



CONFLICT IN NORTH AND SOUTH KIVU:

STAGGERING RATES OF SEXUAL VIOLENCE

AND IMPUNITY

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Conflict-Related Sexual Violence

The armed conflict in the North Kivu region of the Democratic Republic of Congo has had a devastating impact on the safety and well-being of women and girls. As civilians move in search of safety, they face multiple attacks and threats, including rape by individuals and gangs and forced recruitment and sexual slavery by armed militants operating with virtual impunity.¹ Conflict-related sexual violence (CRSV) perpetrated in Goma and the surrounding areas is not merely a byproduct of war; it is a tactic of war used to terrorize, displace and control populations and to strip women and girls of their dignity and rights.

Since the beginning of the year, more than 400,000 individuals have been displaced due to the renewed conflict.² The majority of those forced to flee due to bombings and raids are primarily women and children living in marginal displacement sites on the outskirts of Goma. Masses of women and children are flooding into Goma in search of safe shelter. However, instead of finding protection, they face an increased risk of gender-based violence (GBV) due to overcrowded, unsafe living conditions, scarce food and water supplies and ongoing unrest. For example, DRC officials reported a horrifying example of overlapping protection concerns: male inmates raped at least 165 women during a prison break from Goma's Muzenze prison on 27 January.³

Staggering Number of Incidences of Sexual Violence

It is hard to quantify the exact number of survivors of GBV that have experienced gross violations during this most recent outbreak of fighting. Hundreds of survivors, during a respite in fighting, sought medical care. Over a five day period (27 Jan - 3 Feb) 23 health facilities in and around Goma reported treating 492 survivors of sexual violence perpetrated by armed actors.⁴ Normally incident data is only collected at service delivery points - for example, health centers that provide clinical management of rape services - which provides a partial picture of the purported incidences. So many other cases of violence go undocumented due to a variety of factors such as fear of retaliation from the perpetrator/s, stigma within the community, and lack of accessibility and availability of specialized services.

Even in times of relative peace, the North Kivu region had staggering rates of sexual violence and a history of using sexual violence as a tactic of war. For example, during this same period in 2024 (Jan-Mar) more than 14,000 survivors of GBV from North Kivu, who were able to access available services, sought specialized treatment within a three-month period.⁵

1. <https://www.un.org/sexualviolenceinconflict/press-release/srsg-patten-condemns-the-renewed-offensive-by-the-m23-with-the-support-of-the-rwandan-defence-force-and-expresses-grave-concern-about-the-heightened-risk-and-emerging-reports-of-conflict-related-sexua/>

2. <https://www.unhcr.org/news/briefing-notes/unhcr-gravely-concerned-worsening-violence-and-humanitarian-crisis-eastern-dr>

3. <https://www.ohchr.org/en/press-briefing-notes/2025/01/drc-deepening-human-rights-crisis-amid-reports-further-m23-advances>

4. Data was collected by the GBV AoR through phone contact with health facilities

5. République Démocratique du Congo: Bulletin d'information du GBV AoR, 20 Janvier - 20 Mars 2024



Urgent Need for Life-Saving GBV Response Services

Members of the GBV Area of Responsibility (AoR), the national coordination mechanism led by UNFPA, report that the overwhelming majority of GBV response services in North Kivu have been shut down due to insecurity and a lack of supplies and personnel. At the height of the fighting in Goma, there were reportedly only three functioning hospitals able to provide varying levels of clinical care to survivors of sexual assault and a handful of community-level health clinics that could provide basic emergency care.

Health facilities urgently need life-saving medicines, supplies and specialized medical staff, including those who can provide mental health and psychosocial support services (MHPSS). The lack of security measures in conflict zones, along with targeted attacks on ambulances and IDP camp infrastructures, has further limited the ability of GBV survivors to seek help. As a result of the conflict and displacement, community safety nets have collapsed, including local women's organizations that once offered psychosocial support and organized community-based protection networks.

Life-Saving Priority Actions

- **Access to emergency GBV response health services** – Ensure women and girls can access life-saving services such as quality clinical care for survivors of rape and intimate partner violence and mental health and psychosocial support.
- **Ceasefire** - Call for an urgent humanitarian ceasefire to be agreed by all parties, to end and prevent further loss of lives and ongoing human rights violations including conflict-related sexual violence.
- **Protection** – Facilitate safe passage and voluntary relocation for women and girls who are seeking shelter for safety reasons; provide access to information about GBV prevention and response services including women and girls' safe spaces.
- **Accountability** - Document and address ongoing human rights violations, including conflict related sexual violence by security forces and all armed elements to hold perpetrators accountable.

This note was prepared by the Regional GBV Working Group for East and Southern Africa in collaboration with the GBV Area of Responsibility (DdR/AoR) in the DRC. Please direct any questions to the regional working group Chair, Jessica Gorham (gorham@unfpa.org).