



A Patient Heart

Stigma, Acceptance and rejection around Conflict-Related Sexual Violence in the Democratic Republic of Congo

Working Paper

April 2011





The International Bank for Reconstruction and Development / The World Bank
1818 H Street, NW
Washington, DC 20433
All rights reserved
First published September 2014
www.logica-wb.net

This **Working Papers Series** disseminates the findings of work in progress to encourage discussion and exchange of ideas on gender and conflict related issues in Sub-Saharan Africa. Papers in this series are not formal publications of the World Bank. The papers carry the names of the authors and should be cited accordingly. The series is edited by the Learning on Gender and Conflict in Africa (LOGiCA) Program of the World Bank within the Social, Urban Rural and Resilience Global Practice.

This paper has not undergone the review accorded to official World Bank publications. The findings, interpretations and conclusions herein are those of the author and do not necessarily reflect the views of the International Bank for Reconstruction and Development/World Bank and its affiliated organizations, its Executive Directors, or the governments they represent.

To request further information on the series, please contact vphipps@worldbank.org LOGiCA. Papers are also available on the LOGiCA website: www.logica-wb.net.

Cover design and text layout: Duina Reyes
Photos provided by World Bank photo library and United Nations photo library

A Patient Heart

Stigma, Acceptance and Rejection around Conflict-Related Sexual Violence in the Democratic Republic of Congo

Working Paper

APRIL 2011



Harvard Humanitarian Initiative

The Harvard Humanitarian Initiative (HHI) is a university-wide center involving multiple entities within the Harvard community that provide expertise in public health, medicine, social science, management, and other disciplines to promote evidence-based approaches to humanitarian assistance.

The Women in War Program at HHI examines the unique vulnerabilities women face in conflict, including gender-based violence, other forms of exploitation and abuse, and economic insecurity.

Through our holistic approach, we also highlight women as vital actors in their communities -advocates for change, businesspeople, service providers, and leaders.

This report was made possible by support from the World Bank

Other reports in this series include:

“We Suffer From War and More War”: An Assessment of the Impact of the Lord’s Resistance Army on Formerly Abducted Children and their Communities in northeastern Democratic Republic of the Congo

By: Lindsay Branham and Jocelyn Kelly, June 2012.

Hope for the Future Again: Tracing the Effects of Sexual Violence and Conflict on Families and Communities in Eastern Democratic Republic of the Congo

By: Jocelyn Kelly, Michael VanRooyen, Justin Kabanga, Beth Maclin and Colleen Mullen, April 2011.

Rape in War: Motives of Militia in DRC

By: Jocelyn Kelly, June 2010.

Now, The World Is Without Me: An Investigation of Sexual Violence in eastern Democratic Republic of Congo

By: Susan Bartels, Michael VanRooyen, Jennifer Leaning, Jennifer Scott and Jocelyn Kelly, April 2010.

Characterizing Sexual Violence in the Democratic Republic of the Congo: Profiles of Violence, Community Responses, and Implications for the Protection of Women

By: Jocelyn Kelly, Michael VanRooyen, Jennifer Leaning and Will Cragin, August 2009.

For more information about this project and to view our other publications, visit hhi.harvard.edu.

Table of Contents

Acknowledgements	1
Introduction	2
Methodology	7
Phase One: Formative Qualitative Research	7
Focus Groups	7
Key Informant Interviews.....	7
Service Provider Review.....	8
Phase Two: Survey	8
Survey Development	8
Services Women and Men	8
Recruitment	8
I. Triangulating Issues Around Stigma and Rejection: Qualitative Research	10
Fear of Sexually Transmitted Infection.....	11
Stigma against Men	12
Definitions of Marriage	14
Other Influences for Rejection	16
II. Assessing the Scope and Characteristics of Stigma and Rejection: Survey Findings and Explanatory Focus Group Results.....	25
RESULTS.....	25
Demographics	25
Experiences With The War	25
Experiences with Sexual Violence	26
Phenomena of Rejection, Abandonment, and Stigmatization	26
Marriage and Family Dynamics.....	27
Attitudes About Sexual Violence	28
Drugs and Alcohol	31
LIMITATIONS.....	32
III. Conclusions and Recommendations.....	33
CONCLUSIONS	33
RECOMMENDATIONS	37
Recommendations for policy development.....	37
Recommendations for current service provision.....	38
ANNEXES	
Annex I.	40
Annex II.....	42

Acknowledgements

The Harvard Humanitarian Initiative would like to thank all of our partners who contributed to this research. In particular, we would like to thank the World Bank for its support throughout the project.

We would like to thank the focus group moderators and CAMPS support staff who were invaluable contributors to the project: Bagalwa Cherubala, Severin Masirika, Déogratias Mastaki, Willy Mitsma and Jean-Baptiste Rwiwaka. The Harvard Humanitarian Initiative team was invaluable in moving this work forward: Vincenzo Bollettino, Sasha Chriss, Margeaux Fischer, and Alexa Walls. We would also like to thank the following Women

in War interns who contributed to this research project: Alexandria King-Close and Parul Agarwal and Benjamin Davies.

Finally, and most importantly, we would like to recognize the survey and focus group respondents themselves, who shared their experiences, expertise and opinions to help us better understand the problems facing their communities. We truly appreciate their time, engagement and thoughtful responses.

Authors: Jocelyn Kelly, Justin Kabanga, Katherine Albutt, Beth Maclin, Sunkyo Im, Michelle Kissenkoetter, Michael VanRooyen.

Introduction

Survivors of conflict-related sexual violence in eastern Democratic Republic of the Congo (DRC) state that the social stigma they face as a result of rape can sometimes be as traumatic as the attack itself.¹ Women who have been raped are often looked upon as morally and physically “tainted” and can face subtle and overt ridicule from family members, friends, and the community at large. Survivors report they may be called “wives” of their rapists, perceived as carriers of sexually transmitted infections (STIs), including human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS), and face an underlying assumption that they can no longer be productive members of the community. This perception can lead to intense social isolation that, at its most extreme, involves women being made to physically leave their own homes or communities or being abandoned by their families – a phenomenon we will refer to as rejection in this report.

The phenomenon of stigma and rejection impact a survivor’s psychological health, as well as their physical, economic, and social wellbeing. Women throughout the world report that fear of stigmatization keeps them from seeking services after rape, even though timely intervention can be life saving. Better understanding and addressing issues around stigma can immediately and concretely impact women’s service seeking following rape. Women also state that they may stop engaging in public social life after rape for fear of ridicule or negative judgment. This marginalization from society can expose survivors to economic instability as they are excluded from family and social net-

works that are often vital for economic sufficiency. Finally, those who are excluded from social support networks often find themselves vulnerable to further abuse and re-victimization as they try to build new lives and fend for themselves. Stigma and rejection, therefore, not only harm a survivor’s chances to heal from trauma in the short term, but can also potentially expose her to “cycles of abuse” as she becomes more and more marginalized from support networks.

Little empirical research exists on the factors that influence the stigmatization and rejection of survivors of sexual violence in conflict settings. To begin to address this knowledge gap, the Harvard Humanitarian Initiative (HHI), in collaboration with a Congolese non-governmental organization, the Centre d’Assistance Medico-Psychosocial (CAMPS), undertook a three-part study funded by the World Bank to determine the factors that influence family-members’ behavior towards survivors, particularly those behaviors that mitigate or facilitate rejection in eastern DRC. This is the first study that uses mixed-methods research to investigate men and women’s experiences with, and attitudes regarding, stigma towards survivors of conflict-related sexual violence. The larger goal of this work is to produce evidence that can inform better interventions to prevent and address rejection correlated with incidence of sexual violence.

The first section of this report will outline the results of qualitative research, which was undertaken before the survey to inform the questionnaire design, and after the survey to explore the dynamics that emerged in the numerical data. As part of the qualitative work, the research team used a number of methods with different populations to triangulate findings. These methods include: ten focus groups with men whose families were affected by sexual violence; three focus groups with survivors of sexual violence; eight in-depth expert interviews; and discussions with 18 service pro-

1 Kelly J, Kabanga J, Cragin W, Alcayna-Stevens L, Haider S, Vanrooyen M. “If your husband doesn’t humiliate you, other people won’t”: Gendered attitudes towards sexual violence in eastern Democratic Republic of Congo. *Global Public Health: An International Journal for Research, Policy and Practice*, 9 June 2011.

Table 1: Overview of Research Design

Phase I Formative qualitative research	Phase 2 Survey	Phase 3 Qualitative work to inform survey results
8 focus groups with men	310 surveys with survivors of sexual violence	3 focus groups with women
8 in-depth expert interviews	191 surveys with male relatives of survivors	2 focus groups with men
Interviews with 18 service provider organizations		

vider organizations. The interview results and first and second round of focus groups are synthesized in the first section; the landscape analysis of the service provision organizations are used to inform the conclusions and recommendations section.

The second section of the report will outline the results of the quantitative survey done with survivors of sexual violence and a male relative in their household. The conclusion section contains an integration of the qualitative and quantitative findings and recommendations for improved policy and programming related to sexual violence in DRC.

Stigma related to sexual violence

The consequences of sexual and gender-based violence (SGBV) are long lasting, severe, and have deep repercussions for women, their families, and entire communities. Survivors of rape face enormous challenges from the downstream health, psychosocial, physical, and emotional consequences of SGBV. Unwanted pregnancy, STIs including HIV/AIDS, obstetric fistulae, and other gynecological problems are but a few of the byproducts of sexual violence. The available literature examining the intersection between stigma and conflict-related sexual violence largely focuses on either: stigma from sexual violence, but not specifically in conflict zones, or sexual violence in conflict areas, without a focus on the stigma experienced by survivors. Though both of these areas of inquiry inform the current project, they are not sufficient to explain the complex relationship and intersections between stigma and sexual violence in conflict. Interestingly, much of the literature on the subject of sexual violence in conflict zones mentions stigma-

tization as a significant problem, yet a tremendous research gap persists in the exploration of the dynamics of stigmatization.

Much of the conflict-focused literature suggests that stigmatization is a widespread phenomenon that shapes the experiences of survivors as they attempt to recover from their trauma.

There can exist significant variation in stigmatization across geographic regions and cultural paradigms, although certain features of stigma and shame around sexual violence remain consistent in all contexts. Feelings of shame and fear of stigmatization are often cited as reasons that many SGBV survivors do not report the attack, even in societies with more liberal sexual norms.² Survivors of sexual violence are stigmatized in many societies, often involving spousal rejection and expulsion from their communities³; extreme stigma is especially deep-seated in cultures with rigid or highly formalized customs and taboos around sex and sexuality.⁴ Strong mores regarding virginity, sex, and sexuality may lead to a rape survivor being viewed as dirty, damaged, and unfaithful leading to protracted isolation, stigmatization, and re-victimization.⁵

Literature from conflict and post-conflict settings has begun to explore the scope of stigmatization resulting from sexual violence and the impact of such stigmatization on survivors and communities. Non-governmental organizations working in conflict-afflicted areas have consistently reported

2 Wood, E. J. (2006). Variation in Sexual Violence during War. *Politics & Society*, 34 (3), 307-342.

3 Bastick, M. K. (2007). *Sexual Violence in Armed Conflict: Global Overview and Implications for the Security Sector*. Geneva: Geneva Centre for the Democratic Control of Armed Forces.

4 Clifford, C. (2008). *Rape as a Weapon of War and It's Long-Term Effects on Victims and Society*. Budapest, Hungary: 7th Global Conference: Violence and the Contexts of Hostility.

5 Clifford, C. (2008). *Rape as a Weapon of War and It's Long-Term Effects on Victims and Society*. Budapest, Hungary: 7th Global Conference: Violence and the Contexts of Hostility.

concern over the systematic stigmatization, rejection, and abandonment experienced by survivors of sexual violence.⁶ Likewise, numerous studies have noted alarming rates of stigmatization, rejection, and abandonment in conflict and post-conflict settings.^{7, 8, 9}

A study of internally displaced persons in Sierra Leone found that 15% of respondents cited stigmatization or rejection by family and/or community as a consequence of sexual violence.¹⁰ Of respondents from this study who did not report sexual assault, “feelings of shame or social stigma” and “fear of being stigmatized and/or rejected” were the most common reasons for not reporting sexual assault. Furthermore, “feelings of shame or social stigma” were cited by 64% of respondents as a characteristic of assistance needs among respondents reporting sexual assault, while 28% feared being stigmatized or rejected.

Context in the Democratic Republic of the Congo

Conflict-related sexual violence has been a defining feature of the decades-long instability in eastern DRC. Although official peace declarations were made in 2003 and 2008, insecurity and sexual violence have persisted in the Kivu provinces. While the precarious security situation makes it difficult to determine the extent of sexual violence in east-

ern DRC with precision, the International Rescue Committee reports that they treated 40,000 survivors in South Kivu alone between 2003 and 2008, and the UN Population Fund estimates 17,500 rape victims in 2009, nation-wide.¹¹

In eastern DRC, various studies report that between six and 29% of survivors are rejected or abandoned by their male partners or communities as a result of sexual violence.^{12, 13, 14, 15} Lacking the support of their social network, rejected female survivors are plagued by stigma and rendered even more vulnerable to further abuse and economic instability. Stigmatization of female survivors is a profound and overarching finding, with certain groups of women especially vulnerable to rejection and isolation. These groups include women with children born of rape, women who have been gang raped, widows, and women with severe medical sequelae, such as fistula and HIV.¹⁶ The ramifications of such stigmatization are immense, ranging from spousal abandonment, inability to marry, isolation and ostracism by the community, destruction of cultural and societal bonds, physical abuse, poor access to medical and psychological care, and economic insecurity. Rejection and stigmatization, however, are not inevitable for female survivors of rape; male partners and community members in some cases offer support and assis-

6 Melandri, M. (2009). Gender and reconciliation in post-conflict societies: The dilemmas of responding to large-scale sexual violence. *International Public Policy Review*, 5 (1), 4-27.

7 Réseau des Femmes pour un Développement Associatif (RFDA), Réseau des Femmes pour la Défense des Droits et la Paix (RFDP) and International Alert. (2005). *Women's Bodies as a Battleground: Sexual Violence Against Women and Girls During the War in the Democratic Republic of Congo*. Réseau des Femmes pour un Développement Associatif/International Alert.

8 Steiner B, Benner M, Sondorp E, Schmitz K, et al. (2009). Sexual violence in the protracted conflict of DRC programming for rape survivors in South Kivu. *Conflict and Health*, 3 (3).

9 Kelly J, Betancourt T, Mukwege D et al. (2011). Experiences of female survivors of sexual violence in eastern Democratic Republic of the Congo: a mixed-methods study. *Conflict and Health*, 5 (25).

10 Amowitz, L. L.-S. (2002). Prevalence of War-Related Sexual Violence and Other Human Rights Abuses Among Internally Displaced Persons in Sierra Leone. (Letter from Sierra Leone). *The Journal of the American Medical Association*, 287 (4), 513-521.

11 The Economist, “War’s Overlooked Victims.”

12 Réseau des Femmes pour un Développement Associatif (RFDA), Réseau des Femmes pour la Défense des Droits et la Paix (RFDP) and International Alert. (2005). *Women's Bodies as a Battleground: Sexual Violence Against Women and Girls During the War in the Democratic Republic of Congo*. Réseau des Femmes pour un Développement Associatif/International Alert.

13 Kelly J, VanRooyen M, Leaning J, Cragin W. (2009). *Characterizing Sexual Violence in the DRC*. Harvard Humanitarian Initiative.

14 Steiner B, Benner M, Sondorp E, Schmitz K, et al. (2009). Sexual violence in the protracted conflict of DRC programming for rape survivors in South Kivu. *Conflict and Health*, 3 (3).

15 Kelly J, Betancourt T, Mukwege D et al. (2011). Experiences of female survivors of sexual violence in eastern Democratic Republic of the Congo: a mixed-methods study. *Conflict and Health*, 5 (25).

16 Kelly J, VanRooyen M, Leaning J, Cragin W. (2009). *Characterizing Sexual Violence in the DRC*. Harvard Humanitarian Initiative.

tance to survivors.¹⁷ Such support is a protective factor against rejection, isolation, and a survivor's feelings of shame and loneliness.

The lack of in-depth research addressing the intersection between stigmatization and sexual violence in conflict settings may be due to the difficult, complex nature of studying stigma in insecure and quickly changing settings. Many sexual assault survivors are reluctant to report the abuse they experienced for fear of social stigmatization, leading to high rates of underreporting. Violent conflict adds an additional layer of complexity to this dynamic given widespread sexual violence, disparaging circumstances, mass displacement, and community instability.

Clarification of Key Concepts

Since the issues explored in this paper are not consistently defined in previous literature, we will clarify key concepts used in this report and then make explicit some of the working assumptions for the project. A discussion about stigmatization and sexual violence in conflict cannot begin without first delineating the concept of stigma.

The concept of stigma is perhaps being most thoroughly examined in the HIV/AIDS literature. While often not explicitly defined, stigma is sometimes referred to cursorily as “a mark of disgrace.”¹⁸ The modern idea of stigma has its roots in Erving Goffman's work on the social construction of identity wherein he defines stigma as “an attribute that is deeply discrediting,” one that is derived from differences and reduces the bearer “from a whole and usual person to a tainted, discounted one.” Recent work has highlighted that stigmatization is a social process occurring within complex socio-cultural environments and has drawn attention to the more pervasive structural and dynamic aspects that underlie, produce, and perpetuate stigma. The model of stigma proposed by Link and Phelan

draws attention to the complexities of structural discrimination, disadvantage, and power dynamics that inform the experience of stigma.¹⁹ Research in HIV draws attention to four domains in which stigmatization occurs: (1) fear of transmission and resulting avoidance of contact; (2) negative judgments/beliefs about a particular group; (3) enacted stigma or discrimination; or (4) compound or layered stigma.²⁰ Examples of enacted stigma or discrimination may include being refused employment or healthcare, or being excluded from social life in the community. Compounded or layered stigma occurs when someone has multiple potentially stigmatized characteristics, such as being HIV positive and being a survivor of violence.

The latter three concepts are also useful in this discussion of conflict-related sexual violence. Stigma is a cross-cutting phenomenon deeply rooted in individual and social dynamics. For the purposes of this report, the authors define stigmatization as: a social process that can arise from actions, words, and social cues that make a person feel devalued or discriminated against. We draw on concepts of negative beliefs, enacted stigma, and compound stigma in both the qualitative and quantitative work.

Acceptance in the context of this study refers to: a person's decision either to refrain from rejecting a survivor or to allow her back into the home after initially rejecting her as a result of sexual violence. It can also refer to more active positive engagement, such as publicly defending a survivor against negative reactions.

Rejection in the context of this study refers to: a woman being forcibly isolated from her family or community. It can refer to a woman being evicted or cast out of the family, or by her being abandoned by one or more family members. This definition was based on the finding that both abandonment

17 Kelly J, VanRooyen M, Leaning J, Cragin W. (2009). Characterizing Sexual Violence in the DRC. Harvard Humanitarian Initiative.

18 Link BG, Phelan JC. (2001). Conceptualizing stigma. *Annu Rev Sociol.* 27:363–85

19 Goffman E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Garden City, NY: Anchor Books.

20 Parker R, Aggelton P. (2003). HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action. *Social Science & Medicine*. 57:13–24.

by a family member and being forced out of one's own home was defined as rejection in formative qualitative research. While the first is characterized by others leaving and the second involves the survivor being forced to leave, both result in social, emotional, and economic isolation.

Project Focus

While this project focused on conflict-related sexual violence, it is important to recognize that women in DRC face extremely high rates of sexual exploitation and abuse outside of the conflict. Unfortunately, women may not think of this abuse within the home or community as sexual violence. In previous qualitative research, HHI found that both the French and Swahili phrases (violence sexuelle and ubakaji) tend to be closely associated with the concept of conflict-related sexual violence, as opposed to all forms of sexual violence. This is informed by the fact that sexuality, including sexual abuse, were often not acknowledged or discussed until the advent of the highly brutal and public forms of SGBV seen during the war. In some ways, therefore, even civilian rape is seen as a downstream consequence of the war. While this project allows space for discussion and analysis of civilian perpetration, the focus remained implicitly or explicitly on conflict-related violence in both the qualitative and quantitative phases.

Men also experience conflict-related sexual violence in DRC. These men, however, are usually unlikely to report this violence and seek services. HHI's Congolese partner, CAMPS, provides services to all survivors of war trauma, with a focus on sexual violence. While some men do come forward to report sexual torture, these cases are extremely rare. For the purposes of this project, therefore, we looked only at female survivors of SGBV, while recognizing that rape of males is an important issue that merits more work in the future.

This project attempts to explore social dynamics within both the family and community. The survey results, however, focus most closely on a

survivor's interactions within the household. This is partly because household dynamics are often more immediate and sustained than interactions with the larger community. According to previous qualitative data, family acceptance or rejection can then influence community responses to a survivor. Thus, the household unit plays a significant role in the immediate and subsequent experience of acceptance or rejection.¹

The relationship between the survivor and the male head of household, whether this is the husband, father, brother, uncle, or other male relative, is of particular importance in this work. While the male head of household may be influenced by many people in his social circle, often he is the one with ultimate power to reject or abandon a survivor. Furthermore, the exact relationship between a survivor and the male head of household can have an impact on the way the survivor is treated. Women and girls who have been raped before marriage say this makes finding a husband much more difficult. In this case, a survivor may face rejection from the family because she is seen as "unmarriageable" and therefore a burden. Qualitative research conducted by HHI on men and women's attitudes towards sexual violence, however, indicates that "men seemed less likely to reject a female relative, such as a sister or daughter, who had been raped compared with a wife."^{21, 22} An important reason for this was the fact that the fear of STIs or HIV affects sexual relations within a marriage but has less immediate impacts on other relationships. In addition, a husband may care more about the effects of rape on his wife's reproductive capacity, since it may lead to miscarriages, sterility, and other adverse outcomes. These dynamics will be further explored in the project findings.

21 Kelly et al, "Comparing Men and Women's Attitudes," 6.

22 Our research confirmed this pattern, with focus group participants distinguishing between men's responses to the rape of wives and of other family members, such as daughters, sisters, and aunts.

Methodology

This study was approved by the Internal Review Board (IRB) of the Harvard School of Public Health (HSPH) and a Congolese Community Advisory Board (CAB) of subject matter experts. All members of the research team underwent training in ethical research practices.

Phase One: Formative Qualitative Research

Focus Groups

In the first phase of the research, eight focus groups were conducted with men from local communities from Kalehe, Katana, and Kabare in December 2011 and January 2012. The first two sites were selected due to their high prevalence of reported sexual violence, and participants for these focus groups were recruited through two local service providers. The third site was selected for its limited exposure to service providers in order to control the influence such organizations may have on men's attitudes towards rejection and sexual violence. Accordingly, participants from this third site were recruited through a community-based organization not involved in direct service provision.

A total of 68 men participated in the focus group discussions. Average group size was 8.5 men, and the age of participants ranged from 28 to 88, with an average age of 52. Discussions lasted between 90 and 120 minutes each, and were moderated in Swahili by a male Congolese psychosocial counselor with previous training and experience in focus group facilitation.

A second round of focus groups was conducted with both men and women to follow up on the results of the quantitative survey. Five focus groups were carried out between February and March of 2012. Three women's focus groups were undertaken; one group was done in each of three sites:

Uvira, Kabamba, and Bukavu. Two focus groups were undertaken with men; one each in Sange and Katana.

Coding and analysis

The members of the research team first independently reviewed the transcripts and notes and coded the data based on initial patterns that emerged. The researchers then jointly discussed their findings and identified consistent themes as a basis for categorizing the data in its final form. The data collected from the focus groups served as the primary source on men's attitudes towards sexual violence and rejection and was supplemented by key informant interviews.

Key Informant Interviews

Eight in-depth interviews were held with psychosocial experts from four organizations providing services to survivors in South Kivu at the time of this project. This data provided a secondary perspective to the analysis of the factors influencing rejection. It also informed the development of recommendations by providing a point of comparison between the opinions of practitioners and the perspectives of affected communities.

Key informants were selected based on their experience engaging directly with male family members of survivors and who, through their work, have developed a sense of men's attitudes and decision-making processes surrounding rejection. Interviews were recorded and lasted an average of 90 minutes each.

Coding and analysis

Responses from the interviews were analyzed from the recordings and coded simultaneously by the two-person research team. As more data was collected, it was coded through consensus of the research team to reflect the patterns that emerged.

Service Provider Review

Interviews were conducted with representatives from 18 service provider organizations in Bukavu, South Kivu. The first interviews were selected by soliciting referrals from HHI's local partner, CAMPS. Snowball sampling was used thereafter to identify other relevant organizations to interview. Results from these investigations were organized into charts for easy reference and mapping of the service-provision network (Annex 1). This information created a backdrop for the development of the recommendations by highlighting the common priorities, practices, gaps, and challenges shared by the service providers.

Phase Two: Survey

Survey Development

Two quantitative surveys – one for female survivors of sexual violence and one for their male relatives – were generated in collaboration with local NGO staff, medical professionals, and international and national SGBV service providers. The survivors' and male relatives' surveys addressed the same topics to allow for comparison between the survey instruments. The survivors' survey, however, asked additional questions about the women's experiences with sexual violence.

Questionnaire Module	Inclusion in Survey
Demographics	Women and Men
Livelihood and Wealth	Women and Men
Experiences with the War	Women and Men
Experiences with Sexual Violence	Women only
Experience with Rejection	Women and Men
Marriage and Family Dynamics	Women and Men
Attitudes about Sexual Violence and Stigma	Women and Men
Services	Women and Men

Services Women and Men

Since very little has been previously published on this topic, survey questions were largely generated de novo rather than using existing scales. Profes-

sional translators translated and back translated the survey into Swahili; four local women then reviewed it for comprehension and cultural relevance and acceptance. The survey was first tested by undertaking ten cognitive interviews on the survey instrument (five on the men's survey and five on the women's). The first twenty surveys were considered pilot surveys. After administering these, the research team reconvened to make any edits or changes. Since these changes were minimal, the first twenty surveys were included in the analysis.

The main outcome measure for this study is rejection – a variable created by synthesizing survivors' reports of either being forced to leave their own homes, or being abandoned by a relative as a result of the rape. If a woman answered 'yes' to having experienced either of these outcomes, she was coded as having experienced rejection in the dataset. Similarly, in the men's surveys, a man was coded as having rejected a female relative if he either reported that she left the house in response to pressure from the family, or if he left the household as a result of the rape.

Recruitment

A research team of psychosocial counselors from CAMPS, trained in research ethics and methods, carried out administration of the survey. From February 2011 until July 2011, women of 18 years of age or older seeking services for any reason to three sites with sexual violence programs were included in the study. Women were recruited from psychosocial service sites rather than by household surveying due to ethical considerations. Among these considerations, it was important to ensure that women had already received psychological services, were linked with a service providing organizations, and had access through CAMPS to further referrals for services. A sub-set of women who took the survey then consented to refer a male relative of 18 years of age or older to also take the survey. Using the information provided by the women (description of place of residence or phone number), a psychosocial counselor contacted the male relative to assess whether he would be interested in participating in the study.

Territory	Field sites
Kabare	Kabamba Kavumu Katana Kabare Center
Walungu	Budodo Bwahungu Mushinga Muzinzi Walungu Center
Kalehe	Bunyakiri Buziralo Ihusi Nyabibwe Minova
Uvira	Sange Kasenga Nyamianda Kiyaya Luvungi Mulongwe Runingu
Bukavu	Provincial capital, no sub-sites

This survey was conducted in Bukavu, the capital of South Kivu Province, and in four of the eight territories of South Kivu. CAMPS has a number of field offices in each territory where the survey was administered. The list of survey sites is provided below.

Data Analysis

Data was entered into an excel database (Microsoft Excel 2011; Version 14.0.0) and quality checks were performed to ensure accurate data entry from paper to electronic format. Statistical analyses were performed using STATA (Statistical Software: Release 12.0. College Station, TX: Stata Corporation).

I. Triangulating Issues Around Stigma and Rejection: Qualitative Research

This section will outline findings from qualitative methods used to triangulate some of the most important issues surrounding the social sequelae of sexual violence on survivors, families, and communities. An HHI research project immediately preceding this work examined women's experiences with stigma and rejection through a series of focus groups.¹ To further explore this issue from other perspectives, HHI used the first phase of qualitative work to bolster the women's data. This was done by conducting focus groups with men who had a female relative that survived violence; key informant interviews; and a review of services for survivors. The results of the focus groups and key informant interviews are presented here. The review of service provision will be used to inform the conclusions and recommendations for policy and programming.

Qualitative Results: Factors Driving Rejection and Acceptance

This section explores the factors that men identified as the most salient influences on their decision to reject a female relative who was a victim of sexual violence. While men noted that some factors might have more weight than others on their decisions, the range of answers men provided indicates that no single factor on its own fully explains rejection. Accordingly, no intervention targeting a single issue described here can effectively address or prevent rejection. Different men perceived different issues to be more important than others, indicating the variable nature of these factors across individuals. From focus group discussions, however, three issues consistently emerged as principal reasons for rejection: a fear of STIs, social stigma directed at the husbands of survivors, and an un-

Table 2: Research Instruments for Phase One

INSTRUMENT DESCRIPTION	PURPOSE OF INSTRUMENT
Men's Focus Groups Conducted Jan. 10–17, 2011 <ul style="list-style-type: none">Eight focus group discussions with men from local communities in three localities	<ul style="list-style-type: none">Collect first-hand information on men's attitudes and opinions towards sexual violence and rejectionInform design of survey questions
Key Informant Interviews Conducted Dec. 16, 2010–Jan. 16, 2011 <ul style="list-style-type: none">Eight one-on-one, in-depth interviews with psychosocial experts from four service providers	<ul style="list-style-type: none">Gather practitioners' perspectives on rejection and factors that influence men's decision-makingInform design of focus group questionnaire and survey questionsGain understanding of interventions for the prevention of rejection
Service Provider Review Conducted Dec. 21, 2010–Jan. 18, 2011 <ul style="list-style-type: none">18 one-on-one interviews with representatives from 18 organizations providing services related to sexual violence	<ul style="list-style-type: none">Map the network of service provision in BukavuUnderstand types of services available to survivors and their familiesIdentify challenges, gaps, and effective innovations in services related to rejection and stigmatization

derstanding of marriage and fidelity that is incompatible with rape.

The findings below come primarily from focus group data. Where relevant, the analysis draws from existing scholarship on war, sexual violence, and in-depth interviews with key informants to provide interpretation, context, or draw connections.

Fear of Sexually Transmitted Infection

“If my wife has been raped, I will be scared to sleep with her; I will be scared to death.”

~ Focus group participant, Kalehe

Men frequently described their fear that survivors of rape are infected with STIs—indeed, there seemed to be

a perception that STIs were almost an inevitable consequence of rape. They noted that acceptance of a survivor into the home would lead to their own infection and subsequent death.

Respondents across all men’s focus groups identified the fear of disease, infection, or ‘contamination’ as reasons influencing the rejection of survivors. As one participant explained, “If I keep her, I run the risk of being infected if she was raped by sick rapists. That is why one repudiates her.”²³ Another explained how the prospect of contracting a disease caused a real and immediate fear, contributing to the decision to reject a survivor: “Her husband does not easily accept to live with this woman because she has been raped – from fear. Fear she has HIV, or other opportunistic diseases like AIDS.”²⁴ Men described this fear as so pressing that, for most, rejection presents itself as the only option. As one focus group participant said: “If a girl or woman has HIV, then there is no way to accept her.”²⁵

This fear appears to be informed by several prevailing beliefs and perceptions among men regarding rape and infection. Many men believed that per-

petrators of rape carry STIs and that survivors are likely to be infected as a result of the attack. Some men further accounted for this probability of infection by drawing on the belief that perpetrators have the explicit intention of infecting women and their families with disease. Finally, respondents expressed the belief that accepting a survivor will inevitably lead to a man’s own death as a result of disease.

Rape and risk of infection: Soldiers and intent

Participants from across all focus groups drew a direct link between rape and STIs, particularly AIDS. Many expressed the opinion that survivors were highly likely to have contracted HIV because they believed perpetrators were not only more likely to carry the disease but also harbored the specific intent to infect women and their husbands. “Those who rape have the purpose of transmitting disease,”²⁶ as one man said. Another framed the intent to infect as an attempt to kill: “Sexual violence is a serious issue, how? Whoever started it wants to kill us all.”²⁷ One man described how Rwandan militias—widely perceived to be perpetrators of militarized rape²⁸—were directly responsible for introducing disease into their communities. “We have been affected because of the Rwandan occupation, the Rwandans brought in lots of diseases including AIDS.”²⁹

Perception of infection and death as inevitable

The fear of sexually transmitted infection, especially HIV/AIDS, and the threat it poses to their survival plays a particularly large role in men’s decisions to reject. Citing their perceptions of how militarized rape carries both an intended threat, as well as a real risk of infection, men reported that

23 Kalehe focus group 2.

24 Kabare focus group 2.

25 Kabare focus group 1.

26 Ibid.

27 Ibid.

28 See Pratt and Werchick, “Sexual Terrorism: Rape as a Weapon of War,” 9-10 for discussion of how Rwandan or ‘interahamwe’ is a designation sometimes used to denote any armed person emerging from the bush.

29 Kabare focus group 1.

the fear of STI influences their decision to reject survivors.

Infection is perceived as inevitable because sex is a central component of marriage, and not engaging in intercourse is not possible in the context of marriage. For example, as one man said: “That is the challenge—to abstain from sexual intercourse while having your wife near you in the same bed.”³⁰ Ways to test, treat, or prevent infection were not mentioned in any focus group discussions. Suggesting that greater awareness of way to test for and treat STIs, especially HIV/AIDS could be a powerful intervention that addressed not only health needs but women’s ability to

Not only did men express the belief that infection is inevitable, they equated infection with death, explaining that deciding to stay with a survivor amounted to either living in constant fear or resigning themselves to die:

One thing that is hard to take out of your mind is the threat of communicable diseases that might have affected your wife during rape. Then, you have to decide whether you are ready to die with her....From now on, you fear both your death and hers all the time.³¹

We have agreed to live with them. For those with AIDS, we are also affected by the disease. Life will go on and we will die together. It is done. We are living with them, and we will die with them. That is the end of the story.³²

As one focus group participant concluded, when a man accepts a survivor, “he decides that if there is disease, then both will have to die together.”³³

Stigma against Men

Men noted that if someone rapes their wife, the husband will also become a direct target of stigma and shame, creating pressure that can influence him

“After rape, one loses self-esteem and respect.... Folks are laughing at you. That is when one lives in isolation and loneliness.”

~ Focus group participant, Kalehe

to reject a woman after rape. Current scholarship and programming concerning the relationship between stigma and rejection of survivors seems to rest largely on the assumption that the stigma directed at the survivor makes her undesirable to her husband, who then rejects her.³⁴

Although participants in our focus groups and key informants indicated that the stigmatization of women does exert pressure on men to reject, they identified the stigma targeted directly at a man as the more salient influence on his decision to reject a survivor. This finding emerged from the first and second round of focus groups and was described by both women and men.

Stigmatization and shaming directed at male relatives of survivors were mentioned as important factors contributing to rejection behavior in men. In two of the pre-survey men’s focus groups, participants indicated that a man’s fear of being personally stigmatized and rejected by his peers was the single most important influence in his decision to reject his wife, noting that this stigma against men is manifested in several ways. Some focus group respondents described how communities isolate men whose wives have been raped. When asked how the community reacts to such men, one participant stated, “People stay away from them, and don’t want to start a conversation with them.”³⁵ Respondents also reported that communities publicly ridicule husbands of survivors through mockery and gossip. A woman from Uvira said, “It is also an act of pride to reject a rape victim because

30 Ibid.

31 Kalehe focus group 2.

32 Kalehe focus group 3.

33 Kalehe focus group 1.

34 For an example of this understanding of stigma and rejection, see RFDA and RFDP, “Women’s Bodies as a Battleground,” 42.

35 Kalehe focus group 3.

it signifies that one has humiliated the whole family and for a man who keeps a victim of sexual violence he becomes a subject of mockery in the community and finally he says it is better to send her back to finally free myself from this shame.”

Men and women across all focus groups indicated that the community will no longer respect the opinions of the husband of a rape survivor, labeling him a “useless person,” “not a real man,” “not normal,” and, in some cases, challenging his Congolese identity and associating him with the Interahamwe or Forces démocratiques de libération du Rwanda (FDLR).³⁶ For instance, a woman from Kabamba said:

There is a church at Kalambo where all the victims of sexual violence are rejected. The husband who is part of this church, when he goes there one tells him that ‘If you continue to be with the woman who was taken by the Rwandans and who became Rwandan Hutu at the same time (in becoming their woman), we will exclude you also and no longer be a part of the church.’ The husband also sees that he cannot...remain in the church. He will seek a healthy woman.

Interviews with key informants support the testimonies of focus group participants regarding stigma. Key informants clearly distinguished a man’s shame resulting from the stigmatization of his wife as different from the humiliation he feels because his own social worth within the community is challenged. They noted that the latter is an important driver of rejection for the men with whom they work. Some informants also mentioned common cases where husbands of survivors chose to leave their wives and homes. This seems to indicate that the source of shame for men does not derive solely from the stigma against his wife, otherwise rejection of the survivor alone would free him of the stigmatization.

36 Respondents explained that some community members use this label against men whose wives have been raped by rebels and who have thus “shared a woman” with the Interahamwe, an extraordinary insult in areas ravaged by violence attributed to these Rwandan militias.

Pressure from friends and family and community

Focus group participants and key informants described how the rape of a man’s wife discredits his masculinity in the community’s eyes and diminishes his social status. As one focus group respondent stated: “The man is at a loss because people in the community doubt his power. He failed his responsibility as a man.”³⁷ Several key informants reported that husbands of survivors are sometimes described by communities as being “not like other men,” resulting in shame and loss of self-esteem. Some focus group respondents also related stigma against men with a community’s fear of HIV infection. Focus group participants indicated that people in the community often assume that the man is infected and single him out as a “walking dead man.”

Beyond the pressure created by community stigmatization, the opinion of a man’s closer relations, such as his family and friends, can have a strong influence over his decision to reject. Our findings show that the pressure these individuals choose to exert can play a key role in the way men respond to the rape of their wives. Focus group respondents described how family and friends can influence men by shaming them, threatening to exclude them, or cutting off social ties. Several respondents cited examples of how a man may choose to reject his wife out of fear that his family and friends would also reject him. Much like community stigma can pressure a man to reject his wife, the threat of isolation from these affinity groups appears to have a particularly strong influence on a man’s rejection decision. Elucidating this difficult choice, one respondent stated, “When you sit down and think about being dumped by your family because of your wife, you decide to leave your wife and keep the family ties intact.”³⁸

Although some scholars have recognized that men feel personally shamed by the rape of their wives,³⁹

37 Kabare focus group 1.

38 Kalehe focus group 3.

39 Kelly et al, “Comparing Attitudes”; RFDA and RFDP, “Women’s Bodies as a Battleground,” 27.

Table 3: Factors influencing Men's Decisions to Reject

FACTORS PROMOTING REJECTION	FACTORS PROMOTING ACCEPTANCE
<p>Positive reaction from some community members towards a man who rejects</p> <p>Q: "How does the community perceive a man who rejects a woman who has been raped?"</p> <p>A: "They say 'this is a real man'."</p> <p>– Kabare focus group 1</p>	<p>Negative reaction from some community members towards the man</p> <p>Q: "How does the community perceive a man who rejects a woman who has been raped?"</p> <p>A: "Your reputation is tarnished in the whole town because people can only say negative things about you."</p> <p>– Kalehe focus group 1</p> <p>Negative emotional effects</p> <p>"After [a man] rejects his wife, he can regret it. My wife who is gone, my god! This devil who raped her, who made it so that I'm no longer with her! You will be unstable within."</p> <p>– Kabare focus group 2</p> <p>Difficulty running the household</p> <p>Q: "When a man rejects a woman who has been raped, how does this affect him?"</p> <p>A: "He worries about how he will be able to support his children and family alone."</p> <p>– Katana focus group 1</p>

there has been little research on how these mechanisms lead a man to reject his wife. It remains a common and widely accepted perception that men reject their wives because of the shaming and stigmatization of the survivors. Although it is clear that survivors do suffer stigmatization and rejection by their communities, it is less acknowledged that men also experience very personal shaming and stigma targeted towards them as husbands of survivors. Our findings show that fear of isolation and shame stemming from this stigma directed at men is a salient factor in men's decision-making around the rejection of survivors.

Definitions of Marriage

"A woman belongs to just one man. This is our custom."

– Focus group participant, Kalehe

Rape challenges men's understanding of marriage and fidelity in a way that influences them to reject survivors of sexual violence.

In five out of eight focus groups, respondents identified the way sexual violence contradicts their understanding of marriage as a factor that influences men to reject. Men across the focus groups consistently described marriage as a relationship in

which husbands have sole rights to sexual contact with their wives. They described how rape violates this definition and thus leads a man to reject, or to end a marriage they now see as void. As one participant said: "If she has been with another man, I cannot be with her."⁴⁰ Another explained, "What I am saying is one woman can only be married to one man, not two."⁴¹

In some instances, marriage was described as a custom, while in other cases, it was described through use of a clear definition, such as "exclusive sexual contact between a man and his wife." Regardless of whether or not it was expressed as a cultural belief, its reported influence on men's decisions to reject was consistent among respondents. Therefore, regardless of whether the sexual contact violated men's customary beliefs or their very definition of marriage, as one man put it, "sharing a woman with another man is the problem. She is not food to share."⁴²

⁴⁰ Katana focus group 2.

⁴¹ Kalehe focus group 2.

⁴² Ibid.

Marriage, Fidelity and Fault

As described above, for some men, exclusive sexual contact between a man and his wife served as the very definition of marriage. Therefore, sexual contact between a married woman and another man, whether consensual or not, violates this definition and necessarily leads to rejection. For others, however, the notion of fidelity played a more important role, making the question of consent a central factor in their decision to reject. All eight focus groups unanimously stated an understanding of sexual violence as non-consensual. However, many focus group discussions still revealed varying perceptions of whether women were “to blame” for their own rape, speaking to wide differences in opinions of what constitutes fidelity according to men.⁴³ For instance, while men did state that rape was by definition nonconsensual, they still seemed to harbor doubts about to what extent women might be responsible, or to blame, for their own rape. For some men, proof of a woman’s resistance to the rape can convince him of her fidelity and blamelessness, and facilitate acceptance.

For others, nondisclosure of the rape on the part of the survivor is a sign of probable infidelity and can be cause for rejection. Many respondents described how a survivor’s failure to disclose the attack to her husband is a sign of deceit. When men hear about the incident “only by word of mouth on the street,” they doubt her fidelity and become more inclined to reject her. When asked what influences, if any, could cause a man to reject his wife after sexual violence, one participant answered:

The fact that she did not inform the husband about the rape right away. The man gets informed only by word of mouth on the street. That is the problem because the man feels betrayed and thinks his wife had sex on purpose and hid it. That means she cheated on him. She sent you a message that she doesn’t care about you.⁴⁴

43 Kelly et al, “Comparing Attitudes” 5.

44 Kalehe focus group 1.

Conversely, participants explained that if a husband could be sure of his wife’s commitment to fidelity, he could accept her after rape. As one man said, remembering “how she behaved in our house previously, I will know that she was not a cheater, and keep her with me.”⁴⁵ Similarly, another participant said: “One other thing that can lead [a man] to keep her is the fact that she did not have any cheating behavior.”⁴⁶ Thus, feelings of consent and women being “at fault” for their own rape were foundational in influencing men’s behavior.

While men seemed to fully acknowledge the non-consensual nature of rape, this certainty seemed to be pivotal in their subsequent treatment of the survivor. As one man said:

She did not ask to be raped. They raped her by force... a man can say ‘I am strong. I am affected, but I have affection for her despite everything.’ She is your other half. She didn’t ask to be raped. It was violence. It’s not because of you or because of her.⁴⁷

This theme was repeated in other focus groups, where men identified how understanding that the attack was “not her fault” could facilitate acceptance.

Question: Are there things that can influence a man to accept his wife after sexual violence?

Answer: If he knows it’s not her fault.⁴⁸

As another participant said, “The victim was tied up, and everything else happened, how could you repudiate her?”⁴⁹ For another, when asked to identify if there were any factors that could encourage a man to accept a survivor, he answered: “First, she is forced into the drama. It was not her intention.”⁵⁰

45 Ibid.

46 Ibid.

47 Kabare focus group 2.

48 Katana focus group 1.

49 Kalehe focus group 2.

50 Kalehe focus group 1.

Another asserted: “Only an idiot husband tells her, ‘get out of my face because I don’t understand what you have done to me,’ even though the wife is telling him that the act was unintentional.”⁵¹

For some men, rejection was driven by an understanding of marriage that does not accommodate sexual contact between his wife and anyone other than her husband, irrespective of whether consent was given. For these men, rape violates their definition of marriage and acceptance is not possible. For others, realizing that the sexual violence is nonconsensual and not an indication of infidelity can influence them to not reject a survivor.

Women’s Worth in Reproductive Capacity

Some focus groups respondents, particularly in the post-survey focus groups, said that a woman’s ability to fulfill her role as a functioning member of society was pivotal in influencing people reactions to her after rape. Feminine value was largely linked to a woman’s ability to fulfill her responsibilities to her family and maintain her family’s honor through her reproductive exclusivity. Women who are unable to fulfill their marital obligations to their husbands – because of physical ailments resulting from rape, infertility due to rape, or because they pose a threat (either real or perceived) of transmitting STIs, like HIV– were seen as having lost much of their worth.

Some focus group respondents said survivors were viewed as being the “wives” of their rapists. A man from Katana said, “As head of the family, I have two daughters who were taken by the Interahamwe and brought into the bush. And the boys to whom they were betrothed refused to continue the relationship with them in saying that those who became women/wives of the Interahamwe can no longer be our wives. They were pirated. Now, there is one of my daughters who thinks of committing suicide as a result of being swept away into the bush by the Interahamwe, these combatants of the FDLR.” Women from Kabamba said that the church in their community will urge a man to re-

ject his wife because she has “become” a Rwandan or Hutu. These two ideas – being the wife of and acquiring the identity of whomever a woman has intercourse with – suggest that a woman’s status is defined, wholly or largely, by her relationship to a man.

Other Influences for Rejection

Economic Factors

The economic situation of a household can have a significant impact on how survivors are treated after rape. Men from the locality of Katana in

“You reject her because you don’t have enough money to get medical care for her.”

~ Focus group participant, Katana

particular identified economic instability as one of the most salient reasons for rejecting survivors. When asked about factors that influence men to reject, respondents replied that men reject survivors because they lack the means to care for them. Considering the already impoverished state of households in their communities, one man explained that “you add the new needs and expenses due to disease from rape, and the man cannot afford this so he rejects the woman.”⁵²

The highly violent and militarized sexual violence in DRC means that the act of rape is commonly associated with other atrocities, including the murder of a family member, theft, pillaging, torture, beating, and burning of houses. In five of the eight focus groups, men described how rape is often accompanied by other forms of violence that result in catastrophic economic losses. Given that communities in remote rural areas are both more vulnerable to such attacks and more economically unstable, the combination of lost livelihood, a survivor’s potentially diminished economic contribution, and the added expenses of medical treatment can mean that members of a family decide to exclude the member that is a drain on the household.

51 Ibid.

52 Katana focus group 1.

While there is little precise data regarding what percentage of rapes are accompanied by other forms of pillage and violence, it is known that the militarized rape closely associated with these other forms of violence is by far the most common form of rape; 83% of 255 survivors surveyed by an HHI study reported having experienced rape by a uniformed perpetrator.⁵³

Respondents in the second round of focus groups noted that a survivor's impact on the financial health of the family could be the most important determining factor in terms of whether a survivor is rejected or abandoned. Both male and female focus group respondents said female survivors from poor families were viewed as financial burdens on already desperate households, pushing them sometimes further into poverty; this largely resulted in the rejection of the survivor.

One of the concerns for extremely poor families, according to some men from Katana and women from Uvira and Kabamba, was the cost associated with accessing medical care to address rape-related ailments. A woman from Uvira said that a survivor's husband would be told by his peers that, "It is not possible that a women raped by four or five men will have her health restored. She must have had illnesses and they [the family] will spend lots of money and it is not certain that she will recover and thus guarding a woman can be a source of the poverty problem in the family." A man from Katana said, "The reason that a man chases away his wife is the lack of financial resources, because once this happens to the woman and one cannot have the financial means to care for her and people advise the man to send away the raped woman because he cannot support the cost of medical care. The man will eventually reject her...."

To compound the issue of financial burden, both male and female focus group participants noted that survivors are sometimes unable to work due to the resulting health issues. One man from Katana said, "It is the women who bring in more money

at home, because if she does not go out, one has difficulties living. These days it is women [rather than men] who are doing better by running by here and by there. As is my case, since my wife had this problem, she never leaves the house and survival has become difficult." One woman from Uvira said, "Two years ago, I was so affected that I had lost a considerable amount of weight that I could be the prey even of a mosquito; different sorts of maladies developed in my body in response to concerns that I was having, I asked myself if I was still a human being or not, it became difficult to leave my house."

Respondents noted that the inability to work was due to both physical and psychological problems. Some men and women, though not many, discussed how the emotional trauma survivors experienced from stigmatizing community members meant they no longer contributed towards the household income. One man from Katana said:

My wife was raped by the Interahamwe, since she has not been well with other women, these other women no longer want her near them, if she sits on a chair, they will chase her saying that they do not want to be contaminated by the chair, she could only lock herself at home and that is how she lives. The plot of land that we had, I sold it to care for her problems of the lower abdomen about which she is always complaining and she has not conceived since. We left the place where we lived to move elsewhere and there also, we were driven out by lack of rent payment and we are homeless and I sometimes wonder if I should kill myself or allow my wife to be killed.

Expulsion from Public Life

Respondents explained that sometimes stigma and fear of stigma caused survivors of violence to isolate themselves entirely from public life and public spaces – such as churches and markets. Both male and female focus group participants described how survivors would often stop attending social

53 Harvard Humanitarian Initiative, "Characterizing Sexual Violence," 16.

activities entirely, including economic activities that bring them into public spaces. Respondents in both the first and second round of the focus groups described how women stop going to sell goods at market or going to farm their fields in order to avoid being ridiculed by others in public spaces.

As a center of communal life, exclusion from church can mean that women are effectively socially isolated. A woman from Uvira noted how stigma resulted in her isolation from both church and school:

I walked into the church, and it happened that someone from our church was aware of the problem that had happened to me and spread the news... so that each time I entered into the church, I was pointed out. People did not stop talking about me to such a point that it became unbearable and embarrassing. Then the person reported the facts to the prefect of our school. This gave me so much pain that I didn't want to go to school.

A man from Sange said, "Because of the shame, the raped women can no longer go to the fields or farm because they bear the stigma, this is to say the mark of dishonor of the rape." A woman from Uvira said, "[I am] no longer able to collaborate with others or even go out in public like going to the market with others, resulting from the fact that one is ashamed, one fears the looks of people. [There is] finger pointing alleging that this, that, or that the other thing has happened. At the church, you become the hot topic, even at the market we are afraid to go there, a woman lacks peace and ends up shutting herself off."

Men's descriptions of their own trauma

"No matter what you do, the pain won't dissipate."

~ Focus group participant, Kalehe

Men described how their own trauma caused by their wives' rape plays a role in rejection. Respondents from across all focus group sites consistently described how rape perpetrated against their wives has negative emotional and

psychological effects on them. These emotional consequences ranged between anger, hostility, sadness, fear, and pain. A few respondents identified this emotional distress as a factor driving rejection. One man said, "The husband leaves for a new partner because he does not want to go back to the same wife where he feels pain."⁵⁴

While these descriptions of emotional distress were not frequently cited in focus groups as direct reasons for the rejection of survivors, all groups described varying degrees of emotional and psychological distress among men that they attributed to the rape of their wives. Furthermore, several focus groups mentioned symptoms of trauma, such as persistent and unwanted memories of the rape, constant fear, and depression. Respondents, however, did not always make direct connections between these experiences and a man's decision to reject.

During in-depth interviews, several psychosocial workers at NGOs suggested that sexual violence perpetrated against women can cause their husbands to experience trauma, whether from witnessing the attack, or from suffering direct physical assault and other forms of violence that typically accompany militarized rape. In addition, when asked to provide expert opinions on the most influential factors leading to the rejection of survivors, several key informants cited men's trauma resulting from the rape of their wives.

Public Rape

The conflict in DRC has been characterized by highly brutal and public forms of rape. In a retrospective Bartels et al report that 57% of women seeking care at Panzi Hospital in South Kivu reported that they were attacked in their own homes,

"The men are traumatized. You will cry inside. There is a need for a mechanism to detraumatize men after rape [of their relative]."

~ Focus group participant, Kabare

54 Kalehe focus group 3.

“When family members have witnessed the rape of their daughters, ... This act is equated to a deadly attack, an ordeal that solicits compassion in the family, even if it is for a raped woman.”

~ Focus group participant, Bukavu

often while sleeping with their families.⁵⁵ The fact that family members may be forced to witness and participate in acts of sexual violence is important to consider when thinking of trauma related to rape and subsequent family dynamics.

Rape in front of others was discussed primarily in the second round of focus groups. Respondents described the complexity of this issue. Some respondents said that having people see the brutality of the attack highlighted the fact that rape is violence and clearly against a woman's will. In this case, respondents noted that people were more likely to recognize that these attacks were clearly not a woman's fault – thus promoting acceptance. In other cases, respondents said that public rape simply meant that the news of their “shame” spread more quickly.

In some cases, rape in the presence of one's family was felt as a collective attack, which resulted in a shame felt by the entire group. A man from Sange said, “A rape committed against a woman or girl in the presence of other family members is not perceived in the same way as rape without their knowledge. When this is done before members of the family, it affects everyone a lot, we seek to know more about how this happened. Whereas rape committed against a woman/girl in secret, we do not care to find out how it happened or how to prevent it.” A man from Katana said, “The family can watch the rape of their daughter or mother and this may push them to say that it should not be known outside because it is shameful for the whole family if it were to be divulged.” A woman from Bukavu said, “When family members have witnessed the rape of their daughters, one is of-

ten preoccupied about it. This act is equated to a deadly attack, an ordeal that solicits compassion in the family, even if it is for a raped woman.”

This was not, however, a universal response. Some female respondents said that family members who witnessed the attack would be the first to gossip about them to the community and stigmatize them within their home.

Children Born of Rape

“...It isn't as easy since the husband accepting the child knows that he is not his.”

Respondents noted that children born of rape can exacerbate stigmatization of survivors. In focus groups conducted after the survey, respondents noted that having children as a result of rape can serve as reminders that the woman had sex outside of her marriage, which some view as diminishing her value as a wife and, more generally, as a woman. Respondents said these children are often described as “being without a father” – which captures concepts of being without a place in the traditional family structure.

The concept of “being without a father” captures both the fact that the survivor's rapist is usually unknown and that there is no caretaker present in the child's life to provide support. A female discussant from Uvira said, “At birth the child will be without a father because the mother may have been raped by many men, it isn't as easy since the husband accepting the child knows that he is not his.”

Respondents also noted facing a particularly difficult dynamic: that women are accused of bringing into this world a “replica” of the rapist. Children born of rape are often assumed, from birth, to have the bad qualities of their fathers. Community and family members describe the woman as now associated with or becoming part of the group that raped her. A woman from Kabamba said, “A victim of violence known to be pregnant by the rape, her family and the family-in-law rejects her because one says that she will give birth to one of the enemies; that prevents the country from being at peace. And one does not know where to go, one

55 Bartels S, VanRooyen M, Leaning J, Scott J, Kelly J. (2010). “*Now, The World Is Without Me*”: An Investigation of Sexual Violence in Eastern Democratic Republic of Congo. Harvard Humanitarian Initiative and Oxfam International

cannot kill the fetus, one can only wonder and include it among other children who are also hoping to get help.”

PATHWAYS TO ACCEPTANCE

In addition to the explanations offered as to why men reject their wives, this research also captures several factors that men identified as influential in the decision to accept survivors. Focus groups and key informants consistently identified love and affection, the presence of children in the home, and the intervention of family and friends as factors that encourage acceptance.

It is important to note, however, that factors that influence men to accept survivors, may not necessarily lead to a complete reintegration of the survivor into the home. Many models foster acceptance through mechanisms of pressure or persuasion, without addressing the underlying reasons that influence men to reject survivors. Therefore, despite a nominal form of acceptance, the family relations can still be deeply and negatively altered. For instance, husbands noted that their households, even after acceptance, felt unstable and that marriage had “deteriorated.” The changes in the household after acceptance will be further explored in the quantitative section.

Love and Affection

“As I was in deep love with her, my decision came easily to keep her.”

~ Focus group participant,
Kalehe

When asked what could influence a man to accept his wife after rape, male respondents in the majority of pre-survey focus groups stated that love and feelings of affection towards their wives make men more likely to accept their wives. As one man responded, “First of all, this is due to affection. There is a certain affection for her.... I am afflicted, but I have affection for her despite everything.”⁵⁶

Nevertheless, these same men consistently reported that acceptance after rape does not return the household or the marriage to their previous states.

Many described persisting negative emotions, and how a man can continue to experience “heartache” at the recollection of the rape. In fact, some respondents noted that these negative emotional effects can be so strong that they sometimes overpower the love a man has for his wife. Explaining what could influence a man to reject his wife after rape, one man stated: “Because he has bad thoughts. Even if you logically want to stay with her, bad thoughts make it so that you don’t want to be with her.”⁵⁷

“Even if you love your wife, if you see her be raped, the love vanishes.”

~ Focus group participant,
Katana

The findings relating to the effect that love and affection can have on a man’s decision to accept his wife are unclear. What is apparent, however, is that even men who say that feelings of affection can encourage acceptance note that the negative emotional effects of rape persist under these circumstances.

Women’s Economic Contributions to the Household

Just as being a “drain” on family resources can mean a survivor is expelled from the home, contributing to the collective income is a powerful motivation for acceptance. Respondents in post-survey focus groups said that if a survivor provides a source of income within the home, most other issues that might promote rejection become moot. Families can seldom afford to lose a source of livelihood.

One discussant said that she was initially rejected by her husband, but later accepted back in to their home because she received financial support from an NGO. Being able to contribute to her own living costs as well as the needs of her family reinforced her worth because she was able to fulfill the most basic needs of the home. A woman from Uvira said:

The survivor of sexual violence, if she has money, this money means that she will have consideration in the family

56 Kabare focus group 2.

57 Katana focus group 2.

even if one doesn't like her [because of the rape]. Once she has financial means, she will be accepted because one will see that she can take care for herself, providing for the needs of her children. She has an activity that earns, then she will be covered and marginalization towards her will cease.... The family of the husband will no longer be able to reject her because they will realize that she is a woman with worth.

Another woman from Uvira said:

This means of the woman may ensure that her husband is understanding (tolerant) towards her, because he can say that my wife, although she was a victim and suffering physically, she continues to earn income for the survival of the family so she always addresses the concerns of the family, she is useful for the family. And this can mean that she will not be repudiated because one sees her importance and her husband forgives her for all that has happened and accepts it.

Respondents gave conflicting narratives of how community members reacted to survivors who earned money. In some cases, respondents said that a community would council the family to keep a woman in the home, noting that by accepting her the family would profit from her earnings. A man from Sange said, "To the husband of the raped woman, several community members will come and tell him to profit from the income generated by the wife. And thus the wealth or money of the raped woman becomes her protection at home."

In other cases, people said that the community had very negative reactions to a survivor and to anyone who associated with her. In these instances, people noted that the financial incentive of accepting the survivor would make it worth experiencing the negative community reactions. Another man from Sange said:

When a woman has managed to generate money or wealth, we have a tendency to accept her despite the rape because

of her means, this is to say that we close our eyes on the criticism, especially the disgraces that friends and entourage issue in terms of arguing for the rejection. Here the husband or family who had the intention of rejecting the raped woman finds themselves seduced by wealth or money of the victim.

Children in the Home

Gender norms regarding the respective roles that men and women play in households— particularly regarding women as mothers and caretakers – influence men's decisions about how to treat survivors. For instance, the presence of children in the household is a factor that can encourage a man to accept a survivor.

In all of the preliminary focus group discussions with men, respondents stated that if a couple has children, a man is less inclined to reject his wife.

Men stated that if a husband were to reject his wife, his children would be at risk of not being cared for properly, because, as one respondent put it, "A man cannot care for the children and the house like his wife can."⁵⁸ Respondents agreed that a man's concern regarding his ability to care for children without his wife

could influence him to accept her. It is unclear to what extent this pressure to accept survivors stems from a man's belief that caring for children is incompatible with his gender role, or from his concern for wellbeing of the children.

"A man worries about who will educate and care for his children without the woman, so he does not reject her."

~ Focus group participant, Kabare

"[Y]our wife has been raped. ... Get rid of her and get another woman. But you can keep her aside and keep helping her because she has helped you to give birth to your children. Look for someone suitable for you now. The previous one will still be in the picture, but the new one is the one to sleep with."

~ Focus group participant, Kalehe

58 Katana focus group 3.

Although the presence of children in the home may make men less likely to reject their wives, there are indications that survivors accepted under these circumstances may be less likely to experience full reintegration back into married life. In particular, respondents stated that if a man accepts a woman solely on the basis of her role as a mother, he may no longer consider her an appropriate sexual partner and, thus, relegate her to the role of caretaker for the children. As one respondent explained: “The husband is destabilized too because he is uncertain between keeping his first wife to take care of his children, or marrying a new partner for his sexual desire.”⁵⁹ This suggests that even though a man may allow his wife to stay in the home due to her role as a mother, a man’s concerns regarding her rape are still salient and could result in her de-facto rejection from her role as a wife and sexual partner.

Pressure from People of Influence

“It is probable that he has gotten strength from counseling and advice from people who encourage him to keep his wife.”

~ Focus group participant, Kalehe

Compared to the people who exert influence on a man to reject, focus group participants identified far fewer individuals who influence men to accept their wives. In one group, men responded with skepticism and laughter when asked whether there are people who influence men to accept, and answered

that “less than one percent” of community members would encourage acceptance. Nevertheless, respondents did identify some individuals who might take on this role.

Just as people within a man’s circle of friends and family can pressure him to reject his wife, respondents indicated that they could also provide men with “good advice” and encouragement to accept their wives. One respondent even noted that survivors use these people of influence to persuade their husbands not to reject them: “His wife will go to [his neighbors and his brothers] and ask them to

convince her husband not to reject her.”⁶⁰

Participants in five of the eight focus groups also indicated that church groups, religious leaders, or *sensibilizateurs* (counselors and mobilizers from service providing organizations) can encourage men to accept survivors after rape.⁶¹ Key informants echoed this sentiment; some even indicated that in order for a husband and wife who have been separated to reconcile, mediation and interventions by psychosocial agents was required. While there is an obvious potential bias with some key informants’ on the efficacy of their own interventions, they acknowledged that even when men accepted their wives, the marriage often remained unstable. In identifying factors that could influence a man to accept his wife after rape, one respondent elucidated this tension:

[C]ounseling regarding reconciling, teaching regarding diseases, and comforting us, reminding us to be mindful of children and asking us to be supportive of our wives and to live together as a family with our children. That has helped bring us together but deep inside, pain is still there.⁶²

Religion

Religion, both religious leadership and individual religious beliefs were also listed as a major influencing factor when husbands were considering how to treat their wives who had been raped. While some listed specific churches that strictly argue for the stigmatization of a survivor, most said that religion was an encourager of the acceptance for survivors.

“Religion can influence rejection.”

~ Focus group participant, Bukavu

Often, focus group respondents talked about forgiveness after rape, implying the survivor did something wrong. A woman from Uvira said,

60 Katana focus group 2.

61 Participants for five focus groups were recruited from the networks of service providers and had exposure to such interventions. These were, however, not the same five groups that cited sensibilizateurs as individuals of influence.

62 Kalehe focus group 3.

59 Kalehe focus group 3.

“With regard to the scripture (Bible) where it is said that there is no sin that will make man and the wife separated except for sexual immorality, however, these same writings say we should forgive and if one has the heart that knows how to forgive, one must forgive. It is not a mistake to forgive what was done to his wife victim of sexual violence.” A woman from Bukavu said, “If the man is Christian, he can wait and tolerate his wife because one considers that the act was involuntary.” A woman from Bukavu said, “Religion can influence rejection. Protestant, Catholic, Muslim reject raped women and girls. Certain religions can tolerate raped women and provide advice for the reconciliation and cohabitation of couples in discord. It all depends from the start on the good behavior of the married woman before the rape. The Holy Sacrament in the church can give her the chance to not be rejected.”

A man from Katana said, “The clarification that we have about raped women is that it is the churches who help in the advice that they give to raped women, giving them comfort and encourage them to not leave their home and to not think that it is the end of the world because of what happened to them, also we see the church building houses for raped women.” In contrast, a woman from Uvira said, “I do not see the difference in religions, because whether it is the Catholics, Protestants, or Muslims, once there is a victim of sexual violence, the reaction is to advise the man to abandon her.”

Incomplete Acceptance

“Although you did not repudiate your wife, your heart is twisted.”

~ Focus group participant, Kalehe

These findings emphasize that the ‘pathways to acceptance’ do not necessarily result in a survivor’s complete reintegration into her household and marriage.

While the factors discussed here can contribute to acceptance, they often do not directly address the root causes of rejection. This can result in tenuous acceptance. When asked how life can change for a survivor and her husband if he chooses not to reject her, participants in both pre and post-survey focus groups described emotional distress and interpersonal tension in the

household and community. Respondents noted that men often continue to have negative feelings, fear (particularly around STIs), and suspicion stemming from the rape. As one man explained, “Although you did not repudiate your wife, your heart is twisted.”⁶³

Acceptance under these circumstances can result in negative consequences for both the survivor and her husband. One respondent explained how a survivor can suffer despite not having been rejected, “Sometimes she will be excluded from normal married life.”⁶⁴ When prompted about how the community reacts to a man who has accepted his wife after rape, respondents indicated that some community members will gossip about him and call him stupid for accepting her.⁶⁵

Additionally, being accepted by one person within the family or allowed to stay with the family at the home does not guarantee acceptance by other family members or the community. A woman from Uvira said, “My brother-in-law demanded that I be expelled, but my husband has a patient heart and he accepted the facts and we are together to this day.” Another woman from Uvira said, “In other families, once a women has been raped, one looks at her and takes her to be very ill, the husband’s brothers or sisters can ask their brother to expel her, but also the people living under the same roof with victims of sexual violence have difficulties living with her or even sharing food with her because she is regarded strangely now.”

In the focus groups conducted after the survey to further discuss issues from the quantitative data, both men and women said that the treatment of survivor might be so poor that she might even choose to leave the house and live on her own. For instance, men from Katana said that a survivor would leave the home and family on her own volition because she would be treated so poorly. One man said:

63 Kalehe focus group 1.

64 Kabare focus group 1.

65 Kalehe focus group 2.

Table 4: Factors influencing Men's Decisions to Accept

FACTORS PROMOTING ACCEPTANCE	FACTORS PROMOTING REJECTION
<p>Positive reaction from some community members towards the man</p> <p>Q: "How does the community perceive a man who has accepted a woman who has been raped?"</p> <p>A: "The community will encourage him."</p> <p>– Katana focus group 2</p>	<p>Negative reaction from some community members towards the man</p> <p>Q: "The community does not agree that you accept to live with a raped woman."</p> <p>– Kabare focus group 2</p> <p>Social marginalization of the man</p> <p>Q: "How does the community perceive a man who has accepted a woman who has been raped?"</p> <p>A: "People will fear him because he has a disease."</p> <p>– Katana focus group 3</p> <p>Negative emotional effects</p> <p>Q: "If a man stays with a woman who has been raped, how can this affect him?"</p> <p>A: "He can keep her, but deep inside he deals with pain."</p> <p>– Kalehe focus group 2</p> <p>Fear of STIs</p> <p>"One thing that is hard to take out of your mind is the threat of diseases that might have affected your wife during rape. Then, you have to decide whether you are ready to die with her."</p> <p>– Kalehe focus group 2</p>
	<p>Negative changes in the marriage</p> <p>Q: "If a man stays with a woman who has been raped, does their relationship change?"</p> <p>A: "He won't have trust in her anymore. Maybe she has a disease. Maybe she is not as strong as she was before."</p> <p>– Katana focus group 2</p>

One can keep her, but the poverty of the family may mean that she (the family) rejects the raped woman, or one can keep her but because of the lack of necessary means, the family cannot meet the needs of the raped woman. The raped woman, herself, leaves the house to search for ways to support herself.

A man from Katana said:

Families who have no means may well keep the raped woman, but will not be able to seek treatment or after the incident she will not find a man to take her in marriage. After staying a longtime in the family, she decides herself to leave to misbehave or prostitute herself, that

which may cause her to die of different diseases because neither she nor the family knew how to manage.

Thus, concepts of acceptance, rejection, and stigma are fluid as described by focus group respondents. Being rejected or abandoned at one point did not preclude a survivor from being accepted at another time. Likewise, being accepted did not mean she was not simultaneously stigmatized at the same time by other family members.

In the next section of the report, we will explore many of these dynamics from a quantitative perspective. In the discussion, the qualitative and quantitative finding will be synthesized to draw out main findings from this work.

II. Assessing the Scope and Characteristics of Stigma and Rejection: Survey Findings and Explanatory Focus Group Results

This section will present the results of the survey of survivors of sexual violence and their male relatives. For this project, 310 women and 191 men were surveyed at five field sites South Kivu Province, eastern DRC. This is not a representative sample of all survivors of sexual violence in eastern DRC. Rather than providing generalizable conclusions, therefore, these results are instead intended to provide insight into the characteristics of the men and women in this sample – particularly their experiences with stigma, rejection and acceptance as well as and social, attitudinal, and economic characteristics.

RESULTS

Demographics

Of the 310 women surveyed, 269 reported experiencing sexual violence. The vast majority of these women reported experiencing conflict-related sexual violence 235 out of the 263 (89.4%) reported that their assailant was an armed combatant. Overall demographic characteristics of female

respondents are presented in Table 1. Overall demographic characteristics of male respondents are presented in Table 2. Women who did and did not report rejection did not significantly differ on any demographic characteristics (Table 3) at the $p < 0.05$ level. While not significant at the $p < 0.05$ level, family income did differ between those who reported rejection (5.78 USD/week) compared to those who did not (6.78 USD/week), as might be expected if women who have been rejected are less likely to enjoy economic support from their family network, or if families with lower income are more likely to reject women after rape. A larger sample size may reveal significant differences between these groups. Table 4 shows baseline demographic characteristics for men by the reports of rejection.

Experiences With The War

Both women and men's responses to this part of the survey highlight the pervasive and highly violent nature of the conflict in DRC. All respondents have experienced significant violence and trauma beyond sexual violence.

Experiences with war-related abuses				
	Women		Men	
	Percent	CI	Percent	CI
Ever displaced	93.5	90.6, 96.3	92.0	
Currently displaced	44.0	38.0, 50.0	24.7	
Abducted by armed men	54.0	48.2, 59.7		
	94.3 days (SD 317 days), Range half day- 6 years		31 days (SD 317 days) Range half day – 3 years	
Home destroyed	68.3	62.9, 73.7	71.3	
Looting	81.2	76.6, 85.7	81.1	
Beaten by armed men	69.8	64.5, 75.2	63.5	

The majority of both men and women reported experiencing displacement and abduction. Of the 291 women who responded to a question regarding displacement, 272 women (93.5%) reported having been displaced as a result of armed violence and 92.0% of men reported displacement. Of the women who had been displaced, 44.0% reported ongoing displacement at the time of the study, as did 24.7% of displaced men.

Roughly half of the women (54.0%) reported being abducted by armed men. For these women, the length of abduction ranged from several hours to six years with an average of 94.3 days (standard deviation 317 days). Roughly half of the men interviewed (52.5%) reported abduction, with an average length of abduction being 31 days (standard deviation 130 days), ranging from half a day to three years.

More than two-thirds of women and men reported that their house was destroyed by armed men. Four out of five women and men reported having goods or harvests stolen or destroyed and roughly two-thirds of both women and men reported being physically beaten by armed men.

Experiences with Sexual Violence

Of the 310 women who participated in the study, 269 (94.7%) reported being forced to have sex with someone or perform a sexual act against their will. For these 269 women, 87.0% of violence was perpetrated by armed men, 5.6% by a friend or acquaintance, 2.2% by a family member, and unknown or other in 5.2% of cases.

One third of women (32.3%) reported having become pregnant or having a child as a result of sexual violence with a 95% CI of 26.6% to 38.0%. Almost two-thirds of women (63.9%) reported having contracted a sexually transmitted infection (STI) as a result of the rape with a 95% CI of 58.0% to 69.7%. More than two-thirds (68.8%) of survivors experienced rape by more than one person during the same attack (95% CI [63.2%, 74.5%]).

The attack was witnessed by members of the family or community in 46.2% of cases (95% CI

[40.1%, 52.3%]) and approximately one in twelve women (8.3%) were forced to perform sexual acts with their husband or other family members during the attack (95% CI [5.0%, 11.7%]).

Among survivors of sexual violence, 86.0% reported that someone in the household knew that they had been raped, 12.9% reported that nobody in the household knew, and 1.1% did not know.

The vast majority (91.1%) of women reported that services to help women recover from sexual violence exist in their communities (95% CI [87.9%, 94.4%]) and 88.9% of women reported having accessed these services (95% CI [85.3%, 92.4%]). These are clear reflections of the fact that recruitment was done through a service provision organization and does not reflect the availability of services to all survivors of sexual violence.

Of the 137 men who responded to the question about whether a woman in their household had experienced sexual violence, 91.2% stated they did have a relative who had experienced rape. Almost half of men stated that they were forced to witness the rape, and four men (3.7%) reported being forced to participate in the rape.

Phenomena of Rejection, Abandonment, and Stigmatization

Of those women surveyed, 176 (76.5%) reported that the male head of household knew of the rape. Half (50.2%) of these women reported that someone in the household wanted them to leave as a result of the rape⁶⁶ (95% CI [43.7%, 56.7%]), while 48.0% did not report this pressure and 1.7% did not know. Of the women who were told they should leave because of the rape, 43.6% of survivors reported leaving their home as a result (95% CI [34.2%, 53.1%]). More than one in four women (28.4%) reported that someone in the household left the house and began to live elsewhere because they no longer wanted to live with

66 The phenomenon of someone in the household wanting the survivor to leave due to the rape is referred to as rejection.

her⁶⁷ (95% CI 22.5%, 34.3%). It is important to note that these are not mutually exclusive outcomes; for instance, a woman can feel pressured to leave the house and have a male relative leave the home as well. Overall, 44.3% women reported the outcome of rejection. As noted above, this is defined as either being cast out of her home, or being abandoned by the head of household.

Encouragingly, 63.8% of women were able to identify someone in their home or greater community that actively supported them after the rape (95% CI [57.5%, 70.0%]). Women noted that the fear of stigma, described in the qualitative data as often manifesting as gossip or finger-pointing, was also a prominent feature of survivors' experiences. More than two-thirds of women (68.1%) reported not attending church specifically because of the fear of being stigmatized, 65.5% not going to the market, and 61.1% not farming for the same reasons.⁶⁸

Roughly half of male respondents said that their relative was told to leave the house because she was raped (55.5%), and about one in four men said the survivor actually left because of this pressure (28.6%). Additionally, 23.2% of men said that they or another man left the home because of the rape. More than half (57.4%) of the men surveyed said that they felt community pressure to reject a woman after rape. A smaller but still significant proportion of men (39.3%) said that they also felt that someone from the community "actively supported" him when his relative was raped.

Marriage and Family Dynamics

The majority of survivors (57.4%) reported worsening family relations after the rape (95% CI [51.0%, 63.9%]). While 48.9% of women did not feel that they lost the respect of their children, one quarter of women (24.9%) felt that they did.

67 The phenomenon of someone in the household leaving and living elsewhere because of the rape is referred to as abandonment.

68 The questions relating to these results were carefully worded to emphasize that they were solely referring to fear of being stigmatized, not general security fear or inability to farm due to physical limitations.

One half of women (52.2%) reported that sexual relations with their spouse or partner ceased or diminished after the rape with a 95% CI of 45.7% to 58.7%.

Two-hundred and twenty-four women provided a yes or no answer to the question about physical violence perpetrated by a member of the household both before and after the rape. The proportion of women who experienced physical violence by a household member was significantly higher after the rape as compared to the same group's experience before the incident; this difference was statistically significant with a z-score of -3.46 and p-value of 0.0003. Among the women who reported physical abuse before the rape, 62 women who reported also being physically beaten after the rape. Of these, roughly half (48.5%) stated that the violence has occurred more often or more severely than before the rape.

Two-hundred and twenty women provided a yes or no answer to the question about being verbally abused or insulted by a household member both before and after the rape. The proportion of women who were verbally abused by a household member was significantly higher after the rape as compared to the same group's experience before the incident; this difference was statistically significant with a z-score of -8.40 and p-value of 0.0000. Among the women who reported verbal abuse before the rape, 133 also reported this abuse after the rape. Of these, 61.5% reported that the insults occurred more often or more severely since the rape.

51.1% of survivors reported that after the rape they were given less control over the household finances (95% CI [44.6%, 57.6%]), 77.3% reported that they were given less access to food in the household (95% CI [71.8%, 82.8%]), and 26.8% reported that they had less access to their children (95% CI [21.0%, 32.6%]).

The majority of women (58.5%) felt that their status in the household diminished after the rape with a 95% CI of 52.1% to 64.9%. Similarly, more than half of survivors (54.8%) felt that their status in the community decreased (95% CI [48.3%, 61.3%]).

Sixty percent of men also reported worsening family relations after sexual violence and almost one-half reported (45.0%) worsening sexual relations. The majority of men (58%) also noted that the survivor's access to finances were restricted after she was raped. Over half of the men (55%) reported that they felt like their own status in the household was diminished as a result of having a female relative raped and an even greater proportion (63%) reported diminished status in the community.

Attitudes About Sexual Violence

Sexual violence profoundly impacts the lives of survivors in innumerable and sometimes insurmountable ways. Not only do the actual attack and its immediate consequences shape a survivor's experience, but so does the way in which they are accepted, stigmatized, rejected, or abandoned by their families and communities. Examining the attitudes of survivors towards sexual violence provides a unique snapshot into their experience and the prevailing beliefs and paradigms in the DRC. The desire for secrecy, feelings of shame and punishment, existence of limiting gender roles and dynamics, and profound psychosocial sequelae were all common perspectives held regarding sexual violence.

For this reason, one section of the survey assessed a number of perceptions about different dimensions of stigma and related attitudes (i.e. gender equity). There is no precedent for assessing attitudes around conflict-related sexual violence. However, literature addressing the HIV/AIDS stigma has certain elements in common with this issue. This may also help determine whether differences in attitudes around gender equity could influence the reaction to stigma and rejection.

The research team was unsure whether an attitudinal assessment would be effective but results with cognitive interviewing showed positive results with this module, although finer shades of responses (such as rating on a scale of 1 to 5) were less effective than simple "agree," "disagree" or "don't know" responses. A number of the statements in the attitudinal assessment are disturbing,

such as the statement, "Rape is a punishment from God" or "People who have been raped have gotten what they deserve." While these statements were adapted from the HIV stigma questionnaire, the team debated whether to include these items in this scale. After consultations with survivors and service providers, the team was told that these are in fact attitudes women may face or hear about in their daily life, and so it was appropriate to allow them the opportunity to have the opportunity to react to these statements. Indeed, during the administration of the survey, it was found that survivors often had strong opinions about these statements and felt comfortable refuting attitudes they felt were incorrect or unfair. Often women would justify or provide the justification for their response in this section.

In this section, the interviewee was told, "I would like to read you some statements and you can tell me if you agree or disagree. There are no right or wrong answers - we would just like to know what you think about this issue. You can respond with 'agree' 'disagree' or 'don't know.'"

More than three quarters of women reported that they would want it to remain a secret if either they or a family member had been raped. Similar proportions stated that they would be ashamed if they or a family member had been raped. One in ten women believed rape to be a punishment from God, while one in fourteen thought it to be a punishment for bad behavior. Such feelings of shame and punishment and a desire for secrecy likely reflect a broader cultural paradigm surrounding the stigmatization and treatment of survivors of sexual violence. Interestingly, men were generally less likely than women to answer 'yes' to questions about internalized stigma. For instance, 77% of women answered 'yes' to the question, "If I found out that I were raped, I would want it to remain a secret." However, only 63% of men answered 'yes' to this question. This pattern is seen throughout the responses on internalized shame, and may reflect the fact that men have difficulty truly imagining how difficult it is for a survivor of rape to undergo these experiences. However, we also see this pattern hold for a question that pertains directly to men. When asked, if you would be "ashamed if

Reponses to Attitudinal Questions for Survivors and Male relatives				
Domain	Question	Answer	Survivors	Male Relatives
Internalized shame	If I found out that a family member had been raped, I would want it to remain a secret.	Yes	76.1%	61.0%
		No	15.5%	23.0%
		Sometimes	7.1%	15.0%
		Don't know	1.3%	1.1%
	If I found out that I were raped, I would want it to remain a secret.	Yes	76.6%	62.8%
		No	15.3%	24.5%
		Sometimes	7.1%	11.7%
		Don't know	1.0%	1.1%
	I would be ashamed if I were raped.	Yes	86.0%	75.5%
		No	6.5%	9.0%
		Sometimes	7.5%	13.8%
		Don't know	0.0%	1.6%
	I would be ashamed if someone in my family were raped.	Yes	76.0%	64.4%
		No	9.1%	13.8%
		Sometimes	13.3%	19.1%
		Don't know	1.6%	2.7%
	Women who have a child from rape should be rejected by her family	Yes	2.3%	5.9%
		No	93.2%	76.3%
		Sometimes	2.6%	11.8%
		Don't know	1.9%	5.9%
Fault	Rape is a punishment from God.	Yes	10.7%	4.3%
		No	72.3%	75.5%
		Sometimes	4.6%	5.9%
		Don't know	12.4%	14.4%
	Rape is a punishment for bad behavior.	Yes	7.1%	6.4%
		No	76.7%	65.4%
		Sometimes	4.2%	12.2%
		Don't know	12.0%	16.0%
	People who have been raped have gotten what they deserve.	Yes	1.0%	3.2%
		No	91.6%	78.2%
		Sometimes	1.0%	9.6%
		Don't know	6.5%	9.0%
Acted Stigma	If I found out that my spouse/partner were raped, I would leave them.	Yes	3.3%	10.6%
		No	88.3%	59.6%
		Sometimes	5.9%	23.9%
		Don't know	2.6%	5.9%
	I would be willing to care for a family member who had been raped.	Yes	95.8%	85.6%
		No	2.3%	3.2%
		Sometimes	1.6%	10.2%
		Don't know	0.3%	1.1%

	I would not share my home with someone who has been raped.	Yes	16.2%	18.6%
		No	76.4%	60.6%
		Sometimes	5.5%	17.6%
		Don't know	1.9%	3.2%
	I would isolate people who had been raped.	Yes	2.9%	6.4%
		No	92.3%	85.1%
		Sometimes	3.9%	5.9%
		Don't know	1.0%	2.7%
Gender equity	Men are superior to women.	Yes	71.4%	67.6%
		No	13.0%	13.5%
		Sometimes	9.1%	16.2%
		Don't know	6.5%	2.7%
	A man has the right to make his wife or partner have sex with him, even if she does not want to have sex.	Yes	16.5%	12.3%
		No	72.1%	68.4%
		Sometimes	7.8%	16.0%
		Don't know	3.6%	3.2%
Men's obligations	The male head of household has the responsibility to protect women in his house from rape	Yes	61.8%	55.9%
		No	17.8%	18.3%
		Sometimes	18.1%	24.2%
		Don't know	2.3%	1.6%
	The male head of household has the responsibility to take a woman who lives in his house to a clinic if she has been raped.	Yes	91.3%	84.5%
		No	1.0%	2.7%
		Sometimes	7.4%	11.8%
		Don't know	0.3%	1.1%
Trauma	Women can have emotional problems from rape	Yes	96.8%	87.8%
		No	0.3%	0.0%
		Sometimes	2.6%	6.4%
		Don't know	0.3%	5.9%
	Men can have emotional problems if a woman in his house is raped	Yes	77.4%	71.3%
		No	1.9%	5.3%
		Sometimes	14.8%	21.3%
		Don't know	5.8%	2.1%
Community stigma	A woman who has been raped will lose status in the community	Yes	67.4%	63.3%
		No	14.8%	8.0%
		Sometimes	16.5%	25.5%
		Don't know	1.3%	3.2%
	The male head of household will lose status in the community if a woman in his house has been raped	Yes	51.6%	47.3%
		No	20.0%	14.5%
		Sometimes	23.9%	34.4%
			4.5%	3.8%

someone in my family were raped,” 76% of women said ‘yes’ compared to 65% of men. Regarding questions of women being at “fault” for rape, both women and men overwhelmingly stated that rape was not a woman’s fault. More than 90% of women and 79% of men disagreed with the statement that women have gotten what they deserve.

Interestingly, questions of acted stigma begin to reveal notable gender differences. While only 3% of women said they would leave a spouse if he were raped, 11% of men said they would do so. As mentioned previously in this report, rape of men does occur in DRC. However this is so rarely talked about and so socially unacceptable, that it is possible women had trouble envisioning this situation. Additionally, it is easier for men to leave their partner than women, since men often are controlling household finances. Therefore, this response may not only reflect stigmatizing behaviors but also a host of socio-economic factors. However, this question revealed some of the starkest differences in response in the attitudinal questionnaire and merits further investigation.

Men and women reported similar attitudes towards sharing their home with someone who had been raped and caring for someone who had been raped. However, men were almost twice as likely to report that they would isolate people who had been raped (6.4%) compared to women (2.9%).

Underlying gender dynamics and local customs in eastern DRC undoubtedly influence the experience of female survivors of sexual violence. Roughly seven in ten women agreed that men were superior to women and one quarter felt that a man sometimes or always has the right to make his wife or partner have sexual intercourse even if she does not want to. Men reported similar responses- 68% agreed all the time with the statement “men are superior to women,” and 28% agreed all or some of the time with the statement that a man has the right to make his wife or partner have sex with him, even if she does not want to have sex.

The great majority of both men (80.1%) and women (79.9%) felt that the male head of household has the responsibility to protect women in his house from rape always or sometimes. Both men

and women also overwhelmingly felt that the male head of household has the responsibility to take a woman who lives in his house to a clinic if she has been raped. Therefore, we see both women and men hold high expectations of the role of men in responding to the rape of a woman in their family.

Roughly two-thirds of men and women believed that a woman who has been subjected to sexual violence would lose status in the community and roughly half of all respondents also felt that a male head of household would lose status in the community as a result of a woman in his house being raped. This suggests that stigmatization may extend to the husbands of women who have been raped, as they may be blamed for failing to protect their family.

Acknowledgment of the profound psychosocial sequelae of rape was near unanimous. Almost all men and women stated that women will always or sometimes have emotional problems from rape. The survey also asked about whether men could have emotional problems if a woman in his house had been raped. Again, both women (92.2%) and men (92.6%) overwhelmingly acknowledged that this could be the case.

Drugs and Alcohol

About one-third (32.3%) of women stated that the male head of household never consumes alcohol; 13.7% said the male head of household consumed alcohol one to two times per week; and 14.3% of women said that more than two times per week, and an unknown amount in 34.9% of cases. Drug use was much less commonly reported; 55.9% of women said that the male head of household never used drugs. Less than 2% reported drug use by a male head of household one to two times per week and 2.6% reported drug use two times per week or more. Roughly one-third of women reported they did not know.

Just under half of the male respondents (44.0%) said they never drank alcohol; 24% said they drank alcohol one to two times per week and another 24% reported alcohol use two times per week or more. The vast majority of men said they did not

use drugs (91.1%); 4% said they used drugs one to two times per week and 2.6% said they used drugs more than two times per week.

LIMITATIONS

While SGBV has been featured in many other conflicts, the situation in eastern DRC is, in many ways, at an extreme end of the spectrum. Therefore, the experiences of the women and men who have participated in this work may not reflect the experiences of those in other conflict contexts, or even those in different areas of DRC.

Limitations of phase 1

To mitigate possible biases related to recruiting through a service provider, participants were informed during the recruitment process and at the beginning of each discussion that focus groups were voluntary, and that their choice to participate or not would not affect their eligibility for services provided by each organization in any way.

The presence of researchers during the discussions may have influenced participants' responses. While some men may have felt less comfortable fully disclosing their views on gender and sexuality in front of a foreign female researcher, many participants were open to sharing their perspectives and opinions. Discussions were recorded with the

consent of participants, and a member of the research team took detailed notes with the assistance of a simultaneous interpreter.

Limitations of phase 2

This sampling method has noteworthy limitations compared with a random population-based sample. Administering surveys through a psychosocial care provider, however, ensures that respondents have access to support and services they need, particularly considering the difficult nature of the questions being asked. This project has a relatively small sample size – a study that reaches out to more respondents would provide greater statistical power and generalizability of findings. Women who experience adverse outcomes from sexual violence may be more likely to seek services or to come forward and report their experience. Future studies that are able to collect more data will be helpful for further illuminating possible associations between outcome and predictors. The survey relied entirely on self-reports from respondents. Therefore, reports of outcomes like STIs and pregnancy depend on the respondent's knowledge of these conditions, rather than on medical diagnoses. Since this was not a longitudinal survey, we cannot establish temporality, or causality, between factors explored in the survey.

III. Conclusions and Recommendations

CONCLUSIONS

Families and communities should be the sources of greatest support for survivors of sexual violence. While almost half of the women surveyed for this project reported either leaving their homes or being abandoned, half did not. The goal of this project was to explore which factors affect both women and the male decision makers in their families as they attempt to heal and rebuild their lives after the devastation of war. This study is the first that systematically looks within a household at both women and men's experiences and attitudes related to stigma around sexual violence in eastern DRC. The synthesis of qualitative and quantitative data from a number of perspectives: survivors; family members; and service providers triangulates the most important issues around this complex phenomenon and illuminates concrete opportunities to intervene.

The rejection of a survivor of sexual violence after rape – whether it involves compelling her to leave her home, or abandonment by a family member – has concrete and devastating impacts. Not only does a woman suffer social isolation, but exclusion from social networks also is economically and psychologically destructive. The fear of stigma and isolation may mean that survivors do not seek care after rape, missing the window for potentially life-saving care. The experience of social rejection can also set survivors on a path that makes future abuse and exploitation more likely.

In a place like DRC, where women's roles are highly constrained, a woman's ability to lead a healthy life often depends on people other than herself (parents, husband, and extended family network). Women emphasize the importance of social belonging in being able to heal. For this reason, women have stated that rejection from

one's family and community can be as traumatic as the rape itself. Addressing the social as well as the physical sequelae of sexual violence cannot be an afterthought in this context. Only through taking an integrated approach will women be able to begin the process of recovery. Here, the qualitative and quantitative findings are synthesized and the concrete opportunities for intervention that these results illuminate are explored.

War Trauma

Insecurity, armed conflict, and militarized sexual violence have persisted in eastern DRC for more than fifteen years, despite official peace declarations in 2003 and 2008.⁶⁹ All members of society are affected. Women, their families, and their communities have not only been affected by extremely violent forms of sexual violence, they also face the ongoing, pervasive violence, insecurity, and collective societal trauma. This work highlights the extremely high levels of loss associated with the war: both survivors and men reported displacement, abduction, and catastrophic loss and trauma beyond that associated with the event of sexual violence.

This has deeply destabilizing effects for families and communities. Social networks that are already undermined or destroyed may choose to evict vulnerable members (like survivors of sexual violence) because they are already so unstable.

Reports from the surveys underscore the continuing devastation of war. More than one in ten women and men reported having been displaced

69 Bartels S, VanRooyen M, Leaning J, Scott J, Kelly J. (2010). *"Now, The World Is Without Me": An Investigation of Sexual Violence in Eastern Democratic Republic of Congo*. Harvard Humanitarian Initiative and Oxfam International.

as a result of armed violence. More than one-third of women and one-quarter of men reported ongoing displacement related to the conflict. More than half of both women and men reported being abducted by armed men. For women, the length of abduction ranged from several hours to six years, for men the maximum length of abduction was 3 years. The physical, mental, and psychosocial consequences of such trauma are wide-ranging and have important implications for the successful reintegration of survivors of sexual violence into families and communities. The resulting loss of trust within communities, and alteration of social norms are amongst the many destabilizing effects of war and sexual violence. And when conflict forces women to flee their homes, the risk of sexual violence often follows, creating a vicious cycle.

Material losses as a result of violence were exceptionally common and often involved the destruction of homes and looting of goods and harvests. More than two-thirds of women (68.3%) reported that their houses were destroyed by armed men. Eight in 10 women (81.2%) had their goods or harvests stolen or destroyed. Such a destruction of property and valuables would be devastating in almost any circumstance.

Given the precarious subsistence of most families in poverty-stricken DRC, these losses are crippling. Women and families are left homeless, lacking the physical assets and financial capital necessary to reestablish their lives and livelihoods. Adding an additional layer of complexity to this dynamic is the highly probable financial hardship that results from sexual violence for both the individual and her family. Women may be rejected because they are seen as a two-fold burden: they may require family resources for medical treatment and may have trouble contributing financially to the family because of mental and physical trauma.

Profile of Violence

Women responding to the survey overwhelmingly reported that they were raped by armed men rather than civilians. Another striking feature of this rape epidemic is the high prevalence of gang rape, which was reported by more than two-thirds (68.8%) of

survivors presenting for care. In many cases, family members are forced to watch, and sometimes forced to participate in, the act of sexual violence. Other times, rapes are carried out in public areas where neighbors and community members can see. Survivors of sexual violence in eastern DRC report that the attack was witnessed by members of the family or community in almost half of the reported cases. One in 12 women was subjected to forced intercourse with their husband or other family members during the attack. This creates an intentional collective trauma that fundamentally alters household and community dynamics.

Fear of stigmatization can often lead to significant underreporting of the attack, on both the individual and collective scale. In fact, almost 13% of women (12.9%) seeking services report that nobody in their household is aware of the rape. This number is likely even higher for those women do not or are unable to seek services. Inability to share the experience with family and peers due to fear of further victimization adds an additional layer of complexity to this dynamic.

Rejection

Stigmatization has important implications for the ways in which individuals affected by sexual violence are treated by their families and communities, shaping the experience of the survivor post-trauma. Concerns about being stigmatized lead to alterations in behavior, profoundly impacting livelihoods and coping strategies for survivors of sexual violence.

Stigma can be manifested through blaming, gossiping, finger pointing, and other social cues, intensifying a survivor's feelings of shame and humiliation. The majority of women felt that their status in the community diminished after the rape. Loss of spousal support and worsening family relations were common with more than half of women (58.5%) noting a decline in their status in the household.

Stigmatization is not just a passive phenomenon; it may also be enacted through frank discrimination; isolation; restricted access to economic opportunity and social support; physical abuse and insults; and

alterations in decision-making capacity and power within the household unit. Women noted less control over household finances (51.1%), less access to food (77.3%), and less access to their children (26.8%) as a result of sexual violence. Losing the respect of children (24.9%) and a decline or cessation of sexual relations with their partner (52.2%) were additional salient features of women's experience. Notably, survivors experienced a statistically significant increase in verbal insults after the sexual violence, with 61.5% reporting that insults occur more frequently or are more severe than beforehand. Similarly, the proportion of women experiencing intimate partner violence was significantly higher after sexual violence as compared to before the attack, with almost half (48.5%) stating that it has occurred more often or more severely since the rape.

Stigma not only has tangible impacts in the family life, but can profoundly alter a woman's engagement with public life as well. One in seven women said they stopped attending church because they were afraid of being judged. In DRC, where religion is at the center of social and spiritual life, this can leave women entirely isolated from potential support. Perhaps even more striking is that a majority of women also reported no longer farming or taking goods to market because of fear of stigmatization or being gossiped about. As noted in the previous section, in households devastated by the war and left with few economic opportunities, this can destroy the livelihood of an individual or family.

Men's Decisions to Reject

Three issues clearly emerged as reasons for rejection in men's focus group discussions: 1) social stigma directed at the husbands of survivors; 2) an understanding of marriage and fidelity that is incompatible with rape; 3) a fear of STIs, especially HIV/AIDS. We will briefly discuss each of these concepts in order.

A widely accepted perception remains that men reject their wives because of the shaming and stigmatization of the survivors. Although it is clear that survivors do suffer stigmatization and rejection

by their communities, it is less acknowledged that men also experience very personal shaming and stigma targeted at them as husbands of survivors. Although participants in our focus groups and key informants indicated that the stigmatization of women does exert pressure on men to reject, they identified the stigma targeted directly at a man as the more salient influence on his decision to reject a survivor. Men noted that if someone rapes their wife, the husband will also become a direct target of stigma and shame. Over half of the men surveyed said they felt like their own status in the household was diminished as a result of having a female relative raped and an even greater proportion reported diminished status in the community. Men stated that they felt pressured to reject a survivor to save their own standing and reputation.

One reason for this may be that men are expected to protect women from rape, even if they are facing many armed men. In the survey, a great majority of both men and women felt that the male head of household always or sometimes had the responsibility to protect women in his house from rape. Men may feel intense shame associated to the failure to defend their household, and may choose to "start over" rather than be reminded of the trauma.

Men noted that they could face significant pressure from the community to reject a relative who had been raped. Those in the closer network of family and friends, however, are often the strongest influence on a man. Often, men stated the pressure they faced was not to support a survivor after rape, but instead to force her to leave the home. Men described how family and friends can influence men by shaming them, threatening to exclude them, or cutting off social ties - the same tools of social pressure that are used on survivors.

For some men, the fact that their wife had sexual contact with another man, irrespective of consent, means that the marriage is void. For these men, rape violates their definition of marriage and acceptance is not possible. For others, realizing that the sexual violence is nonconsensual and not an indication of infidelity can influence them to not reject a survivor.

Focus group discussions emphasized that sex is a central component of marriage and not engaging in intercourse is not possible in the context of marriage. The possibility that one's wife has an STI, especially HIV/AIDS, therefore was cited as a reason to end the marriage. Focus groups described that people in the community often assume that a survivor's is infected and single him out as a "walking dead man." Contraception, safe sex practices, prophylactic measures and treatment were not mentioned as a viable option for dealing with STIs in any focus group discussion. This research did not capture whether this originates from a lack of availability, awareness, or acceptance of preventative methods.

Acceptance

It is important to note that stigmatization, rejection, and abandonment are not inevitable for female survivors of sexual violence. Male partners and community members can also offer support and assistance. Among survivors, six in ten women (63.8%) were able to identify someone in their home or community that actively supported them after the sexual violence. Such support is a protective factor against rejection, isolation, and a survivor's feelings of shame and loneliness. Only 40% of men were able to identify someone in their community who supported them after the rape of a relative. This finding speaks to the need to create programs that provide services not only to a survivor, but also to member of her family as well.

This research captures several factors that men identified as influential in the decision to accept survivors. Focus groups and key informants consistently identified love and affection, the presence of children in the home, and the intervention of family and friends as factors that encourage acceptance.

The concepts of stigma, rejection and acceptance are neither mutually exclusive nor static. To understand the complexity of this inherently networked and social phenomenon, we must understand not only the survivor's experiences but that of her family and peers as well. Male relatives are key decision makers in determining whether a survivor is

rejected or accepted by her family and social network after rape. Better understanding the attitudes and experiences of these men, therefore, is a key element to ensuring that survivors are cared for as they attempt to heal from the trauma of sexual violence.

When discussing sexual violence in DRC, we often forget that this is a form of atrocity that is played out on a backdrop of terribly brutality. Those who are most important to a survivor as she heals are often also deeply affected by the conflict. People in DRC describe living at the threshold of subsistence in many ways - the war has destabilized their lives materially, financially, psychologically and socially. A catastrophic event, like having a family member debilitated by sexual violence may seem like too much to cope with. Rejection and stigmatization are complex phenomena, rooted in culture, psychology, economics and social interaction. Interventions must incorporate these elements to be effective.

The results presented here explore not only the survivors' experiences, but also the perspectives and experiences of some of those who are most important in determining how rejection, stigma and acceptance occur. This project addresses the multiple ways in which men are adversely affected by sexual violence committed against their relatives. It is important not only to support nominal acceptance of women within the home, but also to take into account the many underlying factors that can change the family dynamic when someone experiences sexual violence. These findings provide a number of concrete opportunities to intervene, recommendations based on the main findings of the project are listed below.

Future Research

This study is the first to our knowledge to examine both the attitudes of survivors and those of their male relatives. Male relatives of survivors are often difficult to identify and may not be willing to participate in research. While this is not a population-based sample, provides insight into men's experiences with conflict-related SGBV in their household. A strength of this study is that it

accesses not only men who continued living with female survivors, but also those who had chosen to reject. The latter population is harder to identify and more challenging to access. However, their experiences are some of the most important to take into account when looking at this issue.

As noted in the limitations section, the sample size for this project was relatively small. We recommend undertaking a future study that is able to reach a larger population of women affected by conflict-related sexual violence and their family members. Unfortunately, SGBV is becoming a more and more pertinent aspect of conflict. It can be used as a strategy to terrorize civilian populations, become a tool for ethnic cleansing, and a consequence of having armed men in close proximity to civilian populations. Recently, the United Nations recognized that SGBV in conflict is an issue not only of women's health, but also of political security (UNSCR 1820). While data on SGBV in past conflicts is extremely scarce, analysis of wars in the past two decades has shown that SGBV, especially highly violent forms of this abuse, may be increasing. Better understanding the consequences of this violence, and providing more tailored and appropriate services to women will therefore be critical in responding to this issue.

It could be especially illuminating to try and replicate these results in other crisis settings in order to draw out lessons about common risk factors for rejection. Finally, it is important to better understand the risks that women may face as a result of being rejected from their homes face as a result. This would help decision makers and service providers better identify women at highest risk of social isolation, and create more targeted programs to address this issue.

RECOMMENDATIONS

Recommendations for policy development

For institutions and organizations that shape policy addressing sexual violence in DRC at the macro-level:

Make programming in sexual violence more re-

sponsive to emerging needs

Practitioners working on the ground in service provision are often the first to recognize that survivors' needs cannot be addressed in isolation and that the lack of services for men who have a relative affected by sexual violence is a gap in the current approach. They are, however, constrained by resources that are directed by rigid funding priorities. This was a theme that emerged in conversations with service providers in Bukavu, many of whom acknowledged the need to provide services for men but who were limited by narrowly targeted funds. Funders should solicit and incorporate observations from expert service providers on the ground who are more attuned to emerging needs. Furthermore, service providers are increasingly exploring participatory methods to incorporate feedback from their target beneficiaries to make their programs more effective.⁷⁰ Any such approach should include participation of survivors, as well as a wider cross-section of victims, such as husbands, to ensure that programs stay relevant.

Invest in the development of new tools to more effectively address sexual violence and its effects

Aside from funding challenges, the necessary tools or approaches needed to effectively address sexual violence and its consequences on the ground often simply often do not exist, especially in a context of pervasive insecurity and uncertainty. The psychosocial treatment options that are currently available in South Kivu exemplify this tension, where practitioners and mental health professionals have had to develop new culturally and contextually appropriate forms of treatment where none existed before.⁷¹ Continued investment in training and development of new tools may be an effective way to meet new and urgent needs.

70 Andrews and Shah, "Voice and Local Governance," 2.

71 For instance, interviews with Centre Sosame described the need to adapt the Narrative Exposure Therapy (NET) approach developed by the Italian organization, Vivo international, to the DRC context in order to fill the gap in appropriate interventions, Personal Interview.

Recommendations for current service provision

These findings also inform recommendations for service providers working on the ground. The following recommendations are not intended as stand-alone interventions to address rejection. Rather, these are ways in which existing efforts might be adjusted to be more effective.

Increase public education campaigns around STIs and living with AIDS

While men sometimes report that medical certificates attesting to a woman's HIV-negative status can assuage their fear of infection and promote acceptance, there are serious consequences to relying on testing and status disclosure alone to address men's fears. This approach would mark HIV-positive women and make them more vulnerable to rejection and stigmatization. Along with actual treatment and testing for both men and women as the basic first step, medical interventions must be combined with education targeted at families and communities regarding managing infection and living with HIV/AIDS in order to promote acceptance and integration of HIV-positive individuals into the community.

Focus groups and key informant interviews revealed limited knowledge about STIs among some men. Key informants described how men often attribute unrelated medical complications to STIs,⁷² leading to accusations about infection and possibly contributing to higher rates of rejection. STI education, including information about transmission and treatment, would help dispel myths and anxieties around HIV, and possibly reduce their influence on rejection.

Engage people of influence more effectively by mobilizing them to shift community attitudes around sexual violence

Current interventions aimed at preventing rejection

recruit religious and community leaders to influence men to accept their wives through persuasion. While focus group participants did identify such leaders as individuals whom they consult for advice in general matters, only four of the pre-survey focus groups indicated that such leaders exert a salient influence over a man's decision to accept or reject his wife. The evidence around incomplete acceptance stemming from pressure and persuasion further indicates that such interventions by community leaders will likely result in unstable or incomplete acceptance.

Rather than mobilizing people of influence to counsel and persuade individual men to accept their wives, then, these individuals should be recruited to engage with their communities at large to begin shifting public notions of masculinity that contribute to stigma against men whose wives were raped.

Reformulate community sensitization campaigns to address stigma against both survivors and members of their family

Sensitization campaigns should be reformulated to address sexual violence and its gendered causes and consequences. As discussed in our findings, stigma against survivors does not appear to be the most salient factor in men's decision to reject. Focus group respondents indicated that community stigma directed specifically at men plays a more influential role in the decision to reject, which makes community acceptance of both the man and the woman important in mitigating rejection. Campaigns targeting community attitudes and stigma against women will assuage the direct stigma women feel, but may be less effective in preventing her rejection.

Instead, sensitization campaigns aimed at shifting community attitudes about men and sexual violence may prove more effective in preventing rejection, by reducing stigma against men and alleviating some of the pressure to reject felt by men.

New approaches pioneered in the last decade in public health, such as constructive engagement of men and boys and gender synchronization programming, may offer useful models to explore in

⁷² For example, some key informants described a widespread belief among men that hernias were caused by STIs contracted through rape.

the context of rejection.⁷³ These approaches are premised on the idea that gender norms can lead to health practices that harm men, as well as women, and can be harnessed to improve them. These approaches may provide useful lessons in transforming gender norms around sexual violence. At present, however, they appear to have very limited reach into the community as a whole, successfully targeting only small groups or addressing men and women separately. Thus, applying such approaches in the context of sexual violence will require that programs be tailored and tested to determine if they can effectively address rejection and stigma—particularly stigma originating from broad community attitudes.

73 Greene and Levack, “Synchronizing Gender Strategies.”

Ensure mental health services are available for male relatives of survivors

While the psychosocial needs of female survivors are widely recognized and addressed among service providers, only one of 18 organizations interviewed provided any form of psychosocial treatment for men. In light of the emotional and psychological suffering that men consistently report in response to rape and sexual violence, service providers should expand their range of services to include men as beneficiaries. Pending further research around the relationship between trauma and rejection, treating men’s emotional distress associated with sexual violence could possibly serve to address some of the emotional contributors to men’s rejection of survivors.

ANNEX I.

REVIEW OF SERVICE PROVIDERS				
	Organization name	Type of organization	Services provided	Services for male relatives of survivors?
1	CAMPS	Local NGO – STAREC	<ul style="list-style-type: none"> • Psychosocial care • Livelihood assistance • Medical referrals • Community sensitization • Mediation 	<ul style="list-style-type: none"> • 'Mediation' services for couples
2	People In Need	International NGO	<ul style="list-style-type: none"> • Psychosocial care • Medical referrals • Training and capacity building • Community sensitization 	No
3	SOS-SIDA	Local NGO	<ul style="list-style-type: none"> • Psychosocial care • Livelihood assistance • Medical referrals • Community sensitization 	Medical referrals will be offered to a limited number of husbands in the coming year
4	Œuvre Communautaire Pour l'Éducation pour Tous (OCET)	Local NGO – STAREC	<ul style="list-style-type: none"> • Legal counsel 	No
5	COOPI	International NGO – STAREC	<ul style="list-style-type: none"> • Psychosocial care • Medical referrals • Community sensitization • Livelihood assistance • Mediation 	<ul style="list-style-type: none"> • 'Mediation' services for couples • Medical referrals for some STIs
6	UNICEF	UN Agency – STAREC Coordinating body	<ul style="list-style-type: none"> • Coordination of Multi-Sectoral Assistance branch of STAREC 	Not applicable
7	Centre Olamé	Local NGO	<ul style="list-style-type: none"> • Community sensitization • Psychosocial care • Mediation • Livelihood assistance • Medical and legal referrals 	<ul style="list-style-type: none"> • 'Mediation' services for couples • Livelihood assistance for households
8	CRAF	Local NGO	<ul style="list-style-type: none"> • Psychosocial care • Community sensitization • Medical referrals 	No
9	Vovolib	Local NGO	<ul style="list-style-type: none"> • Legal counsel • Psychosocial care • Community sensitization • Medical referrals 	No
10	Centre Sosame	Psychiatric Hospital	<ul style="list-style-type: none"> • Mental health services 	<ul style="list-style-type: none"> • Yes; inpatient care is available for anyone who needs it

11	UNHCR	UN Agency – STAREC Coordinating body	<ul style="list-style-type: none"> • Coordination of multi-sectoral assistance branch of STAREC 	Not applicable
12	Panzi Hospital	Hospital	<ul style="list-style-type: none"> • Medical care • Psychosocial care • Mediation • Legal counsel referrals 	<ul style="list-style-type: none"> • 'Mediation' services for couples
13	FSH	Local NGO	<ul style="list-style-type: none"> • Psychosocial care • Livelihood assistance • Medical referrals • Mediation 	<ul style="list-style-type: none"> • 'Mediation' services for couples
14	ICJP	Local NGO	<ul style="list-style-type: none"> • Legal counsel • Mediation • Medical, psychosocial, and livelihood service referrals 	<ul style="list-style-type: none"> • 'Mediation' services for couples
15	Fondation Sentinelle	International NGO	<ul style="list-style-type: none"> • Psychosocial care • Livelihood assistance • Medical referrals 	No
16	International Rescue Committee	International NGO	<ul style="list-style-type: none"> • Psychosocial care • Medical referrals • Legal counsel referrals • Livelihood assistance 	No
17	Malteser	International NGO	<ul style="list-style-type: none"> • Psychosocial care • Community sensitization 	<ul style="list-style-type: none"> • 'Mediation' services for couples • Medical referrals for some STIs

ANNEX II

TABLE 1: Women's Demographic Characteristics

Organization name	Type of organization	Services provided
AGE		
Mean	36.21 years	
Median	35 years	
Standard deviation	10.90 years	
Minimum	18 years	
Maximum	75 years	
Number of observations	310	
MARITAL STATUS		
Never married	33	10.65%
Married or living with a partner	137	44.19%
	Length of marriage/partnership	
	Mean	14.65 years
	Median	13 years
	Standard Deviation	9.88 years
Divorced or separated	74	23.87%
Widowed	67	21.29%
Total observations	310	100%
NUMBER OF CHILDREN		
Mean number of children	4.90	
Standard deviation	3.08	
Number of observations	309	
Mean number of children with current partner	4.42	
Standard deviation	2.93	
Number of observations	303	
TRIBE		
Fuliru	47	15.16%
Havu	35	11.29%
Rega	21	6.77%
Shi	132	42.58%
Tembo	19	6.13%
Other	50	16.13%
Non-respondents	6	1.94%
Total observations	310	100%
HEAD OF HOUSEHOLD		
You	114	36.89%
Spouse/Partner	88	28.48%

You & Spouse/Partner	44	14.24%
Parents	38	12.30%
Everyone	3	0.97%
Other	22	7.12%
Total observations	309	100%
EDUCATION		
No school	163	52.58%
Pre-school	5	1.61%
Primary school	86	27.74%
Secondary school	55	17.74%
University	0	0.00%
Vocational/Professional school	1	0.32%
Total observations	310	100%
RELIGION		
Protestant	162	52.26%
Catholic	117	37.74%
Muslim	11	3.55%
Kimbanguist	6	1.94%
Other	14	4.52%
Total observations	310	100%
OCCUPATION		
Farming	178	57.42%
Petty trade	67	21.61%
Farming & petty trade	33	10.65%
Teacher	1	0.32%
Student	11	3.55%
Housewife	3	0.97%
Unemployed	14	4.52%
Other	3	0.97%
Total observations	310	100%
INCOME		
	Income (self)	
	Mean	5619
	Median	2000
	Minimum	0
	Maximum	250000
	Standard deviation	19286
	Number of observations	306
	Income (household)	
	Mean	8803
	Median	4500
	Minimum	0
	Maximum	3000000
	Standard Deviation	23888
	Number of observations	292

HOUSEHOLD DECISION MAKER		
You	133	42.90%
Spouse/Partner	70	22.58%
You & Spouse/Partner	57	18.39%
Parents	25	8.07%
Everyone	1	0.32%
Other	24	7.74%
Total observations	310	100%

Table 3. Baseline demographic characteristics by the reports of rejection

	Reporting Rejection, N=97	Not Reporting Rejection, N=122	Total, N=219	
	Mean (SD)	Mean (SD)	Mean(SD)	P-value*
Age (in years)	37.32 (1.00)	36.06 (0.93)	36.62 (0.68)	0.36
Income (Congolesse Francs)	4.04 (0.56)	4.23 (0.44)	4,15 (0.35)	0.78
Family Income	5.78 (0.67)	7.56 (0.77)	6.78 (0.52)	0.09
Number of children	5.15 (0.29)	5.03 (0.29)	5.08 (.20)	0.77
Number of children with current spouse	4.53 (0.27)	4.53 (0.27)	4.53 (0.19)	0.99
Length of Marriage	13.43 (1.74)	15.06 (1.27)	14.53 (1.02)	0.46
	Number (Percent)	Number (Percent)	Number (Percent)	P-value*
Education				0.51
None	56 (57.73)	63 (51.64)	119 (54.34)	
Primary	22 (22.68)	36 (29.51)	58 (26.48)	
Secondary or above	19 (19.59)	23 (18.85)	42 (19.18)	
Religion++				0.43
Protestant	54 (58.70)	61 (53.04)	115 (55.56)	
Catholic	35 (38.04)	45 (39.13)	80 (38.65)	
Muslim	1 (1.09)	6 (5.22)	7 (3.38)	
Other	2 (2.17)	3 (2.61)	5 (2.42)	
Employment++				0.33
Farming	50 (51.55)	74 (60.66)	124 (56.62)	
Petty trade	24 (24.74)	26 (21.31)	50 (22.83)	
Multiple professions	12 (12.37)	13 (10.66)	25 (11.42)	
Other	4 (4.12)	3 (2.46)	7 (3.20)	
Unemployed	6 (6.16)	2 (1.64)	8 (3.65)	
Student	1 (1.03)	4 (3.28)	5 (2.28)	

+For continuous variables, we used a two-sided t-test. For categorical and dichotomous variables we conducted a chi-squared test.

++Fischer's exact test was used for those variables with cell values under 5.



THE WORLD BANK
1818 H, Street N.W.
Washington, D.C. 20433
www.logica-wb.org