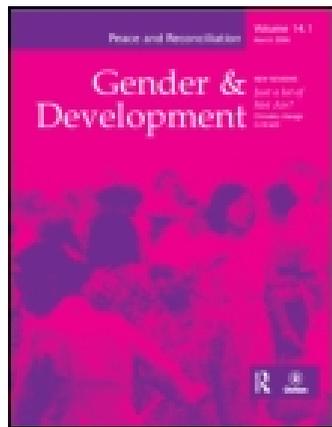


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## A survivor behind every number: using programme data on violence against women and girls in the Democratic Republic of Congo to influence policy and practice

Marie-France Guimond and Katie Robinette

*Designing and implementing programmes that seek to respond to, and prevent, violence against women and girls (VAWG) saves lives and mitigates the consequences of such violence for survivors. With the right evidence about the scale and nature of VAWG, practitioners, donors, and policymakers can improve programming, support VAWG services where they are needed, and develop policies to address VAWG. The International Rescue Committee (IRC) is a leading international non-government organisation (NGO) with VAWG programmes in over 18 countries worldwide, and it is one of the only NGOs with a dedicated technical unit on women's protection and empowerment. It has over ten years of experience in the Democratic Republic of the Congo (DRC), a country where reports of pervasive acts of violence against women and girls have attracted significant international attention. With a strong emphasis on evidence-based and evidence-generating programming, the IRC carefully collects VAWG data as part of the services provided to up to 3,000 VAWG survivors per year in the DRC. In this paper, the IRC shares its experience on VAWG data, and how this information can be interpreted as well as how it is often misinterpreted.*

*Diseñar e implementar programas que buscan hacer frente y prevenir la violencia contra las mujeres y las niñas (vcmn) salva vidas y reduce las consecuencias de dicha violencia para las sobrevivientes. Si cuentan con información idónea en relación a la prevalencia y la naturaleza de la vcmn, las operadoras, los donantes y los formuladores de políticas pueden mejorar los programas, apoyar los servicios de atención frente a la vcmn allí donde sean necesarios e instrumentar políticas que la enfrenten. El Comité Internacional de Rescate (cir) es una reconocida ong internacional que ha implementado programas destinados a reducir la vcmn en más de dieciocho países alrededor del mundo, siendo una de las pocas ong que cuenta con una unidad técnica especializada en la protección y el empoderamiento de las mujeres. Tiene presencia en la rdc, país en el que, desde hace más de diez años, los informes relativos a los actos generalizados de violencia contra las mujeres y niñas han atraído la atención internacional de manera significativa. Debido a su trayectoria vinculada con el impulso de programas basados en la evidencia, que a la vez generan evidencia, el cir recaba cuidadosamente las*

*estadísticas relacionadas con la vcmn como un aspecto más de los servicios que cada año brinda a más de tres mil sobrevivientes de la vcmn en la rdc. En el presente artículo, el cir comparte sus aprendizajes basados en las estadísticas de vcmn, ofreciendo opiniones respecto a cómo puede ser interpretada esta información y en relación a la manera en que frecuentemente la misma termina siendo malinterpretada.*

*La conception et la mise en œuvre de programmes qui cherchent à réagir aux violences faites aux femmes et aux filles (VFF) et à la prévenir sauvent des vies et atténuent les conséquences de ces violences pour les survivantes. Avec les bonnes données factuelles sur l'échelle et la nature de la VFF, les praticiens, les bailleurs de fonds et les décideurs peuvent améliorer la programmation, soutenir les services de lutte contre la VFF là où ils sont requis, et élaborer des politiques pour lutter contre la VFF. L'International Rescue Committee (IRC) est une ONG internationale de premier plan qui mène des programmes de lutte contre la VFF dans plus de 18 pays de par le monde, et c'est l'une des rares ONG dotées d'une unité technique dédiée pour la protection et l'autonomisation des femmes. L'IRC a plus de dix ans d'expérience dans la République démocratique du Congo (RDC), pays où les actes de violence largement répandus à l'encontre des femmes et des filles ont suscité une attention internationale considérable. L'IRC met fortement l'accent sur la programmation basée sur les données factuelles et engendrant des données factuelles, et il recueille donc minutieusement des données relatives à la VFF dans le cadre des services fournis à jusqu'à 3 000 survivantes de VFF par an en RDC. Dans cet article, l'IRC présente son expérience en matière de données relatives à la VFF et la manière dont ces informations peuvent être interprétées, et traite aussi du fait qu'elles sont souvent mal interprétées.*

*Key words:* violence against women and girls; Democratic Republic of the Congo; monitoring and evaluation; policy; conflict; reporting

## Introduction

Violence against women and girls (VAWG)<sup>1</sup> programming is life-saving, and crucial in mitigating the harmful consequences of such violence on survivors. Yet VAWG can be particularly difficult to quantify and understand: it is a largely invisible problem, with many cases never reported; its scope is difficult to estimate, even where prevalence estimates exist; and it is a sensitive issue that requires a nuanced and contextual understanding, strict guidelines on confidentiality, and adherence to ethical principles. At the same time, with the right evidence, practitioners, donors, and policymakers can improve programming, support VAWG services where they are needed, and develop policies to address VAWG effectively.

The International Rescue Committee (IRC) is a leading international non-government organisation (NGO) with VAWG programmes in over 18 countries worldwide. It

is one of only a few NGOs with a dedicated technical unit on women's protection and empowerment, whose programmes facilitate the healing, dignity, and self-determination of women and girls who have experienced violence, creating opportunities for them to transform their lives and to make their voices heard in pursuit of a safer, more equitable world. The IRC has over ten years of experience in the Democratic Republic of the Congo (DRC), a country that has experienced almost two decades of conflict and where reports of pervasive acts of VAWG have attracted significant international attention. With a strong emphasis on evidence-based and evidence-generating programming, the IRC carefully collected data as part of the services provided to over 12,000 VAWG survivors in the DRC since 2009. Of these survivors of violence that have received services through the IRC, more than 99 per cent are women and girls. In this article, the IRC shares its experience on these data, and offers insights into how such information can be interpreted. It also highlights how data can often be misinterpreted. Its goal is to show how monitoring, evaluation, and learning on VAWG can ensure high-quality programming that responds fully to the interests and needs of women and girls in the DRC.

## Understanding VAWG data: VAWG data are the visible portion of a largely invisible problem

Collected safely and ethically, contextualised service-based data on reported VAWG cases can help practitioners, donors, and policymakers improve programming, address gaps in service provision, and develop policies to address pervasive forms of violence.

Globally, only a portion of all VAWG incidents are reported to service providers (Palermo *et al.* 2013, 1–11). Even in industrialised countries, it is estimated that less than half of rape cases are reported. When making any decisions based on VAWG data, it is important to remember that these service-based data represent only the visible portion of a largely invisible problem:

*One of the characteristics of GBV [gender-based violence], and in particular sexual violence, is under-reporting ... Any available data, in any setting, about GBV reports from police, legal, health, or other sources will represent only a very small proportion of the actual number of incidents of GBV. (Inter-Agency Standing Committee 2005, 4)*

Thankfully, good programming and good policies can be developed to address VAWG, even without exact knowledge of how many cases are occurring. Policymakers and donors can use both existing VAWG programme data, as well as lessons learned and best practices on VAWG (Figure 1).

Since 2011 in the DRC, the IRC has been using the Gender-Based Violence Information Management System (GBVIMS) to manage and analyse service-based data. The GBVIMS was developed by the UNFPA (United Nations Population Fund), the IRC, and the UNHCR (Office of the United Nations High Commissioner for

Figure 1. *The tip of the iceberg – globally, only a portion of all cases are reported*



Refugees) to harmonise VAWG data produced through service-delivery in humanitarian settings. It enables humanitarian actors responding to VAWG to safely collect, store and analyse this data, and facilitate the safe and ethical sharing of this data. The intention of the system is to assist the VAWG community to understand better the cases being reported by enabling service providers to more easily generate high-quality VAWG incident data across their programmes, properly analyse that data, and safely share it with other agencies for broader trends analysis and improved VAWG coordination.

While there are certainly limitations to the conclusions that can be drawn from service-based data, it is the one form of data most readily accessible in humanitarian settings over time. It can provide concrete information to inform programmes and policies, and affect the lives of survivors when reviewed regularly and understood in the context in which it was collected.

#### *How can we ensure that VAWG incidents are reported to service providers?*

First and foremost, specialised services to respond to VAWG should be available. The IRC's experience is that VAWG survivors tend to report incidents only when there are specialised services for VAWG. In the DRC during the emergency in North Kivu in late 2012, which caused widespread population displacement, many general assessments in camps said that no one reported VAWG incidents during displacement or in the camps. Yet, when VAWG listening centres staffed with specially trained community members opened in the camps, survivors began to report VAWG cases on the first day the listening centre was opened – in every camp. These incidents were simply not being

reported during general assessments, probably because of the lack of services available, which means that there was no tangible reason for survivors to come forward and talk about their traumatic experience.

In a functional VAWG service system, where specialised VAWG services are available and accessible and VAWG data are collected in an ethical manner, several prerequisites must be in place for survivors to come forward and report an incident of VAWG, and for this information to be fed onwards, into the overall monitoring and evaluation system of programme data. First, the VAWG survivor, through wider community information dissemination, is informed of services and where to find them. Next, the survivor makes contact with a VAWG service provider, and reports the incident while receiving services. While reporting an incident, the survivor has to provide informed consent for her (anonymised, non-identifiable) information to be shared for improved co-ordination, advocacy, or reporting. Finally, the survivor's information is compiled with other survivors' data at the service-provider level, to produce statistical reports for trend analysis.

Once VAWG services are available, it is also important to reduce barriers to accessing these services. Not only can this provide potentially life-saving support to more VAWG survivors but it also has the positive side-effect of increasing the amount of information available on VAWG in order to improve programming and policy decisions. Barriers to accessing services can happen at different levels.

Common barriers to accessing services include:

- Information: survivors may not know that specialised VAWG services are available, and may not even recognise that the violence they are experiencing is VAWG, because it is pervasive and accepted in the community. Word of mouth also matters – the IRC's experience in the DRC is that survivors are more likely to report if they have more trust in the confidentiality and the quality of VAWG services available.
- Access: access not only refers to geographic location, but also the ability to pay for services if they are not free, and the survivors' eligibility for these services. It is also important to take into consideration that survivors may be less likely to report if the service providers are male, if the service providers do not speak the local language, or, notably in DRC, if the service providers are not community members.
- Safe, confidential, and ethical data collection: international best practices state that the safety and the security of the survivor and the service provider are paramount. Especially in contexts like the DRC, where VAWG survivors are often stigmatised and shamed, survivors are less likely to report if they believe that their confidentiality may be jeopardised. One of the core principles for VAWG service providers is to provide services with respect, empathy, and without discrimination.

*Since not all VAWG cases are reported, prevalence studies can attempt to estimate how many VAWG incidents occur*

Prevalence studies estimate the total number of VAWG incidents – both reported and not reported. In the iceberg analogy, they are trying to measure the whole iceberg. Prevalence studies can be very useful to provide an overall picture of VAWG in a country or area, but it is important to keep in mind that these are estimates, and can vary quite a bit depending on methodology.

Numerous studies have tried to assess the scope of VAWG in the DRC, resulting in a wide range of estimates. In a study in North and South Kivu provinces and Ituri district, Johnson *et al.* found that 40 per cent of women reported ever experiencing sexual violence, while Peterman *et al.* found that roughly 21 and 13 per cent of women reported lifetime experience of rape in North and South Kivu, respectively, and 12 per cent nationally (Johnson *et al.* 2010, 557; Peterman *et al.* 2011, 1064). The United States Government Accountability Office estimated that 9 per cent of the total population in eastern DRC had experienced sexual violence in a one-year period from 2009 to 2010 (U.S. Government Accountability Office 2011, 10), while Peterman *et al.* found from 2007 data that about 7 and 4 per cent of women in North and South Kivu, respectively, reported having experienced rape in the previous 12 months, and less than 3 per cent nationally (Peterman *et al.* 2011, 1064). Kirsten Johnson *et al.* found that more than 30 per cent of women reported some form of intimate partner violence, with roughly 3 per cent of respondents reporting intimate partner sexual violence (Johnson *et al.* 2010, 557), while the 2007 national Demographic and Health Survey in the DRC found that 71 per cent of women reported some sort of intimate partner violence, with 35 per cent reporting intimate partner sexual violence (Ministry of Planning, Democratic Republic of Congo 2008, 306).

As with all collection and analysis of VAWG data, prevalence studies should conform to international ethical research principles. One very important standard in research ethics for VAWG data is that 'basic care and support for survivors must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence' (World Health Organization 2007, 9). However, with large-scale prevalence studies, VAWG services are not always in place to support survivors who participate. Because of this, the ethical principles of VAWG data collection must be carefully weighed before asking individuals to disclose information about their experiences of violence.

Especially when combined with a larger health and demographic survey, VAWG prevalence studies may be limited in the level of detail that they are able to collect on incidents of violence. While prevalence studies can be important for giving a general estimate of the scope of violence, they usually provide little information on more subtle or short-term changes in VAWG trends, the specific needs of specific groups of survivors, or the quality of services available, which requires a nuanced understanding

of the context and more detailed information on reported cases. This is where programme data and lessons learned can go a long way in completing and understanding the information collected during prevalence studies.

### **Using VAWG data: existing VAWG information can be very useful when analysed contextually**

Understanding and using VAWG data means accepting that exact numbers on the extent of VAWG may never be available. However, this does not signify that practitioners, donors, and policymakers cannot make informed decisions. Existing VAWG information can be very useful, provided that it is analysed contextually.

When looking at reported VAWG incidents over time, it is possible to learn very valuable information about:

- The profile of VAWG survivors (demographics).
- What type of VAWG they are reporting.
- When and where the alleged incident occurred.
- The profile of the alleged perpetrator (demographics, relationship to survivor).
- Which services are available in which sites.
- Which services are most often utilised by VAWG survivors.

The next step to analysing compiled reported VAWG data is to look at it contextually. It is crucial to remember that these numbers come from a particular setting – service providers in a particular geographic area; and that behind every number is a survivor with a specific story. Any analysis of VAWG data should be coupled with the expertise of service providers on the setting where services are provided. The data could also be complemented by other sources of VAWG data, such as programme data from other service providers, prevalence studies, or qualitative studies.

Throughout the IRC's ten years of work on VAWG services in the DRC, monitoring, evaluation, and lessons learned from the field have played a significant role in the development of new activities and the refining of existing ones.

Based on analysis of trends over time in reported VAWG incidents, the IRC learned that VAWG survivors in the DRC were more likely to report a wider range of incidents, and in a shorter time period following the incident, when they could talk to someone in a local women's community-based organisation (CBO), rather than to an NGO that was perceived as 'external'. With this information, the IRC in the DRC changed its programming strategy to ensure that VAWG services were available from CBOs, with positive results that likely better reflect the reality of the types of violence that women and girls face on a day-to-day basis.

Similarly, analysis of regular monitoring tools of the IRC's activities in the DRC, along with feedback coming from clients and service providers, indicated that some

VAWG survivors had severe trauma symptoms, and needed a more specialised approach than case management. Based on this identified need, the IRC partnered with mental health specialists to test a specialised mental health therapy for survivors with high and persistent trauma symptoms. An impact evaluation of this therapy showed dramatic reductions in depression, anxiety, and trauma symptoms (Bass 2013). While many service-based VAWG programmes in the DRC focus on clinical care and provision of post-exposure prophylaxis<sup>2</sup> for sexual violence survivors, contextualised programme data helped IRC add another important element – specialised mental health therapy – to the services already offered, in order to better meet survivors' needs.

By regularly collecting and analysing data from reported VAWG cases, and by holding discussions with staff and partners on the ground to provide context, the above are examples of how the IRC used monitoring and evaluation of programme data and lessons learned to influence programming in the DRC, leading to better practices and policies that will help prevent and protect from VAWG.

#### *How can I know who needs VAWG services and where?*

In order to provide essential, potentially life-saving services to VAWG survivors, it is crucial that VAWG services be as widely available as possible. Global studies tell us that upwards of one in three women will be raped or abused in their lifetime (World Health Organization 2013, 20). In the DRC, prevalence estimates are as high as 71 per cent of women experiencing some type of VAWG in their lifetimes (Ministry of Planning, Democratic Republic of Congo 2008, 306). While there may never be exact numbers on VAWG incidents, it is safe to say that no community is VAWG-free, so precise incidence data in a particular area should not be a prerequisite to service provision. Often, a mapping of existing VAWG services – and where they are not available – is a good guide to determine where new services are needed.

Another way to explore who needs services, and where, is to ask who is not accessing existing services. Reported VAWG data are available because there are VAWG services available, but at the same time, it can provide information on what barriers may exist to accessing these existing services. What is the profile of survivors reporting these incidents? Are they mostly adults, meaning that there may be barriers for children and adolescents to access services? Are they only reporting VAWG perpetrated by strangers, meaning that they are not reporting incidents perpetrated by intimate partners, family members, friends, and community members? Are the services available for these individuals who are not reporting, and if so, how can we increase their access to these services? This kind of analysis can ensure that existing VAWG programmes are improved and reach more VAWG survivors.

***Does an increase in the reported number of cases mean there is an overall increase in the prevalence of VAWG?***

Any organisation or donor involved in VAWG response and prevention would like to see a decrease in the incidence of VAWG over time. However, given that reducing VAWG requires deep-rooted attitudinal and behavioural change, this will not happen overnight.

When the number or profile of VAWG survivors reporting cases changes, it is easy to try to attribute this to a change in the frequency or types of VAWG happening in the community. This may be the case in some humanitarian settings, when significant change in the environment or context (such as a natural disaster, mass displacement, or conflict) disrupts normal social structures, and puts people at greater risk of violence. Changes in the number of reported cases of VAWG could also signify a change in the availability of services: greater or fewer services available, more or less information on the VAWG services available, or improving or deteriorating quality of services. Analysis of the context of this data, through in-depth discussions with implementing staff or other actors, can help explain any trends in changes of reported cases.

**Dispelling myths: how VAWG data in the DRC are misinterpreted**

Data on VAWG in the DRC have been highly visible in the media, and too often reduced to sensationalist and oversimplified sound bites, without the nuancing and detail that is needed to understand the true nature of the violence that women and girls face on a day-to-day basis. Without this contextual information, VAWG data coming out of the DRC are often misunderstood and misinterpreted, which in turn influences the kinds of programmes funded and services provided. These risk failing to respond to the real interests and needs of women and girls.

However, the use of monitoring, evaluation, and learning data from programmes and service provision offers a feasible solution to this problem, and can help implementers understand the reality of VAWG in the DRC, to dispel myths propagated in the media, to tailor services to meet women and girls' needs, and to advocate to donors and stakeholders to support these services.

Below are several common misinterpretations of VAWG data from the DRC, followed by insights and lessons learned from the IRC's ten years of programming in eastern DRC.

***Myth: The total number of VAWG incidents reported is inflated by multiple reporting and recording of each incident, since many VAWG survivors access more than one VAWG service***

The fact that a survivor is accessing more than one type of service is actually a very positive sign of different essential services being available to meet the varied needs of

survivors, and that there is a functioning referral system between these service providers. It is very important to keep in mind that a survivor can have multiple needs, including medical care, psychosocial counselling, legal counselling, and economic and social support to enable her to rebuild her life and integrate into society.

Similarly, it is not unusual in one community to see many survivors reporting to one type of available service (e.g. psychosocial counselling) but not another (e.g. legal assistance). A difference in the numbers reported to each of these service providers is not a sign of inconsistency in the reported number of VAWG incidents: it is simply an indication that VAWG survivors have differing needs, and/or that the level of access to these services may differ (e.g. some services may be more costly, or less confidential). The difference in the sensitivity, urgency, or difficulty in accessing one kind of service compared to another in fact means that it is normal, and indeed expected, that survivors will access certain services more than others.

Between January and December 2013, nearly 2,000 VAWG survivors received relevant services through the IRC. Of these, 99 per cent received psychosocial services, 49 per cent received medical care, and 4 per cent received legal services. Overall, about 50 per cent of survivors received more than one service in 2013.

Additionally, double-counting can be prevented. With the current GBVIMS system, each incident of violence is given a unique code when the incident is reported and recorded. This code is used between service providers within a solid referral system to make sure that the incident is only counted once under total beneficiaries when data are compiled. The IRC's experience in the DRC demonstrates that a harmonised data management system can avoid, or at least greatly reduce, double-counting.

***Myth: VAWG service providers are hiding behind the principle of 'confidentiality', which allows them to inflate VAWG numbers or to jealously guard the survivors as 'theirs'***

*Many organizations are reluctant to share data in view of organizational competition, what respondents refer to as the 'appropriation of victims'. This means that agencies do not want to give names of victims out of fear that other organizations will approach them to become their client. As a result, duplication of names in different data bases cannot be filtered out. (Douma and Hilhorst 2012, 28)*

Douma and Hilhorst's view of sharing VAWG survivors' personal identifying information is an example of misunderstanding the ethical principles behind the ways in which sensitive data should be handled and shared, or protected.

Confidentiality of VAWG survivors at all times is a core principle for VAWG service providers globally, and is a key recommendation of the World Health Organization's *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies* (World Health Organization 2007). Any VAWG service provider

who shared names of survivors without their consent would be breaching ethical principles.

In a context like the DRC, both VAWG survivors and service providers also face real security risks if information on specific incidents is leaked. Statements that imply that confidentiality should not be a priority for VAWG service providers are both ignoring international guidelines and demonstrating a lack of knowledge of the DRC context. At the same time, thanks to ethical VAWG data collection systems like the GBVIMS, compiled VAWG data with no identifying information about survivors can be safely shared externally.

***Myth: Women 'fake' being a VAWG survivor to get free services***

There is no solid evidence of a multitude of 'fake' survivors reporting to VAWG service providers. Because of the nature of VAWG and the services offered, the problem of 'faking' is less likely to occur with VAWG programmes than other aid programmes, where services are less sensitive and likely more applicable to a broader population. One reason for this is that the trauma of actually reporting VAWG incidents should not be underestimated. In addition to the general trauma that all would experience, there is an additional trauma in any context in which VAWG survivors reporting for services face potential stigmatisation and insecurity (Kelly *et al.* 2011). Previous research, as well as consistent qualitative evidence from the IRC's experience in service provision, indicates the reality and severity of communities stigmatising rape survivors in Eastern Congo, and of families or spouses that abandon them (Kelly *et al.* 2011).

Survivors accessing specialised services face risks to their livelihoods, reputation, and well-being. While some actors insist that the extreme needs of populations in the DRC mean that concerns about stigma and insecurity are not sufficient to outweigh the potential benefits of accessing services, the IRC's experience does not support this – women in the DRC are just as concerned about their dignity and well-being as those anywhere else in the world, and the IRC regularly supports women and girls who delay coming forward to seek help because of these concerns. Additionally, many VAWG services are of a specialised nature, which in most cases are not relevant to those who have not experienced violence, or in the case of clinical care, invasive and uncomfortable procedures.

These and other disincentives discourage the great majority of survivors from reporting VAWG incidents at all, let alone report an incident multiple times to multiple service providers.

That said, it remains important not to create negative incentives by making services only available for survivors of sexual violence, when these are also sorely needed by others in the same communities. The case of fistula repair has been the subject of criticism for registering 'fake' survivors, in order to provide this medical service to women who need it who have not been the victims of violence; if these services are not

made contingent upon experiencing sexual violence but are instead available more widely to those who need them, the accusation of creating 'fake' survivors can be avoided.

Lastly, it is important to recognise that a survivor is often accused of 'faking' her report of sexual violence if she later chooses to retract her statement to the police, or to stop pursuing legal action. In this case, community members, the police, and service providers often assume that the survivor has decided not to pursue a false allegation. However, the IRC's experience demonstrates that the truth is in fact the opposite: in many cases the pressure that communities, perpetrators, and their families place on survivors is so significant that survivors become afraid of pursuing legal proceedings, and instead are forced to say that they made up the accusation.

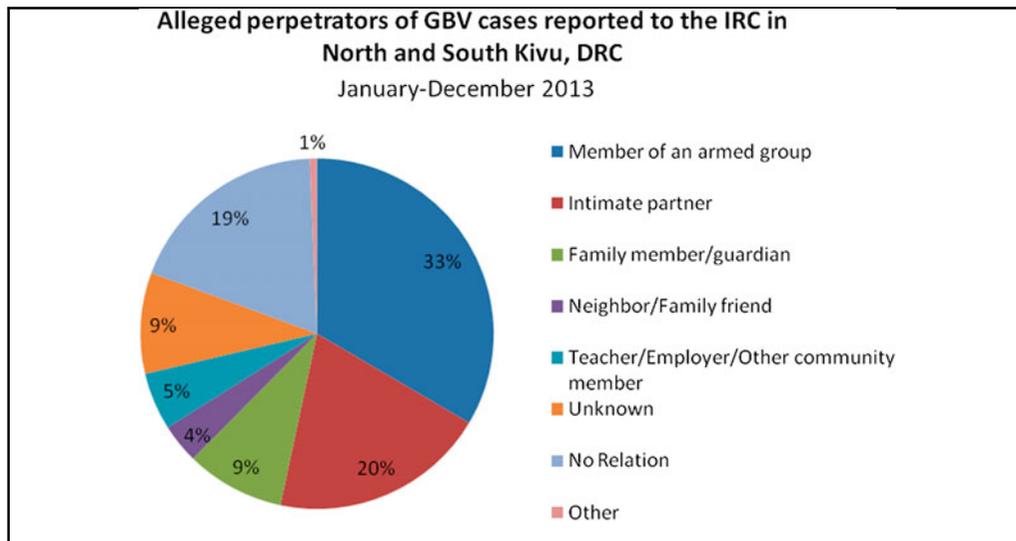
*Myth: VAWG incidents that occur in the DRC are primarily conflict-related sexual violence*

DRC has been labelled 'the rape capital of the world', an epithet that is repeated over and over in the media, usually accompanied by a photojournalistic image of a Congolese man in army fatigues with a gun slung across his shoulders. This common representation of the DRC over the past several years has a significant influence on funding streams and the types of programmes and services that are available, where they are available, and to whom.

Monitoring data from the IRC's information management system for reported VAWG cases offers a more nuanced story of perpetrators of violence. Throughout 2013, the IRC provided services to nearly 2,000 VAWG survivors in North and South Kivu in a context of frequent insecurity and population displacement, some of which was caused by confrontations between the Congolese national army and the rebel group M23.<sup>3</sup> Of cases reported to the IRC, 33 per cent were allegedly perpetrated by a member of an armed group, showing that conflict-related violence is indeed a very real and serious problem. However, 20 per cent of VAWG cases reported to the IRC in 2013 were perpetrated by an intimate partner, and about 18 per cent perpetrated by someone else with an everyday relationship with the survivor – family members, neighbours, teachers, and other members of the community. This means that about 38 per cent of reported VAWG cases were perpetrated by someone known to the survivor (Figure 2).

The IRC's programming data also tell a different story about the types of VAWG that women and girls face. Although the dominant narrative propagated in the media is the occurrence of widespread sexual violence, monitoring data from IRC programmes again provides a much more nuanced understanding. In North and South Kivu in 2013, 63 per cent of reported VAWG cases were sexual violence (rape or sexual assault). Similar to the programme data on alleged perpetrators, this confirms that sexual violence is a serious issue in eastern DRC. However, it also means that 37 per

Figure 2. Alleged perpetrators of VAWG cases reported to the IRC in North and South Kivu, DRC – January–December 2013

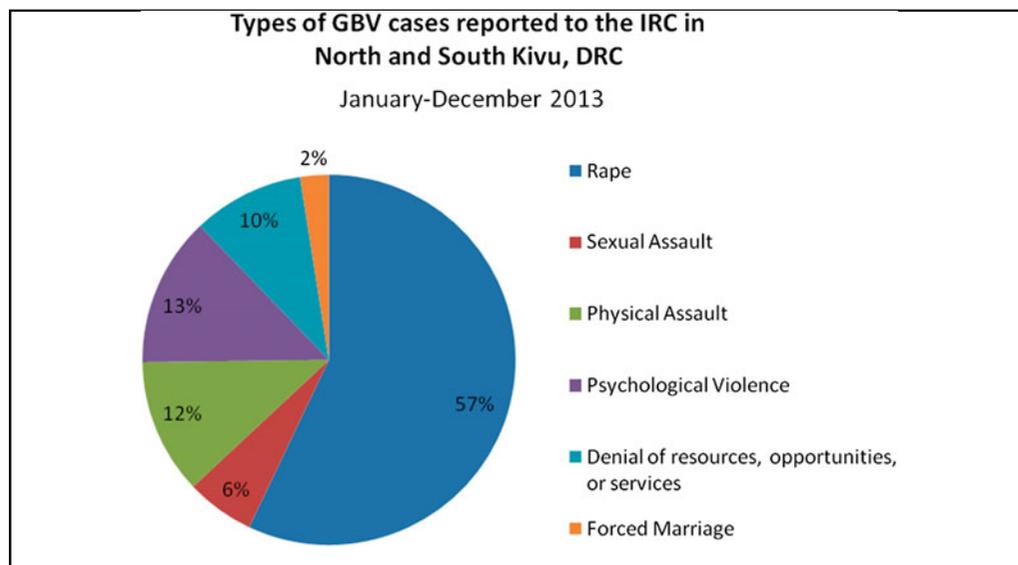


cent of reported cases were cases of physical or psychological violence, denial of resources, or forced marriage (Figure 3).

The IRC's programming experience in eastern DRC has also shown that survivors' decisions to report incidents of VAWG vary depending on the types of services available, and that when services focus on conflict-related sexual violence, that is the type of violence that is more frequently reported, leaving other types of violence under-reported and those survivors without services.

At the end of 2012 and beginning of 2013, as a means to better meet the needs of VAWG survivors and invest in more sustainable strategy for service provision, the IRC transitioned from partnering with local NGOs that focused more heavily on services for survivors of sexual violence, to partnering with grassroots women's CBOs that are more in touch with the needs of women and girls in their own communities. Within one year of this transition, the percentage of cases of intimate partner violence reported to IRC partners doubled, the percentage of cases of VAWG perpetrated by a family member increased by 50 per cent, and the percentage of non-sexual VAWG cases increased by 75 per cent. Since the prevailing context has not altered dramatically, the assumption can be made that it is not the kinds of violence that have changed, but rather how easily survivors of those kinds can access the services they need.

Figure 3. Types of VAWG cases reported to the IRC in North and South Kivu, DRC – January–December 2013



## Conclusions

Monitoring, evaluation, and lessons learned from VAWG programme data are an invaluable resource for implementers, donors, and stakeholders, to make sure that life-saving VAWG services are available, appropriate, and meet the needs of survivors. These are tools that are accessible over time, and can assist in identifying programming gaps and opportunities. Implementers and stakeholders can also use programme and services data to understand the reality of women and girls, and change the international perspective to reflect these realities.

There are, of course, limits to programme data. It cannot give an idea of incidence and prevalence of VAWG overall, and changes in the number of cases reported should be understood in the specific context of service provision. However, exact numbers should not be a prerequisite for high-quality services to meet the needs of survivors. We know that VAWG happens all over the world, and we know that it happens in the DRC.

In the DRC, programming data can give us the contextual nuances that tell us that the 'conflict-related sexual violence' narrative is oversimplified. It can be combined with prevalence studies or other VAWG data to complete the picture of what is really happening in DRC. Service providers and funders should look at interventions that address other types of VAWG besides sexual violence, and ensure that their services are appropriate for survivors of violence at the hands of someone close to them, such as an intimate partner.

Some of the IRC's most successful and innovative evidence-based programmes in the DRC are inspired from analysing contextualised VAWG data from service provision and listening when women and girls voice their own interests and needs.

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## Notes

- 1 Violence against women and girls (VAWG) is defined as any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life. It includes a wide range of abuses occurring in the family and in the general community, including battering, sexual abuse of children, dowry-related violence, rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, and violence related to exploitation, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state (United Nations General Assembly 1993). Violence against women is often used as a means of perpetuating female subordination.
- 2 Post-exposure prophylaxis – the administering of drugs to reduce the possibility of HIV infection – is part of essential clinical post-rape care.
- 3 The M23 armed group consists of soldiers who participated in a mutiny from the Congolese national army in April and May 2012 and remained in control over territories in North Kivu until November 2013. The group's senior commanders have a known history of serious abuses against civilians (Human Rights Watch, <http://www.hrw.org/news/2012/09/11/dr-congo-m23-rebels-committing-war-crimes>, last checked by the authors April 2014).

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