

Social Consequences of Conflict-Related Rape: The Case of Survivors in the Eastern Democratic Republic of Congo

Nissou Ines Dossa and Marie Hatem
University of Montreal

Maria Victoria Zunzunegui
University of Montreal and University of
Montreal's Hospital Research Center (CRCHUM),
Montreal, Canada

William Fraser
University of Montreal

The past century has seen many armed conflicts during which hundreds of thousands of cases of sexual violence have been reported. However, research on the social consequences of this kind of mass violence and on the factors underlying them is scarce. Moreover, little information is available on how victims perceive their children born from rape, in a context where abortion is illegal and adoption is rare. This study,

NISSOU INES DOSSA is a doctoral student in Public Health at the Public Health School of the Université de Montréal. Before starting her PhD, she completed a Master's degree in Human Pathology at the Faculty of Medicine of University Aix-Marseille II. Her research interests include reproductive and perinatal health, mental health, and social issues such as gender-based violence in developing countries. She is actually working as a research assistant for a project funded by the Muskoka initiative in three African countries (Benin, Burkina Faso, and Senegal).

MARIE HATEM is an associate professor at the Department of Social and Preventive Medicine-Public Health School of Université de Montréal (UdeM). She is a certified nurse and midwife from Lebanon, holds a Master's degree in Health Administration and a PhD in Public Health from the Faculty of Medicine-UdeM. Her main research interest covers the health professionals' education and practice in the reproductive health (women's maternal mortality, management of third stage of childbirth). She contributed to a project, funded by CIDA (2009-2011), to upgrade nursing-midwives' skills in the Democratic Republic of Congo and revised curricula to upgrade midwifery practice in accordance with Millennium Development Goals 4 & 5 in other developing countries including Djibouti, Iraq, Morocco, and Lebanon. She is presently engaged in the Sub-Saharan African countries (Benin, Burkina Faso, Senegal) through the Muskoka Initiative of the French Republic Funds aiming at reinforcing the human resources for mother and infant's health care.

MARIA VICTORIA ZUNZUNEGUI is a professor in the Département de médecine sociale et préventive at the Public Health School of the Université de Montréal. She holds a PhD (1985) in Epidemiology and an MSc (1977) in Biostatistics from the University of California, Berkeley. Her research interests concern material and social inequality in the aging process and the influence of social factors on physical and mental health. Her team conducted a longitudinal study on older persons in Leganés, Spain from 1993–2000. The Leganés study is currently included in

CLESA, a European project involving the use of data from longitudinal studies on aging. Professor Zunzunegui also participates in the development of instruments to measure cognitive function among populations with low levels of education.

WILLIAM FRASER, PhD, has been appointed scientific director of the Centre hospitalier universitaire de Sherbrooke (CHUS)'s research centre for a 5-year term. In addition to his role as scientific director, Dr. Fraser will practice as a specialist in maternal-fetal medicine at the CHUS and teach as a professor in the Faculty of Medicine and Health Sciences (FMSS) at the Université de Sherbrooke. His research aims at reducing maternal and neonatal morbidity. From 2002 to 2013, Dr. Fraser served as the assistant director of clinical research for the CHUM's research centre and Sainte-Justine Hospital's research centre. He has also been the head of the Department of Obstetrics at the Université de Montréal and full professor in the Faculty of Medicine at the University of Montréal.

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CORRESPONDENCE CONCERNING THIS ARTICLE should be addressed to Nissou Ines Dossa, Département de Médecine Sociale et Préventive, École de Santé Publique de l'Université de Montréal, Pavillon du Parc, C.P. 6128, succursale Centre-ville Montréal, QC, H3C 3J7. E-mail: nissou.ines.dossa@umontreal.ca

conducted in the city of Goma (North Kivu, Democratic Republic of Congo–DRC), explores the perceptions women survivors of conflict-related rape have of their daily lives, the cultural factors that influence their perceptions, and their relationships with their rape-conceived children. Adopting a phenomenological approach, we explore what it is like to live as a survivor of conflict-related sexual violence and as the mother of a rape-conceived child. Then, using a grounded theory approach, we build a theoretical framework for understanding how cultural norms and values contribute to the adverse social consequences of experiencing conflict-related sexual violence. Finally, we assess survivors' rehabilitation needs and suggest interventions for organizations interested in providing holistic support to women who have experienced conflict-related sexual violence.

Keywords: armed conflict-related sexual violence, rape, social consequences, cultural norms, DRC

Although sexual violence in the context of armed conflicts is a longstanding phenomenon, it was recognized as a crime only in the 1990s (Baaz & Stern, 2009). It was widely perpetrated during the 1915 Armenian genocide, the conflicts in Bosnia and Herzegovina, the Japanese assault in the Chinese civil war, the Cold War, the Korean war, the Vietnamese war, conflicts in Central and Latin America, as well as conflicts in several African countries (Angola, Djibouti, Liberia, Mozambique, Sierra Leone, Somalia, Sudan, Rwanda, and the Democratic Republic of Congo–DRC). However, the massive number of cases of sexual violence committed since the beginning of the Democratic Republic of Congo (DRC) armed conflict has raised alarms in public opinion, and among advocacy groups, concerned governments, and policymakers. According to Human Rights Watch, more than 200,000 girls and women have been raped in that country since the beginning of the conflict, most of them in the two eastern provinces (Kippenberg, 2002). Sexual violence committed during armed conflicts can take several forms. In this article, the terms “sexual violence committed during armed conflicts” or “conflict-related sexual violence” refer to acts of forced penetration of either a male or a female (rape with or without the use of foreign objects) but also the practice of forced impregnation and sexual slavery perpetrated by combatants in regular armies or militias.

According to Baaz and Stern (2009), “Historically, this form of violence has been viewed as an individual act of violence, the spoils of war, or as an expected, and even inevitable, aspect of warring, with a connotation of revenge and triumph for the winning side and a symbolic mes-

sage of dominance to conquered men and women (p. 498).” In many cultures, women are viewed as symbols of men’s wealth (Diken & Laustsen, 2005) and as representatives of caste, ethnic, or national identity. Therefore, attacking women is considered the best way to devastate them, their families, and their communities, as well as future generations. Other researchers have investigated the effect of the spiral of violence during wartime on the perpetration of sexual violence, with the argument that those who feel humiliated, mistreated, and victimized in this context are more prone to enact violence (Baaz & Stern, 2009). Those two positions are supported by the notion that men’s heterosexuality is a driving force unleashed by the context of warring which can encourage mass sexual violence (Baaz & Stern, 2009). However, such a notion clearly tends to minimize the responsibility of the perpetrators and present them as victims of a situation in which they cannot control themselves. Stark and Wessells (2012) have argued that sexual violence is also used as a strategic and systematic tactic during wartime. According to the United Nations Children’s Fund (UNICEF), rape is used as tactic of war because it is identified by psychologists as the most intrusive of traumatic events. In the same way, forced impregnation committed systematically in wartime is intended “to persuade and prepare victims to hate and eventually destroy their own children” (Erjavec & Volčič, 2010).

A recent article has challenged the earlier view of sexual violence as a logical consequence or by-product of war (Wood, 2009). In her article, Wood investigated an unusual pattern, the relative absence of wartime sexual violence by one or more armed groups in certain

contexts. She concluded that this form of violence is not used in armed combat in one or more of the following circumstances: when the leaders of the armed group consider sexual violence as counterproductive and the hierarchy is strong enough to impose that view; when the long-term goal of the rebellion is to take over; when the members of the armed group are abiding by international law; or when individuals' standards and practices are similar to those promoted by the group. It appears that the perpetration of sexual violence in wartime is not a given, but rather a result of other factors, including beliefs. Like Wood, most authors who address militarized rape tend to unlink it from biological sex drives and reframe it as an aggression that builds upon the sexist discourses existing in each society; in fact, in the context of the DRC conflict, one study tended to support the idea that sexual violence is not a by-product of war (Baaz & Stern, 2009). Baaz and Stern investigated the reasons why soldiers of the Forces Armées de la République Démocratique du Congo (FARDC, the regular army, which, at the time of the study, also enrolled ex-militia members) committed acts of rape (Baaz & Stern, 2009). The soldiers made a clear distinction between two types of rape, which the researchers identified as lust/normal rape and evil rapes. The first was a result of sexual urges; being a soldier in the FARDC provided the context in which, instead of engaging in socially acceptable sexual behavior, they were compelled to resort to rape to satisfy those urges. The second type of rape was termed evil because of the brutality and negative intentions motivating it. Those rapes were mainly described as the result of frustrations and anger generated by the contexts of poverty and neglect within which the soldiers lived and worked. Those testimonies suggest that wartime rape cannot be considered to be only a by-product of war, as this form of violence can be encouraged by several elements, including poverty and other living conditions, perceptions of masculinity and femininity, and so forth. For logistical reasons, this study focused on sexual violence perpetrated against women during armed conflicts, even though both men and women can experience such an event. Even if men experience conflict-related sexual violence, most do not report it, and we were unable to access men who had experienced such an event.

It has been demonstrated that experiencing conflict-related sexual violence has adverse effects on women's mental and physical health. Previous studies, including ours, found that in women, this form of violence is associated with a higher prevalence of common mental disorders (depression, anxiety-related disorders, somatoform disorders, other neurotic disorders), severe symptoms of post-traumatic stress, severe symptoms of psychological distress, major depressive disorder, social dysfunction, concentration difficulties, and generalized anxiety disorder (Dossa, Zunuznegui, Hatem, & Fraser, 2014b; Johnson et al., 2008; Johnson et al., 2010; Lueger-Schuster, Gluck, Tran, & Zeilinger, 2012). Physical and other health consequences of experiencing sexual violence include: wounds, such as genital mutilation (Longombe, Claude, & Ruminjo, 2008); gynecological problems, such as fistulas or chronic pelvic pain (Dossa, Zunuznegui, Hatem, & Fraser, 2014a; Longombe et al., 2008; Mukwege & Nangini, 2009); and sexually transmitted infections, such as HIV (Kim et al., 2009). In this article, we focus on the social consequences of experiencing conflict-related sexual violence with the aim of identifying elements that should be considered in developing a comprehensive public health approach. Besides the studies described earlier, our literature review identified studies aimed at understanding sexual violence during wartime (Buss, 2009; Diken & Laustsen, 2005; Leiby, 2009; Milillo, 2006; Snyder, Gabbard, May, & Zulcic, 2006), understanding the effects of war on women, but not specifically sexual violence in wartime (Hynes, 2004; Sideris, 2003), or investigating the proportion of victims rejected by their families (Steiner et al., 2009). We found no rigorous study that investigated how survivors of conflict-related sexual violence perceive the sexual violence they suffered and their current daily lives. Moreover, no study based on victims' experiences has investigated the determinants of the adverse social consequences of experiencing conflict-related sexual violence.

The aims of our research were: (a) to describe the daily lives of survivors of conflict-related sexual violence as women and mothers, how they perceive and take care of their child born from rape, and their needs; (b) to investigate whether and how social norms contribute to the adverse social consequences

of conflict-related sexual violence; and (c) to guide interventions that will minimize the negative impact of conflict-related sexual violence on victims and their communities and help in their rehabilitation. Meeting those objectives requires gaining a better understanding of how the various actors' actions are shaped and constrained by the system of power relations, and how their behavior influences, reproduces, or reinforces that system when it comes to the issue of conflict-related sexual violence and its social impacts. We therefore based our analytical framework on the social constructivist approach.

The article is structured in four parts. First, we present the analytical framework used to analyze the participants' stories. Then, in the Method section we present the study context, the characteristics of the participants, and other details that will enable the reader put our results into context. Next, we present and discuss our results. Finally, we propose some strategies for the design of more holistic interventions in the DRC and culturally similar areas affected by armed conflicts.

Analytical Framework

According to Leatherman, three theoretical approaches can be used in the study of sexual violence in armed conflicts: essentialism, structuralism, and social constructivism (Leatherman, 2011). Each approach makes several key assumptions about gender relations in society, especially in terms of power, leading to different insights for studying conflict-related sexual violence and its impacts.

We chose the social constructivist approach because we support the idea that conflict-related sexual violence has devastating social consequences on women, their families, and communities and that those consequences are the results of norms, rules, beliefs, ideas, and values that blame the victims rather than the perpetrators of sexual violence. We propose two ways to explain how those norms, values, and beliefs are responsible for the issues faced by survivors of conflict-related sexual violence.

First, in societies and communities where sexuality is a taboo subject, victims of sexual violence are silenced. Unfortunately, this silence also strengthens the social and cultural

power structures of patriarchy, which is a hierarchical social order centered on dominant or hegemonic forms of masculinity. Hegemonic masculinity is a male-centered order that gives men, rather than women, primary access to power and privilege and provides cultural codes on adultery that fail to differentiate it from rape (Leatherman, 2011). Therefore, both rape and any child born from it are perceived as a transgression of cultural codes and a failure on the part of the woman to comply with her obligations and responsibilities (Milillo, 2006), which include reproducing only with her husband, looking after the household and children, and being faithful. This situation can also influence the victim's own perception of the child born from rape, as the infant's existence is partially responsible for the way she is considered by her immediate social environment. Hegemonic masculinity also encourages the notion of the superiority of men and reinforces the idea that the wife belongs to the husband and that he is her sole protector, both domestically (shelter, food, etc.) and against harm from other men or groups (Milillo, 2006). From this standpoint, a husband's failure to protect his wife is perceived as a humiliation, and blaming the woman becomes the best way for a man to recover his dignity.

Second, societies' preexisting socioeconomic and culturally shaped gender relationships will influence combatants' decisions to perpetrate sexual violence in times of conflict (Leatherman, 2011). In fact, the perception of women as second-class citizens and the magnitude of gender inequality in a society are two predisposing conditions which can influence both the decision to perpetrate sexual violence in wartime and the way in which women who have survived such violence are subsequently regarded.

Method

The DRC Context

The DRC, located in Central Africa, is one of the largest, richest, and most populated countries of the continent, with an estimated 66 million inhabitants (according to the World Health Organization). Since 1996, the DRC has been experiencing a multicountry conflict

sometimes referred to as “Africa’s first world war.” This conflict has led to an estimated 3.9 million deaths and 2.2 million internally displaced persons (Coghlan et al., 2009; Kim et al., 2009). Since 1998, the two eastern provinces of North and South Kivu have been partially under the control of several rebel forces (Interhamwe, Forces démocratiques pour la libération du Rwanda, the National Congress for the Defense of the People, the Mai-Mai, and more recently the M23) fighting the FARDC. Combatants from the FARDC and the rebel forces are reported to have been responsible for hundreds of thousands of acts of sexual violence since the beginning of the conflict (Kippenberg, 2002). Those groups also often commit atrocities such as kidnapping, gang-rape, murder, and enslavement of women for sex or labor.

Goma, where this study was conducted, is the capital of North Kivu, with an estimated population of around 400 000. It is located on the DRC’s border with Rwanda. More than 15 years of violent conflict in nearby regions have resulted in massive displacement of the population toward the city. This growth has been accompanied by the development of extensive cross-border trade networks (Vlassenroot & Büscher, 2009). From a small town of marginal importance in 1996, it has developed into a regional multiethnic, military, and economic center (Büscher & Vlassenroot, 2010) and a base of operations for the United Nations Organization Stabilization Mission in the DRC. Following the interethnic violence in the Masisi and Walikale territories of North Kivu, which displaced substantial numbers of rural inhabitants toward the city in 1993, the first international humanitarian aid agencies arrived in Goma (Büscher & Vlassenroot, 2010). The number of humanitarian aid agencies rose drastically after the influx of hundreds of thousands of Rwandan refugees in 1994 and the beginning of the Congolese conflict in 1996 (Büscher & Vlassenroot, 2010). We selected Goma because of its relatively peaceful environment, even though the city is not far from areas (e.g., Rutshuru, Masisi, Walikale, etc.) where government militaries were still fighting rebel forces at the time data collection was planned.

Although the number of victims of sexual violence during armed conflicts in the eastern provinces is unknown, some statistics have indicated that 16,000 cases of rape were recorded

in South Kivu alone in 2008 (Kivlahan & Ewigman, 2010). Also in South Kivu, between 2005 and 2007, another humanitarian aid organization provided health care to 20,517 women who had experienced conflict-related sexual violence (Peterman, Palermo, & Bredenkamp, 2011; Steiner et al., 2009).

Study Design

Our main objective covers two aspects that required two complementary approaches. First, we used a psychological phenomenology approach to explore the meaning of the act of sexual violence for the women who experienced it and what it is like to live as a survivor of conflict-related sexual violence that resulted in having a child born from rape. Then, using a grounded theory approach, we constructed a conceptual analytical framework to understand how societal norms, values, and beliefs contribute to the adverse social consequences of experiencing conflict-related sexual violence, a situation that affects survivors’ mental health.

Participants

The sample¹ of women who had experienced sexual violence during armed conflict was recruited with the help of a local NGO, the Alpha Ujuvi Collective, which is primarily involved in literacy promotion. It also provides support to communities and thereby offered access to potential participants. The Alpha Ujuvi Collective aims to empower women by teaching them literacy in Swahili and also works to prevent recourse to violence by resolving land ownership disputes between neighbors in peaceful conflict-resolution meetings. To recruit participants, we contacted the leaders of the literacy sessions and peaceful conflict-resolution meetings.

Women of reproductive age (15- to 45-years-old) living in the surrounding neighborhoods were invited to participate voluntarily. Among those interested in participating in the main survey (Dossa et al., 2014a; Dossa et al., 2014b), 13 women raped during the armed con-

¹ Participants were chosen from among the sample of 66 women who volunteered to participate in our global study which investigated the effects of conflict-related sexual violence on reproductive and mental health (results published elsewhere).

flict were invited to participate in this part of the study, of whom 12 completed the interview. Given our study's objectives, we chose a purposive sampling method, which allowed us to document in depth every aspect of interest. The study sample was constituted of women survivors of conflict-related rape perpetrated by one or several men (militia men, armed men, or FARDC personnel) who became pregnant after the assault and gave birth to an infant. Some of the women had been kidnapped and sequestered for up to 2 months.

Ethical Approval

Ethical authorization was provided by the Health Research Ethics Committee of the University of Montreal, which assesses research involving human subjects. Data collection began only after the approval was granted. Given the vulnerability of the targeted population, several precautions were taken. To avoid stigmatization of participants, the general recruitment message did not indicate an interest in women who had experienced sexual violence. Every participant gave informed consent before the beginning of the interview. To ensure confidentiality, individual interviews were conducted in a closed room provided by the Alpha Ujui Collective and data were kept anonymous throughout the study. Participants were also offered psychosocial assistance when they expressed a need during the interviews. Social assistants working for the Alpha Ujui Collective were in charge of providing such assistance.

Data Collection and Procedures

A message concerning the study was sent to the leaders of the conflict resolution meetings and of the literacy sessions. We informed them about the general purpose of the study and asked them to spread the word among women of reproductive age living in their neighborhoods. Women interested in participating were invited to join the research team at an agreed-upon location. Upon completion of the questionnaire designed for the first part of the study (full questionnaire included in first author's thesis), eligible women were invited to participate in this second part of the study. Once they gave their consent, we set up an appointment for the meeting. To minimize information bias, two

local interviewers fluent in French and Swahili were recruited and trained. They were tasked with translating the questions into Swahili and the answers from Swahili into French.

Data were collected between July 2012 and August, 2012 through semistructured face-to-face interviews. The semistructured interview approach was chosen for the epistemological, ethical/political, and methodological reasons cited by [Poupart, \(1997\)](#). Epistemologically, this data collection method is necessary for in-depth exploration of actors' perceptions, which is considered essential for understanding social behaviors. With this method, we are able to examine comprehensively all aspects—whether ethical, social, political, economic, or others—of the issues associated with the phenomenon under study. Lastly, from a methodological standpoint, interviews are one of the best information-gathering tools for uncovering social realities and gaining privileged access to the actors' experiences.

The semistructured interviews were led by the primary author. They lasted between 30 and 45 min and were all recorded with the participants' consent. The recorded interviews were transcribed verbatim by the primary author. Recordings and transcripts were all anonymous and kept on a secured device to guarantee confidentiality. Women were asked for information about their sociodemographic characteristics and answered 18 questions to document their perceptions of sexual violence and of all the social consequences of being a victim of conflict-related sexual violence.

Data Analysis

The transcripts were imported into QDA Miner, software designed for qualitative data analysis. Data analysis was driven by [Moustakas' phenomenological analysis approach](#), as described by [Creswell \(2007\)](#), and by the grounded theory model created by [Glaser and Strauss in 1967](#), an analytical approach for constructing empirical theories based on social phenomena that have not undergone much analysis ([Laperrière, 1997](#)). The 12 interviews were coded in QDA Miner using an open coding format, which allowed for the emergence of the largest number of concepts and categories possible to describe each of the participants' statements ([Laperrière, 1997](#)). Once the coding was

completed, significant statements and themes were used to describe the participants' perceptions of the sexual violence they experienced and of what it was like to live as a survivor and as the mother of a child born from rape. We used the themes induced from the open coding process to build a theory based on their co-occurrence (Jaccard's coefficient). This theory explains the process through which societal norms and values cause the adverse social consequences associated with the experience of conflict-related rape.

Born and raised in Africa, and having visited and worked in several African countries in the West and Central regions, the first author is well positioned to put the results in perspective and draw several conclusions on the implications of sexual violence in the DRC based on the interviewees' stories. Moreover, 2 months spent in the DRC for field work along with subsequent professional visits in 2013–2014 also allowed her to gain in-depth understanding of the cultural norms and their implications.

Results

In our analysis, three groups of themes emerged, among which there were a variety of interactions. In this section, we first assess women's perceptions of their lives as survivors of sexual violence and mothers of children born from rape, considered as our central phenomenon. We then identify the personal, cultural, and psychological factors influencing those perceptions. Lastly, we present the consequences of those perceptions on women's social behaviors, along with the factors that can attenuate or aggravate those consequences.

Figure 1 presents the grounded theory model, which explains the process through which societal norms, values, and beliefs contribute to the adverse social consequences of having experienced conflict-related sexual violence. The outermost circle in the figure represents the cultural norms and beliefs of the society investigated. These influence the survivors' own perceptions of the act of rape as well as the immediate and long-term reactions of their social environment (extended family and community), an aspect represented by the dotted circle. Those three aspects also influence the way victims perceive themselves and their rape-conceived children, how they are considered in the society, and the

amount and type of social and financial help provided. Lastly, all the previous aspects together determine women's perceptions of their lives and the other social consequences investigated in this study.

Perceptions of Life as a Rape Survivor and as the Mother of a Child Born From Rape

All the participating women described their daily lives as oppressive, difficult, made up of worries and sorrows, or worthless. Some of them reported still having nightmares even years after the assault, in which they reexperience the whole act of sexual violence and the health issues that have plagued them since their assault. One woman (WMN 3) conveyed this impact clearly while answering the question about her life since she was raped:

Up to now, this has caused me a lot of worry and heartache. If I learn someone else has been raped, I feel as if I'm the one reliving the event. Since the event, my body is very weak and I have heart palpitations. I feel that I no longer have my whole personality. When I walk by, girls in the neighborhood point their finger at me and say, "that one has been raped," and it makes me suffer even more. (WMN 3)

WMN 8, raped twice in her life—first as an adolescent and then again as an adult—also declared:

I understood that I'm unlucky, just as my husband says, and others, too. I ended up convinced that I was really unlucky because I'm the only one who is always raped. The first rape is the one I really want to emphasize, because it is since then that my life has been destroyed. But I try to keep working so my family can survive. (WMN 8)

The perceptions about their lives were analyzed according to three characteristics of participants. First, women who were separated from their husbands tended more often to report life as oppressive, difficult, and worthless or full of worries (average frequency of reporting = 3, vs. 2 for participants with the other matrimonial status). We then compared perceptions about their lives according to the age at which the rape occurred (adolescent/adult). Women who were raped during adolescence more often reported troubles in their daily lives (average frequency of reporting = 3, vs. 2 for those raped as adults). Finally, we analyzed the perceptions of their lives according to whether the women had other children besides the one born from their

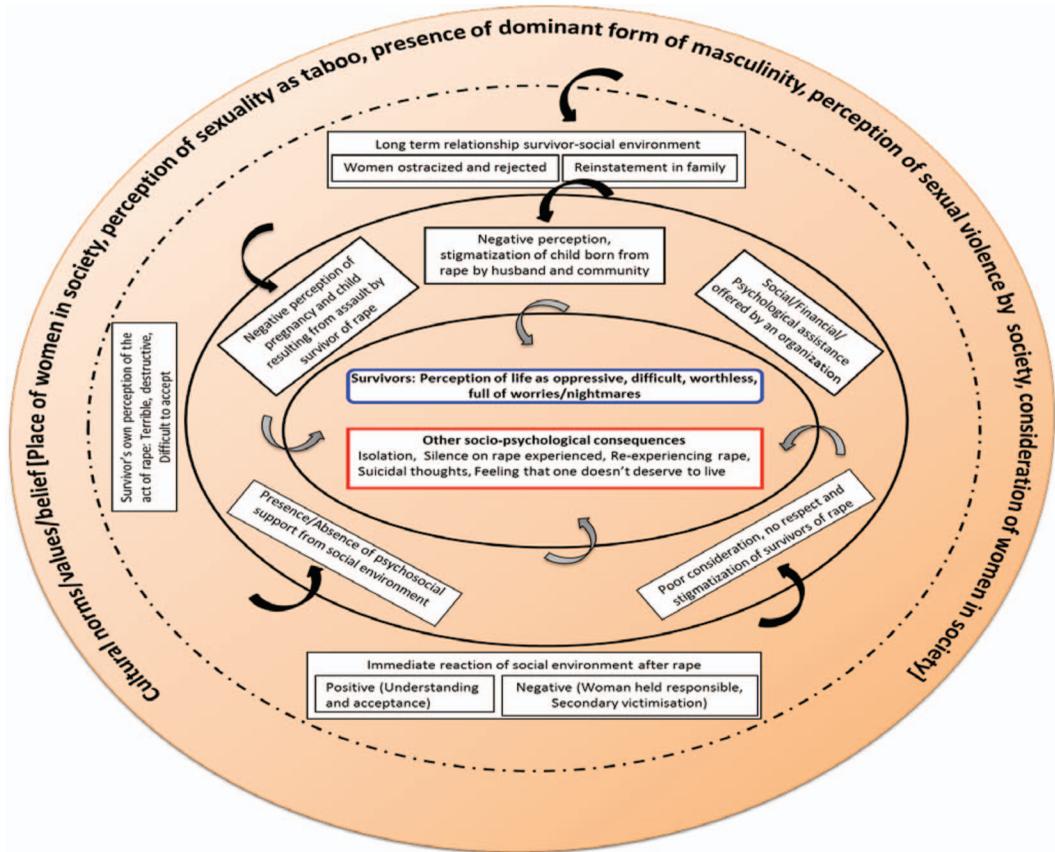


Figure 1. Theoretical model emerging from participants' stories representing social impacts of conflict-related rape on survivors mediated by cultural norms, values, and beliefs. The color version of this figure appears in the online article only.

rape. Women whose only child was born from rape also more often perceived life as difficult (average frequency of reporting = 3, vs. 2 for those who had other children).

Factors Influencing Perceptions of Life as a Rape Survivor and as the Mother of a Child Born From Rape

Six kinds of causal conditions emerged from the data, all related to the society's cultural norms, values, and beliefs. The first condition affecting survivors' daily lives was the perception of the act of rape by their family and community. Seven of the survivors indicated that it was hard for their family to accept what happened, not because they empathized with the survivor's pain, but rather because such things

dishonored the family. A glaring example was given by one participant:

When my older brother learned I had been raped, his first reaction was to throw me out of the house because I had shamed them. My brother said the family had done everything to raise me properly, and now I had paid them back by letting myself be raped. For the family, it was as if what had happened was my fault. (WMN 2)

Not accepting the act because of the shame the survivor brought on the family is immediately associated with blaming the woman for the rape and secondary victimization, especially by the husband. Over the long term, this is associated with rejection and constant humiliation of the woman by the immediate family. As a result, according to all the participants, the com-

munity in general, including the family, is neither accepting nor respectful of women who have experienced conflict-related rape. One of the participants described the situation very clearly:

I'm the eldest girl in my family, but I'm regarded as nothing at all. I'm always the most neglected and badly treated person in the family because of the situation I experienced. I'm told, "go away, you're the wife of the Interhamwe." My family no longer has any respect or consideration for me. (WMN 1)

This situation affects the survivor's life, especially because it is associated with a lack of compassion and psychological support from family members, an aspect of crucial importance in African societies. Out of the seven women married at the time they were raped, six were repudiated by their husbands. Of the six women repudiated, five were taken back. However, four of those five said that after their husband took them back they were constantly insulted and humiliated, and one was beaten. Five survivors reported that some family members understood they were not responsible for their rape, even though it was hard for them to accept the situation because of all of the pain and suffering the woman went through when it happened and going forward. Those women were reinstated and given some consideration by their families, even if their community continued to stigmatize them. Three of the women initially rejected by their own family were finally reinstated after the Alpha Ujuzi Collective's interventions through mediation.

Another factor influencing the survivors' perceptions of their daily life relates to how women are regarded in their society. Ten participants indicated that, in their community, women are regarded as mothers whose role is to take care of their husbands and children, and one participant indicated that women and men are equal. Three participants indicated that a woman must be exemplary, behave properly in society, and be on good terms with members of her community, and that she should not be quarrelsome, aggressive or vengeful, or bring conflict into the family. As reported by all participants, women who have been raped no longer meet those conditions, a situation that can make them feel less valuable. Two of the participants spoke along these lines:

Women victims of rape are not regarded in the same way because they're labeled as having a bad reputation. We already have a different status compared to those who have never experienced the problem of rape. (WMN 12)

The woman rape victim is ruined. People give her another label. Her name becomes "raped woman," "Interhamwe's woman" (Interhamwe being one of the rebel groups implicated in the conflict). WMN3.

The third factor influencing how rape survivors perceive their daily lives is their perception of the rape they experienced. The perception of the rape is itself influenced by how women are regarded in their society. In fact, difficulties in accepting what happened and the labeling of rape as something destructive, bad, terrible, and horrible correlated closely with how women are regarded in society as mothers, inferior to men and bound by rules of proper behavior. For example, when talking about what she thought of the rape she experienced, a participant reported:

It makes me really sick at heart because this act has destroyed my life. I was in grade school when I was raped, and to this day I have not been able to continue studying. So this act has destroyed my life, and if I am unhappy today, it is because of what I experienced. (WMN 11)

In other words, a raped woman is no longer capable of pursuing her dreams because of how she is regarded in her community. Some even have to leave everything behind and relocate to avoid the community's criticism and gossip. Those women face more challenges because they have to start their lives over with many health issues and without any resources or assistance.

According to the participants' stories, the negative perception of the pregnancy and of the child born from rape also influenced their perceptions of their daily lives. All the survivors rejected the pregnancy, felt nothing for the baby, or perceived it as an additional punishment to the rape. The mothers' negative perceptions of their child (which correlated with the perception of the rape they experienced) co-occurred with their negative perceptions of their life as a survivor. Most often, they had mixed feelings about the child born from rape, as described by WMN 6:

The child is here with me . . . I'm here with him, but when he throws tantrums I get angry, and I get really angry, because it makes me relive the whole situation

I experienced. I try to treat him like the other children. Even when I'm mad at him, I can't express it and show that it's because of what I experienced that I'm upset. I can punish him, but I can't say a word in front of him to show that it's because of the rape that I experienced that I react like that, no, no. He can remind me of the rape, but I try to treat him like the others. (WMN 6)

The relationship between the survivors' husbands (for those who were still married) and the child born from rape also affected the women's daily lives. Negative perceptions of their life co-occurred with their husbands' difficulties in accepting the child, who was treated differently from the others or stigmatized. An eloquent example of what this situation can cause was reported by WMN 4:

My husband's children go to school, but it didn't work for the other one. My husband didn't treat him like he did his own children. If the child made mistakes in the house, he would tell him to go join his father in the forest. If my husband had treated him like the other children, I wouldn't have sent him somewhere else; he could have stayed with me. He would buy clothes only for the two children he had with me; what other impression can this give me? (WMN 4)

Consequences on Survivors' Quality of Life and Mental Health

Survivors' perceptions of what they went through in their daily lives led to consequences that affected not only their quality of life, but also their rehabilitation and mental health. Most of the survivors ($n = 8$) reported that they constantly isolated themselves to avoid insults and problems. In this regard, WMN 3 said:

The solution I adopted was to keep to myself. For example, if my coworkers say something to me, and if I react, we might get into a fight, but then one of them could go and say to the military: "Look, this woman was a woman of Interhamwe rebels!" Then they could come and arrest me on the pretext that I'm harboring Interhamwe rebels in my house. To avoid all this, you need to isolate yourself. (WMN 3)

Four participants reported that humiliation and lack of consideration also caused them to continuously relive the traumatic experience of rape. As one participant related:

I might hear people talking and I might think about the event again, but I try to ignore it and to go on with my life. Even though my first instinct is to act as if I don't care, those reactions still hurt me. (WMN 6)

Three survivors said they got so angry that they wanted to lash back when they heard gossip and mean things said about them. For example, WMN 4 said:

I didn't want that to happen to me. But if I find out someone is making fun of me or ignoring me because I was raped, then if I have the opportunity, I can also hurt that person, because I didn't choose to be raped. (WMN 4)

Survivors' everyday lives make them feel like they no longer deserve to live because they've been raped. This feeling is associated with lack of motivation in daily activities and suicidal ideas. Most of the suicidal ideas were exacerbated by the pregnancy resulting from the rape, a pregnancy imposed on them against their will. WMN 7 said:

The lack of consideration makes you feel like you don't deserve to remain in this world. You don't have the right to live because everyone is laughing at you, everyone ignores you. (WMN 7)

Two survivors attempted suicide, and two of them reported knowing a woman who was raped and committed suicide.

Lastly, two of the participants reported that their perceptions of their lives encouraged them to remain silent about the rape they experienced, and one participant said she had no intention of having other children. WMN 3 clearly stated:

It's a secret for us. If you approach us, we'll talk to you and you'll discover the problem we're living with. But if you don't come to us, it's not easy for us to stand up, like that, in front of a lot of people, or the assembly, and start saying, "I was raped." It's not easy. (WMN 3)

Social support offered by family members, and especially psychosocial assistance offered by the Alpha Ujuvi Collective, lessened the impacts of the mistreatment directed at women who experienced conflict-related rape. In fact, eight participants who had received psychosocial assistance said it helped in restoring their pleasure in life and in their reinstatement into the community. The psychosocial assistance consisted of meeting with a group of women who had also been raped. Individual sessions could also be provided, and mediation between victims and their family or husband was also offered for those who consented to such assistance (helped in reinstating all women who bene-

fited from it). Those who had received literacy lessons and financial assistance to develop a small income-generating activity reported that those interventions had empowered them in many ways. For some, it helped them to be smarter and more proactive in society, and for others, it gave them an occupation again that helped satisfy their daily needs and kept their minds busy. The participants who had received financial assistance used the money to launch a small business. Some bought and resold goods, and others used this money to get into farming. For example, WMN 7 said:

The little bit of money I received really strengthened my activities. Because of that, when I come home in the evening with a measure of flour, my husband will no longer see me as useless. When I'm with the other women who have also been raped, I also feel stronger. (WMN 7)

WMN 6 also clearly stated the benefit of such assistance:

Without the assistance I received, I could not have easily overcome this problem that I experienced. First, the psychosocial support helped me clear my mind and gave me the strength to live again. When I go into the city during the day and manage to come home with at least a measure of flour, I feel I have earned at least a little respect from my family and I will have less to worry about. If I don't have enough for my children, my worries will increase. (WMN 6)

Interventions for Rehabilitation

To complete our analysis, survivors were asked to share what kinds of interventions they had found essential in recovering fully from their trauma. Five types of interventions emerged from the data.

Most of the participants ($n = 10$) considered financial assistance to be important for launching or reinforcing their income-generating activities and, in four cases, helping to provide a formal education for the child born from rape. All participants reported that they would be less worried if they had a good source of income that would help satisfy their own and their family's daily needs.

Eight participants also wished to continue receiving the psychosocial assistance that helped them accept what had happened and deal with the consequences. According to them, this intervention was essential because it offered them the opportunity to share their

experiences of rape and their daily troubles with other women who had gone through the same experience, thereby reinforcing the idea that they were not alone.

Half of the survivors were still in need of medical assistance for persistent and chronic health conditions resulting from the assault. Some needed assistance for physical wounds, others for gynecological problems (womb or fistula issues) or HIV infections they developed after being raped.

Two survivors who had to leave their villages due to the constant humiliation said they would like to be assisted and to have a decent home for themselves and their children. In Goma, it is hard to buy land and build a house. Rents are also usually high for women without a good source of income who are also responsible for children.

Finally, one survivor indicated a need for an awareness campaign that would promote and encourage the acceptance of children born from a conflict-related rape, who are most often stigmatized and unfairly treated:

When my child born from rape is stigmatized, he's also traumatized, and this also affects me one way or another. So, the problem remains, how to help children born from rape to be accepted by other children and the rest of society? (WMN 7)

Discussion

In this article, we have investigated the social consequences of experiencing conflict-related sexual violence. Even though some aspects have already been described in some reports, this study is different in several ways. First, it assesses them from the victims' perspectives. Second, it explores how cultural norms and beliefs contribute to the situation those women are facing, a link that has not previously been explored. We also propose a theoretical model that explains how cultural norms and beliefs encourage the rejection of women who have experienced conflict-related rape and cause them to perceive their daily lives as difficult or oppressive. This contributes to their isolation and limits their chances of rehabilitation. In fact, the way these women are considered in their family and community undoubtedly influences their mental health. In a previous study, women survivors of rape reported that negative social reactions (e.g., blaming) hinder recovery

(Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001). As such, the community itself unconsciously contributes to the adverse consequences of conflict-related sexual violence.

As in numerous countries, sexuality is a cultural taboo in the DRC. This was clearly seen in the stories of our participants, who said they had to keep their rape experience a secret to avoid being ostracized and rejected. Because women who have been raped are automatically tagged as “bad,” “less valuable,” and so forth, keeping silent is the only option for survival. The necessity for survivors of the DRC conflict-related rape to hide their experience to avoid stigma has been previously reported (Kippenberg, 2002). Furthermore, as confirmed by the participants’ stories, no difference is made between adultery and rape in their communities. Thus, most husbands consider their wives unfaithful when they’ve been raped and accuse them of sharing with strangers something that rightfully belongs only to the husband, which is unacceptable and unforgivable. Such results have been reported in three different studies in which male subjects blamed the victim to a greater extent than did female subjects (Bell, Kuriloff, & Lottes, 1994; Calhoun, Selby, & Warring, 1976; Nagel, Matuso, McIntyre, & Morrison, 2005). The failure to differentiate rape from adultery was also seen in the Babylonian Code of Hammurabi, such that raped women were stigmatized to the same extent as those having committed adultery (Milillo, 2006). Hence, intentionally raping women becomes a major goal and an effective tactic of destruction (Milillo, 2006), especially when the consequences and reactions are predictable based on the cultural norms. Astonishingly, even men who ran away while their wives were assaulted and failed to protect them (as stipulated in a patriarchal society) share these views. This reinforces the idea that men who fail as protectors are ashamed and resort to blaming their wives for being unfaithful, rather than raped, as a way of recovering their dignity. On the relatives’ side, in-laws accuse the women of being unfaithful, and families are usually unhappy because of the shame that the tag “unfaithful” brings on them. These reactions have also been previously reported in the literature (Milillo, 2006).

In our study, a few participants reported that significant others supported them and blamed the aggressors for what happened. However,

most victims were considered responsible for their rape, on the pretext that they should have avoided being in a situation that could expose them. These attitudes were also seen in a Spanish study that assessed social perceptions and reactions to rape; in that study, participants attributed more responsibility to the woman and less to the assailant for an acquaintance rape—being assaulted when going home drunk accompanied by a man the woman does not know (Frese, Moya, & Megías, 2004). In that particular situation, the common perception is that the woman created all the necessary conditions for rape to occur. We concur with Muganyizi et al., who see those reactions and judgments as being directly related to social and cultural norms (Muganyizi et al., 2009). In a society where women are supposed to be exemplary, follow the rules, and be careful not to place themselves in situations of exposure, they will always be blamed for such aggressions. As long as those norms persist, it is highly probable that most people will keep blaming victims for their rape and that survivors will be stigmatized and rejected. Because rejected women, along with their children, find themselves on society’s margins, the entire society (those who stigmatize as well as those who lack the courage to stop the negative attitudes) contributes to the adverse social consequences of conflict-related rape.

According to previous studies, culturally shaped gender relationships also influence the practice of sexual violence in periods of conflict (Leatherman, 2011; Milillo, 2006). In the DRC, women are considered second-class citizens, and a set of laws and social norms define their role as subordinate to men, even if they are often a major source of support for the family (Kippenberg, 2002). This was confirmed by most of our participants. According to them, women are not considered men’s equals in their communities, and there are rules they must follow to be considered good women. According to those rules, when a woman “lets herself get raped,” she no longer fulfills the criteria for being a good woman. The situation is exacerbated by pregnancy, as she is seen as bearing the child of a rebel or an enemy.

Like their mothers, most children born from rape are not accepted by their immediate social environment. They are often marginalized and identified with the perpetrators rather than as the victims of a situation outside of

their control (Erjavec & Volčič, 2010). All but one of the survivors in a relationship at the time of the study indicated that their husbands also treated those children born from rape differently. All were unhappy with this situation, as they felt that they had gone through so much trouble for these children, and despite all the pain, their children were not accepted. This raises three important questions: How do children born from rape feel in society? How do they perceive the mistreatment and rejection of community members? And more importantly, what impact will this treatment have on their future lives? Unfortunately, we were unable to explore those questions, as the participants' children were too young. However, in a study that investigated the representations of female adolescents born from rape in Bosnia and Herzegovina (Erjavec & Volčič, 2010), the results indicated that those children felt as if the war was still going on, and defined themselves as scapegoats, because of their Serbian blood. Some of the children also defined themselves as destructive forces in their personal relationships, a perception that was closely connected to internalized guilt. Furthermore, because of the consequences of the rape on their mother's physical and mental health, these children often ended up mothering their own mothers (provide care and assistance as needed). In the DRC context such consequences cannot be excluded, as these situations can affect the well-being of future generations and the development of entire communities.

Based on the participants' stories, several suggestions can be made with regarding to coping with the aftermath of conflict-related sexual violence. First and foremost, efforts must be made to bring security and safety back to these populations, especially to women and children (most at risk), and survivors need to receive social support along with psychological and medical care. At the time of this writing, a few organizations are offering either medical or psychological assistance to people affected by the DRC conflict, generally near urban areas, and rarely in remote areas. However, social support is desperately lacking, a surprising situation given the reported abundance of social support in African communities, especially when a relative is facing a difficult situation (Brown,

2008; Taylor, Chatters, Hardison, & Riley, 2001). In most cases, being raped does not qualify as such an event, which explains the lack of support from relatives.

The results of this study also strongly support the fact that psychosocial assistance and medical care are not enough to rehabilitate women who have experienced conflict-related rape in eastern DRC. According to all our participants, being able to work and bring in enough for their family's subsistence and regaining their self-confidence are both very important outcomes of the rehabilitation process. Because most of them had to leave their home town for a larger city, their greatest struggle has been finding a sustainable income-generating activity. Some were able to overcome such difficulties with the help of temporary funds offered by a humanitarian aid organization. Organizations providing long-term assistance to conflict-affected areas should keep this need in mind if their intention is to offer holistic support.

The third important aspect to consider with regard to conflict-related rape is people's mentality, which is usually influenced by social and cultural norms. Campaigns are urgently needed to educate people and bring them to understand that survivors did not choose to be raped but were abused against their will. Although stopping the conflict is crucial to avoid creating new rape victims, educational campaigns will help in the rehabilitation of those who have already been raped. Moreover, such campaigns will also facilitate the lives of children born from rape. Even though most survivors said they tried to take care of those children, in most cases the children are not accepted by their families or neighbors. In fact, only one of the survivors indicated that her husband took care of the child born from her rape in the same way as his own children. Some of the survivors' neighbors do not hesitate to insult the child born of rape each time they have the opportunity. Such situations add to the suffering of the survivors, who undoubtedly feel bad when their child is stigmatized, thereby adding to their trauma.

Conclusion

Experiencing conflict-related rape can have several social consequences on women and, by extension, on their communities. Survivors experience their lives as oppressive and difficult, a

result of the social and cultural norms that condition how they are treated and accepted by their peers. The low regard in which survivors are held not only impedes their rehabilitation, but also contributes to the continued use of such devastating tactics in armed conflict. Actions must certainly be taken to stop the DRC armed conflict, but educational campaigns should also be implemented to stop the vilification of victims and of children born from rape. Finally, besides providing psychosocial assistance and medical care, organizations aiming to offer holistic assistance to survivors must also help them to find sustainable income-generating activities.

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