support to allow women to develop the confidence and skills to rejoin their communities and benefit from the protection of livelihoods. These centres should also be used to assess women who are at critical risk of continued sexual violence with the potential to be considered for emergency resettlement or evacuation.

3. **Community education and support** – Breaking the cycle of impunity associated with sexual violence and combating the stigma associated with rape and HIV/AIDS requires community awareness raising and education. Additionally, there is an opportunity to help strengthen the support services being offered by local women's groups. UNHCR and cluster partners should continue to work with and provide further support for local community groups to develop and implement community education programmes and support services.
4. **Participation of women** – Key to ensuring women's rights are held at the forefront of the situation in eastern Congo is allowing the voice of women to be heard. UNHCR and cluster partners should provide further support for the participation of women at all levels, from community working groups to government decision making.

ABOUT ARRA

ARRA: Australian Refugee Rights Alliance is a consortium of Australian Non Government Organisations attending the UNHCR Annual Consultations with NGOs and the Executive Committee of the High Commissioner's Programme. Its members advocate for change at the international level.

1. Freeley, R and Thomas-Jensen, C, 2008, 'Getting serious about ending conflict and sexual violence in Congo', *ENOUGH Strategy Paper No. 15*, March 2008, <<http://www.enoughproject.org>>
2. Human Rights Watch, <<http://hrw.org/english/docs/2008/04/25/congo18723.htm>>
3. International Committee of the Red Cross 2007 (4), *Sexual violence in the Democratic Republic of the Congo: victims on trial*, accessed 15 April 2008, posted 20 December 2007 <<http://www.icrc.org/Web/eng/siteeng0.nsf/html/co>>