


BRIEF COMMUNICATION**Gynecology**

Barriers to access to holistic care for women victims of sexual violence in the eastern region of the Democratic Republic of Congo: A brief report

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Sexual violence against women is a human rights violation, a public health problem, and a major and serious problem for women's health.¹ During periods of armed conflicts and wars in the eastern region of the Democratic Republic of Congo (DR Congo), tens of thousands of women, girls, and even children have been victims of sexual violence committed systematically by groups of armed men. This sexual violence is one of the least reported of crimes. The stigma, shame, and rejection that victims of sexual violence risk being subjected to by society, community, and their family—and often also the fear of reprisals from those who sexually assaulted them²—lead most of these individuals to not go to the hospital to receive primary and appropriate clinical care.

The brutality of sexual violence leads to both long- and short-term consequences on the physical, mental, sexual, and reproductive health of the victims and these consequences include sexually transmitted infections, physical injuries, high risk of unwanted pregnancy, irritable colon syndrome, development of chronic health problems (such as chronic pelvic pain and chronic pain syndromes),

high rates of mental health problems (such as post-traumatic stress disorder, depression, intense feelings of terror, shame, loss of self-esteem, and feelings of guilt), sexual dysfunction, dysmenorrhea, and menorrhagia.^{3,4} With these serious consequences, victims of sexual violence, especially those living in rural areas, are faced with barriers to accessing health care.

Surgical reconstruction of the sexual organs can require several operations, which are very expensive. The non-existence of appropriate care centers for victims of sexual violence and of healthcare personnel qualified in the field of sexual violence; the lack of financial means among victims to pay for transport to the hospital; the inaccessibility or non-existence of medical consultations as well as care for sexually raped women; and the facts that the Congolese state does not guarantee or provide any medical care within its population, and support and psychological treatments are non-existent are all major barriers to women victims of sexual violence accessing health care.² Among the major requirements of victims of sexual violence, access to medical care is the most urgent and the most important, as well as

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the need for an urgent reaction from the international community, government donors, and the Ministry of Health of DR Congo. Based on the serious consequences of sexual assault, clinicians such as family physicians and gynecologists must be the first contact for female survivors of sexual assault who present to receive appropriate care. These healthcare personnel must benefit from appropriate training on the subject of sexual violence (especially on reception, absolute respect for confidentiality and psychological first aid).

Young women (girls) under the age of 10 years as well as women over the age of 70 years are not spared, and can also be victims of sexual violence, especially those living in the most affected environments of the eastern region of DR Congo.² Clinicians must provide appropriate medical care to these age groups, such as treatment of physical injuries and prevention of sexually transmitted infections. In addition, management of psychological problems must be taken care of by psychologists. The Congolese Government must financially support these clinicians who provide medical care to women victims of sexual assault.

The obstacles to primary care for victims of sexual violence are all the more problematic given that the 72 hours following sexual violence are crucial; it is essential to go to an appropriate care center within this time, to benefit in time from treatments against the many sexually transmitted infections including HIV, syphilis, and gonorrhea.⁴ Many hospitals must therefore develop collection protocols and must train certified nurse examiners in matters of sexual violence.

To improve the fate of women victims of sexual violence, care in medical structures must be improved and must also be free, so the Congolese Government and its Ministry of Public Health with their partners must set up health and judicial structures for medical care and legal follow up for women victims of sexual violence.

AUTHOR CONTRIBUTIONS

AA and MOO conceived the study; MOO designed it; AA was the project administrator; ON was supervisor and acquired the funding;

MOO performed the investigation; AA provided the resources; and SB, PB, and AA edited the manuscript. All authors performed the literature search, contributed to preparation and review of the manuscript, and gave it their final approval.

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CONFLICT OF INTEREST STATEMENT

The authors have no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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