



Congo's online domestic violence map

Building access to justice, health care and social rehabilitation for survivors



All victims need to be believed and heard, they need to cry, shout or be silent, get rid of guilt and normalise their reactions. They need their expectations to be confirmed, supported and upheld. They need to be respected at their own pace, to be safe, encircled and to regain power over their lives.

Sylvie Niombo

Author

Karen Higgs

Contributor

Sylvie Niombo

Production coordination

Karen Higgs
Lori Nordstrom

Project coordinator

Jennifer Radloff

Copy editing

Lori Nordstrom

Proofreading

Valerie Dee

Graphic design

MONOCROMO
info@monocromo.com.uy

Cover photo

jbdodane

Interior photos

AZUR Development except page 10 Bagolina

French translation

Danielle Elder

French translation editing and proofreading

Karine Ducloyer

Project partners

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Table of contents

01

The Republic of Congo 6

02

What we set out to do 8

03

How we developed our intervention 10

04

The domestic violence map 13

05

The barriers to combating violence against women 15

Obstacles in the justice system 15

Obstacles to health care 17

*The state of technology in the health,
justice and civil society sectors 18*

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Africa Technology and Transparency Initiative (ATTI) is a joint initiative of Omidyar Network and Hivos. It seeks to support organisations in Africa that use technology and media platforms to empower citizens in their countries to hold their leaders accountable by providing access to credible public information, influence and stewardship of resources. www.africatti.org

Agence Régionale d'Information et Prévention du Sida (ARIPS) – The Regional AIDS Information and Prevention Agency is a women's association working in HIV/AIDS prevention, advocacy, strengthening of women's groups in urban and rural areas, prevention of violence against women and girls, and education of children.

APC WRP is both a programme within APC and a network of women throughout the world committed to using technology for women's empowerment. The WRP is made up of feminists and activists who believe that ICTs have a strong role to play in transforming gender and social relations. We promote gender equality in the design, implementation, access and use of ICTs and in the policy decisions and frameworks that regulate them. www.apc.org

Association AZUR Développement – AZUR Development is a women's rights organisation established in 2003 in the Republic of Congo which promotes the use of ICT to advance women's rights. It works specifically in the areas of combating violence against women and girls, women's right to health, and the development of rural and indigenous women. www.azurdev.org

Association des Femmes pour le Développement de la Bouenza (AFDB) – The Bouenza Women's Development Association is a women's association created in 2011 that takes care of women living with HIV/AIDS and is involved with prevention, listening and guiding survivors of domestic and sexual violence towards the appropriate services. It organises community mobilisation on these issues in rural and urban areas.

The **Office for the Integration of Women in Madingou** represents the Ministry of Promotion of Women and Integration of Women in Development in the department of Bouenza, where Nkayi is situated.

The **Office for the Promotion of Women in Pointe-Noire** manages programmes on behalf of the same Ministry in the city of Pointe-Noire.

Réseau des Associations de Solidarité Positive (RASP) – The Positive Solidarity Associations Network is a men's organisation created in 2009 that is active in prevention and legal assistance for women and children who have been victims of violence. RASP works with photos as basic tools to raise awareness of the damaging effects of domestic and sexual violence.

Introduction

The central African nation of the Republic of Congo is a resource-rich country, ranked as a lower-middle income economy by the World Bank. Nevertheless, despite government efforts around half of the population lives on less than USD 2 a day.

Around the turn of the millennium, there were seven years of civil war. Rape was used as a weapon and affected thousands.

The conflict has now ended, but those with the fewest social protections are women and children. Violence against them is frequently invisible or normalised. A violent husband's behaviour is excused as a "mistake". A good wife should "keep quiet".

Today two-thirds of all cases of violence reported to the police are domestic violence-related, yet victims struggle to get justice and treatment.

Too frequently, perpetrators are able to act with impunity and victims feel ashamed and reluctant to report the crime, believing that legal redress is outside of their reach.

In 2012, a group of four Congolese civil society organisations and APC – all groups with experience working with survivors of violence – got together to expose the size and seriousness of the problem to government and other authorities.

With the support of the Africa Technology and Transparency Initiative, we started collecting hard evidence and a year later captured the attention of national media with a website that geographically mapped documented cases of domestic violence in a major city and a rural town.

The website used databases, which forced us to radically improve the scope and rigour of our information gathering, and made it easier to monitor how law enforcement, health services and legal support agencies were responding to each case.

But for us, technology aside, the real impact was the development of a district-by-district intervention which included quarterly meetings with decision makers. It is an approach that we have all continued to use because we found that it really works.

The project had a direct impact on a limited number of people – women and children in just five Congolese *arrondissements* (districts).

However, it exposed areas in the health, justice and law enforcement sectors where essential changes are necessary if Congo is to prevent violence and ensure access to justice, health care and social rehabilitation for the survivors.

This intervention brings us tangible steps closer. ■

01

The Republic of Congo



POPULATION

Just over four million, with three-quarters living in urban areas. Life expectancy is 57 years for men and 59 years for women.

LANGUAGES

French and local languages (primarily Lingala and Munukutuba).

RELIGION

90% Catholic and Protestant.

ECONOMY

The country is resource-rich. It exports oil, timber, sugar and diamonds. The economy is dominated by the oil industry which accounts for more than 60% of GDP. The other main economic sectors are commerce (6%), transport (4.4%), manufacturing (3.8%) and agriculture. According to the World Bank, gross national income per capita was USD 2,550 in 2012, placing the Republic of Congo among the world's lower-middle income countries.

According to the United Nations, 45.6% of the Congolese population lives below the poverty line on less than USD 2 per day. The government's National Development Plan 2012-2016 prioritises growth, employment and poverty reduction in the Congo by 2016.

Our study took place in two locations. Pointe-Noire is Congo's economic capital with a population of just over 700,000. It is an oil-producing centre on the coast. Nkayi in the department of Bouenza is a major sugar-growing town of just over 70,000.

POLITICS AND ARMED CONFLICT

Congo became independent from France in 1960. Its leaders aligned the country with the Soviet Union during the Cold War. Following the first multiparty

elections in 1992, there was an armed conflict which lasted ten years (1993-2003) and destroyed or damaged much of the capital, Brazzaville, causing tens of thousands of civilian deaths and displacing hundreds of thousands of people.

STANDARDS IN EDUCATION

Education is free and mandatory. The literacy rate for women is rising (72.5%) but just over a third of the population has not completed primary education (34.8%).

HEALTH

Although 8.9% of the GDP was spent on public health in 2004, that only amounted to USD 30 per capita. There were only 20 doctors for every 100,000 inhabitants in the early 2000s. The country has a particularly high rate of maternal mortality (426 deaths per 100,000 live births.). An estimated 3.4% of 15- to 49-year-olds are HIV positive.

The government has undertaken the construction of new general hospitals in the country, and training projects for medical and paramedic personnel are under way.

HEALTH CARE AND COSTS

There have been some major advances in access to health care – for example, free malaria treatment for children and pregnant women, free HIV/AIDS screening and treatment, and free caesarean sections.

A consultation with a doctor in a public hospital in Pointe-Noire costs between USD 6 and USD 10. Hospital equipment and medication are in short supply. Patients often must bring basic products such as alcohol and cotton wool with them.

The medical certificate required to lodge a charge of physical or sexual violence costs USD 20 in Pointe-Noire and Nkayi (and three times as much in the capital). Out of all the laboratory tests required in the

aftermath of a sexual assault, only HIV testing is free. Additional tests can cost anywhere up to USD 100. Rape kits are rare outside the capital.

ATTITUDES TO WOMEN

Congo is a patriarchal society. Culturally, there is a generalised belief that married men “own” their wives, illustrated by the legal requirement of a dowry payment by the husband’s family at the time of marriage. A “successful” woman is a married woman with children.

Domestic violence and incest rates are quite high. Sexual harassment is acute in schools and universities. Girls and women are taught to keep quiet and accept domestic violence as part of the “good and bad” that comes with marriage. Male abusers tend to go unpunished.

This ingrained inequality is formalised in the existing legal framework. For example:

- Women are eligible for marriage at a younger age than men: The minimum legal age for marriage for men is 21, three years older than for women. Under-age marriage is possible with a judge’s permission (Family Code, Article 128).
- Bride price: The Family Code actually specifies a dowry as a condition of marriage – even setting the amount due (USD 100) – although it does state that a dowry is “symbolic” and “optional” (Family Code, Articles 139 and 140).
- Men choose the family residence: The Family Code states, “The family’s residence shall be chosen by the spouses in joint agreement. In the absence of such agreement, the residence shall be chosen by the husband” (Family Code, Article 171).
- Only men are considered the head of the household: A mother expressly cannot head the family, unless the father becomes incapacitated or abandons the family (Family Code, Article 168).
- Discriminatory sentencing for adultery: A man committing adultery receives a fine, whereas a woman can face a prison sentence (Criminal Code, Articles 336-8)
- Marital rape is not criminalised in Congolese law.

LEGAL SYSTEM

There are 15 county courts and five appeal courts in the country. New magistrates have been recruited and others are being trained.

The general population lacks information regarding their rights and on the laws that protect them.

Rape cases tend to be lengthy, as the criminal court sessions that attend to them are convened infrequently. These barriers conspire to make people lose faith in justice and resort to “amicable settlements”.

SEXUAL VIOLENCE

Congo is emerging from a decade of armed conflict where rape and sexual violence were used as weapons of war. Sexual violence continues to be reported particularly in post-conflict areas, but also in other parts of the country.

Domestic violence, sexual harassment and incest are commonplace. Over 15,000 cases of sexual violence were reported in 2009. More than half of the victims were under 18 years of age. Our survey estimates that only 10% of incidents are reported.

COMMUNICATIONS

Just one in 100 people has a fixed telephone line. In contrast, nine out of ten people have a mobile phone.

Internet access is expensive, in part due to the erratic electricity supply, subsequent use of generators and the high cost of fuel. A standard internet connection costs USD 60 per month. In 2009 there were 250 internet cafés in Congo in the larger cities. They tend to be the domain of young men. Just seven in 100 Congolese are online. With the arrival of smartphones, more and more young women and men in urban areas are connected to social networks. The situation is quite different in rural areas however.

None of the hospitals, courts or police stations in our study were connected to the internet. Of all the individuals we talked to, only doctors and judicial personnel were online in a professional capacity, generally using internet cafés or their own equipment.

This situation should improve as Congo is engaged in a policy of modernisation in the telecommunications sector, and a number of projects are under way, including the Central African Backbone which will provide Congo with fibre optic infrastructure.

ELECTRICITY

Irregular and insufficient electricity supply remains a major obstacle to development. Power outages and load shedding are a fact of life, especially in cities. In Brazzaville and Pointe-Noire, entire neighbourhoods can spend a week without power. Those who can afford to buy fuel have generators for emergencies. In rural areas like Nkayi where there is not such a heavy demand, the electricity supply is generally more stable. ■

SOURCES: Al Jazeera, APC, Africa for Women’s Rights, AZUR Development, BBC, CIA World Fact Book, GenderIT, the Embassy of the Republic of Congo, UNDP Human Development Report.

02

What we set out to do



For a relatively small country of just four million people, Congo has very high levels of gender-based violence.

The government of Congo committed to eradicating gender-based violence when it signed the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1982 and more recently the Maputo Protocol, an Africa-wide protection of human and women's rights, in 2007.

However, the Penal Code and the Family Code – national laws protecting citizens against violence – were written in 1810 and 1984 respectively. These outdated legal frameworks continue to institutionalise women in the 21st century as second-class citizens subjugated to male family members in the eyes of the law and society.

Girls have improved rights thanks to a 2010 law which protects children from violence.

The state performs poorly in terms of educating citizens and public servants on human rights, violence prevention and the treatment of survivors.

Given the numbers and seriousness of cases of sexual and domestic violence, the monitoring of violations and the response from the legal and health sectors is woefully inadequate.

Time for change

In 2011, AZUR Development reported that there were a growing number of local women's and human rights organisations working together with international agencies to fight gender-based violence.

In addition, there was a national gender plan document, compiled by the Ministry for the Promotion and Integration of Women in Development, that recognised violence against women and girls, but did not identify specific indicators.

OUR AIMS

- ✓ **Demonstrate the high incidence of domestic violence against women and girls.**
- ✓ **Identify recurring types of violence.**
- ✓ **Dramatically improve the documentation of domestic violence cases.**
- ✓ **Monitor the response of law, health and legal support agencies.**
- ✓ **Convince the government to make domestic violence an action priority.**

Aim of the project

What we wanted to do was to demonstrate the high incidence of domestic violence against women – apart from the violence directly related to the past civil conflict – and identify the recurring types of violence.

We also wanted to radically improve the documentation of domestic violence cases and monitor how law enforcement, health services and legal support agencies were responding to the victims.

This evidence could then be used to convince the government and other authorities to recognise the size and seriousness of the problem and to make decisions to ensure that violence against women and girls is one of the government's action priorities.

The cases were documented online using an interactive “domestic violence map”¹ which showed where violations occurred and categorised them by different types, age of the victim, and role of the perpetrator. The map also indicated the status of cases. Cases requiring follow-up were clearly marked.

We streamlined the collection of data from disparate initiatives to one which fed into the map.

However, we did not just collect data. An essential part of our work when interviewing women and children who had been abused and their relatives was to provide support, comfort and useful information regarding their rights and the legal and medical options available to them.

Support extended to helping file complaints at the police station and following cases through to court.

The case information was presented in a periodic report at meetings which brought together local authorities, community members, the police and medical personnel. The discussion of the report was the jump-off point for getting them to understand the gravity of the problem, so that they would be convinced enough to take action, and those responsible for providing solutions would take the initiative.

Together with education of the media, the map brought the issue and scale of violence against women into the public eye.

Where we worked

As three-quarters of Congo’s population live in urban environments it was important to work with survivors in one of the bigger cities. However, incidents of violence and impunity are common in rural areas. So we decided to work in Congo’s economic capital and in a sugar cane-producing town.

Pointe-Noire, an oil-producing centre on the coast, is Congo’s second largest city and its economic capital, with a population of just over 700,000.

Nkayi in the department of Bouenza is a major sugar-growing town of just over 70,000. Nkayi has parts of town which are semi-urban and others that can be more accurately classified as rural.

Who we are

We are *AZUR Development*, a non-profit organisation working with women which is based in the capital Brazzaville and works in nine of the country’s ten departments, and *APC*, an international organisation which has been promoting technology as a means to improve women’s rights for over 20 years.

It was crucial for us to work with organisations on the ground who were already working on a day-to-day basis with the victims of violence.

Our partners were two women’s CSOs – *ARIPS* in Pointe-Noire and *AFDB* in Nkayi – and *RASP*, run by men, in Pointe-Noire. They impressed us as strong local partners and were a crucial part of planning, implementation and follow-up of activities on the ground.

All of us had run *awareness-raising* activities on the *prevention of sexual and domestic violence* with communities and the media.

AZUR Development provides *training in counselling and psychological support* for victims of violence and had trained *ARIPS* and *AFDB* staff. Staff at *RASP* had experience in *following the legal cases* of victims of violence in the courts.

Our work already had a local profile in Nkayi and Pointe-Noire. In the two years before the mapping started, we had raised the awareness of thousands of men and women and boys and girls, over 500 teachers and community leaders and more than 100 police officers on the issue of sexual violence and rights.

At the start of the initiative, each Congo-based organisation had at least two or three members of staff who had an *in-depth understanding of sexual and domestic violence* and had been trained to provide basic support and to refer serious cases to psychologists or medical centres. ■

¹ www.violencedomestique-congo.net

03

How we developed our intervention



When APC was looking at how to most effectively work in Congo on combating violence against women, our partner AZUR Development reported that a growing number of local women's and human rights organisations were working together with international agencies to fight gender-based violence and that there was a national gender plan, compiled by the Ministry for the Promotion and Integration of Women.

AZUR Development's observation was that the plan recognised violence against women and girls, but did not identify specific indicators.

"The lack of benchmarks made our work more difficult. Each organisation was left to define its own strategic guidelines, targets and indicators and it was impossible to measure collective progress," said Sylvie Niombo of AZUR Development.

Each civil society group working on violence against women and girls had its own intervention approach, and often worked in isolation. None had a well-defined overall strategy that could be adapted to other organisations and scaled up.

There was a certain lack of accountability – in terms of the organisations' rendering of accounts of their activities to local authorities, and in terms of holding the authorities accountable for what they were or were not doing to prevent sexual and domestic violence.

Working district by district

We organised a workshop for the launch of the project in Brazzaville and a strategic meeting for the development of an intervention approach and monitoring and evaluation mechanisms in Pointe-Noire in November 2012.

To ensure there was buy-in, the *strategic meetings* brought together crucial stakeholders such as

neighbourhood community leaders, representatives of departmental agencies and municipal governments, and health professionals.

Many of them to some extent were previously unaware of this gender-based violence.

Together we came up with a plan to develop an intervention strategy to improve access to justice and medical attention for violence victims at the *arrondissement* (district) level.

Then it fell to the CSOs – AFDB, ARIPS, RASP and AZUR Development – who would be responsible for working with survivors and following up cases, to harmonise our monitoring and evaluation tools into one set (which would then feed into the domestic violence website).

We wanted everyone involved in data gathering to understand the data collection sheets. Our priority was to enable a rapid reading of the effectiveness and impact of the intervention.

The stakeholders decided that the project would cover reported violence against women and children in three of Pointe-Noire's six *arrondissements* – Loandjili, Lumumba and Tié-Tié – and both of Nkayi's two *arrondissements*, Muananto and Soulouka. These were all *arrondissements* where the CSOs were already operating.

The intervention approach focusing on *arrondissements* proved a more effective way for us to make our services accessible and visible to the public and prevent the duplication of efforts.

Not just case gathering

There is a general reluctance by women and children affected by domestic or sexual violence to directly contact the courts. Instead they tend to contact their district chiefs or the police.

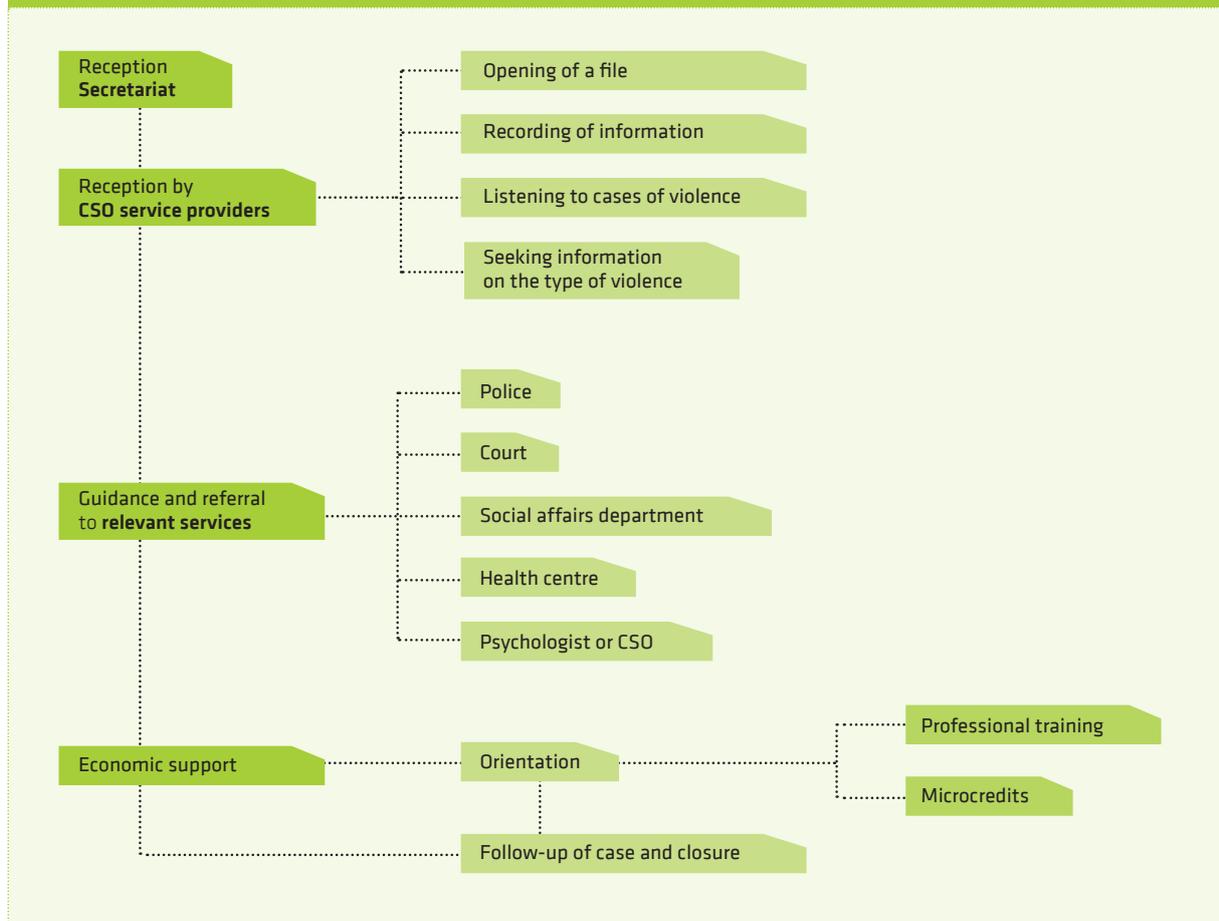
District chiefs have close contact with their community, and they became our initial partners in identifying cases of violence. They attended our advocacy workshops and then we made drop-in calls to each chief on a regular

THE WORK CONTINUES

As more victims especially of intimate violence came forward, it was clear that if they were to leave or change abusive relationships they needed some economic independence. In 2013-2014, AZUR Development offered nearly 200 women the opportunity to train in sewing, baking, hairdressing and basic IT skills with the support of the French Embassy and the Virginia Gildersleeve International Fund.

FIGURE 1

Orientation for cases of domestic and sexual violence



basis. Those drop-in sessions were particularly important because there we would often hear of cases which had not been reported to the police.

We also mapped and identified the places in each district where victims of violence might go for help – health centres, police stations, community leaders, schools, churches and district chiefs – and talked to people at each who would then send the victims or family members to our offices. We would later drop by on a regular basis to keep communication flowing.

Once women and children survivors came to our offices we listened to their story and offered them advice and up to three counselling sessions.

They usually need referral to one or more services – health services, civilian or military police, the justice system and social affairs or local government offices.

Figure 1 illustrates the process succinctly.

We were concerned regarding *our limited capacity in the area of legal advice*. We needed all sorts of knowledge, from basic skills like how to draft a police statement, to an understanding of how the local judicial system works in order to know how and when to take action.

AZUR Development in Pointe-Noire is headed by a lawyer, but none of the other local partners had legal experts among their members. So at the start of the

THE WORK CONTINUES

Although this project funding ended in early 2014, thanks to support from the government and the French Embassy, we were able to set up “guichets uniques” (one-stop centres) in each city for the victims of violence and their families.

A centre in Pointe Noire and one in Nkayi provide advice and are open from 9 a.m. to 3 p.m. Monday to Friday.

The police, gendarmerie and courts have all committed to supplying liaison staff.

work, we developed guidelines and ran training on the different stages of cases of violence requiring follow-up with the police and the courts. This allowed us to document and follow cases of violence effectively. The legal training was extended to journalists and survivors of violence.²

Stakeholder meetings

The departmental offices for the promotion of women³ agreed to take on leadership of *quarterly stakeholder meetings* in the five districts.

Our stakeholders in these meetings were local government representatives, community leaders, police and gendarmerie officers, representatives from the health care system, human rights organisations, as well as the media.

Reports on the follow-up of cases of violence were presented and discussed, and the actions to be taken and responsibilities were defined.

As we had everyone around the table who was needed to find solutions, this facilitated cooperation across agencies.

In Pointe-Noire, the cases reviewed during 2013 included:

- 13 cases of rape
- 16 cases of conjugal violence and conjugal rape
- 16 cases of child abuse and neglect
- 4 cases of physical violence
- 5 cases of psychological violence
- 3 cases of other forms of sexual violence.

² Other training modules on working with violence survivors and using technology included:

- Exchanges on indicators of success in the fight against domestic and sexual violence
- Different types of support for victims of violence (psychological and legal)
- Medical assistance for women and children who have experienced violence
- Respect for privacy and the security of electronic data on survivors of violence
- Basic ICT skills (email, online translation tools, etc.)
- Social networking including SMS campaigns.

³ The Departmental Office for the Promotion of Women in Pointe-Noire and the Office for the Integration of Women in Development in Nkayi.

And in Nkayi:

- 18 cases of rape
- 5 cases of conjugal violence and conjugal rape
- 23 cases of child abuse and neglect
- 40 cases of physical violence (primarily connected with conjugal violence)
- 21 cases of psychological violence
- 16 cases of economic violence
- 4 cases of other forms of sexual violence (incitement to immorality/defilement, etc.).

Follow-up and monitoring were carried out by the CSO that had identified the particular case. The cases were documented, and this data was passed on to Azur Development to be uploaded onto the domestic violence map.

In all, more than 125 local government members and community leaders in Pointe-Noire and Nkayi became involved in the struggle against domestic and sexual violence in 2013.

The response to the strategy

Working this way, we have built lasting relationships with the local authorities and communities. There is mutual trust and this has led to more cases of violence being reported.

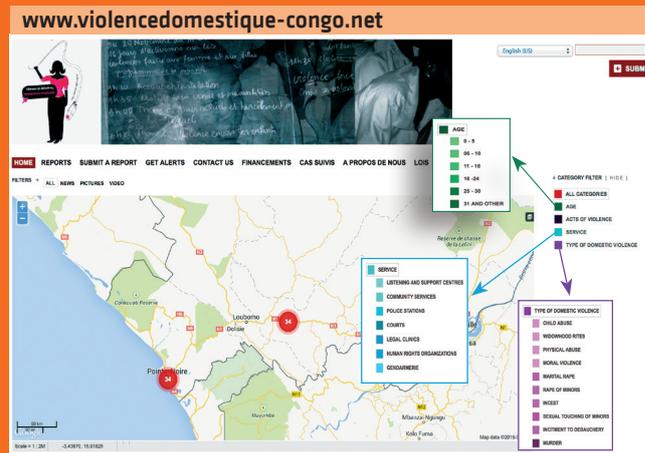
There is more information on services for victims of sexual and domestic violence available now through churches, community leaders, police stations and military police posts as well as through radio messages and media coverage. Victims of violence or their families know that they can call or visit our offices.

Victims and their families feel supported even if their cases are settled out of court.

And there was a watchdog effect. Survivors whose cases we followed tended to encounter fewer problems when dealing with the authorities than unaccompanied complainants. ■

04

The domestic violence map



Using internet mapping to expose violence against women is not new. Harassmap in Egypt⁴ came into existence in 2010. The online map enabled women to report and map their experiences of sexual harassment to expose how rampant it was. Harassmap got communities speaking out against abuse and encouraged legislators to take action. However, most women in Egypt own a mobile phone and were able to report directly to the map.

In Congo the lack of internet access, even for government workers and the police, meant that the use of mapping would inevitably be different. Indeed our original preference for each of the civil society organisations to manage their own cases online was impossible as the project did not have a budget for hardware or connectivity.

⁴ harassmap.org/en

Because access is so poor, and due to concerns about the privacy of their clients' information if they used cybercafés, the partners designated AZUR Development to upload cases for them.

So why was the mapping a success?

During the armed conflict and post-conflict years, data was routinely collected on sexual violence in the Congo by national and local governments, CSOs and churches. An analysis of the situation carried out by UNICEF in 2008 concluded that a major weakness was the lack of coordination among the different institutions, including the absence of a common set of tools.

The process of developing an online map led the CSOs to rethink our strategies for combating domestic and sexual violence and importantly to work together.

KEICHA

Keicha, 14, was living with her sister after their parents died. Then her sister got married and her new husband would tease Keicha and touch her inappropriately. Her sister – who saw it as joking around – egged her husband on. In 2010, Keicha was raped – by her brother-in-law.

She went to talk to her sister but instead of receiving support, she was beaten, kicked out of the house and forced to seek shelter with other

family members. She had only one desire: to tell her story and have it taken seriously.

Under the title “A young woman harassed by her brother-in-law”, Keicha had the chance to make her story visible and to join forces with other people working to hold the Congolese authorities accountable for their work to prevent violence against women.

THE WORK CONTINUES

In 2014, we listened to, documented and followed up on 132 domestic violence cases.*

We used the same intervention strategy and plan to do the same in 2015 in partnership with another organisation documenting abuses against children.

So why isn't the website updated?

Unfortunately, although it is so important, we just have not had the funding to be able to get the cases up on the website.

We either need a documentation assistant to help us based at AZUR Development (where we have computers and an internet connection) or, ideally, funding for tablets and internet connectivity so that partners can upload this information independently.

* With support from the French Embassy and our stakeholders who met twice during 2014.

THE MAPPING

- ✓ **Uses databases – this forced us into healthy exchanges regarding our indicators of success, to rigorously plan our monitoring and evaluation tools and to streamline their use across all organisations.**
- ✓ **Allowed us to quickly and easily generate statistics for reporting and tracking of cases.**
- ✓ **Allowed us to quickly and easily print out the quarterly reports for discussion with stakeholders whose responsibility it was to resolve problems for the victims.**
- ✓ **Fired the imagination of the local media who brought the topic and its scale to the public's attention – which had never been achieved before.**
- ✓ **Gives a public platform and visibility to survivors, for whom this is important.**

It was also an opportunity to do some online and social networking capacity building with our local partners, the media and some survivors, including on:

- Security of electronic data on survivors of violence and respect for privacy
- Creating a Facebook account
- Creating and publishing content on a blog
- SMS campaigns
- Strengthening basic ICT skills (email, online translation tools, etc.).

The mapping initiative was launched on 30 November 2012. A total of 174 cases of domestic and sexual violence were reported.

Media interest in the mapping

Until the map became public, there was very little news or information in the press about domestic violence.

The occasional coverage was limited to the very worst cases – typically where the violence ended in murder. Information that survivors could use to seek help was scarce.

The development of the mapping site attracted a great deal of interest from the local and national press, which found it a source of factual data and personal testimonies.

We ran four workshops with journalists to improve their understanding of how to report on the issue of violence against women and to disseminate information about women's rights and our services.

At least 28 journalists have been in communication with us regarding the platform. ■

05

The barriers to combating violence against women



Our work was a success as it enabled the CSOs to define a more effective strategy to combat violence against women and girls by streamlining how we worked and using technology to make the problem visible across the country.

However, there are major obstacles to improving the situation for women and children survivors of violence, which are deeply ingrained into the social fabric and laws in Congo. Until these change, our work will continue to be difficult.

Access to health and justice for women victims of violence are effective ways of supporting survivors as well as redressing the physical, moral and psychological damage suffered.

To facilitate our work in the future, we carried out a survey with survivors, health workers, criminal investigation officers specialising in violence against women, criminal justice personnel and government officials responsible for women's rights and human rights, on the barriers in the towns of Pointe-Noire and Nkayi. The survey was conducted in December 2013 and January 2014.

The data was subsequently analysed by a team made up of legal, health care and ICT professionals.

The full survey results can be found online.⁵ Here we summarise some of the most salient points.

OBSTACLES IN THE JUSTICE SYSTEM

The justice system is stacked against a survivor reporting a crime or seeking justice from the courts. Congo's patriarchal culture increases society's tolerance of domestic violence by everyone involved.

⁵ https://www.apc.org/en/system/files/ATTI%20SurveyReport_FINAL_o.pdf

Reporting violence to the police

Assault and battery are prohibited and punishable by law irrespective of the perpetrator and the victim and officers are responsible for recording the crime, collecting evidence, searching for the perpetrators and sending them before a public prosecutor.

Our research showed that when a woman is physically attacked or sexually abused the first port of call is usually the police station or gendarmerie.

Despite the fact that two-thirds of all physical attacks reported are carried out by intimate partners, some officers we spoke to consider domestic violence is a minor offence.

They told us that when a case of domestic violence is reported, if the parties are open to an "amicable settlement" they will help facilitate this. They will immediately release the husband if a wife withdraws her complaint.

The so-called amicable settlement presumes that "everyone is happy": the victim is paid and all the perpetrator needs to do to stay out of jail is to hand over the required amount.

Symbolically, the police are the state's representatives responsible for applying the law. By making the consequences of domestic violence minimal, the gravity of the violence is minimised, despite the fact that the consequences run deeper and affect much more than the purely economic, especially in cases of incest.

Women typically do not seek legal justice, especially when their attacker is their partner. While women could press charges against their partners, they are often the first to withdraw a complaint to protect their marriage. If a woman's partner is sent to prison, it will be extremely difficult for her to support her family, and she will also face recriminations and pressure from her in-laws.

In Nkayi, only 10% of women victims of violence go to the police and only three out of every 100 cases



ESTELLE

Estelle was abandoned by her biological mother when she was one year old because of her intellectual disability. She was taken in by her aunt, who loves her a great deal. Estelle is now 13 and although she can't read or write because she could not keep up in school, she is perfectly able to take care of herself and do her chores.

When she was eight, Estelle was almost raped by neighbours. Her aunt and the neighbours resolved the issue "amicably", but four years later, she was assaulted once again by the adult son of the landlord.

Since her aunt was out of town, no one took care of Estelle, even though she was in shock and bleeding. It was not until a week later, when her aunt returned, that Estelle got access to medical treatment including emergency contraceptives.

Estelle's aunt was furious and decided it was time to file a complaint. However, she came up against her own family. Why was she making a fuss? They said she should "let the case go" and insisted that God would ultimately punish the abuser.

Our assistance

When Estelle and her aunt came to our offices, economic constraints meant that Estelle was still living in close proximity to her assailant and she was terrified of being left alone. Her aunt came to us to ask for help so that her niece could feel safe and secure again.

What could we do? Sometimes we come across cases where we are unable to take action. Safe havens for victims of sexual violence are a real need, but halfway homes do not exist.

We listen to the victims' stories, provide them with psychological support, inform and guide them towards other services. But these processes can be lengthy, and in some cases there is no follow-up from authorities.

There is still much work to be done in the fight against violence and if we are to ensure the well-being of all citizens, these cases must be documented and the state's limitations clearly spelled out.

are eventually referred on to the courts. Citizens and the police need to be educated on the long-term consequences of untreated violence, human rights and appropriate legal process. This will facilitate the application of the rule of law.

Real and perceived obstacles to making a legal case

The legal process starts with submission of the complaint to the police station or public prosecutor's office. Evidence then needs to be collected.

Article 14 of the Criminal Procedure Code stipulates that the criminal investigation department is responsible for conducting the investigations necessary for collection and presentation of this evidence.

The reality is that the responsibility and expense usually fall on the victim, who must also cite people who may be called as witnesses.

According to the survivors we spoke to, another obstacle to referral to the courts is the slowness of the court process: 70% stated they had opted not to go to court owing to the anticipated length of proceedings.

There is a widespread belief that court proceedings are expensive. In fact, 68% of the women we interviewed stated that they did not go to court owing to a lack of money. However, the reality can be different. The actual cost of a lawsuit depends on the complexity of the case. When a case is straightforward, the lawsuit is not costly.

The lack of active support and information from the police and the perception that going to court is expensive and lengthy lead victims to settle "amicably", outside the law.

Cultural norms and an unhealthy lack of information

AZUR Development reports that men are conferred with the right to make "mistakes" in their domestic and sexual conduct. A woman will explain that she must accept her husband's abusive behaviour because "women must submit to their husbands" or a brother who commits incest will not be reported because that would "divide the family".

Our study showed that many women were unwilling to condemn their husbands publicly. They did not

want to break up their families, or lose their partner. Dishonour was frequently mentioned.

Women sometimes withdraw the complaint because of family pressure or economic necessity (clearly, if the husband is under arrest, he will not be able to work).

Some women believed that violence is normal. They were unaware that it is a criminal offence and that not only do they not have to put up with it, but they are entitled to go to court to seek redress and change.

Tolerance to domestic violence may be reinforced in families and communities which hold conservative religious beliefs where women are expected to be submissive. They prioritise “divine justice” – God will ultimately punish the abuser – over legal justice.

OBSTACLES TO HEALTH CARE

The first port of call for victims of violence will be the police – going to a doctor is an afterthought, and often does not happen at all.

Our study found that battered women only seek medical attention when “it is serious”, in other words, when there are evident and serious physical injuries. This is particularly so for women raped by their intimate partners.

The psychological trauma of domestic and sexual violence is wholly ignored or underestimated.

Why?

Poor public health service

The health delivery system in the Congo consists of three levels: general hospitals, basic hospitals and integrated health centres.

In Pointe-Noire, the victims of violence we talked to received care in any one of three hospitals (two general and one basic) and health centres. In Nkayi, victims mentioned the basic hospital and at least four integrated health centres.

Most of the population has no access to health insurance.

The few doctors attending do the best they can, but they are often poorly paid, under-equipped and frequently come under pressure from concerned family members.

In almost all centres including the hospitals, medical equipment is basic or lacking. Rape kits are virtually non-existent outside of the capital. Victims or their relatives must often procure even basic products such as alcohol and cotton wool.

Psychological trauma

People who experience violence often suffer a number of serious psychological consequences.

Children and teenagers especially may later suffer from aggression, consumption of drugs or alcohol, anxiety, nightmares, concentration problems, depression,

delayed development, fear or debilitating shyness, fear of certain adults, insomnia and lying.

However, in the Congolese population there is very little awareness among victims and their families about the consequences and the availability of treatment, and consequently, our study found that at least 90% of victims did not seek access to psychological support.

This is compounded by cultural factors mentioned earlier.

Lack of psychologists

In our study we found that there were no staff specifically trained in the medical and psychological treatment of victims of sexual and physical violence in Nkayi and Pointe-Noire.

Triage services in hospitals and health care centres generally refer patients to gynaecologists, psychologists or midwives. Our study found health care centres and hospitals with no psychologist on staff, and while gynaecologists may have adequate training, the same does not apply for midwives.

A medical-psychological treatment unit for victims of sexual violence is anticipated at the Adolphe Cissé General Hospital in Pointe-Noire but at the time of going to print we were unable to confirm an opening date.

Medical treatment costs and risks

In Pointe-Noire and Nkayi, a consultation with a doctor in a public hospital costs between USD 6 and USD 10. There are instances where doctors will attend free of charge, but these occurrences are limited.

Tests and treatment all cost money.

In the case of sexual assault, a number of treatments are necessary for the prevention of pregnancy in older girls and women as well as the prevention of STDs and viral diseases including HIV and hepatitis B – besides the treatment of any physical injury.

Out of all the laboratory tests required, only HIV testing is free. Medical tests can cost up to USD 100 or more, depending on the complexity. The costs are generally borne by relatives and in rare cases by the perpetrators of the violence.

Antiretroviral treatment must start within 72 hours for survivors of sexual violence to prevent HIV transmission. Some women we talked to told us that they had had to wait more than three days to see a gynaecologist, meaning that anti-HIV treatment could no longer be administered in time to prevent infection.

In our case studies, some women did not return after their first hospital visit because they were financially unable to pay for laboratory tests and medical prescriptions.

One woman reported that her six-year-old daughter had been raped, but she waited one month before going to the hospital for a consultation because she



MARIE

Marie, a 42-year-old woman from Ngoyo in Pointe-Noire, has 10 children by her first husband.

After having raised her children on her own, and wanting to start her life over, Marie met Christophe in 2010. Their life together went smoothly until things changed in the second year.

Christophe would insult her in front of her children, calling her an idiot, good-for-nothing, a slut. Marie let the insults slide until he started to beat her. "He would beat me for no reason. He would sometimes even leave me naked in front of my children," Marie confided to AZUR Development.

One day, Marie decided to leave. Christophe begged her to stay and promised to change but he did not keep his word. Marie found herself stuck in a nightmare of insults, beatings and rape.

"One day, he wanted to make love to me by force, and as usual, I defended myself." Christophe raped Marie and then beat her unconscious.

Marie's older brother pressed charges on her behalf. The police recommended that Marie separate from Christophe. They put him under surveillance and made him pay for Marie's hospital care.

However, a month later, he relapsed. "He hit me with a wooden plank and fractured my right arm. The police intervened once again, and the case was brought to the prosecutor. The prosecutor listened to the case, but Christophe was released and the inquiry is still under way."

Marie moved house. She is afraid for her safety. When Christophe was released, he harassed her to drop the charges, claiming that "the justice system won't do anything" and that "Congolese judges are easily bribed."

Our assistance

Marie was referred to AZUR Development by the police. After listening to her story, we provided her with psychological support to face her difficult circumstances.

We also provided her with legal advice. She found that as she remained in care of their 10 children, her ex-husband was obliged to provide an allowance for food. This has eased her situation somewhat.

could not afford it. She stated that the rapist could not pay because he was still at large.

THE STATE OF TECHNOLOGY IN THE HEALTH, JUSTICE AND CIVIL SOCIETY SECTORS

The communications sector in Congo is set to modernise with major fibre optic projects expected to bring increased access to the internet, especially for mobile phone users.

There are more registered mobile subscribers between the four operators in the Congo than there are people in the general population. And as the internet is now accessible on 3G mobiles, more Congolese people will be connected to the internet.

Given that technology affects all sectors of society, technological advances could improve access to justice and health for the population in general and women's rights.

We interviewed criminal justice officials and health workers on the technical infrastructure, human resources and different uses of computers and the internet in their workplaces.

Hospitals, health centres and technology

Despite the importance of medical developments and progress worldwide, important medical schools such as the Jean Joseph Loukabou Paramedical School and the Faculty of Medicine have not incorporated information and communications technology (ICT) into their curricula.

In Pointe-Noire and Nkayi, the few computers in hospitals and integrated health centres are primarily used for administrative work, and occasionally to enter test results. It is not unusual to see those few machines under-performing or broken.

None of the integrated health centres in Nkayi has computers. None of the hospitals or centres we contacted had internet connectivity.

So it is unsurprising perhaps that current health care personnel have almost no in-service ICT training opportunities.

Doctors we spoke to almost unanimously agreed that the internet enables them to improve their medical knowledge, obtain data and access research. We observed them using their own laptops and internet

modems or frequenting internet cafés at their own expense.

“Computers [in our places of work] would enable more effective registration and storage of collected data. With the internet, more information could be obtained on the medical treatment of victims of sexual violence,” one of them stated.

The courts, the police and technology

The Congo government is committed to the use of ICTs to improve the *justice system*.

The Ministry of Justice and Human Rights is preparing to install penal and civil chain software in the registries of courts and tribunals, prisons and criminal investigation departments in three major cities: Brazzaville, Dolisie and Pointe-Noire. Eighty court clerks have already been trained in basic information technology as part of the same initiative, known as PAREDA.

The government's commitment is needed. In our area of study in Nkayi (and Madingou where the regional court which serves Nkayi is located) there are still on average only five computers in each court – and no internet connection.

The computers are primarily used for data entry of court rulings, judicial processes and other legal procedures. There is no intelligent electronic archiving system in place.

Those judges and clerks with their own laptops take them to work at their own risk and expense. All personnel that we spoke to confirmed how technology would greatly help in their work. “Of course computers would enable the rapid [retrieval] of rulings and other

administrative documents as well as the collection of data,” said one.

At a time when the PAREDA project has the potential to computerise the penal chain, the issues of lack of information technology equipment, irregular power supply and maintenance of this equipment and software are paramount.

Police stations are some of the most commonly used entry points by victims of sexual and domestic violence and their relatives.

Let's look at Nkayi as an example. Police stations are equipped with no more than two computers, sometimes just one. It is common to find that none of the officers has been trained to use them and if anyone has computer skills it is because they have been curious enough to learn on their own.

Just as in the courts, the few computers are used for administrative tasks – data entry for information collection and scanning and printing of various documents. There is no electronic archiving.

Our survey suggests that when the courts, police stations and gendarmerie posts have access to information technology tools and the internet, complaints by victims or their relatives will be much more likely to be effectively followed through and more details will be available on the outcome of legal proceedings or their limits.

Real and reliable data on cases and types of violence would be available by town, district and village.

Much has been mentioned in this publication about the lack of access to computers and internet of the partners based in Congo. But even when organisations have internet access and hardware, the country's undeveloped infrastructure is a persistent challenge. ■

Technology and civil society – an end note

Over the two years that the project lasted, APC as coordinator and AZUR Development as implementer kept in touch by email, Skype and telephone.

Jenny Radloff of APC is based in South Africa and Sylvie Niombo of AZUR Development is usually based in Brazzaville, although she spends time in Pointe-Noire and the interior.

The unreliable connectivity in Congo – exacerbated by power cuts and lack of fuel – often meant Jenny and Sylvie could not use Skype. Mobile phones were usually the best option, but they are very expensive and occasionally unstable too.

Even during the week we finalised this book, Sylvie disappeared offline without warning. Several days later an email appeared. Remember, she lives in Congo's capital. She wrote:

There is no electricity and shortage of oil in the city now and we cannot use the generator. I hope tomorrow or Thursday things will change or I'll have to look for another place in the city to work. I could work at nights but where I live we have had no electricity for almost a week.

It is difficult to understand the context but this is the reality in Congo.

Unequal access to connectivity can play out in so many ways. It disrupts work, relationships, learning, deadlines and is deeply frustrating.

This unpredictability meant delays in the project, including updating of the mapping site. It also meant a lot of trust that both partners were doing the work we had promised to do.

This is a valuable lesson in collaboration, and given the successful implementation of the project, a testament to a solid and trusted partnership.

TECHNOLOGY AND MAPPING TO FIGHT VIOLENCE AGAINST WOMEN AND GIRLS

For over 20 years, APC's Women's Rights Programme has been actively working to get and keep women and women's rights activists online.

The world continues to be a place where women are disproportionately the targets of violence, and with the massification of internet access, this is reflected in a growing pattern of harassment, cyber stalking and blackmail of women online.

However, at the same time activists are making ever more creative and effective use of technologies like the internet and mobile phones.

In 2005 APC began focusing specifically on the issue of technology and violence against women. We use our Take Back the Tech!* website to gather evidence of violence against women.

The site aggregates cases showing location, type of violations, platform, abuser and strategies and visualises the information on a world map. If they wish, survivors of violence can publish their own stories there. We verify cases and anonymise identities before they are visible to the public.

The platform's database makes tracking of cases easier and produces maps that can visualise the commitments and services of government, police, health facilities and courts of law.

This is why we embarked on this project with AZUR Development, an active APC member since 2007, to map domestic violence in the Republic of Congo using a similar platform between December 2011 and March 2014.

* <https://www.takebackthetech.net/mapit/> Take Back the Tech! runs on Ushahidi software which combines crisis information from citizen-generated reports, media and NGOs and mashes that data up with geographical mapping tools.