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**"I HAVE NO JOY,
NO PEACE OF MIND"**
MEDICAL, PSYCHOSOCIAL, AND SOCIO-ECONOMIC
CONSEQUENCES OF SEXUAL VIOLENCE IN EASTERN DRC



This booklet is dedicated to the people of the Democratic Republic of Congo and to all victims of the war. MSF would like to thank especially all victims of sexual violence who were willing to share their experiences so that MSF could help bring attention to their plight.

In this booklet, the name 'MSF' refers essentially to the Dutch section of the Médecins Sans Frontières (MSF) movement. The pictures featured do not correspond with the testimonies taken from people, to ensure anonymity. The statements made by these patients do not reflect the position of MSF.



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“That night, I was at home with my husband and my four children. Suddenly, there was an attack on our village. My husband managed to escape, but I was eight months pregnant. I had no strength to run and my children were with me. I had to protect them and so I couldn’t escape. Three armed men entered our house and tore off my clothes, as I remained naked in front of my children. They hit me with the butt of their guns and then raped me - all three of them, in front of my children. I lost consciousness. When my husband came back, he called the neighbours and they took me to the health centre. However, I still suffer from pain in the chest because of the knocks I received and in the vagina, too, inside, I feel something strange, as if it would sudden come out of my body. I am very afraid to have caught diseases and at night I suffer from insomnia. The baby I was carrying at the time of the rape survived, but he is always sick and has constant diarrhoea. Since what happened, my husband insults me every day calling me the wife of the militiamen who raped me and sometimes he doesn’t even sleep at home. I have no joy, no peace of mind anymore.”

23-year-old woman raped in January 2003

INTRODUCTION

In the Eastern Democratic Republic of Congo (DRC), on the shore of Lake Tanganyika, the town of Baraka and surrounding areas in South Kivu have been the scene of massive human suffering since the outbreak of war in 1996. Caught in a conflict in which various armed groups – Congolese, Rwandan and Burundian – have been fighting, the civilian population has been subjected to brutal killings, persecution and pillaging that has forced them into a cycle of displacement and extreme hardship. Deprived of access to health care and facing constant food insecurity, the people of Baraka have become an extremely vulnerable population abandoned by the international community. In August 2002, in a lull in the fighting, Médecins Sans Frontières (MSF) started to establish hospital services in Baraka during which the team was confronted with another horrific dimension of the war perpetrated by all warring parties against the civilian population – sexual violence.¹ Rape and other forms of sexual violence have affected hundreds of women, girls and men of all ages. The true extent and magnitude of this terrible feature of war is only beginning to be seen today with the advances in the peace process in the DRC.

Overwhelmed by the extent of the suffering that is still going on today, MSF started treating victims of sexual violence in an emergency hospital set up in Baraka in July 2003. Between August 2003 and January 2004, more than 550 victims of sexual violence have come for consultations and it is believed that hundreds more are still cut off from help in inaccessible areas. The medical consequences of sexual violence are many, including increased transmission of HIV/AIDS and serious complications in reproductive health. Fear, nightmares, and psychosomatic body pain are just

some of the psychosocial problems experienced by victims of sexual violence. For women, rape often means rejection by their husband and even the community as a whole. Victims of sexual violence feeling isolated and ashamed are forced to find their own way and suffer from socio-economic hardship.

This report by MSF aims to bring greater attention to the terrible medical, psychosocial, and socio-economic consequences of sexual violence in Eastern DRC. It is based on medical data and testimonies collected in MSF's project in Baraka, which is but one location in Eastern Congo that has been scarred by this terrible feature of the war. With the establishment of Transitional Government in July 2003, major advances have been achieved in the peace process in the DRC, and in many places there has thankfully been a stop to fighting and a decrease in attacks on civilians. The legacy of war and the extent to which sexual violence has occurred, is only just beginning to become apparent. While the number of new cases of sexual violence may have decreased, the phenomenon is ongoing and the scars on people's lives remain extremely deep.

It is crucial at this time that local, national and international actors take the necessary measures to address impunity and help prevent such acts ever happening again. The stigma of rape victims must be fought so that the victims of sexual violence can regain their livelihoods and their full place in their communities. Today, at a time when the political situation in the DRC seems to be improving, it is urgent that those responsible put an end to such horrific acts. With impunity still being granted to perpetrators from all armed groups, rape is not going to end.

¹ There is no internationally agreed definition of sexual violence, although for the purposes of this report it is taken to include inter alia rape, sexual slavery, forced prostitution and pregnancy which have all been common in the war in the DRC.





“It is the first time I am telling my story because of the shame and dishonour I am feeling inside. At the time of the incident, I was living in a bivouac in the bush, hiding from the war. One day, I had gone to the fields to collect some food to eat. As I was cultivating, I heard someone screaming loudly and the next minute armed men appeared in front of me. I tried to escape, but one of the men pulled me by the hand and knocked me over. He told me if I moved, he would kill me. He took the clothes I was wearing and he started to hit me. Then he raped me. He also introduced his fingers inside of me and he told me if he had a machete, he would cut me. I cried so much and I was so distressed to be forced to do such a thing at my old age. I went home at night, hiding in the dark my nudity. Because I am so old, I felt a lot of pain in the vagina and the abdomen pelvis. But most of all I am angry and I cry whenever the whole incident flashes back to my mind.”

70-year-old woman raped in January 2002

SEVEN YEARS OF SUFFERING IN BARAKA, EASTERN DRC

Fizi territory, in which Baraka is situated, is one of eight administrative territories that constitute the province of South Kivu in Eastern DRC. Located at the southeast of the province on the shore of Lake Tanganyika, it covers an area of 15,786 square kilometres with an estimated population of 275,000. The main economic activity used to be agriculture, with fishing in the coastal villages. The nearby Ubwari peninsula is known to be rich in mineral resources such as gold and coltan.

Even before what has been referred to as Africa's first "world war", tensions and fighting existed in the Baraka area between different ethnic groups supported by neighbouring countries. The armed groups were responsible for killings and massacres of the civilian population and many people fled to Tanzania. With the dramatic increase in armed conflict after 1998, the whole of Eastern DRC descended into chaos with the civilians the main victims. In Baraka, during major clashes between two armed groups in early 2003, over 350 mortars were thrown over a period of 6 months. National peace efforts in 2003 have resulted in agreements between the involved armed forces who have begun to integrate themselves into a national army in the DRC. Tensions still exist, however, and the Fizi area remains insecure with most ex-combatants still not demobilised.

Malnutrition and lack of health care

Against this background of a cycle of violence and intense armed conflict, the humanitarian consequences for the population have been horrific. Insecurity, systematic pillaging, and constant displacement have made it impossible for people to cultivate

their lands, making malnutrition a concern for many years. With less fighting, people can more easily return to work in their fields, but armed groups continue to loot crops and with the possible return of more than 100,000 refugees from Tanzania over the coming months the food situation may worsen.

"During the war there was a complete shortage of medicines in the health centres. To remedy this situation in Baraka the population clubbed together whenever possible to buy medicines in Uvira. The ones who contributed got their money back thanks to the cost recovery system, but when patients didn't have money they just gave away their 'pagne'², their shoes, or whatever else they had. However, when everybody was totally destitute, the population had no other option than seeking health care with 'Bumba Phars' – people who sell medicines over stalls at the market. These people sell medicines with a prescription they themselves make up, although they are not even trained in nursing as all they want is to run their business. At this time the most frequent pathologies were malaria, anaemia and respiratory infections because people were living in the forest and were constantly exposed to mosquitoes and to the rain and the cold."

Health worker, Baraka, November 2003

In Fizi there has been a lack of access to health care for a number of years with a complete collapse of the health system and widespread looting of medicines. Until more Non Governmental Organisations (NGOs) started to work in the area in mid-2003, the civilian population was unable to access even the most basic of health services and epidemics of disease were widespread. Currently only 26 of 33 health centres in Fizi

health zone function with great difficulty. In most health centres, there is a total absence of medical equipment such as stethoscopes and microscopes. In the health centres not supported by NGOs, the medical supplies reportedly arrive only at random or – in most cases – not at all.

"One month ago, my older brother appeared in Baraka after having been unaccounted for seven years. I had lost track of him when forces stormed the Baraka area and in the panic, we both fled in different directions. Since then, he spent all his time living in the bush, fearful to come out in a territory controlled by different forces that could punish him for his disloyalty. Deprived of health care for many years in the bush he was terribly sick and died one week ago."

Man, Baraka, November 2003

A major concern is reproductive health. According to a report by the WHO about 1,837 women per 100,000 die during childbirth in the DRC – over three times the average of other African nations.³ The risk of complicated pregnancies is made even more acute by pathologies such as malnutrition, anaemia, and malaria, which are exacerbated by food insecurity and displacement resulting from the war. The daily salary for a manual worker is about \$2.5 dollars in the DRC. A caesarean section – in many cases a life saving operation – may cost up to \$40.⁴ Today it is believed that thousands of people are still living in the forest, totally deprived of proper health care.

² A "pagne" is a piece of fabric that Congolese women use to dress.

³ DRC Health Update, World Health Organisation, July 2001

⁴ Costs in December 2003

“That night, at around two o’clock in the morning, there was an attack on our village. Five armed men entered our house. I was there with my husband and children, but they caught me and took me to the bush. They made me lie on the ground and spread my legs. Then, the five of them climbed onto me and raped me, until their needs were satisfied. When they were done with me, they carried me back to the village. My house had been burnt in the attack and my children had fled. My husband was not there anymore and later we found his body in the bush. It was eight months ago, but I still feel intense pain in my chest and all over my body because of what they did to me.”

32-year-old woman raped in March 2003





SEXUAL VIOLENCE AS A WEAPON OF WAR

Until recently, there has been insufficient attention to sexual violence, although it has been one of the most serious consequences of the war and humanitarian crisis in Eastern DRC. A Human Rights Watch report in 2002 highlighted:

“Within the larger war in the Eastern Democratic Republic of Congo, the warring parties carry out another war: that of sexual violence against women and girls. (...) Sexual violence has been used as a weapon of war by most of the forces involved in this conflict. Combatants of the Congolese Rally for Democracy (Rassemblement Congolais pour la Démocratie, RCD), Rwandan soldiers, as well as combatants of the forces opposed to them – Mai-Mai, armed groups of Rwandan Hutu, and Burundian rebels of the Forces for the Defence of Democracy (Forces pour la Défense de la Démocratie, FDD) and Front of National Liberation (Front pour la Libération Nationale, FNL) – frequently and sometimes systematically raped women and girls in the last year.”⁵

550 victims treated in 6 months

When MSF opened an emergency hospital in Baraka town, local women’s associations reported that hundreds of women had experienced sexual violence in the area. As MSF started its treatment for sexual violence, dozens of women – as well as several men – started appearing by the day for medical consultation. Since August 2003⁶, more than 550 sexual violence victims have been treated by MSF in its hospital in Baraka. The extent of sexual violence in Eastern DRC is not known, but these figures confirm that it runs into the hundreds, if not thousands. The flow of people coming to MSF clinics who have experienced sexual violence persists today albeit at a diminished level.

MSF, however, keeps hearing reports of numerous victims of such atrocities who are still unable to access the clinic because of insecurity and the distance needed to be travelled. Only now, when areas previously inaccessible because of the war are being opened up, is the true gravity of the problem of sexual violence in Eastern DRC becoming apparent.

“That day, one week ago, I was working in the fields with my husband and two other women. Suddenly, we saw a group of armed men approaching us. My husband managed to flee, but two men caught me and raped me. They hit me on the back and insulted me. I really thought it was death coming my way. Since that day, I have terrible abdominal pain and often my head aches, especially when the whole story flashes back to my mind. I still haven’t gone back to the fields since. I wouldn’t go back there until there are no more armed men likely to do this to us. But I have seven children and the fields are my only source of subsistence. Fortunately, my husband understands what has happened to me because he was there. He understands that I have been caught against my will. However, I cannot help being invaded by shame – as soon as I go out in the streets I have the impression that everybody knows what has happened to me and my heart is pounding. I almost would have preferred to have been killed that day to escape from the shame.”

35-year-old woman, October 2003

The story above is typical of the experience of sexual violence victims that MSF has spoken to. In addition to treating patients, MSF has collected testimonies from women that were prepared to share their experiences. These stories provide an illustration of the dimensions of the problem.

⁵ Human Rights Watch, *The War Within The War*, June 2002, p.1
⁶ Until January 2004, time of writing of this report.

More than half of the people who indicated where they had been raped said the incident took place in the fields whilst they were cultivating, usually with other people around them. The attackers have usually consisted of a group of armed men who have caught them on the spot and sometimes brutally beat them up and raped them before leaving them lying on the ground. Others said they were raped in their homes and a substantial number reported being raped in the bush where they had sought refuge when insecurity had led them to flee their homes. Many women told MSF that they were attacked in front of their spouse, children, or family. A 34-year-old woman who was raped in the fields and forced to witness her 15-year-old child being subjected to sexual violence described how:

"As she tried to escape, they beat her up and broke her leg with a gunshot. Three men raped her. I was so shocked, I so wished I could have prevented this from happening. She was still a virgin."

Sexual violence has not escaped men either. As this 45-year-old man explains:

"It has been a year since this event, but I still suffer from the physical sequels of the rape. Ever since then, I have been feeling intense pain on the left side; I have very strong headaches, and constant anal bleeding as well. I cannot work anymore, I cannot even eat properly; but most of all, I don't have sexual strength anymore, I have become impotent."

A military strategy

The time when the rapes occurred ranged from February 2000 until January 2004, the time of writing of this report. There has been a clear correlation of incidences of rape with the level of insecurity in the area. As many as 40 per cent of the patients who could indicate the exact date when they were attacked said that it was between January and August 2003 – a time when there was heavy shelling of the Baraka area and high levels of militia activity. All armed groups have been involved in the widespread sexual violence. The

intent to terrorise, punish, and humiliate communities seen as supportive to the opposing side made rape a weapon of war. Sexual violence has been so clearly linked to the military strategy of warring parties and has occurred in such a systematic way that it is wrong to think of it as a side effect of war. In conflict situations women become more vulnerable and the normal restraints in society disappear as people are continuously displaced. Even now with less fighting, sexual violence continues as the social fabric of the community is still in tatters and perpetrators of such acts are not being brought to justice.

The age of victims has ranged from girls as young as 12 years old to women as old as 70. The youngest patient seen at the MSF clinic has been a 10-year-old boy who was raped by an armed man, while his mother was violated by two others. On many occasions, "gang rapes" have occurred with several men involved. More than 75 per cent of the people who mentioned the number of aggressors said it had been between 2 and 5 men at a time. Five women treated by MSF had experienced multiple rapes – not once, but twice or even more. One woman even confided she had been raped three different times over the course of 3 years.

Most of the incidents of sexual violence have been committed with impunity. It is not clear whether there will be any justice for those victims. As the next sections describe, the medical, psychosocial and socio-economic effects of sexual violence persist for years if not a lifetime.





“One day I was in the forest looking for wood and cassava tubes. As I had finished, two armed men appeared. They hit me on the face with the butt of their gun. I threw the wood at them and started to run. But I fell on the ground and they took off all my clothes. One was holding me, sticking his knife on my throat, and the other one raped me. They were angry and were spitting at me. I was thinking about my husband, about how he would react and about death. Since then, I feel pain when I urinate and in the abdomen. I have the impression that my vagina is wide open. I have no courage anymore and my husband insults me. I have nightmares at night and feel that God has abandoned me.”

25-year-old woman, raped in March 2003

THE MEDICAL CONSEQUENCES OF SEXUAL VIOLENCE

During the war, most women did not seek any medical care after they had been raped. There were simply no appropriate health services available or they felt ashamed, were too sick or lived too far away to seek emergency assistance in the first days following the incident. As treatment has become possible, the medical consequences of such widespread sexual violence are becoming apparent.

Increased HIV/AIDS and STI transmission

Rape increases the risk of HIV/AIDS transmission significantly, because forced sexual intercourse is accompanied by injuries and bleeding which enhances transmission of the virus as compared to during consensual sex. Physical injury from sexual violence can be very serious, especially in young girls. It was recently estimated that the HIV prevalence in South Kivu could reach 20 per cent.⁷ Sexual violence is likely to have been a significant contributory factor to this increase.

"Since I was raped two years ago, my fiancé broke the engagement and I haven't met anybody else, because men think I might be infected with AIDS. I am very worried – who can tell me these men were not contaminated when they did this to me? Because of all these pre-occupations, I often think about this event, especially at night. Raping is like killing someone."

21-year-old woman, November 2003

Most of the patients presenting at the MSF clinic complain about abdominal pain and fear of having contracted sexually transmitted infections (STIs). The MSF team clinically diagnoses and treats infections using the syndromic approach. In addition to being a source of chronic pain, STIs may lead to infertility.

Reproductive health

Unwanted pregnancies as a result of rape can force women to seek an unsafe abortion. MSF has seen cases of pelvic inflammatory disease almost certainly arising from such procedures. Other reproductive health problems reported to MSF have included interruptions or abnormalities to the menstrual cycle or delayed conception. Decreased sexual desire or pain during sex is particularly common and very damaging to family and relationships.

"We had fled from our village and built a bivouac – a small hut – in the bush to protect us from the war. I was there with my husband and my family. One night, a group of armed men came to loot our house. They took me and the other woman who was in my house to accompany them on their route. On the way, I was raped by four of them. I thought I was going to die. The next day, three armed men came back to our house and asked us for money. We said we had been looted the day before and we didn't have anything to offer anymore so they told us "you are going to feel this." The other woman and I were raped again – by all three of them. I was 2 months pregnant then. Four months later, I miscarried. Since then, I feel a lot of pain in the body, especially in the abdomen and in the back. I feel weak and I wish I could be pregnant again but since the incident, it seems like I cannot keep a pregnancy. I sleep quite well at night, but whenever I see armed men in front of me, I am terrified."

23-year-old woman raped in August 2001

Some rape victims have reported to MSF that they believed they were pregnant when subjected to sexual violence. Of 51 patients allegedly pregnant at the time

7. Dr François Lepira, director of the national programme against AIDS, quoted by the United Nations Integrated Regional Information Network (IRIN) on the 5th of November, 2003.





of the rape, almost 35 per cent reported having had a problematic pregnancy as a consequence. The consequences included immediate or delayed miscarriage, neonatal death, or an infant with congenital abnormalities. The term “*faible*” or weak is used to describe a weak child considered lesser than the other children of the family. Although there is no proven direct link between sexual violence and poor reproductive health, this is the perception of many women. For instance, it is a common belief that breast milk is contaminated as a result of rape causing mothers to avoid breastfeeding thereby endangering the newborn’s life. An unknown number of pregnancies are deliberately aborted in total secrecy.

“That day, two months ago, I had gone to the fields to pick cassava leaves and firewood. Suddenly, a man appeared before my eyes and called to me, as I came closer to him, he asked me “are you alone?” Then, another man appeared and said, “If she doesn’t want to have sex with us we will just kill her!” When I heard I was going to die my heart failed – and I just let myself be raped by the two of them. At that time I was seven months pregnant, and when I finally got back home I miscarried – the same night.”

26-year-old woman, November 2003

MSF provides medical treatment to those women who have experienced sexual violence. Emergency contraceptive pills are given to prevent pregnancy and Post Emergency Prophylaxis (PEP) is given to help prevent the possible transmission of HIV/AIDS to women who present themselves within 72 hours after the rape happened. Beyond 72 hours after the incident took place, there is less that can be done medically. The sooner patients come to the clinic the better, and therefore education of local communities and health workers is an important part of tackling the problem.

Physical injury

Most rape victims report some kind of physical injury such as pain all over the body and in particular areas where they have been beaten with fists, weapons or

sticks. Many complain of joint pains to the hip and back when their legs have been extensively and violently spread out. The pain experienced at the time of the incident has left its stubborn mark even years after the rape – on both the victims’ bodies and minds. Survivors feel weak, sick, soiled, and even despite a lack of physical pathology the scar persists.

“During the day I never think about this incident, but at night I suffer from insomnia and nightmares, as soon as I recall the incident. Often that moment flashes back to me in my dreams and I wake up and have to pray to try and fall asleep again.”

17-year-old girl one month after she was raped in November 2003





THE PSYCHOSOCIAL CONSEQUENCES OF SEXUAL VIOLENCE

“The unending cycle of violence against the civilian population often triggers new violence. Helplessness, frustration, and anger are often acted out in the community or in the family system. It may mean the start of a new cycle of violence,” says the MSF psychologist in Baraka.

The psychosocial and emotional effects of the traumatic events associated with sexual violence are many. The women and the men in Baraka displayed a number of signs of psychosocial problems. Some took the shape of mental health disorders whereas others surface in less obvious ways such as shame, guilt, sleeping problems, difficulties in daily functioning and withdrawal. Women and men expressed to MSF their ongoing fear, anxiety, intrusive memories, and flashbacks, which are rooted in their experience of the fear of being killed or mutilated. Other patients have complained about a constant feeling of being ill, low appetite and disappearance of sexual desire. Acute heart palpitations are symptoms of anxiety and daily functioning is often disrupted by the fatigue caused by nightmares and other sleeping disorders.

To restore self-esteem

“One day around noon I had gone to the fields with my husband and two of my daughters. It was in May 2003 As we were cultivating, six armed men appeared all of a sudden in front of us. They caught my husband and they just killed him, right there in front of my children and me. It was not over though; two of the men violated me. One after the other, they climbed onto me. The children were crying. I lost consciousness. I was half dead. My children and I spent the night there in the fields, beside my murdered husband’s body. We cried all night. At some point, some hunters appeared and helped us go back to our home. It had been looted in the meantime. Since then, I feel a lot of pain in my left leg. I can barely

stand up and I suffer from vaginal pain. I often have nightmare, and so do my children – they are scared, they don’t want to go back to the fields anymore.”

40-year-old woman, November 2003

In the psychosocial sessions conducted by MSF, several important issues were addressed. People received an explanation for their symptoms. It turned out to be very important for most survivors that rape is considered legally as a crime punishable even in international courts. The setting of the psychosocial services enabled women to express (some for the first time) what they endured. They shared their beliefs and received acknowledgement for their suffering but also obtained re-assurance, practical advice, and dilemma counselling. Since the objective of the psychosocial intervention was neither to heal nor to cure but to reinforce or restore coping mechanisms and self-control, the psychotherapist focused the support on the instruction of self-help mechanisms like relaxation and breathing techniques. The survivors of sexual violence also learned to mobilise their social network.

Based on the reaction of the survivors and their family members, MSF has found that despite the short intervention (mostly one session) those who received the counselling are on the road to recovery because they have broken the silence and asked for help, and are now engaged on an often terribly long road to access it.

“Since I was raped in August 2002 I am living in fear. My husband has left me alone with my eight children and two of them have died since because of starvation. I have lost a lot of weight. I am suffering from insomnia and I don’t have the strength to look after my children. My husband said that maybe if I am cured he will have me back, but maybe he already has another wife now.”

Woman, November 2003





THE SOCIO-ECONOMIC CONSEQUENCES OF SEXUAL VIOLENCE

On top of the physical and psychological trauma caused by sexual violence, the raped woman often is stigmatised by the community and sometimes even rejected by her husband.

Stigma might lead to the total rejection by both family and community. In other cases, the husband is too ashamed and afraid to lose his honour so the rape is silenced and the woman is allowed to stay. Though better off, the woman is still subjected daily to the anger of the husband expressed physically or mentally through reminding the woman of the event. A climate of silent hostility seems to take hold of most couples following the rape, but open reproaches seemingly blow up whenever the tension rises between the spouses. As this 40-year-old woman explained to MSF:

"Whenever my husband and I have an argument he calls me the wife of the militia men who raped me. When I am alone and I think about it I start to cry, I am so scared that it ends up destroying my family..."

The following woman adds:

"When I ask my husband to give me some food he replies to me, why don't you go and ask for food to your husband in the forest."

Some husbands accept what has happened and understand the powerlessness of their wife.

Economic hardship

Isolated, ashamed, and forced to find their own way women find themselves in economic hardship. They are the ones who have to help bring in food yet they dare not go to their fields to cultivate for fear of insecurity and possibility of being raped again. As this 35-

year-old woman explains, *"I would rather never go there again because I got so close to death."* But in a context where cultivation is the key source of food, and where other economic opportunities such as trade have been totally disrupted by the war, going to the fields remains for many women the only way of ensuring that they can feed their children.

"I was raped in the fields one week ago. That day, a man caught me as I was working with four other women from my community. I tried to defend myself, but he slapped me and then he hit me so strong that I fell on the ground. He tore off my clothes and told me to lie down. He started to rape me and I thought he was going to kill me. But when he was finished he just said "get up, you can go now." My husband was away at that time so I only told my family I had been robbed and looted – not that I had been raped. I don't know if I will ever tell my husband. I guess I will only tell him if he asks me about it because I don't know what lies in his heart. I haven't gone back to the fields yet, but I will have to very soon, it is the only way I can feed my five children."

Woman, November 2003

CONCLUSION: THE ROAD TO RECOVERY

After years of neglect, there has in the last couple of years been an increase in efforts to confront sexual violence in Eastern DRC. Sexual violence against civilians is now acknowledged as a problem and it is recognised that more should be done to assist the victims and to address the impunity with which it has been occurring to date. Whilst extremely welcome, current efforts still fall short of what needs to be done to help prevent these atrocities from happening again.

As a result of the extreme dynamism of civil society in Baraka, many rape victims have been given support and basic counselling to help them overcome the traumatic ordeal they have encountered. Medical and psychosocial treatment is now being provided to those that can access the health services that are available. Efforts are being made to enable rape victims in inaccessible areas to have access to assistance. Centres dealing with sexual violence are starting up to offer support to victims to help them break the silence. However, most women, men, and children remain isolated. There is still much to be done in supporting these communities dealing with this devastating phenomenon.

The stigma attached to rape victims must be fought and socio-economic support provided to rape victims, allowing them to maintain their livelihoods and dignity. Low-level projects like micro-credit or soap manufacture have been designed by local associations and only lack the necessary funding. The disruption caused by sexual violence within the society cannot be ignored anymore and the population of Baraka must be allowed to take the road to recovery.

As the time of this report, sexual violence against girls, boys, men, and women of all ages is still ongoing in

Eastern DRC, despite the peace agreement. The global political situation in Eastern DRC is improving but this in many ways is only revealing the legacies of the conflict in the region for the last decade. The impunity of the perpetrators remains unacceptable and sexual violence will continue unless political and military decision-makers finally decide to put an end to such horrific amounts of violence and suffering. Only once this has happened will this terrible weapon of war no longer be used.

MSF ACTIVITIES IN THE DRC

Conflict and neglect have left the health system in the Democratic Republic of Congo in tatters. MSF responds to epidemics and emergencies and provides basic health care to people who have none. Active in the DRC since 1981, all the operational sections of MSF (Belgium, France, Holland, Spain and Switzerland) are today present in the country. MSF's medical aid work in eight of the country's ten provinces and in the capital Kinshasa makes the mission one of MSF's largest worldwide.