



Experiences of Refugee Women and Girls from the Democratic Republic of Congo (DRC): Learning from IRC's Women's Protection and Empowerment Programs in DRC, Tanzania, Burundi, and Uganda

April 2014



Refugee resettlement agencies in the United States are preparing for an increase in Congolese refugee arrivals from Tanzania, Burundi, Rwanda, Uganda, and nearby countries over the next 5 years. At least 20 percent of incoming Congolese refugees are expected to be resettled in the US under the women-at-risk category. More than half of the Congolese refugee population already in the US is female and 20 percent are single mothers.¹ Congolese refugee women and girls bring specific strengths and face particular challenges in their resettlement experiences. This backgrounder draws from IRC's Women's Protection and Empowerment work in DRC, Burundi, Tanzania, and Uganda to speak to experiences of Congolese women and girls prior to resettlement and to provide tips for those supporting Congolese refugee women and girls in the US.

Conflict and Displacement in DRC:

Nearly two decades of armed conflict in the DRC have displaced over 3 million Congolese refugees and internally-displaced persons (IDPs). Over 40 armed groups, including the national army, act as pseudo-governing bodies in the areas they control in eastern DRC and fuel the continuation of conflict, mass displacement and targeted violence against women and girls. In 2012 alone, 2.3 million people were displaced within DRC and over 70,000 Congolese fled across the border into Rwanda and Uganda.² The proliferation of armed groups and others perpetrating sexual violence, the splintering of families and communities through chronic displacement, and the break-down of the social fabric contribute to increased risks for Congolese refugee women and girls. These risks persist during flight and in cities and camps where women and girls seek refuge both in DRC and neighboring countries.

IRC Women's Protection and Empowerment Programs: Where We Work, What We Do & What's Working

The International Rescue Committee (IRC) has implemented Women's Protection & Empowerment (WPE) programming³ with Congolese women and girls affected by the conflict since 2002, throughout which their strength, resilience and resourcefulness has been striking.

- In eastern **DRC**, the IRC partners with civil society organizations and the health care system to deliver services for survivors of sexual violence and intimate



¹ Cultural Orientation Resource Center. (2014). *Refugees from the Democratic Republic of the Congo*. Retrieved from <http://www.culturalorientation.net/content/download/2701/15651/version/1/file/Congolese+Backgrounder%2C+2014.pdf>

² United Nations High Commission on Refugees (2014). *Democratic Republic of Congo*. Retrieved from <http://www.unhcr.org/pages/49e492086.html>

³ For more information on WPE programming in any of these countries, contact the Women's Protection and Empowerment unit at the IRC. WPE programs are more extensive than what is summarized here and the IRC's work in each of these countries extends beyond WPE programming.

partner violence (South Kivu province since 2002 and North Kivu province since 2007). Services include free emergency post-rape care provided within 72 hours of disclosure, case management and emotional support, and legal information and support so survivors can make informed choices about pursuing justice in the court system. IRC staff are not permanently present in these sites, but instead train and support local actors to provide immediate, life-saving medical and psychosocial care. In addition, using the IRC's EA\$E⁴ approach, groups of women form Village Savings and Loans Associations (VSLAs) to save money, access credit, and learn new business and vocational skills. EA\$E includes dialogue groups that engage couples on equitable and safe gender dynamics within their households. The IRC WPE team also responds to emergencies in areas of displacement or conflict, including IDP camps in DRC.

- In **Burundi**, the IRC has provided direct services to Congolese refugee women and girls in four refugee camps, as well as urban refugees in Bujumbura, since 2010. The camps are: Musasa and Kinama (Muyinga Province), Bwagiriza (Ruyigi Province), and Kavumu (Cankuzo Province), together sheltering almost 30,000 refugees, 99% of whom are Congolese. The Women's Protection and Empowerment team runs women's centers, psychosocial services, and case management and referrals, as well as Village Savings and Loan Associations similar to those in DRC. The IRC is strengthening community responses to gender-based violence by providing support, training, and mentoring to community leaders, women's committees, and activists to disseminate messages promoting gender equality and protection.
- In **Tanzania**, the IRC has led gender-based violence prevention and response programming since 2010 in Nyarugusu camp, home to approximately 60,000 Congolese refugees. The majority of the Congolese refugee population in Nyarugusu camp has been displaced from the DRC for over 17 years. In Nyarugusu camp, the Women's Protection and Empowerment team runs drop-in centers, psychosocial services, legal support, material support, safe shelter, and case management and referrals. Income-generating activities for women in the camp include soap-making, batik, and tailoring.
- In **Uganda**, the IRC has provided EA\$E economic empowerment activities with urban refugees in Kampala since 2011. Women reported EA\$E increased their access to resources and connections with other women. As more and more Congolese women disclosed experiences of violence, the IRC assessed and identified basic response services for survivors in Kampala to meet their needs.⁵

IRC's experience has shown providing women with safe spaces and networks, offering case management and group therapy for survivors of violence, and providing gender-sensitive economic empowerment activities have made a difference in the lives of Congolese women and girls.

- **Providing women with safe spaces and networks:** By bringing women together through women's groups and supporting women to create VSLAs, Congolese women have reported increased social interactions, participating in a wider range of community activities, and having an alternative 'family' or social support network. Women have also reported that coming together enables them to speak up with more confidence in their communities.
- **Case management and therapy for survivors:** When Congolese women survivors report their experiences of violence to the IRC, they are offered case management services that emphasize supportive listening, action and safety planning, and empowering survivors to make informed choices. Data from the case management program in DRC shows that case management

⁴ For more information on the EA\$E model, see: Green, S. (2014). *Research Brief: Economic and Social Empowerment to Reduce Violence against Women*. International Rescue Committee. Retrieved from [http://gbvresponders.org/sites/default/files/EA\\$E%20Research%20Brief%20Jan%202014.pdf](http://gbvresponders.org/sites/default/files/EA$E%20Research%20Brief%20Jan%202014.pdf)

⁵ International Rescue Committee. (2014). *GBV Situational Analysis Report: Ea\$ier Living Program*. [forthcoming]

improves survivors' functioning and ability to complete daily tasks. For survivors who present significant symptoms of depression or anxiety, the IRC has tested Group Cognitive Processing Therapy, which was shown to be effective at reducing mental health symptoms and improving day-to-day functioning.⁶

- **Economic empowerment activities:** Village Savings and Loans Associations, business-skills training, and dialogue groups that engage couples as part of the IRC's EA\$E model have been extremely successful. Whereas on average, VSLAs are expected to get 20% return on savings, the VSLAs in the DRC have gotten over 40%. In addition, the IRC has focused on supporting women's community based organizations (CBOs) to strengthen their income generating activities.



The Context: Violence against Women and Girls

Human rights groups have called Eastern DRC “the most dangerous place in the world to be a woman.”⁷ A context of impunity for perpetrators combined with the extremely low status of females⁸ allows violence against women and girls to occur with alarming frequency.

Nearly 40% of women in Eastern DRC have experienced sexual violence.⁹ Despite widespread community education efforts, there is usually a long delay between incidents of violence and when most survivors seek services. The majority of sexual assault survivors never report their experience.¹⁰ The physical health, mental health and social impacts of sexual violence in the DRC cannot be

understated. Physical health consequences include bruises and broken bones, HIV and sexually transmitted diseases, other reproductive health concerns such as sterility and fistula, as well as long-term disability and even death. Congolese survivors of sexual violence describe experiencing psychological symptoms consistent with depression, anxiety, and Post-Traumatic Stress Disorder (PTSD). Moreover, the stigma associated with sexual violence in Congolese societies can have a debilitating and far-reaching impact on survivors. Women who are labeled by spouses, family, and community members as rape victims risk being ostracized, blamed, and frequently abandoned.¹¹ Survivors indicate that the social isolation and shame they experience post-rape can be just as harmful as the assault itself.¹² Survivors have also reported to IRC that they find it difficult to complete their daily tasks after incidents of sexual violence and that they are therefore perceived as ‘bad wives’ and at risk of being further mistreated or rejected.

The prevalence of intimate partner violence (IPV) in DRC is the third highest of the countries for which data is available, with 64% of women in DRC reporting physical and/or sexual violence by an intimate partner in

⁶ Bass, J., Annan, J., Mclvor Murray, S., et al. (2013). Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence. *The New England Journal of Medicine*, 368(23). Retrieved from <http://www.nejm.org/doi/full/10.1056/NEJMoa1211853>

⁷ Cultural Orientation Resource Center. (2014). *Refugees from the Democratic Republic of the Congo*. Retrieved from <http://www.culturalorientation.net/content/download/2701/15651/version/1/file/Congolese+Backgrounder%2C+2014.pdf>

⁸ The DRC is ranked 142 out of 146 countries on the Gender Inequality Index, indicating extremely high gender inequality. Source: United Nations Development Program. (2011). *Human Development Report*. Retrieved from http://hdr.undp.org/en/media/HDR_2011_EN_Table4.pdf

⁹ Johnson K., Scott J., Rughita B., et al. (2010). Association of Sexual Violence and Human Rights Violations with Physical and Mental Health in Territories of the Eastern Democratic Republic of the Congo. *Journal of the American Medical Association*, 304, 553 – 62.

¹⁰ Peterman, A., Palermo, T., & Bredenkamp, C. (2011). Estimates and Determinants of Sexual Violence Against Women in the Democratic Republic of Congo. *American Journal of Public Health*, 101(6), 1060 – 1067.

¹¹ Institute on Domestic Violence & Sexual Assault, University of Texas at Austin. *The Continuity of Risk: A Three City Study of Congolese Women-at-Risk Resettled in the US*. [Forthcoming]

¹² Kelly, J., Kabanga, W., Cragin, L., et al. (2012). If Your Husband Doesn't Humiliate You, Other People Won't: Gendered Attitudes Towards Sexual Violence in Eastern Democratic Republic of Congo. *Global Public Health* 7(3), 285 – 298.

their lifetime.¹³ This figure increases to 71% for women reporting lifetime experience of physical, sexual and/or emotional IPV.¹⁴ Women experiencing intimate partner violence rarely report as this type of violence remains widely unrecognized by communities and women themselves are blamed for the violence. It is not uncommon for an IPV survivor who seeks support from her family and community to be told to return to her husband, which is often accomplished by her family giving a gift to her husband to negotiate her reacceptance.

The sexual exploitation of young and adolescent girls is an area of concern noted by IRC staff in camps in Burundi and Tanzania. Girls are forced to engage in transactional sex in exchange for basic goods that are not readily available in the camps, such as clothing and sanitary products. Furthermore, schools are also a source of concern for young girls, where it is reported that teachers frequently expect sex from their girl students in exchange grades or money. In Nyaragusu camp in Tanzania, human compensation, in which families give women and girls as a form of payment for debts, is practiced.

Access to Justice:

In DRC, sexual violence may be prosecuted through the court system. Achieving a judgment is difficult because the process is lengthy, there is corruption in the judicial system, and costs, such as transportation to the location of the court and paying a lawyer, are prohibitive. When a judgment is reached in favor of a survivor, survivors often do not receive the damages that are stipulated. Most cases of violence, including intimate partner violence, are addressed instead through traditional community-based justice mechanisms, which are strongly embedded in social and cultural norms and prioritize family and community harmony. Traditional justice mechanisms are often led by respected family members, community elders known as *baraza*, or religious leaders. Although it is illegal to manage cases of rape through the traditional justice system, this still takes place in many communities. There are also still instances reported in which women have to marry the rapist as a form of justice.

In Nyaragusu camp in Tanzania, police teams are trained to respond to gender-based violence and the IRC escorts survivors to court hearings outside the camp. In the camps in Burundi, NGOs providing legal aid to survivors work with police from investigation to prosecution, although corruption is known to compromise the legal process.

Marriage, Family and Children:

With approximately 250 different ethnic groups with distinct languages and cultures in DRC, cultural practices around marriage, family, and children vary, though family is extremely important to Congolese generally. Both women and men marry at young ages. Women are expected to marry very early – often under the age of 18 – and to bear many children, which is considered prestigious. Boy children are often preferred to girl children and women are blamed if they do not give birth to boys. Women are expected to continue to bear children until their husband chooses to stop. This pattern is also present in other areas of decision-making, including household purchases, money management, education of children and access to healthcare. Men are considered the head of the household. If there is no adult male in the home, the oldest male child will typically assume decision-making power for the household.

Marriages may or may not be registered legally. Husbands pay a dowry to the future wife's family to complete a marriage and families must return the dowry in the case of divorce. Congolese families commonly use the dowry received for a daughter's marriage to finance a son's marriage, rendering it impossible for them to return the dowry and consequently, there is heavy pressure to keep marriages

¹³ UN Women. (2012). *Violence against Women Prevalence Data: Surveys by Country*. Retrieved from http://www.endvawnow.org/uploads/browser/files/vawprevalence_matrix_june2013.pdf

¹⁴ Ministère du Plan and Macro International. (2007). *Enquête Démographique et de Santé République Démocratique du Congo*. Ministère du Plan and Macro International, Calverton.

intact. This practice contributes to the use of human compensation in Nyaragusu camp in Tanzania as families can offer a girl child for present or future marriage in exchange for the debt. In the camps in Burundi, many young refugee girls enter into early marriages as a consequence of lack of economic and social opportunities. Such marriages are rarely formalized and frequently end in the abandonment of the girl once she becomes pregnant.

Several harmful traditional practices related to marriage can be observed in the DRC, including *rapt*, whereby a young girl is ‘kidnapped’ (sometimes with the consent of her parents) and forced to marry the kidnapper once she has spent the night with him. *Levirat* and *sororat* are two different forms of bride inheritance that are practiced in some areas in North and South Kivu – one where a widow is forced to marry the brother of her late husband, and the other where a widower may take the sister of his late wife in marriage. Congolese marriages typically occur along ethnic lines. In Nyaragusu camp in Tanzania, Congolese men who marry outside of their ethnic group risk violence at the hands of relatives. Inter-marriages are also rare in the camps in Burundi.

Property or goods bought during marriage are typically registered in the husband’s name and owned by the husband and his family. Social norms prevent women from owning land or homes despite the law in DRC providing for inheritance by both male and female children. This means that a wife can be thrown out of her husband’s home at any time, and at his death, the land and home are handed over to the husband’s family, often leaving widows destitute.

Corporeal punishment is frequently used to discipline children. All adults in the community are permitted to discipline children, including mothers, fathers, neighbors, and teachers. In Eastern Burundi, parenting education and discussion groups have been shown to be effective at improving child protection and reducing physical discipline.¹⁵

Educational Access:

Education levels for Congolese women and girls in DRC vary largely between urban and rural areas and by socioeconomic class. Literacy rates are very low in rural areas, and while girls’ enrollment and attendance in primary school is high,¹⁶ it drops drastically at the beginning of secondary school as girls begin to take on household tasks looking after younger siblings, cooking, cleaning and in some cases being married to older men. While 47.4% of boys aged 14 to 19 years old attend secondary school, only 32.7% of same age girls attend.¹⁷ Secondary school attendance is even lower in areas affected by chronic conflict such as in North Kivu province. Just over half of women in DRC age 15 – 24 are literate.¹⁸ In the IRC’s experience, adult Congolese women have been eager to learn how to read and write.

In Nyaragusu camp in Tanzania, classrooms are over-crowded and under-resourced. About 62% of girls drop out of school after Grade 5.



¹⁵ Annan, J., Bundervoet, T., Seban, J. & Costigan, J. (2013). *A Randomized Impact Evaluation of Village Savings and Loans Associations and Family-Based Interventions in Burundi*. International Rescue Committee. Retrieved from http://www.rescue.org/sites/default/files/resource-file/New_Generation_Final_Report_05312013.pdf

¹⁶ 75% of children of primary school age are attending primary school in DRC and gender differentials are generally small. Source: Institut National de la Statistique. (2010). *Democratic Republic of Congo: Multiple Indicator Cluster Survey 2010 Preliminary Findings*. UNICEF. Retrieved from http://www.childinfo.org/files/MICS-RDC_2010_Preliminary_Results_final_EN_imprime.pdf

¹⁷ “Population Council (2009). *The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable People: Democratic Republic of Congo 2007*. Retrieved from http://www.popcouncil.org/pdfs/PYG_AdolDataGuides/CongoDemRep2007.pdf

¹⁸ Institut National de la Statistique. (2010). *Democratic Republic of Congo: Multiple Indicator Cluster Survey 2010 Preliminary Findings*. UNICEF. Retrieved from http://www.childinfo.org/files/MICS-RDC_2010_Preliminary_Results_final_EN_imprime.pdf

Many girls stay home from school while they are menstruating because sanitation materials or latrines are not available. Schools in the camps in Burundi follow the Congolese curriculum.

Healthcare Access:

Basic primary healthcare is available through the Congolese Ministry of Public Health and private faith-based clinics across South Kivu and in large parts of North Kivu with support from international NGOs. Reproductive healthcare is available only in limited urban areas. Post-rape care is available in areas of DRC where international NGOs operate. In a gender analysis undertaken by IRC around access to healthcare in DRC, women identified the following as barriers to accessing care: lack of prioritization of their healthcare needs by husbands who control household finances, need to ask permission to leave the village and go to the health center, sexual harassment and assault within health centers, health practitioners refusing to provide women with care in the absence of their husbands, and lack of female healthcare providers. As a consequence, women may turn to traditional healers, prayer, or street drugs rather than formal healthcare.

Health services and post-rape care are available in camps in Tanzania and Burundi as well. Urban refugees in Bujumbura can access health services at a reduced cost. In Kampala, Uganda, urban refugees are not entitled to specific humanitarian assistance although they are entitled to access government health services. In practice, however, refugees in Kampala face obstacles in accessing healthcare due to a lack of legal documentation, discrimination and language barriers.

Religion:

Faith and religion play an important role in the lives of Congolese, with more than 70% of the population identifying as Christian.¹⁹ Religious leaders and communities are often the first point of contact for women survivors of violence and are potential allies in raising awareness to reduce violence in their communities. On the other hand, religious institutions can also be unwelcoming to survivors and reinforce stigma and shame. In IRC's experience, religious groups are the primary, and often sole, social group to which women belong.



All photos by Aisha Bain, IRC

Economic Activities:

Women in rural areas in the DRC are largely engaged in agricultural activities and petty trade. Many Congolese women are extremely resourceful in managing small budgets and feeding large families with limited means, and show strong aptitude for trade. Programs that support livelihoods for women in DRC often focus on small trade activities and enhancing marketing skills. IRC has found that financial literacy training has been especially effective at building on women's existing savings and budgeting skills. Access to formal employment is limited for women in rural areas, and in urban centres women tend to have lower-paying jobs such as cleaning offices. In Nyaragusu camp in Tanzania, women's ability to engage in small trade activities is limited because there is no open market in the camp and exiting the camp requires a permit from the government.

¹⁹ Cultural Orientation Resource Center. (2014). *Refugees from the Democratic Republic of the Congo*. Retrieved from <http://www.culturalorientation.net/content/download/2701/15651/version/1/file/Congolese+Backgrounder%2C+2014.pdf>

Tips for Supporting Resettled Congolese Refugee Women and Girls in the US

Self-sufficiency:

- Educating Congolese women on financial literacy has been well received and shown to be effective in DRC, Burundi and Tanzania. Provide educational opportunities to women on budgeting, saving, managing money, banking, and applying small business skills in the US.
- Congolese refugee women may come to the US with relevant and marketable experience, skills and training, such as hairdressing, farming techniques, or catering. Help women build on these skills to explore economic opportunities in the United States.
- Create opportunities for Congolese women who are pre-literate to increase their literacy skills and promote their self-sufficiency. Tailor English language instruction to pre-literate learners as needed.
- Because property and goods are typically registered in the husband's name, Congolese refugee women may not know they have a right to own property, sign documents on their own behalf, have their name on official documents, or maintain independent finances (i.e. separate bank account). Advise women of their legal rights. Where possible, put public benefits in the woman's name.

Health & Mental Health:

- Many Congolese women have never received formal reproductive healthcare. Let women know that they do not need their husband's consent to access reproductive healthcare in the US and explain the role of a gynecologist. Review any costs associated with reproductive healthcare prior to services.
- Providing services for survivors of trauma requires patience, respect, and awareness of the ways trauma inhibits daily functioning. Consider screening for symptoms of trauma and connecting women with distress symptoms to trauma-informed support. In DRC, group counseling for Congolese survivors of sexual violence has been found to be effective at reducing mental health symptoms and improving daily functioning.²⁰

Social Support & Connections:

- Look for ways to increase social connections and support for Congolese women. As faith communities are often a form of social support for Congolese women, helping them to connect to faith communities of their choice in the United States may be one way to reduce feelings of isolation. Music and dance are an important part of Congolese culture and can be included in women's groups, events, and services.
- Incoming Congolese refugees may or may not reflect the experiences and/or ethnic identities of Congolese populations already in the US. Note that existing Congolese communities may or may not be a source of support for new arrivals and explore sources of support that stretch across countries of origin.

Intimate Partner Violence:

- Given the high rates of intimate partner violence and impunity that exist in DRC, include facilitated discussions about gender roles, household dynamics, domestic violence and available support in cultural orientation. Include information on US laws regarding domestic violence. Create safe and confidential space for survivors to seek help.²¹ Connect with sexual and domestic violence service providers to enhance available support.
- IRC's WPE programs and research overseas have shown that pairing an economic empowerment program for women with dialogue groups engaging couples around decision-making and power in the household is more effective at reducing intimate partner violence than economic programming alone.²² Explore avenues to provide couples with tools to cope with changing gender roles and expectations in the US to prevent violence.

Interpretation:

- Given the importance of ethnic identity and the sensitivity around ethnic tensions, pay attention to potential dynamics between interpreters and clients and be sensitive to the possibility of distrust or discomfort. Use female interpreters when communicating with Congolese women whenever possible.

²⁰ For more information, see Bass, J., Annan, J., Mclvor Murray, S., et al. (2013). Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence. *The New England Journal of Medicine*, 368(23). Retrieved from <http://www.nejm.org/doi/full/10.1056/NEJMoa1211853>

²¹ IRC is currently piloting an initiative to strengthen our service delivery for survivors of domestic and sexual violence in the US. Contact IRC Women's Protection and Empowerment unit for more information.

²² Green, S. (2014). *Research Brief: Economic and Social Empowerment to Reduce Violence against Women*. International Rescue Committee. Retrieved from <http://gbvresponders.org/sites/default/files/EASEResearch%20Brief%20Jan%202014.pdf>