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Democratic Republic of Congo: Mass rape - time for remedies

Below are facts gathered from the report *Mass rape - time for remedies*. The report is based on interviews and research conducted by Amnesty International (AI) in the Eastern DRC in 2004. The report is part of AI's global campaign "Stop violence against women". The report focuses particularly on one of rape survivors' most pressing needs: access to adequate medical care and the urgent need for the DRC transitional government and the international donor community to take action.

Despite a series of international and national peace agreements in late 2002 and 2003, instability and sporadic conflict continue in eastern DRC.

THE VIOLENCE

In the course of the armed conflict in eastern DRC, tens of thousands of women and girls have been victims of systematic rape and sexual assault committed by combatant forces.

In conversation with AI delegates, experienced UN and international humanitarian NGO staff were unanimous that they had never come across as many victims of rape in a conflict situation as they had in DRC. They were unanimous, too, in believing that many more victims are still to be identified.

All the armed forces involved in the DRC conflict have committed rape and sexual violence, including government armed forces of DRC, Rwanda, Burundi and Uganda.

Girls as young as six and women over 70 have been raped in DRC.

Women who are ill, pregnant, disabled and therefore unable to flee from their attackers are routinely subjected to sexual violence.

Women of all ages are used as sexual slaves, abducted, and treated as "property" of one or more combatants. They can be held captives a number of days, months or years.

Thousands of girls are enlisted into armed groups, either as child combatants or as "wives" of combatants.

A large number of men have also been victims of sexual violence.

Systematic gang rapes are committed by the majority of the armed groups, sometimes by groups of 20 men. Collective rapes of a group of women is also common. A high number of women and girls were raped more

than once, at different times, by different forces.

Rape is generally accompanied by beatings and threats, and in many cases other extreme acts of torture such as having a rifle, knife, a sharpened piece of wood, glass or rusty nails, stones, sand or peppers inserted into their vaginas causing serious physical injury and suffering. Others have been shot during or after rape, sometimes in their genitals.

Mothers and daughters were often raped in public, in front of their family and sometimes were forced to have sex with other family members, including their sons and brothers.

Women and girls have been raped on the roads, in the fields or inside their homes, on their way to school or as they walk to church. In many areas women and girls can't walk alone or even in groups for fear. Such fear limits their opportunities to fetch water or go to the market.

Rape is continues because there is no accountability. The forces who commit rape and sexual violence can do so with almost absolute impunity.

Rape has been used as a deliberate strategy of warfare to destabilise the opposition forces, as reprisal, to attack fundamental values of the community, to maximise the humiliation of the victims and witnesses and to secure control through fear and intimidation.

Superstition and fetishism is another motivation. Some combatants believe that having sex with a pre-pubescent child or post-menopausal women will deliver immunity from diseases, including HIV/Aids,

In May 2004 serious allegations of sexual exploitation by civilian and military MONUC personnel in Bunia, Ituri, were made public.

HEALTH IMPACT

The brutality of rape causes serious physical injuries that require long-term and complex treatment. Many survivors suffer injury to the reproductive system. The surgical reconstruction of sexual organs entails relatively expensive operations.

There is a massive increase in sexually transmitted diseases (STD) including syphilis, gonorrhoea and HIV/Aids. Accurate statistics about the prevalence of HIV/Aids are unavailable. According to the National Aids Program the rate may have reached over 20 per cent in the eastern provinces and could threaten more than half of the population within the next ten years.

The psychological consequences for survivors of sexual violence include depression, post-traumatic stress disorder, shock, rage and shame, loss of self esteem, self blame, memory loss, nightmares and daytime flashbacks to the rape, headaches, nausea, stomach pains, sleeplessness and fatigue. Many of the symptoms overlap.

Mental health problems are also aggravated by the fear of being repudiated by their husband or rejected by their family and community.

UNAVAILABILITY OF HEALTH CARE

The health care infrastructure, already severely under-resourced, has broken down completely due to the war. It is neglected with unhygienic conditions and no water or electricity supply. Basic means to sterilize instruments is also lacking.

The health service lacks adequate material, logistical and financial resources. In some cases roofs, windows, doors and beds are missing from hospitals and health centres. The transport infrastructure has

collapsed as well and most people can only travel by walking.

Outside the larger towns emergency health care can only be given to a handful of survivors. About 70 per cent of the population live in rural areas. A vast majority of staff in rural health centres are inadequately trained and not trained in how to treat STDs.

Doctors and nurses are neither paid nor supported by the government.

People have to pay their own health care fees; there is no state support at all. The majority of the DRC's population live on around 20 US cents per person per day. They simply do not have the means to pay for health care.

Psychological support and treatment is practically non-existent in the DRC.

In the east of the country, only two major hospitals, heavily assisted by the international community, have gynaecologists, medical equipment and human resources capable of treating and providing surgery to survivors of sexual violence.

Belgium, Canada, the EU, France, Germany, Japan, Sweden, Switzerland, the UK and USA are significant donors to the DRC.

To date only international and national NGOs and a handful of Congolese doctors and nurses have provided rape survivors with care and support. This response is clearly inadequate when the extent of the survivors 'needs is taken into consideration.

SOCIAL REJECTION, ECONOMIC EXCLUSION

Rape survivors encounter widespread discrimination and rejection by their communities, including insults and threats. Large numbers of survivors have been abandoned by their husbands and left as sole carers of their children.

Rejection stems largely from moralistic attitudes that the women themselves are being responsible for what happened to them. They are often viewed as shameful and dirty.

When women become pregnant after being raped, their children generally endure the same humiliation and rejection as their mother.

The widespread fear of HIV/ AIDS in eastern DRC also contributes to the stigmatisation of rape survivors and their children, as well as of others suspected of carrying the illness.

Social rejection carries enormous economic consequences for the survivors who are excluded from their homes and cut off from means of livelihood.

A number of Congolese women's, human rights, and church and development organisations have mobilized themselves to respond to the need of survivors.

NGO's work under dangerous circumstances. In the eastern areas the local political and military authorities are hostile to the activists which they fear may expose their involvement in human rights abuses.

For more information please call Amnesty International's press office in London, UK, on +44 20 7413 5566
Amnesty International, 1 Easton St., London WC1X 0DW. web: http://www.amnesty.org

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