

# ***Exploring the Effectiveness of International Organizations' Interventions on Sexual Violence in the Democratic Republic of the Congo: The United Nations and MÉDecins Sans Frontières as Examples***

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**Abstract:** Women's bodies often bear the consequences of war and conflict. To safeguard women's dignity and health, international governmental organizations, represented by the UN, and international organizations, represented by Médecins Sans Frontières (MSF), have tried to prevent sexual violence through reforms and development interventions in countries in conflict. However, since the end of the civil conflict in 2003, the Democratic Republic of the Congo (DRC) has continued to experience high levels of sexual violence. This paper uses case studies to provide a deeper and more comprehensive understanding of the causes of the high prevalence of sexual violence and the reasons for the failure of two organisations' interventions in the country. It also provides recommendations for future interventions by international organisations in the country. In particular, more realistic measures for the protection of victims and cooperation between international actors, not only focusing on conventional international actors but also taking into account cooperation with local NGOs and the media. As well as focusing more on how to change the deep-rooted gender inequalities. The intention is to fill the gap in how to address sexual violence from the perspective of international organisations.

**Keywords:** Democratic Republic of the Congo, sexual violence, international development, international organizations

## **1. Introduction**

Throughout history, sexual violence has been a component of warfare, and in contemporary internal conflicts, it has become a weapon of armed organisations. Since 1998, 200,000 women have been sexually assaulted by armed groups in the eastern part of the Democratic Republic of the Congo (DRC), according to the United Nations. Approximately forty percent of women have encountered sexual violence at some point [1]. Margot Wallstrom, Special Representative of the United Nations, has even called the DRC the "rape capital of the world." Armed groups have been responsible for most sexual violence in the DRC in recent years, according to UN statistics. Sexual violence in times of war is not a novel phenomenon. In Kosovo, Yugoslavia, Rwanda, and Sierra Leone, large-scale sexual violence has occurred during armed conflicts. But the DRC has attracted considerable

international attention because of the scale and brutality of sexual violence [2]. UN human rights observers were struck by the “regularity, pervasiveness, and systemic nature” [3].

The UN, the World Health Organization, MSF, governments, and local NGOs have taken many steps to assist and intervene in the hope that this phenomenon of sexual violence can be reduced in the interests of women’s safety and justice. However, there are few indications that the situation in the DRC has improved in the past. Moreover, the impact of sexual violence related to armed conflict does not end when combat ceases [4]. Once again, this suggests that the effectiveness of current interventions is low.

Regarding conflict-related sexual violence in the eastern DRC, research has concentrated on three primary areas: the prevalence of sexual violence in the DRC; the causes of sexual violence; and the consequences of sexual violence. For instance, according to a study by Bartels et al., 59% of female survivors admitted to Panzi Hospital in 2006 had experienced sexual violence, with rape being the most prevalent variety [5]. Atuhaire discovered that sexual violence is frequently used as a weapon of war to control communities [4]. Secondly, the effects of sexual violence are far-reaching, including physical and mental health problems, as well as social stigma and exclusion. Johnson found that sexual violence was associated with poor physical and mental health among women in eastern DRC [6]. Similarly, Banwell argues that sexual violence has led to the exclusion of women from economic, social, and political life in the DRC [7]. Third, addressing the motivations for sexual violence in the DRC, Bitenga et al. found that the desire for power and control was the most common reason for combatants to commit sexual violence [8]. Meger argues that the resource-rich nature of the DRC has contributed to the use of sexual violence as a tool of war, with armed groups using rape to gain control over land and resources [9]. Therefore, this paper looks at sexual violence in the eastern DRC after 2003, through the UN and MSF - two of the most representative international organizations. To explore why sexual violence is used as a weapon on such a scale in the Democratic Republic of Congo and continues to be perpetrated despite the intervention and assistance of international organizations.

This paper is divided into five parts using the process tracing method in the case study. (1) Introduction. (2) Will briefly describe women’s experiences of sexual violence in the DRC and the impact this has had. And it focuses on the essential measures currently being taken by the UN and RSF and their effectiveness. (3) To explore the reasons why sexual violence occurs and the external reasons for the failure of intervention by international organizations. (4) Through the analysis of the above causes, policy recommendations are made from the perspective of victim protection, intervention in recipient countries, and international organizations. (5) Conclusion. From the research available so far, there need to be more studies that look at the reasons for the failure of interventions in terms of analysis of the effects of interventions in specific organizations. And while most focus on political and economic reforms in recipient countries, more specific solutions must be considered as the conflict situation in eastern DRC worsens in 2022. This paper hopes to fill these gaps.

## **2. Case Restoration: Conflict and Sexual Violence in Eastern DRC**

### **2.1. The Connection Between Sexual Violence and War**

1994 saw the First Congo War outbreak as Hutu genocidaires crossed the frontier into the Congo in response to the Rwandan massacres. The Second Congo War immediately followed [3]. With the ratification of the Sun City Accord in 2003, the civil war officially ended after causing approximately 3,3 million fatalities. But in the east, where rival armed organisations like the Lord’s Resistance Army (LRA) and the Allied Democratic Forces (ADF) fought for territory and resources, bloodshed and instability remained. There have also been clashes between government troops, local militias, and other ethnic groups. In particular, rape has been utilised as a weapon throughout the conflict [10].

Baaz and Stern estimate that 1.69–1.8 million DRC women have been raped. The eastern DRC's ongoing conflict has escalated sexual assault by 200,000 women since 1997 [1]. In 2018, the UN re-documented 1,048 incidences of conflict-related sexual assault in the DRC, 308 of which were committed by the government's army. The UN Organisation Stabilisation Mission in the DRC recorded 1,053 armed group-perpetrated conflict-related sexual assault instances in 2020 [11]. This is simply the tip of the iceberg; tens of thousands more victims are not documented because they cannot attend health centres or are ashamed and afraid of being victimised again owing to communal stigmatisation.

In addition, violence against civilians in the eastern portion of the DRC has become an increasingly common tactic all combatant parties employ [12]. In the eastern provinces of the DRC, women of all ages, from 23-month-old infants to 84-year-olds, are assaulted by armed combatants [3].

## **2.2. The Necessity of Stopping Sexual Violence**

Firstly, sexual violence can undermine peace and amplify the risk of conflict. Cynthia Cockburn notes that violence in war reflects potential gender inequalities and is also a habit of violence that can undermine trust in government and trigger cycles of violence [13].

Secondly, sexual violence puts women at risk of unwanted pregnancies, with an estimated 17% of women reporting pregnancies related to sexual violence, according to a study conducted in eastern DRC in 2010. However, access to safe abortion is limited in conflict settings. According to the WHO, abortion is one of the top three causes of maternal mortality. In addition, USAID reports that women who have survived sexual violence are sixteen times more likely to contract HIV than the average woman. To effectively prevent HIV infection, WHO recommends taking antiviral drugs within 72 hours of sexual assault. However, due to local conflict and economic, physical, and psychological constraints, 50% of victims cannot reach existing health centres [11].

Thirdly, sexual violence doesn't just cause physical harm, it is long-term pain. The effects of sexual violence are often the most lasting, with 91% of women reported to experience major manifestations of isolation, fear, shame, and anxiety that affect their ability to return to a normal life. Many lose the meaning of life; feel they have lost control of their lives and can no longer complete their daily tasks [14].

Fourth, stigma causes survivors to be questioned. Fear of stigma is frequently cited as a reason why victims of sexual violence do not report attacks or seek services. Common practices regarding chastity and sexuality can lead to the stigmatisation and re-victimization of rape survivors by portraying them as damaged, filthy, and adulterous. Consequently, the social isolation and exclusion of victims by community members can be more detrimental to women than the actual attack. One interview revealed that a woman who has been violated might be treated with pity but not respect. In addition to affecting the victims' reputations, this stigma will cause them to lose their families and means of support [15].

## **2.3. UN and MSF Interventions on Sexual Violence in the DRC**

### **2.3.1. Specific Interventions**

UNSCR 1325 is one of the resolutions adopted by the United Nations Security Council and is seen as a watershed moment in the worldwide response to sexual assault in war. It emphasised the extent of the effect of armed conflict on women and advocated for full and active engagement of all parties in conflict prevention and settlement. It also emphasises the need of safeguarding women and girls from sexual abuse in war and holding offenders responsible [16]. The UN has initiated several projects based on the ideals of Resolution 1325. These include founding the UN Mission in the DRC and the UN Organisation Stabilisation Mission in the DRC. These two operations are tasked with preventing

sexual assault against civilians, especially women. They have trained Congolese security personnel in preventing sexual assault, helped build a national plan to fight sexual violence, and collaborated with civil society organisations to increase awareness of the problem.

The 2008 Resolution 1820 of the Security Council declared sexual assaults during the conflict to threaten international security and peace. The resolution sought to prevent sexual violence related to armed conflict, protect civilians, and prosecute perpetrators. Gender advisors in UN peacekeeping deployments are also recommended [17]. MONUSCO's mandate was extended in December 2020 by UN Security Council Resolution 2556, which also called for sustained DRC sexual assault prevention [18].

Since 2003, survivors of sexual abuse in the DRC have had access to MSF's medical and psychological services. They set up several positions in Ituri and North and South Kivu. The initiatives provide a wide range of care, from medical attention for injuries to post-exposure prophylaxis for HIV and other STDs to psychological support and representation in legal matters. MSF also conducts training for healthcare professionals around the country to increase their ability to care for victims of sexual assault. MSF is actively advocating for change to the underlying conditions that lead to sexual assault in the DRC and providing immediate medical treatment. The group advocates for stricter punishments for sexual assault offenders, such as arrest and prosecution. Additionally, MSF urges the government of the DRC to support the creation of national policies and initiatives to aid survivors of sexual abuse by increasing their access to medical treatment. MSF's studies and publications have also shed light on the issue of sexual assault in the DRC [19].

### 2.3.2. Intervention Effectiveness

Have these measures had the desired effect?

First, the goal of every United Nations resolution is to end sexual assault during and after conflict. Still, DRC, whether relatively peaceful or not, incidents of sexual violence did not stop with the issuance of the UN resolution. Proof that sexual violence does not begin and end with the war. The link between conflict and sexual violence extends beyond wartime. Dr. Denis Mukwege has shown that even after combat has stopped, the effects of conflict-related sexual violence persist. Mukwege points out that several of his patients were assaulted after the war by ex-combatants who were living among civilians. This is because ex-combatants may continue to commit sexual assault long after the fight has ended. After all, they became accustomed to it during the war. And ex-combatants, alcohol, and drug abuse, unemployment, and often high levels of state tolerance of violence increase the likelihood of sexual violence [20].

Second, peacekeepers can engage in sexual violence. Some studies suggest that peacekeepers engage in hegemonic male behavior, encouraging sexual exploitation and abuse of women in their communities. But no agency, including the UN, has focused on the harm suffered by survivors. Sexual violence perpetrated by peacekeepers undermines the effectiveness of peacekeeping missions and the UN's moral authority. Violence perpetrated by individual peacekeepers subverts the local population's perception of the legitimacy of peacekeeping and peacebuilding missions. People are less willing to cooperate with international actors and peacekeepers, which can prevent them from fulfilling a range of tasks such as collecting information data, conducting security patrols, and protecting civilians from attacks [21].

Third, the effectiveness of the interventions implemented by MSF is also not evident. Firstly, while the organisation provides much-needed treatment to survivors of sexual violence, the number of victims remains high. According to a UNFPA report, an estimated 48 women are raped every hour in the DRC. Despite MSF's efforts, many survivors still face significant barriers to accessing medical care and legal and judicial processes. Secondly, one of the main challenges MSF faces is the ongoing conflict in the country. This has created a climate of impunity for sexual violence perpetrators. The

breakdown of social structures has made it more difficult for survivors to access health services and legal and judicial processes. The conflict also makes it difficult for organizations like MSF to work in some parts of the country [12].

Fourth, there is a lack of effective coordination and cooperation between the UN and MSF interventions. The UN, for example, has been criticized for its decentralized and bureaucratic approach, with different agencies working independently. This has led to a lack of coordination and duplication of efforts. As a result, many survivors of sexual violence cannot access the necessary services. Similarly, MSF has been criticized for its limited engagement with local communities and lack of cooperation with other actors, including the government and other NGOs. There is now insufficient trust among stakeholders to effectively address the underlying causes of sexual assault in the area [22].

### **3. The Reasons for Sexual Violence and Assistance from International Organizations**

#### **3.1. Why Sexual Violence Occurs?**

There has always been a structural subordination of women in the DRC, and masculinity has always been sought after in the region, especially in military institutions. Males in the DRC learn to identify with violence and manhood in the armed forces. Interviews conducted by Baaz and Stern revealed that most soldiers interpreted the sexual violence they perpetrated in terms of ideals of masculinity, which they explicitly contrasted with the female qualities of incompetence. Most soldiers also expressed concern that they were not seen as sufficiently masculine because they did not have wives. For these men, rape allows them to reassert their masculinity. These servicemen mainly depended on norms of masculinity that were cultivated and reinforced by the military itself [1].

Therefore, sexual violence directly results from the lawlessness of wartime armed forces. Sexual violence committed by state armed organisations, insurgent groups, and security forces increases as the state collapses and when political, legal, economic, and social structures break down. For entertainment or as a defiance of authority, armed males may resort to sexual violence. In incarceration and operations against civilians, such as home searches and checkpoints in urban warfare, state troops may use sexual assault strategically or opportunistically [2].

what's more, sexual violence also is a tool of the rebel hierarchy, and the specific manifestations are as follows:

##### **3.1.1. Genocide**

As part of their ethnic cleansing tactics, armed organisations often resort to acts of mass rape. Sexual violence by the FARDC achieves its objectives through four main outcomes. First, women are coerced into becoming pregnant and giving birth to children who aren't natives of the Congo. Goma, North Kivu, had 10% of its rape victims get pregnant among the 100 interviewed in 2003. Pregnancy as a tactic for ethnic cleansing is more than just an unfortunate side effect. Bartels et al. points out that mass rape is used to contaminate bloodlines and force women to become pregnant to produce 'ethnically cleansed' children. Second, Armed groups use sexual violence to spread HIV among targeted communities deliberately. The health of the whole community is put at risk when armed organisations actively encourage the infection of as many women as possible with HIV so that the virus may spread from person to person within the community. Third, the reduction of female reproductive capacity. Sexual violence disrupts the female reproductive system and can cause permanent infertility in victims. Fourth, annihilating whole neighbourhoods. Victims of sexual violence in the DRC can lose their husbands, children, and even whole communities as a result. One of the victims said that her husband was the first person to reject her after she experienced sexual violence, followed by her children and other family members [11].

### **3.1.2. Economic Benefits**

To conceal their illicit activities, the militias have used the turmoil of conflict to satisfy their need for resources. Rape has been used as a means of social disruption and physical subjection in the DRC. Jackson contends that militias maintain disorder in the DRC to unlawfully export coltan, which is worth approximately \$1 million per day. 80% of the world's mineral reserves are also believed to be located in the DRC. In 2008 and 2009, one study's field research revealed that all main combatants were extensively involved in the mineral trade in the most affected provinces. The two organisations accused of causing the most damage were also the most involved in exporting minerals illegally [23].

### **3.1.3. Deterring the Population**

In conflict zones, sexual violence can be used to terrorise civilians. Sexual violence as a war and terror tactic is primarily motivated by the stigmatisation of victims. Aggressors, whether members of armed organisations or radical individuals, often use this strategy to break down the morale of their targets, inflict shame on them, and weaken their support systems. According to Merger, women have historically been seen as the property of males. As a result, sexual assault is a demeaning act committed against the woman's father or husband. A woman's body is used to communicate to another male that he is too feeble to secure his family's women. Therefore, sexual assault was used as a means of inducing fear among the enemy's civilian population [6].

## **3.2. Why Do International Organizations' Rescues Fail**

The UN and MSF have attempted to address sexual violence in the eastern DRC. Despite their efforts, these interventions have had little success in reducing sexual violence in the region. The reasons behind the repeated failure of these interventions are explored below.

### **3.2.1. Constant Conflict**

The security situation is the primary reason for the failure of interventions. For example, in 2019, insecurity forced the UN to suspend support to health centers in the region, leaving many survivors without access to health services. Collecting reliable data on sexual assault rates and identifying project procedures has been difficult due to the current security climate, making it hard to develop efficient solutions. And staff members themselves are vulnerable to abduction, with NGO deaths in the DRC tripling in 2020 and the number of abducted staff members increasing by 35% compared to the previous year, according to the International NGO Safety Organization, a situation linked to the resurgence of armed conflict in the east [14].

### **3.2.2. Inadequate Knowledge of the Intricate Nature of Social and Political Norms and Cultural Mores**

The failure of interventions is largely attributable to a lack of insight into the interconnected economic, political, and social factors that fuel sexual assault in the area. For example, many interventions focus on medical or legal support and ignore the underlying causes of sexual violence. This has led to a failure to address the underlying causes, including poverty, conflict, and deeply entrenched patriarchal norms. As a result, interventions have not been effective in preventing sexual violence from occurring. As well, sexual violence is often seen as stigmatizing, and survivors can face significant social and economic repercussions if they speak out. This discourages survivors from reporting sexual abuse. The high occurrence of sexual abuse in the region is exacerbated by practises like forced marriage and female genital mutilation [1].

### **3.2.3. Weak Capacity of State Institutions**

The weak capacity of Congolese state institutions leads to the greatest problems of poor law and impunity. Human Rights Watch says that, despite a modest rise in government arrests, many individuals are still not being punished as they should be, despite efforts by the United Nations to help on the legal front. The hundreds of thousands of culprits who should be arrested pale compared to the few dozen who will be punished. Unfortunately, this deterrent strategy seems to have backfired in many cases since victims, who are routinely intimidated by armed perpetrators, opt not to seek legal aid for fear of retaliation. In 2020, none of the patients treated by MSF in Goma requested a medical certificate of their rape, as the high level of impunity has caused them to lose confidence in the justice system. The lack of support schemes sometimes leads victims to 'normalize' what happened to them [14].

### **3.2.4. Funding Constraints**

In the DRC, survivors of sexual abuse continue to get inadequate funding for comprehensive treatment. International organizations, especially NGOs like MSF, mostly operate based on funding from other governments, unlike the RCD and USAID, which receive funding directly from their governments. In the DRC, the proportion of annual funding from international donors has gradually decreased. In April 2021, the health cluster was funded at only 3% [14].

## **4. How International Organizations Can Intervene in Response to Sexual Violence**

### **4.1. Cooperation from the Victims**

#### **4.1.1. Use Drones to Distribute Emergency Medication and Medication for Safe Abortions**

Frequently, the areas with the greatest need for assistance are also the most remote or conflict-ridden. The United Nations could use the funds for low-cost drones to utilise existing MSF medical assistance sites in the DRC as resupply points, collaborating with MSF and entrusting them with the resupply of medications. Drones can then deliver first aid kits (containing antibiotics, emergency contraceptives, and drugs that can be taken within 72 hours to effectively prevent HIV infection) and drugs that can help victims secure abortions in conflict zones and remote areas.

On this idea, drugs have been delivered to Northern Ireland, where abortion is illegal. And UNICEF has delivered HIV testing reagents by drone in Malawi. Rwanda has used drones to transport much-needed materials to hospitals since 2006. This initiative addresses the issue of victims being unable to access medical facilities due to local conflicts or other circumstances. And because the need to prevent pregnancy and HIV infection after sexual violence is more pressing than the need for secure abortion, using drones to deliver these medications is quicker and more effective, and safer for victims and health workers [12].

#### **4.1.2. Train Health Care Staff Specializing in Long-term Care**

Emphasis should be placed on the training of health centre personnel. On the one hand, medical personnel should be trained because many victims do not have access to even the most fundamental safety and rehabilitation services, particularly mental health services, in conflict zones. But sexual violence leaves a victim with an indelible and traumatic memory for life. Therefore, there should be an emphasis on instructing healthcare professionals to manage the trauma of sexual violence. Victims are frequently more vulnerable when pursuing treatment and must be afforded privacy. These healthcare professionals should prioritise both immediate physical treatment and long-term

psychological rehabilitation. They must be responsive and sensitive to sexual violence victims. This includes asking inquiries ethically, as well as maintaining confidentiality, respect, and compassion.

On the other hand, non-medical personnel should also be trained. Some health centres send vehicles to collect victims, but for a woman who has recently been the victim of sexual violence, a male chauffeur will surely make her feel more intimidated. Therefore, this staff should be instructed on reassuring victims and responding appropriately to women who disclose experiencing violence. A person-centred approach to these measures can assist victims in recovering and moving on with their lives more effectively.

#### **4.1.3. Meeting Victims' Economic Needs and Helping Them Reintegrate into Society**

Despite their plight, communities and families continue to reject women who have experienced sexual violence, according to studies. Faced with the loss of livelihoods, international organisations should prioritise the economic empowerment of women by teaching them marketable skills. When communities recognise the value of these skills rather than the traces of rape, the reintegration of rape victims into society advances [24]. Some academics contend that practical economic measures, such as microcredits offered to women by certain development projects, can truly eradicate the vestiges of sexual violence experienced by women. When a woman can generate an income that is perceived as valuable, the stigma against her diminishes, resulting in her gradual reintegration into the community and the restoration of her relationships with others. In addition, international organisations should collaborate with local non-governmental organisations to provide long-term education and awareness campaigns to communities to subtly alter local perceptions, thereby altering social discrimination and the rejection of victims of sexual violence.

#### **4.2. Response from Recipient Countries**

The most pressing issue is the cessation of the conflict, so the cessation of the conflict in the DRC and the improvement of the weak institutional capacity cannot be delayed. On the one hand, greater military intervention remains a good option, and Autesserre agrees that without a peacekeeping force, the DRC would certainly be in a worse state than it is now seeing. On the other hand, the security sector in the DRC is in urgent need of reform. Firstly, political reform should be promoted, which would help to increase the legitimacy and trust of the government and create favorable conditions for strengthening state institutions. This would strengthen the capacity to manage the government's military [12]. Secondly, consideration should be given to enhancing control of the DRC's borders and limiting the abandonment of private armies and militias by warlords and state representatives. Also, improve discipline and conduct in the military and police forces: The DRC should take measures to improve discipline and conduct in the military and police forces, including improving the selection and training of personnel, establishing a strict code of conduct, and imposing penalties on those who break the rules. Third, strengthen the justice system: The Government of the DRC should strengthen its justice system to ensure accountability for crimes of sexual violence. This requires improving the legal framework, enhancing the professional capacity of judges and lawyers, and ensuring that cases are heard and dealt with fairly. Fourthly, emphasis should be placed on women's empowerment, including their education freedom. In a region as unstable as this one, girls must have access to education, or at the very least, knowledge of how to prevent sexual violence and how to seek assistance if they experience it. Increasing the rights of women to partake in political activities, permitting women to speak out for their interests and rights, influencing decision-making, eradicating preconceived notions of sexuality, and fostering a sense of resistance [25].



### 4.3. Upgrading of International Organizations

International organizations should be more aware of the importance of cooperation. As Zoellick says, there should be a benchmark of a coalition between various international organizations to encourage strategic convergence and a rational division of labor. Not only would this reduce the administrative burden on recipient governments, but it would also increase efficiency to a great extent [22]. (1) Strengthen cooperation between government and NGOs, such as the FCDO's initiative to change the status quo of sexual violence at the end of 2022, where they could invest money in MSF and make the latter responsible for the distribution of medicines. (2) Work with local NGOs, such as Panzi Hospital, who may be in a better position to understand local culture and traditions and can play a big role in how to change local traditions and reintegrate women into their communities. (3) Work with the media and ask for media coverage that not only highlights the work of peacebuilders but also exposes cases of abuse. Reputable media outlets can bring more attention to incidents of sexual violence, share stories of recovery and rehabilitation to increase victim information, and promote gender power inequalities to reduce gender stereotypes that perpetuate violence. This will allow people to reflect not only on how best to help survivors of sexual violence rebuild their lives but also to rethink how to address the most fundamental perceptions.

### 5. Conclusion

In summary, by exploring the causes of sexual violence by armed men in the eastern DRC and analyzing the effectiveness of the interventions of the United Nations and MSF in the region after 2003. The causes of sexual violence can be identified at three levels, the first being the gender inequality that has been ingrained in the country since time immemorial. The second is the desire of the armed groups at the top to satisfy the need for ethnic cleansing of the Congolese population, control of mineral resources, and deterrence of the population. Finally, there are always armed men who do not respect the law. The UN and MSF are affected by the security situation in the eastern DRC, their limited understanding of the complex political and social dynamics and cultural norms, the weak capacity of Congolese state institutions, and the limited financial resources available to international organizations mean that the intervention is not destined to be a major success. This paper recommends addressing these issues regarding victims, recipient countries, and international organizations. However, due to the lack of access to the DRC, the causes and recommendations are still not sufficiently in-depth and specific. The use of focus interviews should be considered in the future to focus on more specific issues and suggest more practical measures.

### References

- [1] Bigio, J., & Vogelstein, R. (2017). *Understanding Sexual Violence in Conflict*. In *Countering Sexual Violence in Conflict* (pp. 3–7). Council on Foreign Relations. <http://www.jstor.org/stable/resrep05746.5>
- [2] United Nations High Commissioner for Human Rights (2010) *Report of the Mapping Exercise documenting the most serious violations of human rights and international humanitarian law committed within the territory of the Democratic Republic of the Congo between March 1993 and June 2003*.
- [3] Atuhaire, P.K., Gerring, N., Huber, L., Kuhns, M. and Ndirangu, G. (2018). *The Elusive Peace: Ending Sexual Violence During and after Conflict*. United States Institute of Peace.
- [4] Bartels, S.A., Scott, J.A., Mukwege, D., Lipton, R.I., VanRooyen, M.J. and Leaning, J. (2010). *Research patterns of sexual violence in the Eastern Democratic Republic of Congo: reports from survivors presenting to Panzi Hospital in 2006*. *Confl Health*, 4(9).
- [5] Johnson, K., Scott, J., Rughita, B., Kisielewski, M., Asher, J., Ong, R. and Lawry, L. (2010). *Association of sexual violence and human rights violations with physical and mental health in territories of the Eastern Democratic Republic of the Congo*. *Jama*, 304(5), pp.553-562.
- [6] Banwell, S. (2014). *Rape and sexual violence in the Democratic Republic of Congo: A case study of gender-based violence*. *Journal of Gender Studies*, 23(1), pp.45-58.

- [7] Bitenga Alexandre, A., Moke Mutondo, K., Bazilashe Balegamire, J., Emile, A. and Mukwege, D. (2021). *Motivations for sexual violence in armed conflicts: voices from combatants in the eastern Democratic Republic of Congo. Medicine, conflict and survival*, 37(1), pp.15-33.
- [8] Meger, S. (2010). *Rape of the Congo: Understanding sexual violence in the conflict in the Democratic Republic of Congo. Journal of Contemporary African Studies*, 28(2), pp.119-135.
- [9] Kippenberg, J., Wells, H., & Van Woudenberg, A. (2009). *You Will Be Punished: Attacks on Civilians in Eastern Congo. Human Rights Watch*.
- [10] van Wieringen, K. (2020). *To counter the rationality of sexual violence: existing and potential policies against the genocidal use of rape as a weapon of war in the Democratic Republic of Congo. Journal of International Humanitarian Action*, 5(1), 1-14.
- [11] Autesserre, S. (2014). *Peaceland: Conflict resolution and the everyday politics of international intervention. Cambridge University Press*.
- [12] Cynthia C, (1998) *The Space Between Us: Negotiating Gender and National Identities in Conflict*, New York: Zed Books.
- [13] Médecins Sans Frontières. (2021). *Sexual violence in the Democratic Republic of Congo: The critical need for a comprehensive response to address the needs of survivors. [https://www.msf.org/wp-content/uploads/2021/07/relatorio\\_violenca\\_sexual\\_rdc\\_2021.pdf](https://www.msf.org/wp-content/uploads/2021/07/relatorio_violenca_sexual_rdc_2021.pdf)*
- [14] Clifford, R. (2008). *Prosecuting sexual and gender-based crimes before internationalized criminal tribunals. Journal of International Criminal Justice*, 6(4), 665-696.
- [15] United Nations Security Council. (2000). *Resolution 1325: Women, peace, and security (S/RES/1325). United Nations. [https://undocs.org/S/RES/1325\(2000\)](https://undocs.org/S/RES/1325(2000))*
- [16] United Nations Security Council. (2008). *United Nations Security Council Resolution 1820 (S/RES/1820). United Nations. [https://undocs.org/S/RES/1820\(2008\)](https://undocs.org/S/RES/1820(2008))*
- [17] United Nations Security Council. (2020). *Resolution 2556: The situation concerning the Democratic Republic of the Congo (S/RES/2556). United Nations. [https://undocs.org/en/S/RES/2556\(2020\)](https://undocs.org/en/S/RES/2556(2020))*
- [18] Médecins Sans Frontières. (2018). *Rape in the DRC: 12 months of abuse in North Kivu. MSF. <https://www.msf.org/sites/msf.org/files/2018-11/DRC%20-%20North%20Kivu%20Rape%20Report%20%28EN%29.pdf>*
- [19] Atuhair, P. K., Gerring, N., Huber, L., Kuhns, M., & Ndirangu, G. (2018). *The Elusive Peace: Ending Sexual Violence During and after Conflict. United States Institute of Peace*.
- [20] Simic, O. (2012). *Regulation of sexual conduct in UN peacekeeping operations. Springer Science & Business Media*.
- [21] Zoellick, R. B. (2008). *Fragile states: securing development. Survival*, 50(6), 67-84.
- [22] Jackson, S. (2007). *Of "doubtful nationality": Political manipulation of citizenship in DR Congo. Citizenship studies*, 11(5), 481-500.
- [23] Finnakk, I., & Nordas, R. (2019). *Community perspectives and pathways to the reintegration of survivors of sexual violence in eastern Democratic Republic of Congo. Hum. Rs. Q.*, 41, 263.
- [24] Hendrickson, D., & Kasongo, M. (2011). *Security Sector Reform in the Democratic Republic of the Congo. Issue Paper*, (4).
- [25] Baaz ME, Stern M (2013) *Sexual violence as a weapon of war? Zed Books Ltd., London*.