

“WE ARE
CALLING
FOR HELP”

Care for victims of sexual violence
in the Democratic Republic of Congo

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Preamble

This report was produced by teams from Médecins Sans Frontières/Doctors Without Borders (MSF) based on quantitative and qualitative data collected in the areas of intervention of 17 MSF projects located in five provinces of the Democratic Republic of Congo (DRC).

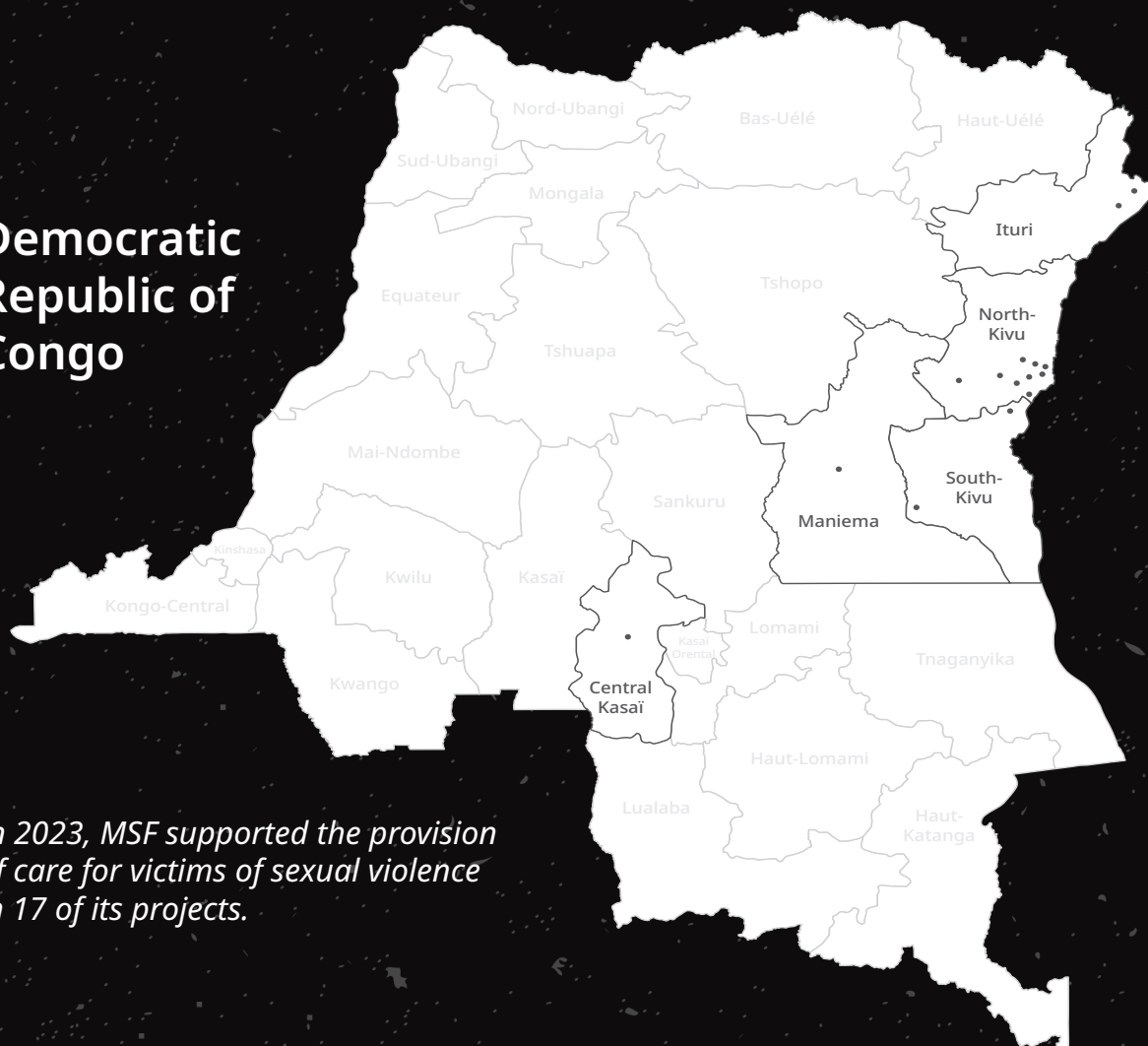
To protect patients, all medical data and testimonies used in this report have been anonymised and any information that could identify survivors has been omitted.

The data was collected by MSF teams only in health facilities supported or set up by MSF and cannot therefore be considered exhaustive. The data was also reported to Congolese authorities for inclusion in the national information system. The level of

accuracy of the data varies according to the health zones and the type of projects implemented by MSF (projects specialising in the care of victims of sexual violence, multi-sector emergency projects etc).

This report uses the terms “victims” and “survivors” of sexual violence interchangeably. The term “victim” emphasises the fact that a criminal act and a violation of human rights have taken place. It is used particularly in official documents such as medical certificates following sexual assault. The term “survivor” emphasises the person’s capacity for action and resilience.

Democratic Republic of Congo



In 2023, MSF supported the provision of care for victims of sexual violence in 17 of its projects.



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PEOPLE CARED FOR IN 2023

From January to December 2023, MSF teams treated **25,166 victims of sexual violence** in collaboration with the Ministry of Public Health – an unprecedented figure for MSF in the Democratic Republic of Congo.

This represents at least two victims of sexual violence treated every hour.



98%

of victims were women and girls

10%

of victims were minors

67%

of victims were attacked by armed men¹²

¹²96% of victims of sexual violence seen by MSF agreed to share information about their attackers.

75%

of victims presented themselves at medical facilities within 72 hours of the attack

71%

of victims treated by MSF came from displacement sites around Goma

MSF supports:

- Physical examination
- Treatment of wounds and injuries
- Emergency contraceptives
- Treatment of sexually transmitted infections
- Antiretroviral treatment against the risks of HIV/AIDS transmission
- Vaccinations against hepatitis B and tetanus
- Psychosocial support
- HIV screening
- Long-term psychological follow-up

Provinces and areas of MSF projects	Number of facilities supported by MSF providing care for victims of sexual violence	Number of victims of sexual violence cared for at MSF-supported facilities
North-Kivu:		
Masisi	5	811
Binza	3	656
Health zones around the city of Goma (Goma, Karisimbi, Nyiragongo)	5	17 829
Kibirizi	6	813
Rutshuru	5	610
Walikale	8	373
Mweso	8	1 239
Rwanguba	3	162
Bambo	5	412
South-Kivu:		
Minova and Bunyakiri	1	151
Kalole	15	14
Ituri:		
Angumu	10	65
Drodro	5	324
Central Kasai:		
Kananga	3	557
Maniema:		
Salamabila	9	1 150
TOTAL	91	25 166



Needs of victims of sexual violence

In addition to the basic care package provided by MSF, the following needs were documented in 2023:

- At least **9,755** survivors² needed **psychological follow-up**³. MSF teams witnessed the long-term consequences for survivors, who reported nightmares, insomnia, anxiety, depression, and psychosomatic pain.
- **8,115** women⁴ sought abortions, 94% of them in sites around Goma.
- Some victims tested positive for **HIV or other sexually transmitted infections**, requiring specific and sometimes long-term medical follow-up.
- Among the non-medical needs requested by victims of sexual violence, **food and income-generating activities were most frequently cited**, according to our frontline teams.

² Data documented in 14 MSF projects.

³ Every victim treated in an MSF-supported facility receives psychosocial support during their treatment. In addition to this basic care package, some victims need longer-term psychological follow-up provided by MSF in collaboration with the Ministry of Public Health.

⁴ Data documented in 15 MSF projects.

WOMEN IN NORTH KIVU AT RISK OF VIOLENCE BY ARMED MEN

Following the intensification of fighting in North Kivu province in 2023, MSF increased its emergency response around Goma, as well as in the territories of Masisi, Lubero and Rutshuru, to respond to people's growing humanitarian needs.

91%

22,905 victims of sexual violence, i.e. 91% of the total number of victims treated by MSF in 2023, were treated in North Kivu province.



68%

of victims⁵ were attacked by **armed men.**

⁵ 22,168 victims, or 97% of victims seen in consultation by MSF in North Kivu, wished to share this information.

Focus on Goma

In 2023, hundreds of thousands of people fled the frontlines of the conflict to take refuge on the outskirts of the city of Goma. With no better options available, the internally displaced people (IDPs) settled in areas that were often unsanitary and lacked basic infrastructure, such as shelters, water points and latrines. The displacement sites expanded constantly, with new people arriving all the time. In support of the Ministry of Public Health, MSF increased its activities in the sites surrounding Goma.

As the weeks passed, the number of victims of sexual violence received in MSF-supported facilities increased. In May and again in September 2023, MSF warned of the surge in victims being treated in these sites, which had reached 70 per day. In the months that followed, MSF continued to relay the testimonies of survivors and to call on the authorities and their partners to take action to protect women and girls in the displacement sites and help survivors.

17 829

In one year, 17,829 victims of sexual violence were treated by MSF in the displacement sites around Goma.

MSF's data is not exhaustive, as many victims of sexual violence do not go to health facilities, often because they are unaware that treatment is available or because they are afraid of being rejected by their families or communities because of the stigma around sexual violence. **Stigma continues to limit access to care and constitutes a double penalty for victims**, as MSF warned as long ago as 2021⁶. Maria⁷, young pregnant woman treated by MSF, reports:

⁶ <https://www.msf.org/fr/rdcongo/msf-appelle-%C3%A0-une-mobilisation-urgente-pour-les-survivantes-de-violences-sexuelles>

⁷ All names of survivors have been changed to protect the identity of those who wished to testify.

75%

sought care within 72 hours of being attacked.



"After I was attacked, my husband's acquaintances advised him to abandon me, and now I live alone with my four children."

Faced with stigma, some victims help each other:



"I talk about it with other women. It helps me. It's like a support group for me, because we sing, we talk, we share our pain."

Isabelle, a survivor

Other survivors are reluctant to confide in those around them:

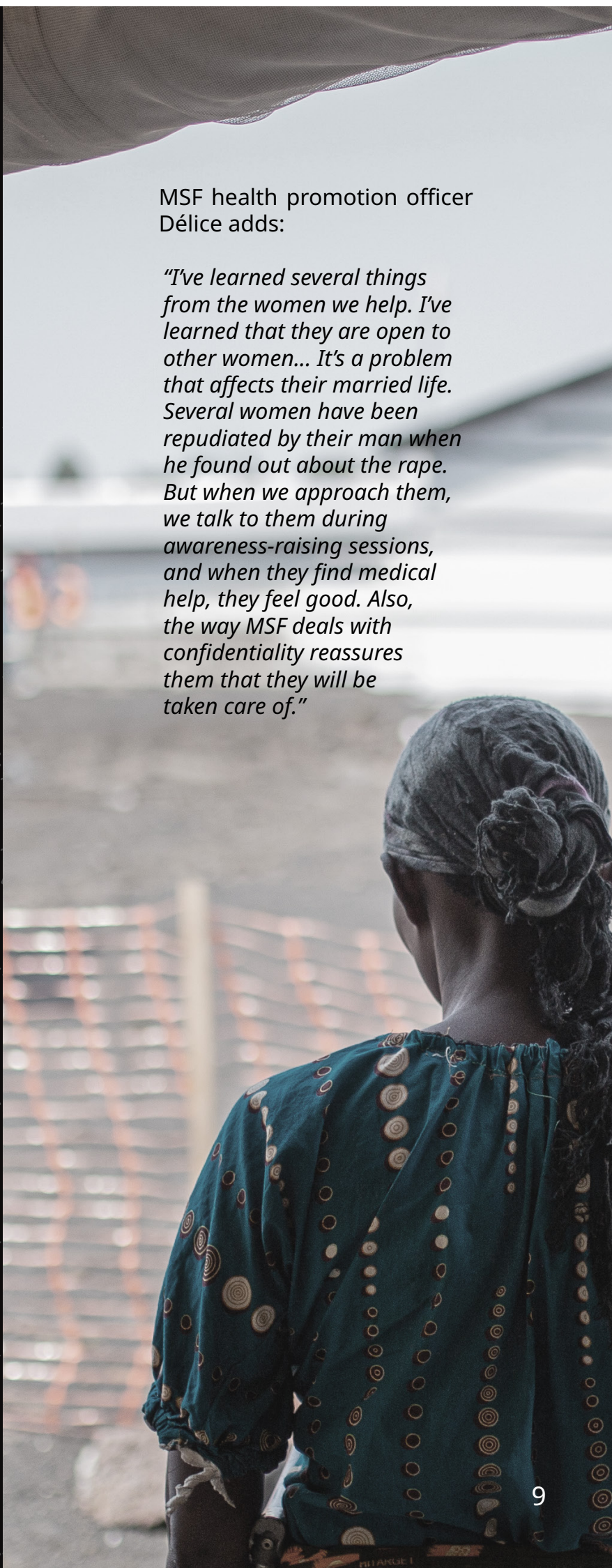


"My secret stayed between me, the doctor and the psychologist... I'm too ashamed to talk about it."

Jeanne, a survivor

MSF health promotion officer Délice adds:

"I've learned several things from the women we help. I've learned that they are open to other women... It's a problem that affects their married life. Several women have been repudiated by their man when he found out about the rape. But when we approach them, we talk to them during awareness-raising sessions, and when they find medical help, they feel good. Also, the way MSF deals with confidentiality reassures them that they will be taken care of."



The number of victims treated by MSF teams and the testimonies shared by the victims, as well as the data shared by other humanitarian partners, illustrate the extent to which displaced people, especially women, are exposed to sexual violence after seeking refuge in Goma. This situation is linked to the concentration of arms carriers in and around the sites for displaced people, as revealed by victims' testimonies. **The women are not safe anywhere**, whether they are collecting wood or water, working in the fields, or sleeping in their shelters within the sites:

"Living conditions are very difficult here... Sometimes, men wake up in the middle of the night, cut their tarpaulin with a razor and pierce the canvas next to them to rape women who live alone."

Henriette, MSF community liaison officer

Survivors also report that **food shortages increase their exposure to sexual violence**. To make up for inadequate food distributions, displaced people are often obliged to go into the fields and hills around the sites to find food or to collect firewood to sell in the Goma markets. With many armed men present around the sites, these outings are known to carry a high risk of sexual violence, but the lack of options for feeding their families leaves many women with no choice but to go. MSF psychologist Clémentine describes the ordeal experienced by one of her patients following a violent sexual assault:

"She was seriously injured and couldn't walk because she was weak from having been beaten. When she got home, she didn't say anything to her children. At night she had suicidal thoughts, because life no longer had meaning for her; she tried to find the medicine to end her life, but she couldn't find any. She is too worried and feels guilty because she has agreed to go to the field. She cries a lot and has serious physical injuries. She is desperate, this is the second time she has been raped."



Because of food shortages, several survivors, including Gisèle, report being victims of sexual exploitation:

"Every day I tried to get a voucher for humanitarian aid, but I couldn't get it. He saw me and said he could get me one if I came with him one evening. So I followed him."

Gisèle, a survivor

Women are sometimes forced to prostitute themselves in return for food, while other women return to their villages of origin, despite the continuing fighting, to find food and stop their families from going hungry:

"Sometimes they are being told: 'I'll give you food if you sleep with me.' Other women tell us that they prefer to go home [to their village of origin], because at least they had their fields and they didn't lack food, even though there is still a war going on there."

Daddy, MSF midwife

In 2024, the number of victims of sexual violence treated by MSF in and around Goma has continued to rise, with an average of 100 victims received per day during March 2024.

Faced with these levels of sexual violence – which are still increasing – and with the shocking stories and immense needs of the victims, many MSF medical staff feel the impact personally:

"There are a lot of stories that mark us. One day we had a victim come in; she and her baby had been raped, then they killed her husband and children in front of her. Another victim was forced to have intercourse with a member of her family. We also see little girls under the age of 10 whose entire genitalia are ruined. We have to refer them directly to a hospital. The trauma of the victims... it stays in the heart."

Daddy, MSF midwife

On paper, there appear to be numerous programmes to prevent sexual violence and respond to the needs of its victims. But in the sites for displaced people around Goma, MSF staff struggle every day to refer for support victims who are in urgent need of accommodation, social support, legal aid and food assistance. **Programmes run by the government and its partners are invariably too small-scale and too short-lived to provide meaningful protection to women and to meet the urgent needs of victims of sexual violence; for this to happen, mobilisation on a large scale is necessary.**

SEXUAL VIOLENCE PERSISTS OUTSIDE CON- FLICT ZONES

While conflict clearly increases exposure to sexual violence, as shown by the number of victims treated by MSF in Ituri, North Kivu, South Kivu and Maniema provinces, our data shows that sexual violence is also committed in stable areas. **In DRC, as elsewhere, sexual violence is also perpetrated by civilians, including those who are known to their victims,** such as partners, family members and neighbours.

Focus on Kananga

For MSF, 2023 saw the closure in September of its long-running programme in Kananga, in Central-Kasaï province. In a province where sexual violence is a worrying reality, MSF made it a priority to improve the quality of medical and psychological care on offer. **Over seven years, teams from MSF and the Ministry of Public Health treated 16,236 victims of sexual violence** and developed a model of care in a stable context. The model was notably based on decentralised care and involved training nursing and medical staff from

the Ministry of Public Health at Kananga provincial reference hospital (HPRK) and eight health centres to provide victims with medical treatment and psychological care.

The social support element of the model included providing victims with a 'dignity kit' containing clothing and hygiene equipment following their medical treatment. In addition, **by working with local non-governmental organisations (NGOs) and with the authorities,** MSF teams also tried to refer for additional support those victims of sexual violence who needed shelter, socio-economic assistance or legal support.

To raise awareness about the availability of free care for victims and to demystify and destigmatise rape, with the aim of bringing down levels of sexual violence, **MSF put in place an awareness-raising strategy based on training influential people within the local community.** MSF worked with 24 local associations (mainly women's associations), 144 community relays, 160 community leaders, 13 community ambassadors (chiefs, pastors or priests) and 32 school ambassadors in 10 schools (due to the high proportion of sexual violence victims aged between five and 17) in the health zones supported by MSF.



In 2020, MSF began implementing a decentralised approach by supporting five health zones – Bobozo (Mine Hydro and District Est health centres), Kananga (Apollo and Matete health centres), Tshikadji (Mbumba and Nkonko 1 health centres), Lukonga (Luandanda and Tshimputu health centres) and Tshikula (Kamuandu reference health centre) – to bring care closer to victims in remoter areas. MSF trained staff in these health centres on providing medical and psychological care, and **implemented a strategy known as the “one-stop centre” to ensure that all the care offered to the victim is provided by a single caregiver.** With a view to ensuring sustainability, MSF also transferred skills, refurbished premises to provide confidential care, and lobbied both national and international partners, including the Ministry of Public Health and donors.

The main achievements of MSF in Kananga were to improve the availability of care for survivors, to ensure that care is free of charge and confidential, to decentralise care to make it more widely available to people in remote areas, and to raise awareness about the subject. These actions have helped to counter misinformation around

sexual violence and have encouraged victims to seek help, including those who previously chose to keep silent and endure their trauma in secret.

However, the end of MSF’s support in Kananga will bring various challenges which are already clearly visible. These include ensuring a continuous **procurement of medical supplies** for treating victims of sexual violence. Several health facilities, including the HPRK and the Apollo health centre, are already facing shortages of the medical supplies needed. “Treatment for survivors of violence must be available, free and of high quality,” says Faïda Kyamba, coordinator of MSF’s sexual violence care project in Kananga. “We are calling for efficient coverage of health facilities through the supply of inputs that correspond to the real needs.”

CALL TO ACTION

Based on MSF's medical programmes and the testimonies of sexual violence survivors treated by MSF teams, we call for the following three areas of intervention to be strengthened as a matter of urgency:

- 1. Invest more in the prevention of sexual violence.**
- 2. Improve access to comprehensive, victim-centred care.**
- 3. Increase the availability of support programmes for victims.**

MSF urges that survivors' associations are included in their development to ensure that every action to prevent and respond to sexual violence is informed by survivors' experiences and needs. To implement the three areas of intervention above, MSF calls for the following actions to be taken:

To all parties to the conflict:

To guarantee that arms bearers are trained to **respect international humanitarian law, in particular the absolute prohibition on committing acts of sexual violence**, as well as to respect and protect the neutrality of healthcare facilities and the civilian nature of displacement sites.



To the national and provincial governments of the Democratic Republic of Congo:

1. To guarantee that national and allied armed forces, police forces and coordinators of displacement sites are trained to **respect international humanitarian law, in particular the absolute prohibition on committing acts of sexual violence**, as well as to respect and protect the neutrality of health-care facilities and the civilian nature of displacement sites.
2. The authorities have a duty to **guarantee the security of displacement sites by ensuring that they are not in the vicinity of military operations and/or military objectives**. The presence of armed men in and around these sites is not compatible with this duty.
3. To strengthen **food assistance and access to income-generating activities in displacement sites**, particularly for households headed by **single women and for victims of sexual violence** rejected by their families or with specific protection needs.
4. To provide safe facilities in displacement sites for women and girls (**showers, latrines, water points**) with **lighting at night and lockable doors**.
5. To provide **safe accommodation for victims of sexual violence** rejected by their families or with specific protection needs.
6. **To use all available platforms** (media campaigns, awareness-raising in schools and workplaces, community relays, public events) to:
 - Carry out increased activities, particularly among men and boys, to prevent sexual violence.
 - Raise victims' awareness of the importance of going to a medical facility.
 - Reduce the stigma experienced by victims.
7. To strengthen the **implementation of laws guaranteeing access to a holistic response package for victims**, with a corresponding national and provincial budget and accountability mechanisms.
8. To finalise the adaptation of the national legislative framework following the ratification of the Maputo Protocol, **to guarantee access to comprehensive medical abortion care for victims** (articles 165 and 166 of the Penal Code, article 86 of the Law establishing the fundamental principles relating to the organisation of public health, and article 32 of the Code of Medical Ethics).
9. **To strengthen access to justice** by guaranteeing protection for victims who report their attackers, **by putting an end to the impunity of assailants**, and by speeding up access to reparation for victims.

To the Ministry of Public Health and nursing staff:

1. To use all available platforms (radio spots, health workers and community relays) to raise awareness of the **importance of going to a medical facility** for victims of sexual violence, and to reduce the stigma experienced by victims.
2. **To strengthen the training and monitoring of health facility staff** to ensure comprehensive, free and victim-centred care, in particular:
 - Reception and respect for confidentiality
 - Clinical management and issuing medical certificates
 - Psychological first aid
 - Government standards and guidelines for medical abortion care.
3. To improve the **integration of mental health services and comprehensive medical abortion care** into health facilities and social centres.
4. To ensure that **medical certificates and complete post-abortion kits are available free of charge** in all health centres, including for victims who present themselves more than 72 hours after an assault.
5. To ensure that **a referral circuit exists** for victims who need to be referred from a health post to a centre, or from a health centre to a hospital.

To the admini- strative, traditional and religious authorities of the towns, villages and displacement sites:

1. To carry out increased **activities to prevent sexual violence, particularly among men.**
2. **To provide information on the importance of seeking care and to reduce the stigmatisation of victims in the community,** based on advice from survivors.
3. To guarantee confidential and safe spaces in towns, villages and displacement sites where victims can share their concerns and support each other.
4. To provide **safe accommodation for victims of sexual violence** who have been rejected by their families or who have specific protection needs.



To donors:

1. When financing emergency responses, funding mechanisms should not prevent the **rapid launch of programmes and activities**.
2. **To strengthen the accountability of implementing partners.**
3. To provide **long-term funding (that extends beyond just a few months)** for both prevention programmes and programmes in response to the needs of victims of sexual violence.

To humanitarian coordinators and implementing partners:

1. To strengthen **food assistance and access to income-generating activities** in displacement sites, particularly for households headed by **single women and for victims** of sexual violence rejected by their families or with specific protection needs.
2. To provide safe facilities at displacement sites for women and girls (**showers, latrines, water points**) with **lighting at night and lockable doors**.
3. To provide **safe accommodation for victims** of sexual violence who have been rejected by their families or who have specific protection needs.
4. **To support the training of healthcare staff and the supply of the necessary medical supplies** to guarantee free and comprehensive access to care for victims of sexual violence, including access to medical abortion care.
5. **To further train all parties to the conflict** on sexual violence, the protection of civilians, the protection of the neutrality of healthcare facilities and respect for the civilian nature of IDP sites.
6. To use all available platforms (media, schools, community relays, diplomatic and humanitarian forums) to inform people about sexual violence and its consequences, to raise awareness on the importance of going to a medical facility, and to **reduce the stigma endured by victims**.
7. To offer more **free legal aid services** for victims of sexual violence.
8. To ensure compliance with basic humanitarian standards and to **reduce the risk of sexual violence by those involved in humanitarian programmes**, in line with the principle of “do no harm”.





For more information on our projects,
see MSF's 2023 annual report:
<https://www.msf.org/democratic-republic-congo-drc>

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Design and illustrations:
Dora Naliesna/MSF

