

Incidence and Contributing factors of Sexual Violence in North Kivu

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ABSTRACT

Introduction: Sexual violence is a serious public health and human rights problem that has short-, medium- and long-term consequences on the physical, mental, sexual and reproductive health of victims. Armed conflicts generally last for several years. This is particularly the case in the province of North Kivu. The presence and movements of armed groups contribute to the scale of sexual violence in the province of North Kivu. The situation is particularly worrying in the greater North Kivu where the context is marked by the presence of several rebel groups, we cite the ADF-NALU, the FDLR, the Mai-Mai and other unidentified people who sow trouble and desolation in their path by the massacre of the peaceful population, rapes and other forms of sexual violence, acts of looting and burning of private and public property and causing population movements. **Results:** Over the past 5 years, Centre Hospitalier FEPSI and its partner hospitals have treated 17,068 cases of victims of sexual and gender-based violence, of which 12,389 cases presented before 72 hours and had access to the post exposure prophylaxis kit (PEP kit) and among these there are 45 men. We found that the age most affected is 10 to 17 years old. Among the factors that promote this violence, we can first mention the war, the ongoing insecurity observed in the region as well as the status of internally displaced persons. Secondly, we have: retrograde customs and traditions, the socio-economic situation of vulnerability of women, the depravation of morals linked to the abusive use of drugs and highly alcoholic beverages, injustice, idleness, poverty, etc. We recorded 133 children born from rape, including 92 born at CH/ FEPSI and 41 at our partner hospitals. The number and profile of the perpetrators is 1390 assimilated civilian perpetrators; 97 militiamen; 182 soldiers and 204 ADF. The health zones concerned are those of Butembo, Katwa, Beni, Oicha Kyondo, Musienene, Mutwanga, Mabalako, Kamango, Kalunguta, Lubero, Vuhovi, Masereka, Alimbongo, Kayna, Manguredjipa

and Biena. **Conclusion:** Sexual violence in the DRC is of a very worrying scale which requires the strengthening of current combat interventions for its eradication. In North Kivu, sexual violence is particularly multifactorial and complex to stop because it is widespread and does not concern a specific group of individuals. However, the restoration of peace and the rule of law are imperative for the prevention of sexual violence.

Keywords: Sexual Violence, Public Health, Children, Women's Rights

INTRODUCTION

Sexual assault is an atrocity that occurs worldwide [1,2]. The DRC is one of the countries most affected by sexual violence in the world [3]. Among gender-based violence, sexual violence has reached the scale of a public health problem in the DRC following the wars and various social unrest that the country has been experiencing for more than two decades [4]. Sexual assaults are particularly endemic in times of war when they are used as a weapon of terror to traumatize innocent people [3]. The various wars that the country has experienced, the customs and traditions in Congolese societies have influenced the existence and exacerbation of gender-based violence and in particular sexual violence. They affect the physical and mental health of individuals, and can also impact entire communities, leaving them shattered by violence, disease, with families destroyed, and children born from unwanted pregnancies [5]. Indeed, GBV, whether institutional, physical, psychological, sexual or other, is committed in all provinces of the DRC and prevents women from participating effectively in the reconstruction and development of the country. However, the fight against gender-based violence is a long-term battle that must succeed in dismantling gender-specific practices anchored in our customs and traditions since the dawn of time [5,6]. The situation is particularly worrying in the North Kivu where the context is marked by the presence of several rebel groups, we cite the ADF-NALU, the FDLR, the Mai-mai and other unidentified people who sow trouble and desolation in their path by the massacre of the peaceful population, rapes and other forms of sexual violence, acts of looting and burning of private and public property and causing population movements [4]. Unfortunately, many cases go unreported. Often, women are too afraid or embarrassed to speak out about their sexual assault, fearing the spread of stigma or fearing repercussions within their communities. The rights of survivors of sexual violence must be guaranteed

without discrimination and in all circumstances as they derive from universal human rights [7].

FEPSI is an association of Women Committed to the Promotion of Integral Health. Created on July 9, 2000, it has been active in the field since January 2003 with the effective opening of its hospital. FEPSI is a philanthropic association with a psycho-medical and social vocation whose head office is located in the city of Butembo, Lubero territory, North Kivu province, in the East of the Democratic Republic of Congo. The basic objective at the beginning was to campaign for access to quality health care to become a reality for vulnerable people because this is an unconditional right of every human being. These vulnerable people were grouped into three categories, namely: VVS (victims of sexual violence), PVV (people living with HIV/AIDS) as well as those displaced by war and/or natural disasters. After reviewing the said objective, FEPSI dreams of a society where men and women all enjoy their human dignity. In addition, we aim for professionalism, equitable access to care for the population and the emergence of a society where the rights and duties of the human person are promoted, defended and respected. Fepsi aims to provide holistic care for survivors of sexual violence.

With the support of its partners, Fepsi give a hand to several hospitals in the territory of Beni and Lubero through training of care providers, supervision, support in post exposure prophylactic kits and other medical inputs for the care of survivors of sexual violence. Socioeconomic and educational reintegration as well as legal and judicial assistance remain the intervention areas least documented in statistical data due to insufficient financial resources.

METHODOLOGY

This is a retrospective study covering a five-year period, from July 2017 to June 2022. Data are collected by health zone through our focal points and at the FEPSI Hospital Center in the register for the care of survivors of sexual and gender-based violence and general information sheets retrospectively.

Data collection is done according to the Data & Mapping component. This analysis was compared with data from the national reproductive health program in North Kivu. The contributing factors were discussed during an exchange workshop with various partners and field stakeholders as well as the analysis of cases received at CH FEPSI. It should be noted that the profile of the perpetrators is noted in the

files of survivors of sexual violence and that several pieces of information are missing for this data.

RESULTS

The data presented are just the reported cases which therefore constitute the tip of an iceberg. The statistics below constitute the overall data of the psycho-medical component at CH FEPSI and in the health zones of the North Kivu from July 2017 to June 2022. Some survivors of sexual violence received in Butembo at CH FEPSI, came to us spontaneously from the Health Zones of Butembo, Katwa, Musienene, Vuhovi and Beni. The others we followed inside through our partners in the Health Zone of Kyondo, Oicha, Mutwanga, Mabalako,

Kamango, Kalunguta, Lubero, Masereka, Alimbongo, Kayna, Manguredjipa and Biena. All of them were thus served through to the material and financial support of our partners FARMA MUNDI, Lysistrata, World Vision and WHH. The analysis confirms that the data collection operation focused mainly on rapes, which represent 90% of reported cases. Over the past 5 years, the CH FEPSI and its partner hospitals have treated 17,068 cases of victims of sexual and gender-based violence, of which 12,389 cases presented before 72 hours and had access to the PEP Kit, and among these there are 45 men. We found that the age most affected is 10 to 17 years old. We recorded 133 children born from rape, including 92 born at CH/FEPSI and 41 at our partner hospitals.

TABLE 1: SUMMARY OF STATISTICS OF CASES OF SEXUAL VIOLENCE IN NORTH KIVU: PERIOD FROM JULY 1, 2017 TO JUNE 30, 2022

CATEGORIES HEALTH ZONE	TOT VVS						<72hours						CHILDREN FROM RAPE					
	2017 ¹	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022 ²
Butembo/CH FEPSI	138	335	315	402	349	69	49	277	277	321	254	56	4	6	12	10	5	4
Beni	218	502	457	566	695	418	61	369	329	357	565	317	4	14	0	12	4	3
Katwa	95	57	107	152	214	105	30	53	73	115	182	91	1	0	2	0	0	0
Oicha	74	719	699	455	210	74	34	454	439	130	185	54	1	4	0	6	2	2
Kyondo	27	13	33	58	118	80	14	12	22	51	87	61	0	0	1	0	0	0
Musienene	27	38	38	67	45	27	20	34	34	62	36	27	0	0	0	0	2	0
Mutwanga	73	279	261	274	306	90	24	197	217	207	281	85	2	0	0	4	0	0
Mabalako	154	44	92	178	228	264	46	42	62	134	171	126	0	0	2	0	0	0
kalunguta	51	91	116	194	107	81	21	70	90	136	89	50	2	0	0	0	1	3
Lubero	37	419	317	284	269	83	16	374	294	195	245	82	0	0	0	2	0	0
Vuhovi	33	22	44	44	71	33	14	20	23	37	63	22	0	0	0	0	0	0
Maserika	10	30	30	23	30	10	6	6	26	15	19	10	0	3	0	1	2	0
Kayna	93	398	372	716	573	211	34	370	325	144	505	209	0	0	0	0	0	0
Alimbongo	24	262	262	250	207	44	15	263	233	207	197	44	0	0	0	3	0	0
Manguredjipa	25	17	22	41	36	25	13	17	17	36	24	23	2	0	0	0	0	0
Biena	24	48	43	40	66	24	11	41	31	32	62	21	0	0	1	0	0	0
Kamango	38	9	35	264	173	58	20	8	28	188	169	55	1	2	0	0	3	0
TOTAL	1141	3283	3243	4008	3697	1696	428	2607	2520	2367	3134	1333	17	29	18	38	19	12
TOTAL BY CATEGORY	17068						12389						133					

The profile and number of the perpetrators is 1390 assimilated civilian perpetrators; 97 militiamen; 182 soldiers and 204 ADF. Besides the rapes, the alleged ADF-NALU seem to be more focused on the massacre of the population, the looting and the burning of the houses of the local population. Among the factors that promote structural violence, we can cite idleness, juvenen delinquency, drug and alcohol consumption,

proliferation of brothels and poverty (some parents who push their daughters into debauchery for the survival of the family). For the so-called conjunctural violence, insecurity and war with rape used as a weapon of war are common currency in the region with the movements of armed men. Most of the women who have to work the fields alone in the forests have found themselves raped several times.

DISCUSSION

The data presented, which only concern those reported, constitute the tip of an iceberg, knowing that many do not report themselves. Germano Vera Cruz in his study speaks of a low proportion of cases that are reported and that the available data lead to underestimated prevalence figures [8]. Among the many logical reasons why women and men may not report sexual violence against them are: inadequate support systems; shame; fear or risk of retaliation; and fear or risk of being blamed or accused of defamation [8]. Supported by its neighbors and several multinational companies, the wars in the DRC are characterized by largescale massacres with more than five million dead, several thousand women and girls victims of sexual violence and more than a million internally displaced persons. In this context of insecurity, women and girls are delivered to prostitution, subjected to sexual slavery, forced marriages and pregnancies [9]. Girls and women are the most affected by acts of sexual violence committed in the DRC. By reflecting the particularly high degree of vulnerability of this social group, the statistics show the need to deploy even more efforts in terms of defending and promoting women's rights in general [9]. Survivors aged 12 to 17 were the most numerous of all cases reported in the provinces targeted by the study conducted by the Ministry of Gender, Family and Children; which corroborates with our data which reveals that the age most affected is 10 to 17 years. This can be explained by the vulnerability of this group which predisposes them to sexual violence. It should be noted that in relation to pregnancies resulting from rape, we only recorded children resulting from rape. It should be noted that several pregnancies ended in spontaneous or induced abortions. The number and profile of the perpetrators is 1390 assimilated civilian perpetrators; 97 militiamen; 182 soldiers and 204 ADF. These data corroborate with those of Antoine Banza-Nsungu et al who stipulate in their study that overall, cases of sexual violence were perpetrated more by civilians (60%) than by men in uniform (36%), which supports the hypothesis that sexual violence is essentially a social phenomenon whose scale is increasing in a context of insecurity due to political military conflicts [9]. The number of perpetrators does not correspond with the number of survivors firstly because the information was missing from the files for most of the cases but also because in many cases, a single perpetrator can rape several people and a survivor can also be raped by several perpetrators at the same time or at different times. The perpetrators are generally identified by their clothing, their

linguistic expressions and their locations. According to the report of the Ministry of Gender and Family, it is noted that militiamen or armed groups are formed from the enlistment of civilians, desertions from the ranks of the Armed Forces of the DRC (FARDC) as well as others from foreign armed groups. The recurring wars and armed conflicts in this part of the country, as well as the insecurity and climate of impunity that reign there, particularly due to the persistence of uncontrolled armed groups and areas of insecurity, are all factors that have created and continue to create the breeding ground for this worst form of human rights violation [6]. The political and economic situation which favors the rise of tensions, the twists and turns and controversies which precede a particular conflict, the military structures which participate in it, as well as the values which they embody, the environment engendered by the war and its after-effects are all factors likely to reinforce discrimination and violent behavior towards women [8].

In Butembo and Beni, there have also been attacks on prisons with the escape of several hundred prisoners, including perpetrators of rape who too often return to their villages of origin or to their neighborhoods to worry the victims and their families once again. It should be noted that the profile of the perpetrators is noted in the files of survivors of sexual violence, knowing that a single perpetrator can rape several people and a survivor can also be raped by several perpetrators at the same time or at different times.

CONCLUSION

Sexual violence in the DRC is of a very worrying scale which requires the strengthening of current combat interventions for its eradication. The establishment of real permanent multi-sectoral assistance would be desirable to restore these women's dignity and autonomy and prepare their return to society. In this same perspective, strengthening awareness against sexual and gender-based violence also remains a significant aspect. In North Kivu, sexual violence is particularly multifactorial and complex to stop because it is widespread and not confined to a specific group of individuals. However, the restoration of peace and the rule of law with the establishment of an international tribunal for the Congo proves imperative for the prevention of sexual violence.

CONFLICTS OF INTEREST

The authors of this article have not identified any conflicts of interest in the writing of this article.

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