Community perceptions towards survivors of sexual violence

A qualitative study from the eastern Democratic Republic of the Congo

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Abstract

Over the last decades, there has been increased attention towards women’s and girls’ protection and participation during conflict, peace processes, and peacebuilding. In the wake of this attention, sexual violence during conflict and in post conflict settings has been put on the international agenda. Both scholars and NGOs share a concern about the possible negative impact sexual violence may have both for the individual survivor as well as for the society as a whole. The Democratic Republic of the Congo (DRC) is one of the countries that have been subjected to this increased attention. Survivors of sexual violence report that community exclusion and shame experienced after the attack is as challenging as concerns about the attack itself. I argue that reintegration is a process that includes both survivors and their communities, and therefore examine the community perspectives towards survivors of sexual violence and on reintegration. Based on nine focus group interviews I carried out in the Bukavu area in South Kivu, in the eastern DRC, I have explored these two interrelated research questions: How do communities in the eastern DRC perceive survivors of sexual violence? Furthermore, what does the community see as important factors for reintegration of survivors? The findings reveal that the community perceptions towards survivors are negative in the relational sphere (community, husband, family) and neutral in the professional sphere (market, job). The respondents identified five factors important to achieving reintegration for a woman: i) to not have disease, ii) that she hide, move or don’t report the violence, iii) to get married, iv) to learn market-friendly skills or, though somewhat ambiguous, v) to participate in a support program. Receiving medical and economic assistance from support programs may help in the reintegration process, but it may also have the negative unintended consequence of highlighting that the survivor has been raped, which by the community is ascribed a negative meaning. A difference in civilian and soldier perpetrated rapes and the prospects for reintegration emerged within the discussions; given the characteristics of civilian rape it may be “easier” for this survivor to achieve these reintegration factors. This, however, may easily lead to neglects of survivors raped by civilians. The findings from the community suggests that the survivor has limited possibility of taking the reintegration process into her own hands, and that although female empowerment, medical and economic assistance are good things, it is not sufficient given the local customs and attitudes that she receives from the community.
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Any remaining mistakes within this text are fully my own.
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1 Introduction

Many times her name is like erased. People start calling her femme violé, raped woman (Focus group I, Panzi area).

Over the last decades, there has been increased attention towards women’s and girls’ protection and participation during conflict, peace processes, and peacebuilding (Tryggestad 2014, 1–2). Female empowerment and participation is seen, both within the scholarly and the international Non-Governmental Organization (NGO) debate, to be an essential tool for sustainable peacebuilding (Krause 2015, 100). In the wake of this attention, sexual violence during conflict and post conflict settings has largely been put on the international agenda as an international security and development concern, because women and girls to a large degree are victims of it (Tryggestad 2014, 2). Findings show that sexual violence is likely to occur in all conflicts, but with immense variation in its form and severity (Wood 2009). In addition, sexual violence often continues to be perpetrated both by soldiers and civilians in the post-conflict period (Cohen and Nordås 2014, 452; Krause 2015, 108; Østby 2014). In recent years, its complexity, frequency and brutality have led to an increased attention towards understanding why sexual violence is prevalent, as well as its consequences at the international, national, and local level. Despite many different theoretical approaches and implications, both scholars and NGOs share a concern about the possible negative impact sexual violence may have both for the individual survivor1 as well as for the society as a whole.

The Democratic Republic of the Congo (DRC) is one of the countries that have been subjected to this increased attention to its problem with sexual violence. Sexual violence has become the dominant framing used by the international NGO and scholarly community when speaking about the DRC (Autesserre 2012, 9; Baaz and Stern 2013). In 2010, the previous Secretary-General’s Special Representative on Sexual Violence in Conflict, Margot

1 I hereafter use the word survivor when referring to a person that has been raped. This is a common term used both within the NGO sector and by scholars. Although this may also be considered as giving a person that has been raped a “definite mark”, I follow those who use this term with the intent of expressing respect towards someone who remains standing in spite of great adversity.
Wallström, described the DRC as the “rape capital of the world” (BBC 2010). The country was also characterized as the most dangerous place on earth to be a woman (Viner 2011). Peterman et al. (2011) find that “approximately 1.69 to 1.80 million women reported having been raped in their lifetime […], and approximately 3.07 to 3.37 million women reported experiencing intimate partner sexual violence.” Soldiers from rebel groups, militias, as well as the state army, Forces Armées de la République Démocratique du Congo (FARDC), and civilians are reported to commit sexual violence (Samset 2012, 235). The survivors report that sexual violence has become a societal phenomenon; community exclusion and shame experienced after the attack is as challenging as concerns about the attack itself (Kelly et al. 2012, 285). While scholars are trying to comprehend its variation and causes, several NGOs are based in the local communities to assist the survivors as well as to facilitate their social integration by empowering them.

In this thesis, I argue that examining the survivors’ perspective is only one piece of the puzzle in order to understand the situation of victims of sexual violence in the eastern DRC. Reintegration in a community is a two-fold process, encompassing both those to be integrated (the survivors) and those accepting the reintegration (the community). There is a knowledge gap concerning how communities perceive the survivors of sexual violence and what they see as important factors for reintegration. Therefore, I will bring the community perspective into the story about sexual violence and reintegration in the DRC. Given the dominant view of survivors as stigmatized, I will examine the community perceptions towards survivors of sexual violence and about possibilities for reintegration in which the survivors can become part of the community, and receive equal opportunities and treatment on the same level as the rest of the community.

1.1 Knowledge gap and research questions

Most evidence available about perceptions towards survivors of sexual violence in the eastern Democratic Republic of the Congo is based on survivors’ self-reports (Baaz and Stern 2009, 496). Findings from these reports show that survivors are feeling stigmatized after being violated. Furthermore, most of this research takes medical and psychological approaches focusing on the physiological and psychological consequences of the violence,
such as fistula, pregnancy, reproductive health issues and post-traumatic stress disorders (Glass et al. 2012; HHI 2009; Johnson K et al. 2010; Kasangye, A et al. 2014; Kelly et al. 2012; Kelly, J et al. 2011; Mukengere Mukwege and Nangini 2009). The prevalence of sexual violence becomes a societal challenge. It affects both the victims, and by extension, their families and communities (S. A. Bartels et al. 2010, 4; Peterman, Palermo, and Bredenkamp 2011, 1060). These consequences are then further associated with social and economic exclusion and stigmatization. The question then becomes how to reintegrate these stigmatized women.

The importance of understanding how the local communities perceive survivors cannot be underestimated. Several NGOs are working in South-Kivu region of the eastern DRC, to facilitate the reintegration for survivors into their societies, but there is little systematic evidence on how the communities think about the survivors and the reintegration. Non-evidence based actions could be unproductive or even counter-productive to the goal of reintegration. The ultimate goal of this thesis is to contribute to improving the understanding of the challenges of reintegration, so that programs can help survivors more efficiently. Survivors, NGO programs, scholars and the community are different but interdependent actors and it is therefore important to look at their different perspectives. This thesis’ contribution is to highlight the community perspective.

1.1.1 Research questions

Based in the knowledge gap described above, I will attempt to answer two interrelated research questions:

(i) How do communities in the eastern DRC perceive survivors of sexual violence?

(ii) What does the community see as important factors for reintegration of survivors?

Answering these research questions will contribute to the scarce evidence we have on the community perceptions towards survivors of sexual violence in eastern DRC, particularly the South Kivu region. In addition, more knowledge about survivors and reintegration can be relevant to the larger international discourse about peacebuilding, women and security,
including the discourse on sexual violence. Building on an assumption that there is an interplay between local customs and international customs in peace building (Mac Ginty 2010, 403), insights into local customs may help inform and thereby increase the understanding at a local level for successful peace building. More specifically, sexual violence is seen as an important obstacle for women to participate in the community. As women are seen to be important for sustainable peace building, exploring the obstacles for reintegration may serve as an important first step towards inclusion of women.

1.1.2 Defining sexual violence

Because the definition of sexual violence varies across different studies and contexts (Cohen 2010, 10), a clarification on the definition utilized in this thesis is vital. In general, sexual violence is often defined as a broad category including “rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity” (The Rome Statute of the International Criminal Court, 2011). However, the focus group discussions revealed that when the respondents spoke about sexual violence (ubakazi), what they meant refers to one of the subcategories of sexual violence, namely rape. Hence, I will limit sexual violence to concern rape defined as:

the coerced (under physical force or threat of physical force against the victim or a third person) penetration of the anus or vagina by the penis or another object, or of the mouth by the penis (Wood 2006, 308).

The advantage of using such a broad definition is that it allows for including civilians, soldiers, men and women as perpetrators and both men, women and children to be survivors. However, the respondents reported perpetrators to be male civilians and soldiers, and the survivors to be female. The analysis and discussion will therefore follow these empirical findings.
1.2 Research design and Findings

My methodological approach is to conduct a qualitative hypothesis-generating case study. The research question is situated within a field that has great potential for further research. In the case of the DRC most studies examine perceptions towards the survivors from the survivor’s point of view (Baaz and Stern 2009, 496), and contributes with assumptions and insights that serve as a useful starting point for further analysis. However, perceptions towards survivors of sexual violence is rarely explored from a community perspective, with the exception of Babalola (2013; 2015). Furthermore, the question of reintegration has not been empirically explored in this community context. Examining the research question from a community perspective through a qualitative case study and focus groups gives me the unique possibility to explore in-depth community perceptions towards survivors and reintegration (George and Bennett 2005, 31; Gerring 2007, 39–43). The thesis will seek to generate new knowledge, which can be tested in larger-scale studies as well as to contribute in the early stage of the process of theory construction (Levy 2008, 5).

The approach builds on an interpretivist epistemological position, in which one seeks to understand the social world through the interpretations of its participants (Bryman 2004, 267–268). Given the interpretivist, flexible and context-dependent nature of the study, its trustworthiness is dependent on me as a researcher being explicit in the assumptions, procedures and reflexivity of the research (Bryman 2004, 275; Hvidsten 2013, 33). I seek to be as transparent and explicit as possible concerning this. Choice of location, respondents, reflexivity and analytical approaches will be discussed in the methods chapter.

The analysis builds on data collection from August 2015, when I conducted nine focus groups with community members, women and men, in rural and urban locations in the Bukavu-area in the South Kivu province in the eastern DRC. The analysis builds on what Robson (2011, 474–486) calls “thematic coding analysis”, a generic approach to analyze qualitative data. This type of coding can be used inductively where codes and themes emerge purely from the data or with predetermined codes or themes arising from your reading of literature (Robson 2011, 475). In this analysis, I do both. The first part of the analysis mostly fits into predetermined codes based on the literature review on survivors of

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sexual violence in the DRC (section 3.3.3). The second part of the analysis emerged from the focus groups discussions. Both of these parts are finally discussed in light of the concepts of negative and neutral perceptions as well as reintegration.

1.2.1 Expectations

Before conducting the focus group interviews, I had three expectations that proved to have interesting nuances. First, I expected that the communities would stigmatize the survivors. Second, I expected there to be a difference in perception towards survivors raped by soldiers and survivors raped by civilians. Third, I expected the support programs to help survivors to get reintegrated. These will now be briefly presented.

Initially, my theoretical approach was influenced by the existing literature on causes of sexual violence in general (Baaz and Stern 2013; Cohen 2010, 2013; Skjelsbæk 2001, 2010; Wood 2006, 2009, 2015; Wood and In Bergsmo et al (ed) 2012) and sexual violence and survivors in the DRC in particular (Babalola et al. 2015; Babalola 2013; S. A. Bartels et al. 2010; HHI 2009; Kelly et al. 2012; Kelly, J et al. 2011; Kohli Anjalee 2013; Mukengere Mukwege and Nangini 2009). The findings from these contributions led to the expectation that the community stigmatizes the survivors in the DRC, and that this inhibits reintegration. In order to avoid the logical fallacy of confirmation bias when conducting the focus group discussions, I developed a conceptualization of negative and neutral perceptions as well as reintegration (section 4.6).

Concerning the second expectation, sexual violence is mostly framed as a weapon of war in the existing literature (Baaz and Stern 2013). I initially assumed that the community would be more negative towards survivors of conflict related sexual violence. The literature on causes of conflict related sexual violence underscores how rape might be effective in breaking up the community because of the stigma attached to it. In addition, female ex-combatants who have served as sex slaves in the DRC (Tonheim 2012, 291), Sierra Leone and Northern Uganda (Mazorana and McKay 2004), and survivors of sexual violence in the DRC (Kohli Anjalee 2013, 747), are reported to be rejected by their communities because they have “slept with the enemy”. This same phenomenon is reported in many different
countries where females have voluntarily or by force “slept with the enemy” (Aarnes 2009). This prompted me to assume that survivors who have been raped by soldiers perceived to be enemies, would receive more rejection than those who have been raped by soldiers not perceived to be enemies or civilians in general. Hence, I thought that the perceptions about the causes of the sexual violence, linked with the perpetrator committing it, would have different outcomes on the perceptions towards different categories of survivors of sexual violence.

The third main assumption was that support programs help survivors to get reintegrated. Following this expectation, the presence of support programs in Bukavu, the main city of South Kivu, should make communities in the city have more positive perceptions towards survivors than those in urban areas where fewer support programs are present.

1.2.2 Findings

When exploring the first research question, the first expectations about stigmatization of survivors proved to be very prevalent. The immediate response in the focus groups discussions can be understood as negative perceptions: the rape is not separated from the survivors’ identity. She is called femme violé (raped woman), a term, which by the community is ascribed a negative meaning. This mark is, due to the construction of customs in the society, seen as deviant and further as an obstacle for the survivor to have the same possibilities and opportunities as others. A frequent reason given for this was that “she loses her value”, meaning that she does not fulfill the woman ideal in the community. This is especially hard in the relational sphere – relationship with family, husband and community - were virginity and not being with other men than your husband is understood to be especially important. “Losing value” has implications for both present and future marriage, which again has implication for the woman’s respect in the society.

With regard to the professional sphere - meaning access and possibilities to participate in the market - being raped seems to have limited implications in itself. In this sphere, the survivor is not defined by rape in itself, but her ability to work might be affected by the

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2 These are some of the support programs, see reference list: Panzi Foundation DRC; Norwegian Church Aid DRC; MONSUCOa.
physical and psychological damage from such an experience. Hence neutral perceptions dominate in the professional sphere.

*Concerning the second research question*, the community mentioned five factors when answering how a woman could be reintegrated: i) to not have disease, ii) that she hide, move or don’t report the violence, iii) to get married, iv) to learn market-friendly skills or, though somewhat ambiguous, v) to participate in a support program. I will now highlight three implications of these factors.

One central implication, which emphasizes the importance of community perspectives in this process, is the narrow possibilities for the survivor to secure her own reintegration in the relational sphere. While she can get medical assistance and participate in educational programs, she cannot alter the expectations towards her as a woman. This affects her possibilities for getting married and establishing a family, which is highly valued in eastern DRC. Since she cannot alter what is expected from a woman and wife, hiding what happened may become the only option. This underscores the main point of this thesis: the largest part of reintegration concerns the community and its customs, and is beyond what an individual survivor alone can influence.

In this discussion, a difference between civilian perpetrators and soldiers is highlighted. Contrary to what the second expectation presumed, namely that the causes of the violence and conflict related dimension would have different outcomes in the community perceptions, the difference seems not to stem from the identity of the perpetrator. Instead, there seems to be variation in the *characteristics* of the rape by these two types of perpetrators, which has implications for the prospects for reintegration. If a survivor was raped by a civilian, it is, due to tendencies in the characteristics of such rape, usually “easier” to hide, not report, don’t have diseases, contribute at the market and to get married. If this is true, this might result in an underreporting of civilian rape.

The findings suggest that we should include the community in the work on reintegration. Medical and economic assistance is of major importance to many of the survivors. However, the different support programs also seem to have the unintended consequence of
emphasizing the incidence, making reintegration more difficult. The findings points to a complexity in the relation between individual and collective; even though the woman gets empowered and receives medical or economic assistance, this might clash with local customs emphasized by the respondents where, especially in the relational sphere, fulfilling the woman ideal is seen as the most important factor for reintegration.

1.3 Thesis Outline

The thesis will proceed as follows.

I start this thesis by giving a brief contextual backdrop on the DRC in general and the eastern part of the country and patterns of sexual violence in particular.

In chapter three, theoretical framework, the aim is to show how community perceptions towards survivors of sexual violence, through the DRC case, fits into and can be relevant for the larger international discourse about peacebuilding, women, peace and security, and the discourse on sexual violence, which is also played out on the ground in the DRC. Thereafter, I review some of the most central findings in previous literature on perceptions towards survivors of sexual violence in the DRC context, which the community perspective in this thesis tries to complement.

I start chapter three, Methods and Research Design, by going through the research design and its implications for the analysis. First, I argue that a qualitative hypothesis-generating case study with focus groups as a method of data collection is useful in this explorative study. Thereafter I present the choices and the limitations concerning choice of location and respondents. Furthermore, I assess possible biases working with translator as well as reflexivity and research ethics. The second part of the chapter presents the conceptualization of negative, neutral and positive perceptions. Finally, I present the analytical approach including the coding procedures.

The fourth chapter is the analysis. First, I show how the respondents limit the discussion about sexual violence to rape, and further perceive women to be the most prominent survivors and both civilians and soldiers to be perpetrators. Second, I examine the first
research question, showing that the community perceptions towards the survivors can be conceptualized as negative perception in the relational sphere, and neutral perceptions in the professional sphere. Third, I examine the second research question, which is answered with help of the concept of reintegration. In this section, I analyze what the community respondents see as important factors for reintegration and that the prospects for reintegration varies if the survivors has been raped by a civilian or a soldier.

In the fifth chapter, I first discuss three main findings and implications from the analysis; possibilities for reintegration, neglecting civilian rape and unintended consequence of support programs. Furthermore I will discuss policy implications of these findings. The last part briefly assesses the analysis’ reliability, validity, and generalizability. The chapter aims to summarize the larger findings in this thesis and connect them to the larger literature, to possible hypotheses for future analysis, and to important policy implications.

Finally, in the sixth chapter, I briefly summarize and conclude.
2 Contextual backdrop

In this chapter, I will give a brief contextual backdrop to the history of the DRC in general and, more specific, the eastern part of the country and the patterns of sexual violence there.

Scholars, the United Nations (UN), politicians and the media try to comprehend and explain why the Democratic Republic of the Congo, with all its resources, throughout history has been subjected to recurrent struggles over power and territory generating violence, poverty and large scale conflicts (Autesserre 2010, 2012; Bøås and Dunn 2013; Stearns 2011; Vlassenroot 2013). The many attempts and approaches results in a vast literature (Bøås and Dunn 2013, 77), which I cannot possibly manage to summarize in this brief contextual backdrop. Therefore, the aim of this contextual backdrop is neither to explain why there is violence in the DRC, nor to review all these different explanations. Rather, I will give a brief contextual backdrop to situate the phenomenon of sexual violence in the general context of conflict and violence in the DRC, and especially in the eastern Province, South-Kivi, where the fieldwork has been conducted.

The current territory of the DRC was “invented” by the European journalist Henry Morton Stanley and the Belgian King Leopold at the end of the 1800s (Bøås and Dunn 2013, 77). Leopold’s’ brutal and oppressive regime received international criticism and as a result of the pressure, the DRC went from being King Leopold’s free state to a Belgian Colony in 1908 (Bøås and Dunn 2013, 80).

After fifty-two years as a Belgian colony, a growing nationalist movement led to the independence of the Republic of the Congo on 30 June, 1960. The first years of independence was a period of secessionist and power struggles which ended in 1965 when Joseph Mobutu took power. Mobutu remained in power for more than three decades, which was made possible through a combination of Western patronage as well as by dividing and conquering domestic opponents and allies (Bøås and Dunn 2013, 81). By the end of his ruling time, he had run the state institutions into the ground, enriched himself
and his fellow partisans, and paved the way for the collapse of the country (Stearns 2011, 7).

The province of South Kivu has often been at heart of the conflicts in the history of the DRC (Vlassenroot 2013, 8). Many years of conflict over territory, ethnicity and social participation (Vlassenroot 2013, 38) escalated especially in the first years of the 1990s (Bøås and Dunn 2013, 82). These local tensions, combined with Mobutus ruling strategy, which triggered these tensions, and the arrival of Rwandan Hutus after the 1994 genocide, amplified the disputes over power and territory along ethnic cleavages leading to the first Congolese War (Autesserre 2006, 3; Bøås and Dunn 2013, 83; Stearns 2011, 3).

One of the tensions between some of the disputing parties, were the tensions between the Banyamulenge, a Congolese Tutsi community, and other ethnic groups, escalating in South Kivu October 1996. This triggered the first clashes in the first Congolese war which further triggered armed mobilizing along different ethnic and political cleavages (Vlassenroot 2013, 8). These struggles interacted with national and regional interest, and in 1996, Rwanda, together with Uganda, Burundi and Angola, formed a coalition aimed at protecting Tutsis overthrowing Mobutu. A Congolese opposition figure, Laurent Desire Kabila, led this coalition who eventually put an end to Mobutus rule and the 17th of May Kabila proclaimed himself the new president.

The country remained unstable even after L.D. Kabila had gained power. After a few months of precarious peace, the international community started questioning his rule and actions during the war. More importantly, Kabila turned against his allies and asked them to leave the country. In addition, he let the Hutus expand and organize in the eastern DRC. This was perceived as a threat against the Tutsis in the areas and it resulted in a new intervention of Uganda and Rwanda, this time towards their former ally, L.D. Kabila (Bøås and Dunn 2013, 85) and his new allies Zimbabwe, Namibia and Angola. The following struggles for power and territory led to a peak in mobilizations of armed groups. Amongst them, anti-Tutsi and anti-foreign attitudes generated mobilization of several nationalistic Mayi-Mayi groups, which aimed to protect Congolese nationalism and integrity (Bøås and Dunn 2013, 94;
Vlassenroot 2013, 8). These struggles, which lasted from 1998 to 2003, are named the second Congolese War.

The Lusaka cease-fire and especially the withdrawal of Ugandan and Rwandese troops, negotiated and signed in 2002, indicated a formal peace between the regional actors in the conflict. The intrastate peace was negotiated through an Inter Congolese Dialogue, completed by the signing of The Final Act in April 2003 (Autesserre 2006, 2). Following these agreements, the UN Security Council established the United Organization Mission in the DRC (MONUC, which after July 2010 is named MONUSCO) for observing and monitoring the ceasefire. Later, this has become the largest and most extensive UN mission in the world with the broad mandate of “protecting civilians, stabilizing the country and supporting implementation of the Peace, Security and Cooperation Framework for the DRC” (MONUSCOb).

Despite the official peace and transition period, fighting and violence has continued in the eastern Kivu region until today (Autesserre 2012; Stearns 2011, 8–9). Armed groups continue to operate, plunder and violate in the eastern part of the country (Samset 2012, 230) and the number of armed groups have increased (Vlassenroot 2013, 8).

Among the types of violence performed by soldiers, enormous attention is paid to sexual violence (Autesserre 2012, 13; Baaz and Stern 2013, 6). Many armed groups, including the state military, Forces Armées de la république Démocratique du Congo (FARDC), are reported to perpetrate a high proportion of the sexual assaults in the eastern part of the country (S. Bartels et al. 2013). One of the many groups operating, which is of relevance for this thesis, is the Interahamwe. Briefly put, the Interahamwe is the militia largely held responsible for the Genocide in Rwanda. This group has since the genocide been living in the eastern DRC and are also reported to commit sexual assaults (Bøås and Dunn 2013, 83). In addition to sexual assault perpetrated by soldiers, there is also observed an increased

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3 The definition of “Interahamwe” is by International observers and Congolese often used as a label referring to a mixture of refugees, former rebels and their families as well as Rwandan political opponents forced to flee. The group may also include Congolese Hutus which settled in the DRC long before the Genocide (Humans Rights Watch, 2002: 15) My fieldwork resonates with other studies in that Interahamwe is blamed for much of the sexual violence, even when they are not the violators or, in this case, no longer operates in the area.
share of civilians as perpetrators after the peace agreement, including domestic violence (Samset 2012, 231).

Patterns of sexual violence in eastern DRC

The majority of the literature on patterns of sexual violence as well as survivors in the DRC can be placed within the theoretical framework of strategic sexual violence (Baaz and Stern 2013, 64; HHI 2009, 7; Kasangye, A et al. 2014, 11; Samset 2012, 235), which understands rape to be a weapon of war, committed by soldiers (for a brief introduction on causes of sexual violence, see Wood 2015). Sexual violence is explained to be “employed by militia groups to intimidate and punish communities and to control territory” (S. A. Bartels et al. 2010, 4) “often used as a systematic tactic of war to destabilize populations and destroy community and family bond” (Peterman, Palermo, and Bredenkamp 2011, 1060). This resonates with the global discourse about how sexual violence destroys community and family.

Several factors make reliable data on sexual violence in the DRC scarce. Firstly, insecurity and lack of infrastructure makes it hard to collect such data. Secondly, it is plausible to believe that the data suffers from under-reporting due to the shame associated with the assault. Thirdly, many of the present numbers and data stem from different reports; research methods, locations and respondents that make it hard to compare and accumulate knowledge. Given these obstacles, the best documentation of sexual violence available is a study conducted by Bartels et al. (2013). Based on a retrospective registry-based study of survivors from the Panzi Hospital in South Kivu. The hospital is one of the most well-established and well-known institutions assisting survivors of sexual violence in eastern DRC and is often represented by Dr. Dennis Mukwege – the founder and medical director of the hospital. The hospital is specialized in medical treatment of survivors, and several programs for social, economic, juridical and psychological assistance have been initiated around the hospital under the auspices of Panzi Foundation DRC. In the study, Bartels et al. find that the majority of the assaults are perpetrated by armed combatants (52%), followed by unidentified assailants (42%) and, to a limited extent civilians (6%). The assaults identified gives rise to two distinct patterns of sexual violence. On the one hand, the overall majority
of sexual assaults were reported to be gang rape, mostly initiated in the women’s own home, thereafter in the fields and the forest during night. On the other hand, patterns of sexual violence perpetrated by civilians show that civilians are much more likely to commit single perpetrator rape and less likely to commit gang rape and sexual slavery. Also, rape by civilians often occur outside the home of the survivor: other private residences or in the market, public buildings, hospital, shops etc. (S. Bartels et al. 2013, 346). The overall conclusion of Bartels report is that the sexual violence in South Kivu is militarized and the patterns further supports the framing of sexual violence to be strategic, brutally committed in order to destroy.4

Bosman finds an increased perception of civilian involvement in sexual violence among the participants and explains this by showing to how years of conflict can generate an “ethical vacuum” in a community as the distinction between civilians and soldiers weakens, leading to the breakdown of traditional social norms which protect women and children from experiencing sexual violence (Bosmans 2007). Using data from DRC Demographic Health Survey, Peterman et.al (2011) estimate the determinants of rape by intimate partner sexual violence (IPSV). Their study show that women reporting IPSV was roughly 1.8 times the number of women reporting rape perpetrated by military (Peterman, Palermo, and Bredenkamp 2011, 1065). Peterman et.al (2011) study, as well as the discussion in my focus group interviews, reflect that a one-sided focus on sexual violence perpetrated by soldiers is not sufficient. To sum up, both soldiers and civilians are committing rape in the DRC.

4 Although the dominant pattern from the DRC still is perceived to be sexual violence perpetrated by military, Bartels’ study suffers however from a selection bias in that the participants are patients at the Panzi Hospital, where the majority of the survivors have been subjected to brutal gang rapes committed by soldiers.
3 Theoretical Framework

The aim of this chapter is to show how community perceptions towards survivors of sexual violence, through the DRC case, fits into and can be relevant for the larger international discourse about peacebuilding, women, peace and security, and the discourse on sexual violence. Generally, sexual violence is seen as a weapon of war, perpetrated by soldiers to humiliate and damage individuals and to break up the community. In the DRC context, several assisting programs operate to facilitate reintegration of these survivors. Studies on the perceptions towards survivors – discussed more thoroughly below – are, however, mostly based on survivor self-reports, and not community perceptions towards survivors. Hence, I will show how my thesis takes one step further in assessing the community perspective towards survivors and reintegration, and thereby shedding light on the international discourse.

Over the last decade, there has been an increased attention towards women’s protection and participation during conflict, peace processes, and peace building (Tryggestad 2014, 1–2). Female empowerment and participation is seen, both within the scholarly and the NGO debate, to be an essential tool for sustainable peace building (Krause 2015, 100). In the wake of this, conflict related sexual violence has largely been put on the international agenda as an international security and development concern. One of the countries that has received most attention is the DRC. Here sexual violence is presumed to devastate the women and further lead to the break up of family and community relationships (HHI 2009, 8). Survivors report that sexual violence has become a societal phenomenon; community exclusion and shame experienced after the attack is as challenging as the concern itself (HHI 2009; Kelly et al. 2012; Kelly, J et al. 2011). The United Nations and several NGOs are based in local communities trying to assist the survivors and facilitate their integration into the society. The empirical evidence of the situation in the DRC is, until now, based mostly on survivor self-reports (Baaz and Stern 2009, 496). There is, however, an empirical gap examining the perceptions towards the survivors from the community perspective and what they see as important factor for reintegration. I conclude this chapter by stating that, in order to best help the survivors of sexual violence, it is important to include the community perspective in the discourse about survivors in the DRC and to examine what the
community sees as important factors for reintegration. Examining the community perspective could be of help to the dialogue between the survivors, assistance programs and the community in the cooperation towards a more secure and developed community.

### 3.1 Peacebuilding after war

Since the end of the Cold War, there has been a pronounced augmentation of international interventions aiming at reestablishing peace in conflict zones (Autesserre 2011, 1; Philpott 2010, 5). This new turn was manifested in the actions and plans within the United Nations, non-governmental organizations, diplomatic missions as well as regional organizations. Consequently, this shift has led to a large body of literature within the field of international relations referred to as peacemaking, peacekeeping and peacebuilding (Autesserre 2011, 1). This thesis resonates with the literature on peacebuilding, and is especially situated within the strand that emphasizes a broad and holistic peacebuilding approach based in local and contextual conditions. Within this perspective, it is important to include the local community perspective in the international discourse. Furthermore, building whole communities by addressing the long term effects of violence on individuals, families and communities after war is an important brick in peacebuilding (Darby and Mac Ginty 2008, 361). As will be more elaborated in the next section, reintegration of survivors of sexual violence is perceived to be an important factor towards this aim. Empowering survivors can be beneficial for the overall peacebuilding process because women are seen to have an important role within this process (Olsson and Gizelis 2015, 1).

In the wake of the Cold War, a global consensus on human rights, democracy and free markets sharply expanded and constituted a platform for global cooperation within the U.N and beyond. This emerging engagement was also triggered by a shift in the conflict trends from interstate wars to intrastate wars (Gleditsch et al. 2002; Miklian 2014, 494), which provoked the need for conflict resolution and prevention. As a response, not only did the amount of peace operations increase, but so did the ambitions for the operations. The aim of building peace was to be achieved through the means of pursuing human relief, disarming armed factions, monitoring elections, resettling refugees and constructing government institutions (Philpott 2010, 5). The broad term of peace intervention
concerned preventive diplomacy, negotiations, and peacemaking as well as post-conflict peacebuilding. Between 1989 and 2005, the U.N conducted twenty-two “post-conflict peacebuilding operations” which took a range of different efforts to consolidate and strengthen peace after settlement (Autesserre 2011, 1; Philpott 2010, 5).

These peace building operations are widely perceived to build on a liberal peace assumption, seeing human rights, democracy, free markets and a central role of international institutions and state governments as crucial to building peace (Autesserre 2011, 4; Philpott 2010, 6). In the scholarly literature on this liberal peace paradigm, an overall distinction is made between the realist and rational choice approach on the one hand, and the constructivist approach and its successors on the other hand. The former focuses on state interests and material constraints as factors explaining peace intervention, strategies and success rates. Following this, the state, and the degree to which it is founded on liberal democracy, is the unit of analysis in explaining domestic and international peace. The constructivist approach focuses more on the influences of beliefs, cultures, discourses, worldviews etc. From this approach, collective understandings and narratives is seen as the most important unit of analysis when studying the peace interventions, strategies, and successes and failures (Autesserre 2011, 4; Friis 2007, 85–86).

From this constructivist approach, a critique against the dominant narrative of liberal peace has risen. The critique holds that the liberal peace agenda is too hegemonic and Western-oriented, diverging from the actually post-conflict environment. In addition, the liberal peace paradigm is criticized for being a deterministic toolkit on how to build peace, lacking the sensitivity of the demands of the specific context (Autesserre 2011, 4). Autesserre (2011, 5) maintains that much of the literature on liberal peace and international negotiations demonstrates that a world-polity culture (Western and liberal), as well as regional, national and professional frames, results in peace interventions which is dominantly implemented and understood within a top-down approach. She applies this general argument to the case of U.N intervention in the DRC. In this case, she argues that the liberal peace frame held by the U.N has led to the neglect of local context in the Democratic Republic of the Congo and peace building failure (Autesserre 2010).
The understanding of a dominant top-down approach has led several scholars to call for a more local oriented approach. The local turn is connected to the critical approach to peace building, focusing exclusively on the liberal peace paradigm and implementing it from top-down (Mac Ginty and Richmond 2013, 736). The local turn, or bottom-up approaches (Autesserre 2011, 6), maintains that this top-down liberal paradigm should reflect - not displace - localized peace and reconciliation processes where individuals and communities get on with their everyday economic, cultural and survival tasks (Mac Ginty and Richmond 2013, 769). Or, as put forwards by Mac Ginty and Richmond (2013, 764) “what happens at the local level is important to understand for peace building”. Furthermore Philpott (2010) argues that the modern liberal tradition should be complemented by more local, cultural and religious insights with the focus on emotions, attitudes and beliefs. He introduces the term “strategic peace”, with a broad range of activities to heal the wounds of the conflict and the causes that lead to it. This requires a long time frame, deeply rooted in a broad specter of actors from the civil society which does not only focus on laws, institutions and policies, but also on emotions, attitudes, beliefs, legitimacy and, broadly speaking, the wide range of relationship among citizens (Philpott 2010, 9). Following this rationale, Philpott and Powers emphasize the importance of addressing the experiences of people who may have been affected by the period of violence in their community and nation. The healing process in a post-conflict context is not only to be understood as a sort of consolation, but also as an important precondition for the prevention of renewed conflict, and the transformation of destructive social and structural patterns (Lederach and Appleby 2010, 27; Samset 2012, 310).

This thesis will not provide further discussion on the merits of one approach to peace building compared to the other; it will rather lend itself to the assumption that local and context specific perspectives, as well as perceptions and attitudes, give important insights when one tries to comprehend the complex reality in a post-conflict context. Mac Ginty (2010, 396) argues that international and local actors rarely can act autonomously and that they are both shaped by the structures and principles in the international discourse. As will be elaborated below, preventing sexual violence, and empowering the survivors is seen as an integral part of the international peace building efforts. The U.N and several NGOs are assisting the survivors and communities perceived to be negatively affected by the violence.
Facilitating reintegration of survivors of sexual violence is one aspect of the strategic peacebuilding aimed at healing the community and the nation as a whole. Empowering female survivors (as this thesis limits itself to) is understood to be an important component for peace (Gizelis 2011, 526).

3.2 Women, Peace and Security

After a long political and historical process of promoting women’s rights and gender equality, the United Nations Security Council adopted resolution UNSCR1325 in October 2000 (UNSC 2000). This resolution – the first thematic resolution on Women, Peace and Security – stress that women’s rights should be more explicitly addressed in international peace, development and security discourses. Through the adoption of 1325, the Security Council acknowledged the multiple roles women play in prevention and resolution of conflict, as well as in peacebuilding efforts. Women are presumed to play a particular important role in building social networks, increasing the strength of social capital and informal networks, which is seen as important factors for peacebuilding (Gizelis 2011, 524). In addition to the focus on women’s and girls’ participation, women’s and girls’ protection at all stages of the peace process were also addressed. In order to achieve these goals, the resolution calls for Gender Mainstreaming in peace operations and interventions as well as within other units in the UN system. In short, Gender Mainstreaming is defined as:

The process of assessing the implications for women and men of any planned action, including legislation, policies or programs in all areas at all levels. It is a strategy for making women’s as well as men’s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality (Economic and Social council 1997 in Olsson and Gizelis, 2015, 13).

This process and aim also spread to different actors outside the U.N system, including local and national civil society organizations (Olsson and Gizelis 2015, 1). The importance of
gender empowerment in United Nations Peace operations is also supported empirically. Gizelis (2011, 507) concludes that:

the effectiveness of UN peacekeeping operations is increased by the relative status of women: whereas United Nations peacekeeping has good prospects for success in countries where the status of women is comparatively high to men prior to the conflict, operations in states where women have poor social standing relative to men are much more likely to fail.

The attention given to this topic within the NGO and the scholarly debate has made the advancement of women’s human rights, including the protection of women from conflict-related sexual violence, emerge as a legitimate international security concern and an integral part of international discourse on peace and security (Tryggestad 2014, 1).5 Women’s participation in all stages of peace processes is necessary, not only for preventing sexual violence during and after war, but also for building sustainable peace (Krause 2015, 100). The concern includes a number of developments under separate themes, such as the need to strengthen women’s empowerment and to acknowledge the women’s need for protection in conflict and post-conflict settings (Olsson and Gizelis 2015, 1).

Sexual Violence related to conflict and conflict settings is a topic within this framework that has received a lot of attention. The combination of this increased policy attention focusing on women participation and protection during and post conflict and cases of brutal and systematic conflict related sexual violence in Bosnia and Rwanda (Skjelsbæk 2012b, 63,66) and later in the DRC (Skjelsbæk 2012b, 69) has contributed to the emergence of a global discourse on sexual violence, which now briefly will be presented.

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5 the gender mainstreaming and the international policy agenda has also been criticized for reinforcing the stereotypic picture of women as victims, insufficient success in implementation of the 1325 and its follow-up resolutions as well as excluding men (see Gizelis and Olsson, 2015, 12; Peter, Mateja, eds, 2015, 35-56).
3.3 Sexual violence

3.3.1 The global discourse

The ongoing discourse of sexual violence can broadly be divided into two strands: one focusing on preventive measures, and one dealing with the aftermath of sexual violence. The preventive strand focuses on understanding the causes and variation of sexual violence in order to prevent the sexual violence and also to punish the perpetrators (Cohen 2013; Wood 2009, 2015; Wood and In Bergsmo et al (ed) 2012). Key words here are accountability and impunity. The other strand focuses on assisting the survivors in reintegrating into their community (see references in the next paragraph). Key words here are psychological and medical assistance, empowerment and participation in the society in order to gain sustainable peace. This thesis is situated within the latter approach in its focus on the survivors and the communities after sexual violence has occurred, and how the process of reintegration may be an obstacle indicating a first barrier for the women in participating in the community decisions and politics.

Sexual violence is acknowledged both to have a significant negative impact on the social fabric of local communities as well as being a threat to the durability of peace agreements and post-conflict development (Krause 2015, 101). This is emphasized both within the global UN framework of sexual violence (UNSCR 1325 (2000); UNSCR 1820 (2008); UNSCR 1888 (2009a); UNSCR 1889 (2009b); UNSCR 1960 (2010); UNSCR 2106 (2013a); UNSCR 2122 (2013b), by the NGOs operating on the ground (International Rescue Committee; Norwegian Church Aid DRC; Panzi Foundation) and in the literature on survivors of sexual violence in the eastern DRC (see more below). The first follow up resolution to 1325, UNSCR 1820, highlights that there are:

persistent obstacles and challenges to women’s participation and full involvement in the prevention and resolution of conflicts as a result of violence, intimidation and discrimination, which erode women’s capacity and legitimacy to participate in post-conflict public life, and acknowledging the negative impact this has on durable peace, security and reconciliation, including post-conflict peacebuilding.
This is also stressed in the following resolution, which underscores that “the promotion and empowerment of women and that support for women’s organizations and networks are essential in the consolidation of peace” (UNSCR 1888). Furthermore, conflict and post-conflict settings requires that special attention is given to women and girls’ physical security, health services including reproductive and mental health, ways to ensure their livelihoods, land and property rights, employment, as well as their participation in decision-making and post-conflict planning, particularly at early stages of post-conflict peacebuilding (UNSCR 1889).

Sexual violence is perceived to “not only severely impede the critical contributions of women to society, but also impede durable peace and security as well as sustainable development (UNSCR 2106).

3.3.2 Sexual violence in the DRC

NGO attention and presence

In 2002, Human Rights Watch was the first to draw attention to sexual violence in the DRC, describing it to be “a weapon of war” (Autesserre 2012, 13). A weapon used by soldiers to humiliate and demoralize individuals, to tear apart families, and to devastate communities (Baaz and Stern 2013, 42). Since then, this has been the most frequent framing of sexual violence in the DRC used by scholars, the UN and NGOs (Autesserre 2012; Baaz and Stern 2013, 42). Margot Wallström, the previous UN Special Representative on Sexual Violence in Conflict, dubbed eastern Congo the “rape capital of the world” and the “most dangerous place on earth to be a woman” (Autesserre 2012). As a result, several scholars and NGOs are trying to comprehend the causes of the sexual violence and assist survivors. I argue that much of the NGO work can be understood to resonate with the global framework above; the rape is seen as a weapon of war, committed by soldiers to humiliate and devastate individuals as well as their families and the community as a whole. This is further seen to be an obstacle for the survivor in the community and in the overall peace building efforts. The International Red Cross Committee (IRCC), which is present in the DRC, highlights the risk
women face in terms of sexual violence and how they can be important actors in conflict and post-conflict situations for their families and communities. Women often play a key role in rebuilding communities and in facilitating political and social reconsolidation (ICRC 2015; 2014). The Panzi hospital and foundation is the most prominent actor assisting women of sexual violence in South Kivu (Panzi Foundation). Their work builds on a holistic approach including medical and psychological care, and training in literacy, numeracy, small business management, and other skills that “will help the survivor reintegrate into the society” (Norweigan Church Aid DRC). The work builds on an assumption that women face difficulties in reintegrating into the community after sexual violence. The same assumption is prevalent in the work of the International Rescue Committee (IRC) who underscores that sexual violence is used to terrorize and humiliate women and girls during conflict, a violation which further leads to a “further victimization” by family and society. The IRC “works to break this cycle of violence by helping survivors to heal, delivering care to victims of sexual assault, and by bringing women together for mutual support” Furthermore they emphasized that “the IRC is committed to the full empowerment and participation of women and girls” (International Rescue Committee).

This brief introduction shows that the attention and approach held by several NGOs builds on an assumption that women and girls face challenges in integrating into the community after being victims of sexual violence. Their assistance approach fits into the global framework on women, peace and sexual violence. The assumption about the survivors being stigmatized is mostly based on findings from the survivors self-reports. These findings will now be presented in order to see how this thesis resonates with the present findings. These topics were also the starting point for my interview guide (see chapter 3.3).

3.3.3 Perceptions towards survivors of sexual violence in the DRC context

Most literature on survivors of sexual violence in eastern DRC takes a psychological or medical approach focusing on the health consequences of the sexual violence from the survivors’ point of view (S. A. Bartels et al. 2011; Glass et al. 2012, 189–190; HHI 2009; Kasangye, A et al. 2014, 14; Kelly et al. 2012; Kohli Anjalee 2013, 738). Physical and mental consequences are seen as obstacles for participation and reintegration in the community.
Survivors report feelings and experiences of shame and stigmatization, which further has negative implications for their social and economic life. In order to see whether the community perceptions resonates or deviate with the reports from the survivors, the literature on survivors in the DRC will now briefly be reviewed. This review is based on contributions from the University of Harvard (HHI 2009; Kelly et al. 2012; Kelly, J et al. 2011) and the University of Johns Hopkins (Babalola et al. 2015; Babalola 2013; Kohli et al. 2014, 2015; Kohli Anjalee 2013). These are the most extensive examinations of the survivors in the eastern DRC. In the following section, I will provide a summary of the main findings in the most relevant studies on sexual violence in DRC.

An extensive report conducted by scholars from Harvard (HHI 2009) concludes that stigmatization towards survivors of rape was an overarching and dominant finding. Women state that the stigma they face as survivors of sexual violence can be as traumatic as the attack itself. The study also highlighted some groups of women as especially vulnerable to social isolation, namely women with children born of rape, women who have been gang raped, women with fistula as a consequence of rape, and women testing positive for HIV (HHI 2009, 4). Kelly et al (2011, 6) state that ”survivors of sexual violence are viewed with intense negativity, putting them at significant risk of being rejected from their own family or community”. These findings are based on a quantitative survey and qualitative focus group interviews with survivors of sexual violence who participated in assisting program (Kelly, J et al. 2011, 2). Although indicating rejection, the quantitative survey does not reveal a clear pattern of rejection. According to Kelly et.al, stigmatization and rejection was however a spontaneously and dominant theme in the focus groups. Gang rape was perceived to be a cause of rejection because the husband cannot keep a woman that has “been raped by a whole battalion” (Kelly, J et al. 2011, 5). Rejection by their husband were also linked to the fear of disease contamination and local customs; women who have sex outside of marriage, whether voluntarily or by force, were perceived to bring misfortune to the household (Kelly, J et al. 2011, 4). Local customs were also emphasized as a reason for increased rejection when the women have a child as a result of the rape. Rejection because of pregnancy is connected to the social structure. The province of South Kivu, eastern DRC, is a patriarchal society where the child belongs to the family of the father (HHI 2009, 29). An implication of this structure is a challenge when the father is absent or unknown. When the father is
unknown this may leave the woman alone with the responsibility of raising the child and face negative community reactions (HHI 2009, 18).

These findings are confirmed and extended in Kelly (2012). In this study, the male husband or relatives accompanying the female survivor to the assisting program are also interviewed. The study concludes by stating that many survivors reports rape to have consequences beyond the physiological and psychological trauma associated with the attack; “community isolation and shame experienced as a result of the attack becomes as important as concern about the attack itself” (Kelly et al. 2012, 285). The rape is perceived as a “destruction”, “dropping the value of a woman” meaning that the violence has implications for the woman’s’ present and future marriage (Kelly et al. 2012, 293). The survivors reported that the negative community perceptions were made visible through gossip and finger pointing and that these experiences led the survivors to feel shame and wanting to isolate themselves (Kelly et al. 2012, 290). The perception that the survivor is to blame for her being assaulted was also emphasized as a reason for rejection, although this perception was ambiguous. The male participants emphasized their own feeling of shame when a wife or female relative had been raped and fear of getting contaminated, as reasons for rejection (Kelly et al. 2012, 291). The reports in Kelly et al. also point to economic consequence of sexual violence. The survivors reported restricted access to their land and market, as well as lack of income-generating activities after the rape (Kelly et al. 2012, 293).

Based on the perspectives of survivors of sexual violence, Kohli (2013) also give insight to perceptions towards survivors and the consequences they face after being violated. The findings imply different levels of impact on health, economic, family, and social life, which are seen as reasons of rejection from family and community. The findings resonated with many of the findings in Kelly (2011). Complications with mental health (for example Post Traumatic Stress Disorder (PTSD), shame, fear, etc.) and physical health (injuries, fistula, sterility, HIV, pregnancy, etc.) is reported as challenges for the survivors (for more extensive summary, see table in Kohli, 2013, 743). The patterns are much the same as in Kellys’ studies: the survivors report that they are being pointed at and mocked. The husband may reject his wife as a result of pressure from family and community (Kohli Anjalee 2013, 744, 747), and the husband reject the survivors in fear of contagious diseases (Kohli Anjalee
In addition, the survivors report loss of access to employment and possessions (Kohli Anjalee 2013, 745). Kohli et.al (2014, 2015) have also conducted interviews with female participants in a Congolese-led microfinance program, in the Walungu territory of South Kivu. In these studies, they examine the association between experienced conflict-related trauma and family rejection. The same pattern is confirmed: there is an association between sexual violence and rejection especially by husband, and the risk increases if the survivor has been gang raped or is pregnant as a result of the rape (Kohli et al. 2014, 798).

In both Kelly and Kohlis’ studies, a pattern of stigmatization and rejection in the relational (community, family and husband) and professional sphere is highlighted as a consequence of the sexual violence. The rejection results from fear of diseases, loss of the women’s value, and from local customs. An example of which is that if a woman has been with another man, even by force, she is prohibited to continue a relationship with her husband and will no longer have the same social and economic opportunities. The rejection increases if the survivor has been gang raped or is pregnant. These findings are based on survivor self-reports and to a limited extent relatives and community workers closely associated with assistance program.

Babalola (2015; 2013) examines the community perceptions towards survivors of sexual violence from the community perspective in the province of North and South Kivu, eastern DRC. Based on a quantitative household survey, Babalola (2013) examines the correlates between different characteristics of the respondents and different attitudes towards survivors (Babalola 2013). Examples of the respondents’ characteristics are age, sex, province, education etc. (for the full list, see Babalola: 2013, 7). The attitudes are categorized into four dimensions, namely victim responsibility, victim denigration, victim credibility and victim deservingness. According to this study, the community respondents’ gender roles attitudes have most effect on attitudes towards survivors. Especially, egalitarian and non-traditional gender attitudes were associated with lower prevalence of overall negative attitudes towards survivors. Babalola (2013) thereby concludes that changing negative gender norms would be an important effort in order to increase the acceptance towards survivors. Babalola (2015) also conducts five focus group interviews in North and South Kivu. In this study, she contrasts community reactions towards survivors
with perceptions about what constitute justice for survivors. She identifies a discrepancy between how the survivor is perceived and how she should be perceived. A survivor is considered to be a person suffering, sick, neglected and discriminated. In contrast, the community saw justice for survivor as including compassion. The data analyzed derive from two questions discussed in the focus group: how are the survivors treated in your community, and how do you think they should be treated. (Babalola et al. 2015, 176). Taking the community perspective, Babalolas’ studies confirm the survivors self-reports about the feeling of stigmatization and discrimination.

The findings in the literature show evidence that negative perceptions towards survivors of sexual violence and rejection is clearly present. This is both confirmed in studies from survivor self-reports and from a community perspective. Findings from these studies imply that survivors are being stigmatized. However, studies applying community perspectives are scarce, and I argue that more evidence is needed. My thesis is somehow similar to Babalola et.al (2015), because it examines community perspectives by the use of a qualitative approach. However, it also differs by i) including the concept of perceptions and reintegration and by ii) examining and explicitly distinguishes between rape by civilian and soldiers. By applying such an approach the outcome of my study can hopefully contribute to improve programs aimed at facilitating reintegration of survivors. By examining the community perspectives on survivors and possibilities for reintegration, the analysis can shed light on the international discourse about women and sexual violence, which is also played out locally in the Bukavu-area.

3.4 Summing up

Community perceptions towards survivors of sexual violence in DRC are one piece of the larger puzzle about peacebuilding, women, peace and security. Sexual violence in the DRC remains a central obstacle for the female victims of conflict to participate in the political, relational and professional spheres of the community. Reintegration into the community is one step in the larger process of facilitating the survivors’ participation in these spheres. My contribution to this literature is to assess the perspectives of the community and its implications for reintegration, and in extension, hopefully shed light on how local practices
are important for the international discourse on a holistic peacebuilding where assisting survivors of sexual violence is included.
4 Methods and Research Design

In this chapter, I will explain the methodological choices of the thesis. First, I will describe the qualitative hypothesis-generating case study as design. Then I will discuss the focus groups, and this as a method for gathering data. In section 4.3, I will present and discuss my interview guide. The next part (4.4) describes the choice of locations in Bukavu and the recruitment of respondents. Section 4.5 introduces how the fieldwork was conducted, including necessary ethical considerations when questioning people on a sensitive topic like this. The two last sections, 4.6 and 4.7, lays the analytical foundation; first by conceptualizing perception and reintegration, then by describing how I went forth to analyze my gathered material. The aim of the chapter is to give the reader a transparent description of my methodology, data collection and analysis. I summarize the chapter in the end.

4.1 Research Design

My methodological approach is to conduct a qualitative hypothesis-generating case study (Levy 2008, 5–6). There are two main reasons why I find this design useful. Firstly, the research question is situated within a field that is poorly developed. In the case of the DRC most studies examine perceptions towards the survivors from the survivor’s point of view (Baaz and Stern 2009, 496), and contributes with assumptions and insights that serve as a useful starting point for further analysis. However, perceptions towards survivors of sexual violence are rarely explored from a community perspective, with the exception of Babalola (2015; 2013). Furthermore, the question of reintegration has not been empirically explored in this community context. Examining the research question from a community perspective through qualitative case study gives me a unique possibility to explore the community perceptions towards survivors and reintegration in depth (George and Bennett 2005, 31; Gerring 2007, 39–43).

The second reason for using this research design is that the scale of this thesis is not sufficient to build a new theory. This is both due to the amount of data gathered, as well as the spatial and temporal limitation of the case. However, what is within the scope of this
thesis is to generate new knowledge, which can be tested in larger-scale studies and contribute in the early stage of the process of theory construction (Levy 2008, 5).

This thesis is thus a case study of the perceptions towards survivors of sexual violence in the Bukavu area (see list of interviews in appendix), situated in the province of South Kivu in the eastern DRC. How a case is spatially, temporally, empirically, or theoretically defined has implications for the findings generated from the case (Lund 2014, 230). Lund (2014, 224) defines a case to be:

an edited chunk of empirical reality where certain features are marked out, emphasized and privileged while others recede into the background. As such, the case is not ‘natural’, but a mental, or analytical construct, aimed at organizing knowledge about reality in a manageable way.

In this thesis, a case is an edited chunk in the way that it maps the perception towards survivors and possible factors for reintegration in light of the theoretical framework and existing literature (see chapter 2). A case study using community respondents in the Bukavu area could also be a case of explaining sexual violence in general, perceptions towards the NGOs operating in the area, etc. In this thesis, all these other topics recede into the background. Consequently, the Bukavu area is, in this thesis, analytically constructed to answer the research questions: as a case where sexual violence is prevalent and hence can be used to generate useful insights concerning how the survivors are perceived. The spatial limitation of this case is also the Bukavu area, with five interviews conducted in urban areas, and four conducted in rural areas situated one or two hours by car from Bukavu. As for the temporal limitation, this is not clear-cut, because this information depends on the limitations expressed by the respondents in the interviews and their memory. However, as will be addressed in the analysis, the majority of the respondents dated the start of the phenomenon of sexual violence to after the Interahamwe came to the country, and to the first Congolese war in 1994 and 1996. They also referred to daily experiences of sexual violence in 2015.
The scope of the case has implications for its generalizability. Within the social sciences, there is an ongoing debate to what extent research should and can generalize to other cases and studies (see George and Bennett 2005, 5; Gerring 2007, 20; Herrera, Braumoeller, and others 2004). Robson (2011, 295) notes that one of the disadvantages of focus groups is that the results cannot be regarded as representative for a wider population. This is reasonable as the answers may be a result of the interview context and setting (see discussion on reflexivity). I try to validate the results by assessing the possible biases before, during and after the focus groups discussions, as well as encouraging further studies to test the findings on a larger population. Hence, generalization will not be defined in quantitative terms (Bryman 2004, 76–77) in this thesis. Rather, the findings of this case study will be “an attempt to see resonance with other events and processes, largely at the same level of abstraction, but in different temporal and spatial contexts” (Lund 2014, 229).

4.2 Qualitative Approach and Focus Groups

This thesis takes an explorative and qualitative approach using focus group as the method of collecting data. The qualitative approach has its clear advantages in fields that are theoretically underdeveloped and the concepts are vague (Bryman 2004, 287). The approach also allows for the study of the respondents’ own wording about the concepts and perceptions. Building on the literature review on perceptions towards survivors of sexual violence (see section 3.3.3), the thesis is located between deductive and inductive methods. It is deductive because to a certain extent, it is guided by previous findings from the literature. These findings clearly inform my interview guide (see appendix), and the first part of my analysis, which explores the first research question: community perceptions towards survivors. These expectations are not to be tested, but rather used as a point of departure to see where my data stands in the literature as a whole. The overall findings can be placed within an inductive approach, in which new information emerged from the collection and analysis of data (Bryman 2004, 270). The analysis and analytical approach hereby rests on an interpretivist epistemological position. The social world and dominant perceptions is interpreted through the perceptions of the respondents in the focus groups (Bryman 2004, 267–268)
Focus groups are presumed to be a highly useful research tool when seeking to understand community dynamics and viewpoints (Lloyd-Evans, Desai, and Potter 2006, 153); they can be used to explore collective phenomena rather than individual ones. Given that the existing literature emphasizes sexual violence as a societal challenge influencing the whole community (Kelly et al. 2012; Kelly, J et al. 2011; Kohli Anjalee 2013), I find it useful to explore these questions with a collective community focus. This is one of the advantages of the focus group; new ideas, language and symbols are revealed in ways that is not possible during individual interviews (Frey and Fontana 1991). Focus groups are therefore a suitable type of interview for examining the research questions of this thesis. The groups can be seen as small models of the community where perceptions are developed and negotiated. Furthermore, participating in the group gives an opportunity for the respondents to reflect on and explore taken-for-granted assumptions in their everyday lives (Lloyd-Evans, Desai, and Potter 2006, 155). Participants may also be empowered and encouraged to speak in a different way than they would do in individual interviews (Robson 2011, 294). Finally, as is the case with the hypothesis-generating research design, focus groups are also presumed to be most valuable when considered as a pilot to further studies (Lloyd-Evans, Desai, and Potter 2006, 156).

4.3 Interview guide

My initial interview guide (see appendix) was a semi-structured guide, building on findings from two strands of scholarly literature. The first was the literature on explanations of causes of sexual violence. The second one was the literature on perceptions towards survivors of sexual violence in the DRC.

The first strand of literature resulted in the theme, why is sexual violence prevalent, and was explored in the first session in the interview. This literature presents causes of sexual violence, perpetrated by soldiers during conflict. Therefore, I added follow-up questions on causes of sexual violence, for example “strategic”, “opportunistic” and “practice” (see appendix for questions and Wood 2015 for a comprehensive summary of these

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explanations). The questions, which turned out to give more insights and response, however were the first open questions (point 1 in interview guide): “who is committing sexual violence”, “where is it committed” and “why is it committed?”

The second strand of the literature resulted in the theme, perceptions towards survivors of sexual violence, and was explored in session two. This sessions started by asking “who gets raped?” whether to see if the community said something specific about gender, ethnicity or other targeting criteria. The question, “what do you call a person that has been raped?” was meant to be a starting point in the discussion about how a survivor is perceived. Thereafter, the open-ended question “how do people in your community perceive survivors of sexual violence” started the discussions. This question was further disaggregated into the relational (questions about relation with family, husband and community) and professional spheres, stemming from the findings in the literature on survivors of sexual violence in the DRC (see section 3.3.3).

The initial interview guide was supplemented by an additional interview guide (see interview guide 2 in appendix). This guide was follow-up questions that turned out to be relevant in the first couple of focus groups discussions, and therefore, in order to examine these topics in all the focus groups, these questions became standard questions. Two topics that received more attention than expected: on civilians and soldiers that perpetrated rape and discussions about support programs. Therefore, questions concerning these relations were often posed. Another fruitful thematic was the follow-up questions about the survivor losing her value. This will be further elaborated in the analysis.

4.4 Choosing locations and respondents

4.4.1 Locations

The research questions do not imply any specific locations in the eastern DRC to be chosen. There were, however, two considerations that guided the choice of locations. First, because of insecurity in the DRC, safety considerations were made; the locations were chosen only if they were considered to be relatively safe to travel in at the time of the fieldwork. At first glance, this points to a selection bias and consequently a less representative sample; the
locations to be chosen were guided by safety concerns rather than randomization or theoretical concerns. That being said, the research design and research questions in this thesis do not require these criteria to be fulfilled in order to yield meaningful results. The observations are useful in order to generate hypotheses and to shed light on the community perspective for further research. Also, the research questions enable a wide range of locations to be selected since the main criterion is that the respondents are from a community affected by conflict and sexual violence.

It was also plausible to believe that there is a rural – urban variation that might influence the answers. The urban areas generally have both higher educational levels and a stronger NGOs presence. Hence, the respondents might be influenced both by their level of education, and the NGOs’ framing and programs for survivors of sexual violence (Autesserre 2012; Baaz and Stern 2013; Babalola 2013). Also, the patterns of sexual violence may be different in rural and urban areas, as armed groups are reportedly more present in rural areas (S. A. Bartels et al. 2011). Considering this, four focus groups were conducted in rural areas and five was conducted in urban areas.

The interviews were mostly held in public places (classrooms and Nyangezi hospital) in order to secure the safety of the respondents. There is a security risk attached to hosting a Muzungu (a white person) in a private house because it may attract bandits. Other factors that might influence the study in terms of locations are conflict exposure and density of survivors. It is, however, hard to select locations based on variation of these factors as both factors are presumed to be more or less present all over South Kivu. After discussions with my translator, who lives in this area and has worked with this topic for many years, I found it reasonable to assume that all the respondents have been affected by and know survivors of sexual violence. This assumption was confirmed during my fieldwork.

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8 The first Focus Group was a pilot in the Panzi Area (NB, not the hospital). This group gave fruitful instights and was therefore included as my empirical material.
4.4.2 Respondents

In order to answer the research questions, as well as considering the context of the South Kivu, the participants were recruited through a non-random sampling technique. This technique requires that the participants are recruited carefully.

The first criterion was that the participants were to be members of a community and with some experiences of living in a community where sexual violence and survivors are present. My research assistant and translator, recruited 4-6\(^9\) respondents mostly through one contact person from the location where the interview was to be conducted (his role in my research will be further discussed below). The contact person told the participants that they were invited for a two-hour focus group about sexual violence and community perceptions towards survivors. In order to secure the respondents’ energy level during the interviews, and to avoid giving them a financial burden by participating, transport fees, bread and soda were distributed. I am aware that this might be considered controversial, especially if it could bias the information or the respondent’s participation. However, I do not see this as influencing my study as I did not pay for information but only covered the costs associated with participating in the interviews.

In the recruitment process, it was further made clear that the respondents should not be survivors of sexual violence. This was very important; as I did not, for ethical concerns, want to ask survivors about perceptions towards themselves (see more discussion on ethics below). Lastly, in line with my research questions and knowledge gap described above, I did not want to include survivors of sexual violence in the focus group interviews.

It was also strongly emphasized both in the recruiting process and in the introduction at the beginning of the interviews that the interviews would be conducted by a student, not a representative of an organization assisting survivors. In the Bukavu area, there are many NGOs working to assist the survivors. The most well-known of these organizations, the Panzi hospital, the Panzi foundation and Dr. Dennis Mukwege, is also the founder of the research

\(^9\) As can be seen in the list of interview (appendix) some of the interviews had more respondents than 4-6. Many times when I came to the location, some people either asked to join or came in the last minutes. I carefully discussed this with Ali and concluded that it did not seem to affect the interviews.
institute which facilitated my fieldwork (see below). Being associated with Panzi and Dr. Mukwege would risk biasing the answers and relation between me and the respondents in at least two possible directions. Firstly, the respondents would might wish to benefit from the extensive work of Panzi and see me as an opportunity for receiving assistance. Secondly, the respondents’ answers might result in less sincere answers concerning the work of the Panzi hospital, in fear of offending Dr. Dennis Mukwege and his work. Therefore, it was very important not to introduce me as a representative of the Panzi foundation, but as a student working with a translator.

The second criterion was age and gender. To secure a certain level of cognitive reflection as well as ethical considerations, the participants were above the age of 18. This criterion was confirmed in the Nyawera Interview where the majority of the respondents were 18 and the discussion was mostly dominated by the oldest and most educated respondents. I chose to include both men and women in the focus groups as the literature diverges on the role men and women play. Kelly (2012, 20) shows that men can be an important factor in the integration process. Another study points to the women as being the least including (Tonheim 2012, 290). Babalola’s (2013, 13) study reveals no difference in attitudes towards survivors between women and men. Building on this, both men and women were to be included to secure opinions from both sides.

The third criterion to be considered was the social composition of the group (Frey and Fontana 1991; Robson 2011, 295). One bias that may have affected the focus group is the group dynamic. The relationship between the participants may affect the answers given. Intra-power structures and social desirability may bias the answers. One important factor, which is especially important in the South Kivu, is the gender role. Given the patriarchal structures, it was plausible to believe that the men’s perceptions and expression will dominate the group. Therefore the focus groups were conducted with men and women separately to better facilitate for the reflections of both genders to be expressed.
4.5 Fieldwork: Translator, Reflexivity, and Research Ethics

My research was conducted in the Bukavu area in the province of South Kivu, in the eastern DRC (see map), during four weeks in August 2015 (see map in appendix). Nine focus groups were conducted in Swahili with the use of a translator (see list of interviews in the appendix).

4.5.1 Translator

The fieldwork was facilitated with the help of a local research assistant and translator, Ali Bitenga, from the International Center for Advanced Research and Training (ICART) in Bukavu. Using a translator requires reflections on how this might influence the interview (Borchgrevink 2003). The presence of a translator and his interpretation of the respondents’ discussion might bias the information. Especially relevant for my interviews are reflections on Ali’s social status, gender, and his interpretation of the material. I feared that Ali would be associated with the Panzi hospital as he has worked for Dr. Mukwege, and I tried to limit this influence by emphasizing in the interviews that he was my translator. He also did not present himself to be associated with the ICART or Panzi since he worked for me as a freelancer. As we conducted interviews in different areas with respondents that did not know Ali, I did not find this to be a challenge. Many of the focus groups did indeed express their skepticism towards Panzi and Dr. Mukwege.

The gender of the translator also needs to be reflected upon. Initially I thought that Ali being a male might influence especially the interviews with women and girls. I did, however, not experience any difference in the interviews with women and men that imply that this was a source of bias.

Following the reflection on the translator’s possible interpretation of the data, it was important to have a detailed meeting discussing research methods and the pillars of my study before we started the interviews, as well as a continuous dialogue throughout the fieldwork. I also transcribed all the interviews while I was in Bukavu so that I would have the opportunity of discussing any misunderstandings. Taking all these considerations into account, I will emphasize, as stated by Borchgrevink (2003, 110) that in this fieldwork, the
positive aspects of working with a translator outweighed the perceived negatives. Cooperating with Ali decreased cultural and communicational barriers and gave me crucial insights to understanding local customs and traditions that I could never possibly have captured without him. This cultural sensitivity was crucial in understanding as much as I possibly could of the respondents’ meaning.

4.5.2 Reflexivity

My presence as a researcher might also have influenced the data. As a social researcher, with my theoretical and epistemological approaches, I am also part of the society which I study (Frey and Fontana 1991, 504). Hence, there is a chance that my presence and relation with the respondents might influence their responses.

When selecting respondents, I argued that, because of cultural customs, men and women should be interviewed separately. Following this logic, my presence as a young woman from Norway might have influenced the replies of the male respondents because of them not being used to women leading the conversations and initiating this type of discussion. Hence, I could make them feel disrespected. I tried to limit this influence by introducing myself and my family in order to show the respondents respect.

Myself as a non-Congolese might also bias the answers. As experiences from my interviews, and other interview settings from the DRC show (Baaz and Stern 2009, 504), a Western person might be associated with the NGOs in the area. This might lead to an answer in two directions. On the one hand, it might open up for hopes of getting help and the respondents thereby answer by advocating their own interest because of the challenging situation many of the respondents are in. On the other hand, it might open up for criticism towards the NGO presence. I tried to limit this by stating that I am student who is interested in listening to the voice of the community for my research, not for NGO work. What I experienced, however, was a critical approach towards the presence of NGOs and scholars. Many of the respondents expressed dissatisfaction towards the presence of the United Nations, the NGOs presence, and the enormous international support and attention given to rape. Several respondents emphasized that the international community, the NGOs and the Panzi hospital amplify the extent of sexual violence in order to earn money themselves. I tried to
limit this influence by not debating during the interview, but politely told the respondents
that I would briefly comment upon the critique and the Western presence after the
interview. In some of these situations I also benefited from one of the advantages of focus
groups; the respondents may bog down some of the researcher effect by contesting each
other’s views and stimulating each other (Frey and Fontana 1991, 184). Hence, the
discussions between the respondents often neutralized the view points on my presence and
possible association with NGOs. I still consider bias in the answers to have had limited
consequences on my research question. Given that I am interested in perceptions towards
survivors and reintegration, a topic which all these NGOs work on, I find it would have been
worse if all the respondents did not want to challenge the existing assumptions about how a
survivor should be perceived, or what defines a good assistance program.

4.5.3 Research Ethics

My thesis has been approved by the local ethic review in Bukavu and the Norwegian Social
Science Data Service (NSD). There are at least two reasons as to why the research ethics in
my thesis should be carefully considered. First, I am a guest in the DRC; I am a student
coming from another country with the aim to study local dynamics. Through this process, it
has been very important for me to keep in mind that I am a guest and to respect the
opinions and experiences of the locals. Second, the eastern DRC has over recent years been
subjected to many NGOs and researchers working on the topics of sexual violence. This
entry has been criticized and is by Baaz and Stern (2009) characterized as “commercialized”
activity and “rape tourism.” At the same time, as I acknowledge that I am now part of this
entry, I will maintain that this is a highly sensitive topic, causing both survivors and the
communities trauma. Consequently, the data should be made anonymous. In the
introduction of each interview, both informed consent and the use of audio recording were
explained. It was especially emphasized that the information from the interviews would be
treated anonymously and that the participants had the right to withdraw from the interview
without receiving any sanctions (see appendix for informed consent). All of the respondents
agreed to the recording of the interviews and gave their consent orally. Advice from my
translator and researchers at the ICART told me that oral consent was best; they had
experienced that the respondents sometimes cannot write and that respondents might be
suspicious of signing papers provided by a white person.
4.6 Conceptualizing perceptions towards survivors

I developed a conceptualization of perceptions towards survivors before conducting the fieldwork. The concepts are a useful tool for examining the different kinds of community perceptions towards survivors of sexual violence. The conceptualization is based on the evidence from reports by scholars and NGOs showing that survivors get stigmatized, some contributions from literature on ex-combatants, which includes both stigmatization and reintegration, and one contribution from social psychology (Dijker and Koomen 2007). The conceptualization builds on a premise that the perception the community has influences their actions. As will be elaborated below, I distinguish between negative and neutral perceptions. Reintegration I conceptualize as the process moving from negative towards neutral perception.

Even though much of the present literature on survivors of sexual violence in the DRC uses the terms stigmatization and reintegration, these terms are poorly developed in the studies. Therefore, as a point of departure for developing the concept of perceptions in this thesis, I lean on insights from the conflict literature on reintegration of ex-combatants. These insights are useful, despite contextual and individual differences that exist between this literature and my thesis. Findings from the literature on ex-combatants show that the ex-combatants are facing stigma and shame when they are trying to reintegrate into the community (Boersch-Supan 2008; Burman and McKay 2007; Corbin 2008; Coulter 2006; Humphreys and Weinstein 2007; Kaplan and Nussio 2012; Mazurana and McKay 2004; Tonheim 2012, 2014). The literature review on survivors of sexual violence in chapter two, reveals the same challenges of stigmatization and shame, as reported by the survivors themselves. Furthermore, the literature on ex-combatants focus on post-conflict setting in developing countries, which is a context relatively similar to the survivors context in post-

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10 Many studies mention the words “stigmatization” and “reintegration” by refering to the responses from the respondents or as descriptive words without elaborating on it (Babalola 2015; Kelly 2011; Kelly 2012) In Kohli (2013), reintegration refers to whether the survivor lives with her spouse, regardless of the change in the relationship. Babalola (2013) does not mention reintegration, but does a innovatie job in elaborating an “attitudes toward survivors of SV scale” used in her survey. I thought about building on this scale, but found it more fruitful to bring up the questions from the findings in Kelly (2011; 2012), HHI (2009) and Kohli (2013) as I wanted to mirror these findings in the focus groups with the community. In addition, Babalola (2013) scale is more directe towards a quantitative and structured approach.
conflict. The literature on ex-combatants and reintegration is vast and the following conceptualization will not provide any evaluation or reviews of this literature; it will rather lend itself to on of the underlying assumption in these articles, in short: something has happened with the ex-combatants (for example participating in a group, being violent, changed behavior), which may lead to challenges in the process of reintegration.

In order to connect to the present literature on survivors of sexual violence in the eastern DRC, I needed to take the often-used word *stigmatization* into account. In this thesis, I refer to stigmatization as negative perceptions by the community towards survivors of sexual violence. Negative perceptions are understood as a process towards exclusion where the perception is based in a non-separation between the survivor and the fact that she has been raped. Even though the majority of the research on survivors in the DRC shows that the survivors are getting stigmatized, I did not want to limit my research by only seeing the answers that reflects stigmatization. A neutral perception refers to an end-state but, in clear contrast to negative perceptions, the perceptions towards the survivor are based on a separation between the survivor and the sexual violence. Reintegration is seen as a process aimed at achieving equal opportunities and respect for survivor as other women in the community, hence, going from negative perceptions towards neutral perceptions. By including this term, it is possible to explore to what extent and under which conditions reintegration of survivors is possible.

### 4.6.1 Negative perceptions

The findings from the literature on ex-combatants and survivors of sexual violence in the DRC show that both ex-combatants and survivors experience challenges in their reintegration process (Boersch-Supan 2008; Burman and McKay 2007; Corbin 2008; Coulter 2006; Humphreys and Weinstein 2007; Kaplan and Nussio 2012; Mazurana and McKay 2004; Tonheim 2012, 2014; S. A. Bartels et al. 2011; Glass et al. 2012, 189–190; HHI 2009; Kasangye, A et al. 2014, 14; Kelly et al. 2012; Kohli Anjalee 2013, 738). Inspired by Dijker and Koomen (2007), I find it useful to understand at least one aspect of these challenges as community perceptions that do not distinguish between the person (this being ex-combatant or in this thesis, a survivor) and his/her deviant behavior or (temporary) condition. According to Dijker and Koomen (2007, 6–7) such perceptions may turn into
stigmatization when a deviant condition is increasingly perceived and responded to as a defining or essential attribute of the whole person, or the person’s reputation, character or identity. Following this, in order to define negative perception, I will use Djiker and Koomens’ (2007, 6–7) definition of stigmatization:

The process by which an individual’s or group’s character or identity is negatively responded to on the basis of the individual’s or group’s association with a past, imagined or currently present deviant condition, often with harmful physical or psychological consequences of the individual or the group.

The first essential feature of this definition is a non-distinction between the survivor and her (perceived) deviant attribute (see figure 1); she is, at least to some degree defined as a person by this perceived deviant attribute. Based on the present literature on survivors, this attribute may be a direct physical or psychological consequence of the rape. These consequences are constructed to be deviant because of certain perceptions about norms, roles and interpretations of the world, which are prevalent in the community. For example, in the context of the DRC, the survivors report that even when they have been forced to sex, they are perceived to bring misfortune to the household (Kelly et al. 2012, 4) and the marriage is annulled (Kohli Anjalee 2013, 746). Hence, stigmatization is not only connecting the survivor with her deviant attribute, but also that this connection is negative. The negative perceptions are connected with negative words of insult and lack of worth. Furthermore, this is manifested in harmful physical or psychological consequences for the individual or the group. This points to the behavioral side of the perceptions. Dijker and Koomen (2007) maintain that the very purpose and consequence of stigmatization may be social exclusion. People and societies use stigmatization (or social exclusion) to punish members, while social inclusion (a genuine integration) is used to reward those perceived as

\[11\] one could also think that being defined according to a “rape mark” would be positive; the survivor has overcome a terrible situation, she is a martyr in wartime etc. In Skjelsbæk (2012a, 99) interviews with health workers in Bosnia Herzegovina they emphasized to use the word “survivor” in order to present a more strong image than “victim” in order to change the image of the survivor to be though about as a “war hero.” This is also a framing used by the Panzi programs. The conceptualization was not fixed before the fieldwork, and such a positive association could easily be integrated in the conceptualization if relevant. However, based on the literature (Kelly 2011; Kelly 2012; Kohli 2013; Babalola 2013 and 2015), it is plausible to believe that this mark is negative and this contributes the most in understanding my thesis.
non-deviant individuals and those who behave according to accepted social norms. It is beyond the scope of this thesis to examine whether the actual intention of the community is to punish the survivor, but I will define negative perceptions as a process towards social and economic exclusion, which involves a person’s ‘disqualification’ from this sphere (Tonheim 2014, 636).

![Figure 1 - Negative Perceptions](image)

I will limit my study to focus on exclusion in the relational and professional arena firstly because these are the spheres that the present literature on survivors of sexual violence in the DRC mentions. Also, I see general social inclusion as a precondition for political participation which is another sphere present in the literature on ex-combatants (Giligan, Mvukiyeye, and Samii 2013, 601). I claim that negative community perceptions lead to the discrimination of survivors, as they receive unequal treatment and are considered to have less value and opportunities than others in the relational and professional spheres of the community.

**4.6.2 Neutral perceptions**

The essential difference of the neutral perception from the negative perception is that the perceptions towards the survivors imply an immediate *separation* between the deviant attribute *from* the survivor (see figure 2); community perceptions of the survivor is not contingent on the deviant attribute. In spite of the sexual violence, the survivor is seen as a person like any other in the community. The interaction between the community and the
survivor is as if the survivor’s deviance did not exist; it is not the rape that identifies her and her opportunities in the community.

What I mean by this categorization is that the survivor is perceived as other non-deviant persons in the society. That means that the woman receives the same opportunities and worth as persons living in the society that have not been subjected to sexual violence. Due to the qualitative research design, I cannot control for the factors of how others non-raped survivors are perceived or which opportunities they have in the community. Therefore the neutral perceptions will be identified by answers indicating that the survivor is equal to another person; the rape has happened but does neither identify the survivor nor her opportunities in the economic and social sphere.

4.6.3 Reintegration
In the literature on ex-combatants, reintegration is mostly understood as a multidimensional process of adopting and developing a sustainable economic, political and social civilian life (Giligan, Mvukiyehe, and Samii 2013, 601; Humphreys and Weinstein 2005, 5; International Alert 2009; Jennings 2008, 329; Tonheim 2009, 53; Tonheim and Odden 2013). I understand the reason why this process is necessary as at least two-folded. Firstly, the ex-combatants have been physically away from the society and this, together with experiences and habits acquired while being away, makes reintegration necessary. Secondly, the necessity of this process may also be driven by hostile attitudes towards the ex-combatants and lack of social acceptance because of a perceived deviant behavior or condition. More specific, the process of reintegration aims at getting involved in the
community (Kaplan and Nussio 2012, 3) by being accepted and included into relationships and social networks of family and community (Tonheim 2014, 639). The rationale in the second reason forms the starting point for the further conceptualization.

Reintegration in this thesis is a process aimed at achieving equal opportunities and respect for survivors as other women in the community. Furthermore, it is the process moving from negative perceptions towards neutral perceptions. In similarity with the negative perceptions, this process does not immediately distinguish between the sexual violence (the deviant attribute) and the survivor. As a starting point, it acknowledges that being raped is problematic for a survivor, for example, because of the challenges explained in the definition of negative perceptions (see section 4.6.1). Reintegration, however, refers to a process towards a separation between the survivor and the attribute of sexual violence, with the aim of not letting the attribute of sexual violence define or exclude the survivor.

![Figure 3 Reintegration](image)

I argue that separating the negative mark from the survivors’ identity reflects the rationale in much of the NGO work and programs for survivors in the DRC. They seek to facilitate the reintegration process for the survivors, as illustrated in the introduction chapter, and the global framework for sexual violence. They build on the framework of women, power and security and further sexual violence (section 3.2) towards the overall aim of female empowerment and reintegration. The means utilized are psychological and medical assistance, often supplemented with educational (literacy) training or income generating activities (Panzi Foundation DRC; Norwegian Church Aid DRC; IRC).
However, building on Dijker and Koomen (2007, 4) and findings from the DRC context (Autesserre 2012; Eriksson Baaz and Stern 2010, 52), I argue that this process of facilitating reintegration may also lead to unintended consequences and negative perceptions. Preventive or compensating activities that take place outside the natural environment with family and community, may result in stigmatization in which it makes the distinction between the person receiving assistance and the society clearer. Furthermore, the underlying logic of giving assistance may not reflect the community’s negative perception; the survivors receiving assistance is seen as opportunistic and speculative. Given the context of the DRC, were there is a general lack of income generating activities and job opportunities, the community might be suspicious towards the survivors’ motivation for getting help, perceiving it to be a business, or being jealous of the victim’s increased possibilities.

4.7 Analytical approach

The analysis builds on what Robson (2011, 474–486) calls “thematic coding analysis”; a generic approach to analyze qualitative data. This type of coding can be used inductively where codes and themes emerge purely from the data, or with predetermined codes or themes arising from your reading of literature. In this analysis, I do both. The first part mostly fits into predetermined codes based on the literature review on survivors of sexual violence in the DRC (2.3.3). The second part emerged from the focus groups discussions. Both of these parts are finally abstracted into the concepts of perceptions. The following section will clarify the coding process built on the steps as presented by Robson.

1) Familiarizing yourself with your data

Writing memos and summarizing the data is perceived to be an important part of the analysis and is not to be considered as a separate activity (Robson 2011, 473; Saldaña, 2009). Through my fieldwork I familiarized myself with the data at an early stage. This was done through leading the focus groups discussions, by writing debrief notes after every interview (see appendix) and by doing all the transcriptions personally. However, it was important for me to not make any conclusions before I started with the analysis.
2) Generating initial codes

Initially, I used the topics from the interview guide as categories. The interview guide contains both a conceptual and an empirical part. The aim of the conceptual part is to capture the respondents’ definition of sexual violence, perpetrators and survivors. The empirical part is based on the empirical findings on survivors of sexual violence (see chapter 3.3.3). Examples of these initial codings were “definition of sexual violence”, “who gets raped”, “who rapes”, “perceptions towards survivors” “husband”, “family”, “husband”, “economic” etc. In order to get an overview of the dominant patterns, as well as to achieve a saturation point for the categories, I systematically analyzed every other focus groups with different location (urban vs. rural) and gender (male vs.female) variation. The qualitative software, Nvivo 10 was used as a tool in the coding process.

3) Identifying themes

Robson (2011, 475) disaggregates this into predetermined coding and inductive coding. I use both types.

a) Predetermined coding: After the initial coding stages with fine graded codes, I attached these codes to more broad themes. Example: the more fine-grained categories “husband”, “family” and “community” were bundled together as “relational sphere”.

b) Inductive: some topics emerged within the discussion and when I read the transcriptions and the debrief notes. These were answers on questions such as “Can she get her value back?, “hide/don’t report rape?” “Any difference between civilian and soldiers perpetrators?”. This led to the overall thematic of reintegration and the more disaggregated themes of soldiers versus civilians, virginity, disease, not reporting, and support programs.

4) Constructing networks and interpreting the data.

The last step of the analysis is to see the themes at a more abstract level. In order to do so, I use the analytical tool and conceptualization of negative and neutral perceptions and reintegration. In Robsons (2011, 483) own words this is to be able to see “what the data is really about”. At this stage, I interpreted the data as shown in the analysis, with the help of the systematized coding units (stage 1-3). The concepts of perceptions served as an abstract concept on an aggregate level for interpreting the overall
discussion and findings. This conceptualization was also important to my debrief notes during the fieldwork. As I conducted the focus group discussions, it became more and more clear that the distinction between negative and neutral perceptions would be useful.

4.8 Summing up

In this chapter I have argued that conducting a qualitative hypothesis-generating case study, with focus group interviews as a method, is useful given the explorative nature of this study. Given the characteristics of the study, the researcher and the translator’s presence, perceptions and interpretation might bias the study. I have discussed several of these pitfalls in length. However, I did not experience any differences in women and men group, and also, I received negative response towards NGOs which I understand as the respondents telling me what they meant and not what was strategic beneficial or social desirable. In all, I believe that the groups were for the most part informing me of their true beliefs and preferences.

In the second part of the chapter I presented the conceptualization of negative and neutral perceptions and reintegration. Negative perceptions—refers to a non-distinction between the survivor and her (perceived) deviant attribute. In addition, this attribute is understood to be negative and reduce the survivors’ possibilities and opportunities in the relational and professional sphere. Neutral perceptions imply an immediate separation between the deviant attribute from the survivor; the interaction between the community and the survivor is as if the survivor’s deviance did not exist; it is not the rape that identifies her and her opportunities in the community. Reintegration is the process moving from negative towards neutral perception. Lastly I presented the coding process; “thematic coding analysis” where I code both themes emerging from the data, and predetermined codes arising from the literature review of survivors of sexual violence in the DRC. Both of these parts are finally abstracted into the concepts of perceptions and reintegration.
5 Analysis

The analysis is divided into three parts. First, I will briefly present what the respondents understood to be the characteristics of sexual violence, perpetrators and survivors. This is important information in order to understand the second and third part of the analysis, which directly examines the research questions. Second, I examine the first research question: *How do communities in the eastern Democratic Republic of the Congo perceive survivors of sexual violence?* Third, I examine the second research question: *What do they see as important factors for reintegration?* Finally, I summarize the main findings.\(^{12}\)

I use the concept of perceptions presented in the method chapter (section 4.6) to interpret and present the overall patterns in the focus group discussions. When examining the first research question, I will briefly present some of the prominent answers to this question and thereafter show how these can be better understood within the concept of negative and neutral perceptions.

In the third part of the analysis, I will use the concept of reintegration, which I conceptualize as moving from negative to neutral perceptions. A difference between rape committed by soldiers and civilians emerged within the focus group discussions as an important distinction. Contrary to my expectations, this difference did not lead to different perceptions towards survivors, but the characteristics of the rape gives different possibilities to the survivors in the process of reintegration. Therefore, this dimension will also be brought into the analysis.

5.1 Sexual violence, perpetrators and survivors

Sexual violence

The definition of rape introduced in section 1.1.2 is broad, capturing the kinds of rapes that were mentioned in the interviews. The definition does not imply anything about the causes of the violence, about the perpetrator, or about the survivors. When speaking about rape, the respondents distinguished the definition with reference to the perpetrator of the rape.

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\(^{12}\)Whenever referring to specific answers, I put the name of the village in parentheses in order to ease any attempts by others to check this analysis.
and thereby the different characteristic of the rape. As mentioned, my expectations were that differences in rape would be linked to its causes and the perpetrator, and that especially in cases where the perpetrator was perceived to be an enemy, this would reflect upon the perceptions towards the survivor. However, the respondents did not distinguish between conflict related and non-conflict related rape in the sense that who committed the rape and their motivation was of importance for perceptions towards survivors and reintegration. Instead, the division was drawn between soldiers and civilian perpetrated rape mainly because of the characteristics of the rapes.

The perpetrator

one thing which I would like to mention. Sexual violence is not only armed groups that just come and break in to your house to loot and pillage. But it is also. Sexual violence is also committed in the houses. In households, you know your husband forces you, forces his wife to have sex while she is not ready. Unmarried people. And unmarried young men. You know a person can enclose another one in a room and have sex with he, and yeah, by force, and this is also sexual violence (Focus group III, ISP).

The respondents identified three categories of perpetrators, namely “soldier”, “bandits” and “civilians”. Civilians include domestic and intimate partner violence. Soldiers were seen to be both the state military and rebel groups. Bandits are “gun men” who wear uniforms and have guns. According to the respondents, they come at night and it is therefore impossible to identify them13 (Katana; Nyawera;Muhungu). Civilians included people “walking around in the community”, “boyfriend”, “teachers in schools”, “even pastors” (ISP; Walungu), and “husband” which, in the academic literature will be defined as intimate partner sexual violence (Østby 2014, 3).

Most commonly, a distinction between rape perpetrated by soldiers and civilians were drawn, and therefore this is the distinction I draw in the analysis. Rape by soldiers was

13 A similar category is also reflected in the study by Bartels 2010, 3.
characterized to include several perpetrators and described as “brutal”, “just to destroy”, “beyond sexual intercourse”, pointing to the brutality of the rape. The rape committed by soldiers resonate especially with the part of Woods’ (2006, 308) definition including penetration by penis or other objects often including inserting leaves and objects. The group of Interahamwe was presumed to be the worst type of rapist, where the incidences of rape often were brutally gang rape.

But rape committed by an Interahamwe is beyond that [sexual intercourse], because after rape, Interahamwe also insert sticks, or sharp objects in your vagina. I know a woman who was gang raped by the Interahamwe, of five Interahamwes. When one finished her, he takes some leaves and insert them in the vagina, and another person comes and rape the women. When he finished, he also insert leaves in the vagina and so on and so forth, and it was terrible (Focus group V, Kavumu).

Even though Interahamwe was emphasized as the worst perpetrators, the respondents did not link this to the conflict dimension – Interahamwe as a violent armed group operating in the area with foreign roots. Rather, it was linked to the perceived brutality and perceived risk of disease associated with the rape. When I asked which rape was the worst, I always received the answer that rape in itself is the same committed by both soldiers and civilians. Both of them are bad for the survivor and, as will be more elaborated below, challenges the life of the survivor. The rape committed by soldiers is the worst in the sense that it is more brutal and hence more devastating. Rape perpetrated by civilians, on the other hand, were characterized to be mostly for sexual intercourse, penetration by penis, less brutal, and perpetrated by one person:

Rape committed by civilians is almost a sexual intercourse. Civilians rape just for sexual intercourse (Focus Group V, Kavumu).
The survivor

Based on the focus group discussions, a survivor includes women and girls at all ages. This is also the case in other studies on DRC (S. A. Bartels et al. 2010; Mukengere Mukwege and Nangini 2009; Samset 2012, 233). Sexual violence perpetrated against men and boys is presumed to go unreported by survivors and others due to cultural and social factors associated with sexual assaults, including survivor shame, fear of retaliation by perpetrators and stigma by community members (Christian et al. 2011). Despite the common image of the female victim (Baaz and Stern 2013, 54), awareness of men being victims of sexual violence is increasing, including rape and sexual torture during wartime. Evidence from the DRC shows that also men are reported to experience some form of sexual violence (Christian et al. 2011; Eriksson Baaz and Stern 2010, 44; Johnson K et al. 2010; Samset 2012, 233).

With the starting point that both men and women can be survivors, I started all of the focus group with the open question “who gets raped?” The most used answer was that women and girls are getting raped. However, the respondents understood rape by soldiers to be towards all women “young and old, no matter how ugly or beautiful”, whereas rape committed by civilians was mostly towards virgins and younger women. This is linked to the perceived characteristics of the rape; rape committed by soldiers is both to satisfy sexual desire and to destroy the women whereas rape committed by civilians is to satisfy sexual desire, and in some instances, to get married. Therefore, civilian rape is sometimes more targeted towards young women and girls, who are not married, and who are virgins. The soldiers’ targeting is perceived to be more random than civilian rapes because the soldiers want to satisfy their sexual need or destroy the woman and therefore they do not care what kind of woman they rape.

When asked if men could be raped, the question was either rejected by laughter or seen as very odd. Although this is an interesting finding in itself, I will, in accordance with my respondents, limit the discussions in this thesis to concern women and girls of all ages.
Summing up, the respondents understand rape to be an act committed without consent, towards women at all ages. The most important distinction is between rape perpetrated by civilians and soldiers where the latter is perceived to be much more brutal than the former.

5.2 How do communities in the eastern DRC perceive survivors of sexual violence?

When I started the session about perceptions towards survivors, the first question was: *what do you call a person that has been raped?* The immediate answer in all the groups were that a person that has been raped is called *femme violé*, raped woman, which the community said is a general term used when speaking about a survivor in the Bukavu Area. In some instances, she may also be called “Interahamwe’s wife” (Walungu; Kavumu) or “HIV positive person” (Walungu). The answers to this question were exclusively referring to female survivors. When investigating what characterized a *femme violé*, the respondents used terms like “marginalized” (Panzi), “not respected in the community” (Walungu; ISP), “stigmatized” (Katana; Nyangezi), “scorned and neglected” (Nyangezi).

A raped woman in this community is regarded as a women who lost her value totally. She loses all the chances that a woman can get or ever have. She has no place in the society. For example she loses her chances to get married, she loses her chances to be a leader, and maybe she loses her chances to get a job, and she will not be accepted in many groups etc. She loses so many things (Focus Group I, Panzi)

As the quote indicates, the rape has implications for the life of the raped women. The respondents’ perspectives resonate with the conclusions from the broader literature: rape severely limits a woman’s freedom of choice and possibilities as compared to other women. As noted by a person in the focus group in Nyawara, it will be a “difference between their previous life and the life after rape” (Focus Group II, Nyawera).
Marginalization is especially manifested in the woman’s relation to a future or current husband — a key concern emphasized by the community. After being raped, the survivor will face severe difficulties in getting a boyfriend (Walungu). If the survivor has a current husband he will “run away” (Kavumu), “divorce and abandon” the survivor and marry another woman who is not raped (Nyawera; Muhungu; Nyangezi). All focus groups had a unanimous understanding of the difficulties concerning partnership. The rape also has implications for the relation with the family in general:

in the family it, well, she is a little bit accepted, but not fully accepted. She has no value as other people in the family. For example she will not be able to take clothes of her sibling and put them on. They can tell her ok you will never cook food that we will eat in this house etc. (Focus Group I, Panzi).

As the quote indicates, the respondents understand the relationship with the family to also be characterized by a certain extent of acceptance by pointing to that “the relatives and family can provide some kind of comfort” (Kadutu). But, also in this relation, the survivor experiences limited opportunities and respect compared to other non-raped women or siblings. Because she has been raped, the survivor loses the position she would have if she was not raped. The respondents underscore this by explaining that she will be less prioritized when clothes and food are allocated within the family. She is also often not allowed to cook the families’ food and, in a situation of conflict or discussion, she will be taken less seriously because she has been raped. Several respondents exemplified a situation where a survivor wants to take part of a conversation or give advice within her family, then often she will be met with the following comment: “what are you advising, can you advise us, you have been raped?” (Kadutu). This illustrated one of the limitations in the relation with the family, the family members will question the survivors’ qualification for giving advices. As will be elaborated more below, the survivor loses something when she has been raped and in the relations with her family, this loss prevents her from being included in symbolic and important acts within her family.

The implications for the survivors in the relational sphere (family, husband and boyfriend) were topics that spontaneously arose in the focus group discussions. The literature review
on survivors and the work of many NGOs in the area, prompted me to assume that the rape also lead to economic implications for the women. This was, however, less spontaneously addressed by the respondents, and it is ambiguous as to what extent being raped in itself gives restricted opportunities in the professional sphere (obtaining a job, participating at the market). Some respondents said that being raped will make it hard to get a job and to start a business, especially high positions (Kavumu; Nyawera). Others emphasized education and skills as trumping the fact that the survivor has been raped (ISP; Muhungu; Nyangezi; Kadutu; Nyawera).

Asking the questions about what a person that has been raped is called, how that person is perceived, and how life is after the rape, gave immediate response, which is reflected in the descriptive presentation above. These dominant and spontaneous patterns were surprisingly similar in all the focus groups: women and men, rural and urban (see more in the discussion chapter, section 6.5.1). Even though I came into the fieldwork with the dichotomous conceptualization of perception, I will now demonstrate and elaborate more how this first immediate response by the respondents - related to the relational sphere - better can be understood within the framework of negative perceptions. The professional sphere is to be conceptualized within neutral perceptions.

5.2.1 Relational sphere

Many times her name is like erased. People start calling her femme violé, raped woman. (Focus group I, Panzi).

When presenting the conceptual framework of negative perception, I wrote that the first essential feature of the definition is a non-distinction between the survivor and her (perceived) deviant attribute (see figure 1 section 4.6.1). The descriptive presentation above shows that the respondents understand the prevalent practice in the community to be that a survivor is called femme violé, “Interahamwes wife” or “HIV-positive person.” The extract from the Panzi interview illustrated the meaning of this name-calling. The survivor is not separated from the incidence of rape, “her name is liked erased and people start calling her raped woman.” In the words of the respondents at ISP “she has a mark, that mark, “raped
woman” (ISP). The rape now becomes part of her identity, the immediate attribute the community associates her with.

At first sight, the lack of distinction between rape and woman, as well as the name-calling, does not say anything about whether the meaning of the name-calling is negative or not. As I established in the conceptualization, for the perception to be negative, it must refer to a negative meaning, either implicit or explicitly expressing words of insult, less worth and so on. In trying to elaborate on the meaning of the name-calling, I asked whether the survivor is usually called femme violé directly or more indirectly, behind her back.

So people do not call them Interahamwes wife or raped women when they are talking to them directly, because if you call her that way you will traumatize her even more. People can talk about of course. If she passes by you can point her a finger, raped women. (Focus Group V, Kavumu).

Such quotes illustrate the ambiguity in the use of the expressions. On the one side, the overall answer is that a survivor is called femme violé. On the other side, this is by the community acknowledged to be traumatizing (Kavumu), humiliating and something cruel to do (Katana). The respondents point to the name-calling as inherently negative; you do not want to be called a raped woman. Furthermore, the community knows that it is traumatizing and humiliating and therefore they do not address the survivor directly as femme violé. However, the indirect use of the name calling points to a superficial acceptance and separation between the rape and the survivor; the survivor and the community know that she is called femme violé, and that she is associated with rape behind her back. The quote below illustrated this lack of a wholehearted acceptance – it is hard to not associate the woman with the rape.

When you are talking directly to her you can call her her name, but when you are talking about her with other people you will just call her raped women. But in your heart you will always know that she is a raped women (Focus Group II, Nyawera).
The respondents expressed how devastating the community perceptions are for the survivor, and acknowledged that it may lead the woman to move to a place where she is not known as a raped woman, or even to commit suicide (Nyangezi; Muhungu). This illustrates the third point in the conceptualization; that the perceptions are manifested in harmful physical or psychological consequences for the individual or the group.

As we have seen so far, being raped leads to a difference between the raped woman and other women. This immediate difference – that you are a raped woman - is the same for both women raped by civilians and women raped by soldiers. The difference is inflated by negative perceptions from the community, which causes extended grievances for the survivor and further limits her possibilities. The conceptualization of negative perceptions holds that the consequences (being raped) is constructed to be deviant because of certain perceptions about norms, roles, and picture of the world that are present in the community, which I now will turn to.

A frequent reasoning for why being raped is so problematic was that the community says that the survivors lose their value. If we are to find possibilities for reintegration, it demands that we understand i) what is the value (that she has lost) in the society and ii) what is it about rape that changes this value in the society? In line with the discussions above, having full value in the community means that you are fulfilling the community’s ideal of being a woman. The woman in Muhungu explained that the ideal women should stay in the house taking care of the children, giving birth, and most importantly, have a body that is “not defiled” (Muhungu). Furthermore, the respondents in Nyawera explained how virginity is an important thing in the culture. And if you are not a virgin, you are not fully a woman anymore.

Virginity is the most important thing here. If you have no virginity, you are no longer a woman (Focus Group II, Nyawera).

The respondents emphasized that the vagina is an important and valuable part of the woman. For both married and unmarried women, there has happened something with the vagina (she is not a virgin or other men than her husband has inserted their penis in it) and
this results in a perception that the woman has lost her value and is somehow destroyed. This implication is the same for both civilians and soldiers - in both cases the vagina has been touched by another man. The male respondents in the Panzi area relate the negative perception of being raped to the norms in the community and how a woman’s value and respect is closely connected with her vagina.

The vagina of a woman is very important. It gives her a value, but when the vagina is destroyed, you know the dignity and respect is destroyed as well. But we are Africans. We value a person because of her sex and if we see someone joking playing with that, it is not a good thing (Focus Group I, Panzi).

5.2.1.1 Unmarried

The loss of value in terms of losing virginity was expressed by both unmarried girls (Nyawera; Muhungu) and unmarried boys (Panzi; ISP) as challenging to marriage and the chances of getting a boyfriend. The boy wants his girl to have high value, meaning that she should be a virgin. The quote illustrates how the information about rape hinders a young man from marrying. Furthermore, the statement “I as a man” underscores how this is related to the local customs; a young man should marry a virgin.

We young men, when we want to caught girls you know, sometimes we wonder, where do we find the girls we fall in love with? If we hear that there has been a beautiful woman here but she has been raped, you know, as a man, I cannot go in that house anymore (Focus Group I, Panzi).

The focus group discussions and the contextual discussion with other local Congolese resonate with the importance of virginity; when a girl and boy starts loving each other, the families decide on rules to prevent the girl and boy from having sex before marriage. The rules might include the young girl and boy to not be in the same room and to not stay out late. When they want to get married, the family is included to discuss the dowry. The families agree on an appropriate dowry for the girl, and they can get married. After the wedding night, the boy brings the sheet to the mother of the girl. If the sheet proves that she is a virgin (for example if there is a blood stain), the mother receives a present for
having brought her daughter up well, meaning keeping her from having sex before marriage. This tradition is one of many examples of how strong the custom of being a virgin is. For the boys, marrying a non-virgin is a loss of pride and respect, he will “feel shame” (Muhungu), “lose his consideration among other men” (Panzi) and “not have courage to marry a raped woman” (Muhungu). For the family of the survivor, and especially for the mother, it is a loss of respect in how they raised their daughter. The mothers’ loss of respect was mentioned in examples where civilians and soldiers had perpetrated the violence. This seems to indicate that the identity of the perpetrator has no implications for shame, but rather the act of the rape itself – it decrease the value of the girl and this value is reflected upon the persons close to the girl either this be a future boyfriend or mother.

5.2.1.2 Married

Married men and women also stressed the problem they face when the wife has been raped. When a man wants to get married he and his family needs to pay dowry to the family of the girl or the woman. The prize on the dowry is dependent on factors such as the girls’ educational level and to what extent the girl is fulfilling the women ideal in the community. The respondents explained that when a woman has been raped, her value decreases in the sense that someone else than her husband has accessed her vagina. Hence, the dowry they husband once paid, is now, after the rape, considered to be too high. The woman has lost her value, and the husbands´ wife is of less worth.

one more thing about our community here. We work for women; we give money. We give dowry, some kind of dowry to get a wife, and then you know. You have been working hard to get her, and someone comes to destroy her [laughter] this does not sound good (Focus Group VI, Kadutu).

The quotes show how the respondents explained how rape affects marriage by referring to the local customs “in this/our community”. Another often mentioned reason for why a husband divorces his wife, is that it is not okay for a woman to have many men.
Because in this community you say that you can share anything you can, except a women. You cannot share a woman with any other person.

if there is a man who can be glad to see that his wife has been raped? No. No men can support this. You know, imagine you know you are a man you are married to your wife and then five person, five Interahamwes come to rape your wife. You know, you can’t. This is unbearable.

I: But is it because they couldn’t protect her, or is it because she has problems after?

R: You know. In our community a man can take even ten wifes, this is not a problem, but a women should not even have two men. This is so problematic (Focus Group I, Panzi).

In all the focus groups, both men and women emphasized that the majority of husbands divorce their wife if she has been raped. The extracts above points to two interesting observations: First, the assumption that a woman, in contrast to a man, cannot have several men is a taken for granted in the society. This was often given as a reason for divorce and related to the gender roles in the community. The second question is whether the husband’s rejection is because he feels like he could not protect his wife from the terrible action or because it affects his relationship. When asking questions on “what is this rejection about”, an often-received response by both men and women was that “you cannot forget this.” When I asked “why you cannot forget”, this was neither related to the survivors perspective nor the cruelty of the act. The respondents, both women and men answered in the direction of how it affected the husband. The answer was that you just do not accept that your woman has been with other men, even though this happened without her consent. The value of the wife reflects upon the husband, in the eyes of the community.

I think the husband cannot accept. He cannot be in the relationship of such a woman. The first factor that can push the husband not to accept because you know the husband is afraid of his consideration among other men. You know other men will be telling him that you are stupid, your wife has been raped (Focus Group I, Panzi).
Thus, it is important to acknowledge that the focus groups expressed sympathy for families that marginalize a raped daughter, husbands that shun their raped wife, and boys that avoid raped, single females. This is not least due to the heavy social costs in pursuing alternative strategies. In this sense, it is a circular trap in which neither survivors nor individual members of the communities have the power to turn the cycle. Collective actions might be an option, but changing local customs and norms is at best a slow process, and will not be much comfort for today’s survivors. The pattern points to a negative spiral: being raped leads to challenges in getting married and not being married or get divorced leads to less respect in the community, as illustrated in the quote below.

She is not respected in the community because she will not get married. No man will love her (Focus Group VII, Nyangezi).
You know a person who has been raped is not respected in the community because no boy will be speaking to her and you know no one can make her girlfriend (Focus Group VIII, Walungu).

5.2.1.3 Health
In addition to local customs about women and virginity, there is also a quite validated fear that survivors are infected with disease, which connects to the generally unhealthy conditions and lack of medical assistance in this area. This poses a real health threat to family members of the survivor as well as future and present husbands. When a survivor has been raped, the community and family suspect her to have contracted a disease.

R: So the worst consequence for the community. There is no trust between the community and the person who has been raped. There is a kind of distance between the community and the raped.
I: So why don’t you trust the raped women?
R: Because people do not have information about her health status, you know if she has diseases etc. (Focus Group II, ISP).

The fear of disease is especially challenging in the relationship between the survivor and her husband because of the intimacy in the relation. Hence, the husband will be “afraid that you
have some diseases“ and he “will not have sex with you because he is afraid that you have some disease” (Kavumu).

The understanding that fear of disease is a legitimate and prevalent reason for rejecting the survivor is further complicated by the belief that survivors that went to hospital are somehow sick, even if she went there to get healthy.

The community does not know that the result from the hospital you know if she has been diagnosed with diseases or etc. so people presume that probably this women is infected by disease (Focus Group IV, Katana).

To sum up, the associated risk of disease when a survivor has been raped, challenges the survivor’s relation with family, and especially husband. This is further complicated with the lack of trust towards medical assistance and treatment in hospitals. In some instances, this produces a logic where a diseased survivor does not go to the hospital, because she fears that people will notice that she is sick, as will be elaborated more in the second part of the analysis.

5.2.2 Professional sphere

The loss of opportunities in the relational sphere does not seem to extend to the professional sphere. While she is not compensated for the atrocities against her, all of the communities emphasized that, in the professional sphere, a survivor is judged by her skill and capacity like everyone else. This suggests a more neutral perception towards survivors when participating in the market (see section 4.6.2). In this sphere, it is not the rape that defines the survivors’ identity as a more or less attractive participant at the market, but her skills to participate; she is seen as a person like any other in the community.

but this does not have any implications or effect as far as work is concerned. You know in the professional setting people are, can’t care about whether you have been raped or not. So if you have enough skills to do it, you can go (Focus Group VI, Kadutu).
The respondents emphasized that if she can do a good job, then people will give her access to the market and buy from her. Based on the literature review on survivors in the DRC as well as many NGO campaigns, one should believe that the survivors are restricted and stigmatized also in the professional sphere. When questioning this in the focus groups, many respondents laughed and answered that it is only western people that thinks raped women are neglected from the professional sphere. Hence, there is an immediate separation between the survivor and the rape in the professional sphere; the survivor is not identified and limited because of the association with rape, but she is identified according to her skills. However, the respondents emphasized one limitation in this sphere, namely the possible physical and psychological damage of the violence. These damages may make the survivor unable to work because she is somehow physically injured, suffers from Post-Traumatic Stress Disorder (PTSD) or is otherwise affected. As will be more elaborated in the second part of the analysis, this aspect is more likely when a survivor has been raped by a soldier because of the characteristics and brutality of the rape.

Overall, respondents seem to operate with two different criteria of evaluation. In the professional sphere, survivors are judged by their abilities. In the family and many social interactions in the “everyday community”, she is judged by how she lives up to the expectations towards her as a woman, with the special importance of virginity and the sacred vagina. There is a surprisingly strict separation between these two spheres. In short, a survivor may not cook food and serve her husband. She may, however, sell that same food in the market. This further indicates a difference in the two spheres according to the degree of intimacy. In the relations with mother, husbands, boyfriend and family, the rape is an greater obstacle in the sense that it is both hard for the survivor to access the sphere, as well as for the family and community to receive her – because of pressure of local customs and expectations towards them. In the professional setting however, it seems like there are less obstacles because the relation between the survivor and her potential customers is less close and they are less likely to be associated with her.

5.2.3 Summing up
To sum up this part, the communities have severely negative perceptions of a raped woman participating in the relational sphere of family life, social life, and dating. Wherever she
walks, she is a *femme violé*. These perceptions have psychological and possibly fatal physical consequences and limits her participation within this sphere. However, the same expressions are not used towards survivors in the professional sphere, where perceptions are more neutral. Given this, what does the communities perceive as possible strategies to facilitate the reintegration of survivors?

### 5.3 What does the community see as important factors for reintegration?

I will now analyze what the community sees as important factors for getting beyond the non-separation of the individual and the incident; moving from negative perceptions towards neutral perceptions. In this thesis, reintegration is understood as a process aimed at achieving equal opportunities and respect for survivor, equal to the other women in the community. The community perceptions presented below are not necessarily advice from the community to the survivors, but rather, what they perceive to be helpful practices for the survivor to get reintegrated.

Reintegration refers to a mindset and a process towards a separation between the survivor and the attribute of sexual violence thereby not letting the attribute of sexual violence define or exclude the survivor (see figure three). I will now analyze the focus group discussions on what they see as factors that might help separating the mark from the woman, and give her the same possibilities as other non-rape women. There were especially five factors that the communities saw as advantageous: i) getting married, ii) not getting sick, iii) hide, move or don’t report, iv) get economic skills and finally to some extent v) getting into a support program. As will be elaborated on later, most of these factors are not in the hands of the survivor.

In the discussions, a difference between rape committed by soldiers and civilians emerged. Contrary to my expectations, this difference did not lead to different perceptions towards survivors, but the characteristics of the rape gives different possibilities in the process of getting separated from the rape. Therefore, this dimension will also be brought into the analysis.
5.3.1 Relational sphere

5.3.1.1 Marriage

I: You say she loses her value. Can she get it back?
R: If she gets a husband she will be respected in the community (Focus Group VII, Nyangezi)
R: If you marry her. If you are married the community will stop regarding this as rape (Focus Group III, ISP).

“Marriage” was the immediate and spontaneous answer in both rural and urban interviews and with women and men when I asked whether it is possible to get the value back. According to the respondents, marriage is easier to achieve if you have been raped by a civilian. In fact, the respondents noted that the intention of civilian rape might often be to get the girl or woman to marry you. Following the discussion about the importance of virginity, the respondents explained how a civilian perpetrator might achieve marriage if he rapes a girl. If she is raped, she is less attractive to others and her “choice” might be to marry the perpetrator so that she at least have secured herself a marriage. The marriage may also become a result of a settlement between the girl’s family and the civilian perpetrator’s family after the rape; as part of the reconciliation the families agree on the girl and perpetrator to get married and the dowry to be paid.

This emerged as the first difference between civilian and soldier perpetrated rape. It is easier to arrange a marriage with a civilian perpetrator because it is more likely that the survivor can identify him, and the characteristic of the rape is less brutal. Moreover, the intention of soldiers is seldom to marry the girl, while the respondents seemed to believe that this could be the intention of civilian perpetrators. According to the respondents, rape perpetrated by soldiers tend do be more brutal, including physical violence or inserting objects in the vagina, and is more often committed by several perpetrators. Furthermore, this increases the risk of contracting diseases, causing problems with reproductive health, or otherwise impedes basic physiological functionality. All of these factors reduce the chances of getting married. As shown, marriage is by the respondents, emphasized as alleviating the challenges of being raped; if you get or stay married, the community will perceive you as a married woman instead of a raped woman, which, in the terms of my conceptualization,
separates the rape from the identity of the survivor. The paradox is that on the one hand, it is important for the reintegration to get married, on the other hand, we have seen that it is hard for a unmarried raped woman to get married and for a married woman to stay married after she has been raped.

5.3.1.2 Hide, move or don’t report

But you know if you are known as a raped woman by the society. Then you lose your value, but if you hide it, then you keep your value, (Focus Group I, Panzi).

The focus groups also reported that survivors could hide the fact that they have been raped, in order to keep their value. Therefore hiding the rape may be a very strategic option for the woman because she has seen other women being raped before and rejected by her community. A woman in Nyangezi explained how a raped woman tries to hide it in order to not be discriminated in the community.

I saw a woman who was raped but she didn’t want to report her rape you know because she was afraid of the rejection from the community. Her rape was so terrible to the extent that she was you know out of her vagina there were coming some worm, because she was gang raped, and things were coming out of her vagina, you know, falling down and it was terrible, but she didn’t report the rape and later on she was taken to the hospital. You know some can be about to die but they don’t report the rape (Focus Group VII, Nyangezi).

The challenges of reporting were emphasized by several groups. The survivors know what destiny awaits if they report. In order to be treated as others, it is best to hide what has happened. In the same vein, the respondents mention that a survivor might move to a place where the locals do not know what happened to her.
this [not get rejected] can happen in case the women continues to live in that specific area in the same area, but if she moves to a different location, to a different place where she is not known, she can improve her life (Focus Group III, ISP).

The respondents emphasized moving to another place also increases the likelihood of getting married, which can be understood to hide the rape in the sense that “the mark” of being married is superior to the mark of “raped woman.” This is especially necessary if you are from a rural area. In rural areas, there are less people and it is more likely that people know if you have been raped, and hence it is harder to get married. If you move into town from a rural area or move to another area inside town, the chance of getting married increases. Hiding in sense of being married is emphasized by the respondents who claim it is easier if the survivor has been subjected to domestic violence (for example your husband) or civilian in general – when your husband rapes you, you continue to live with him and you are married.

The rape committed by your husband will not affect your life, but the one committed by the soldiers is even more dangerous. The rape committed by your husband is balanced. Because, you know, later on you will forgive your husband because he is your husband but an outsider, you don’t know him, you don’t know where he comes from. It is easier to be raped by your husband, because your husband you have to forgive (Focus Group II, Nyawera).

Again, rape by civilians is relatively easier to hide compared to rape by soldiers. The rapes committed by civilians are often committed in houses and offices, and is considered to be less public. It is also less brutal in the sense that it is “like sexual intercourse.” The rape committed by soldiers is on the other hand both much more public and, as already mentioned, more brutal, “beyond sexual intercourse.” This makes it much harder to not report, both because people see it and because the survivor is in greater need of medical examination.
5.3.1.3 Disease

To some extent, not having contracted any disease can also help in separating from the “rape mark” from the woman, and further her possibilities in the community. The respondents emphasized not having disease as a way towards reintegration. However, it is ambiguous whether this will help restore the relationship fully with the husband or boyfriend. Also, the respondents are not sure if the community actually believes that the survivor does not have a disease even if that is the case. Both the name-calling “HIV-positive person” and “Interahamwes wife” is associated with having disease because of the characteristics of a soldier rape, and this deviant attribute leads to a distinction between the survivor and the community. The community fears the survivor because of her having a disease and they “cannot trust whether she has it or not.” This is especially hard if the survivor has been raped by an Interahamwe, then “people will expect you to have disease” (Katana; Walungu; ISP). The perceived deviant attribute of having a disease is then even stronger and more suspicious if the survivor has been raped by a soldier. Also in this case, it seems like the association with disease is superior to the conflict related, enemy dimension – because soldiers, and especially Interahamwe, is highly associated with disease.

so the worst rape is that one the rape committed by soldier because you know soldiers do not stay at one place. They move over all over from time to time they move from different places, and people believe that they are infected by disease. But the civilian is here and he stays at one place (Focus Group IX, Muhungu).

This pattern was similar in all the focus groups – both in urban and rural areas; both in groups consisting of men and women. If a survivor has been raped by a soldier, then the belief that they have a disease is very strong and is hard to get rid of, even if the hospital has proved that the survivor is healthy.

Most issues for a survivor in relation to her community, however, are related to the expectations towards her as a woman and how the rape disturbs this. Whether she contracts a disease or not, has a minor impact on the value of the survivor in terms of being an ideal woman. Medical assistance is positive for the well-being of the survivor, and might alleviate stigmatization in certain social relations, but seems to be insufficient to solve the
issue of stigmatization in the relational sphere if the family, community and husband do not trust her to be free of diseases.

5.3.2 Professional sphere – get economic skills

As mentioned, the communities do not perceive survivors to be discriminated in the marked – neutral perception. Hence, education or otherwise increasing skills that are in demand in the market may have a positive impact on community perception of the survivor and in moving from negative perceptions towards neutral perceptions.

and or if that girl have some education, she, you know. If she has some education, some job, some employment this will help reduce the stigma as well because people will look at her job will look at her education (Focus Group I, Panzi).

As rape by soldiers is more brutal than rape by civilian actors, such rape might also do greater harm to the possibilities of participating in the market. Physiological damages may impede the possibility to do certain manual labor, walk longer distances, or other abilities necessary in the market in the Bukavu area:

you know rape is different. For a person who has been raped by a soldier you know, object such as knives, have been inserted in her vagina. Well, it is really hard for her to get a job because she is weak. Not because the community disregard her but you know, she is not physically strong to do that. So, and also her psychological state or mode are not good either. But, after psychological report, some counseling it is kind of building up her moral. She will be ok and she can start working. That women can be stressed and that stress will cause her not to work for example a women who has been raped by 10 persons [Ali says gang rape] because she recalls, and she looses her consciousness and she is always isolated. She want to stick with herself (Focus Group III, ISP).
This indicated that survivors raped by soldiers face greater obstacle in participating in professional sphere because they are more likely – because of the characteristics of the rape - to have psychological and physical damages hampering the possibilities of working. Hence, the prospects of getting reintegrated in the professional sphere is lower if the woman has been brutally raped by a soldier.

5.3.3 Support programs and its implications for relational and professional sphere
As mentioned in previous chapters, there is a strong presence of NGOs working to assist survivors of sexual violence in the Bukavu area and hence, the topic of support programs and the possible roles such programs may play emerged in the focus group discussions.

Programs for economic and medical assistance are typical for the Bukavu area. Such programs may help the survivor to reduce the mark of the incident, by making sure she is not diseased, and teaching her skills that are useful in the market. If she is recognized by her education rather then the mark of the rape, then the support programs have made progress in the process towards separating the rape mark from the survivor.

The economic assistance many support programs offer seems to resonate with the finding that economic skills are superior to the mark raped women.

she loses her consideration because she has been raped. But when she get some skills, so she is meeting the market in the community. And she rebuilds her value in the community, and of course people will continue talking, but not to such a high level (Focus Group IV, Katana).

The respondents also mentioned that it is good for the survivor herself to receive medical assistance. However, it did not seem to matter that much in their relation with the community, which still have problem in fully accepting her.

you know the medical support is not enough on it own. The medical support is not. The medical support is not enough so you need to do. You need to do some. Because women come here and they think that you know I’ve been at
the hospital and the doctors found out that I was not infected by any disease. Still, in the community, people are calling me Interahamwes wife and some will tell you well I think the last solution is now to commit suicide (Focus Group VIII, Walungu).

Both of these quotes illustrates that receiving medical assistance and generating income is necessary and valuable, especially for the survivor herself, but the criteria of being a valued woman in close relations is not fixed by economic and medical assistance. Neither address what has been emphasized by the respondents to be very important in the relational sphere – the fact that she is either not a virgin or that other men than her husband has been in her vagina. Hence it is not sufficient, at least in the short run, for achieving reintegration.

Furthermore, the communities mention that participating in such programs also signals that the survivor was indeed the victim of a rape. As such, the programs may have the unintended consequence of increasing stigma by underscoring that there was an incident, which increases this part of her identity. The respondents emphasized that, if a woman is raped by a soldier she is more likely to participate in an assisting program, and the mark femme violé becomes more visible. This again, plays into the civilian versus soldiers perpetrator division. The majority of the women at the Panzi Hospital have been raped by soldiers. If a survivor went to Panzi, the community will suspect that the rape involved all of the traits of such a rape, and the survivor will to a greater extent be associated with the mark of a raped woman. Survivors of rape by civilians are less likely to participate in a program, which might facilitate their reintegration process simply by making it easier to hide the incident.

It is more terrible even dangerous if raped by a soldier because, you know the soldiers can insert sharp objects in the vagina, and you know such a person will go to an isolated environment or location such as City of Joy or at Mukweges where you know they are known as raped. And this information will spread all across the community that this person has been raped (Focus Group I, Panzi).
I: Some of you said that it was especially hard for the Panzi women. What did you mean by that?

R: you know when you go to Panzi, into those programs. These programs are known as programs which supports raped women and you are also known as a raped woman (Focus Group II, Nyawera).

Elaborating on this, respondents at ISP suggested that a solution would be to give the survivor medical assistance at home.

because when you go to the programs, the mark becomes stronger. So when she returns: “ooh you have been in the program of raped women etc.” But when you are, when you are treated domestically at home, this is much more better (Focus Group III, ISP).

Lastly, the respondents expressed a certain suspicion towards participating in programs assisting the survivors. The respondents questions whether all those who participate in the programs really are subjected to rape, or if their participation is motivated in receiving the economic and material benefits from the programs such as food. Respondents in several groups questioned whether all the women who participated in the support programs are “real” survivors. Vulnerable women are perceived to participate in programs in order to generate income or to get food (Panzi). Families may also send their girls there to generate income and support for the girl if they do not have enough money (Panzi; ISP). This points to another negative association with support programs. Instead of seeing it as a positive support, which helps the survivor to reintegrate, it is also associated with the speculation and questioning of the motives of participating in the programs.
5.4 Summing up

The analysis of the second research question have shown what the respondents see as factors that might help separate the mark from the woman, and give her possibilities as others, non-rape women. There were especially five factors that the communities saw as advantageous: i) getting married, ii) not getting sick, iii) hide, move or don’t report, iv) get economic skills and finally to some extent v) participating in a support program.

The first three factors relates to the relational sphere. Getting married helps reintegration in the relational sphere because this is seen as an important part of being a woman in the community. This is however, as we have seen, hard to achieve. Not being sick also helps, but this is dependent on the trust of whether the survivor really is free of diseases, even after receiving medical assistance. Hide, move and don’t report helps in the sense that it hides the fact that the woman has been raped and further remove the obstacles of being included in the relational sphere. Economic skills help in the professional sphere, and may also extend to reintegration in the relational sphere. Lastly, support programs help in the sense that the survivor increases her economic and educational skills, which again helps her reintegrate in the professional sphere. However, it seems to not fully help her to be included in the relational sphere where importance is on virginity, not having had sex with other men than your husband, and fulfilling the woman ideal in the community.

A difference between rape committed by soldiers and civilians emerged; the characteristics of the rape gives different prospects for reintegration. Due to the characteristics of the rape, a survivor that has been raped by a civilian can more easily accomplish the factors, which are perceived to be advantageous for reintegration, than a survivor raped by a soldier. However, the central problem for reintegration in the relational sphere is the lack of virginity, or that a woman has been with several men. This is equal for survivors raped by civilians or soldiers. In this sense, both types are equally damaging for the survivors’ social participation. Three major themes and its implications will now be discussed in the following chapter.
6 Discussion

In this chapter, I will first discuss three main findings from the analysis. The first point is that there are certain aspects of reintegration that are in the hands of the survivor, and certain aspects that are not. Based on the community perceptions emphasized in the interviews, the survivor seems especially powerless in the relational sphere where local customs concerning the status of women are particularly important. These customs seems to be of less importance in the professional sphere, and hence, the survivor has more power to secure her own reintegration into this sphere. The second point is that a singular focus on sexual violence perpetrated by soldiers, in addition to the possibilities for a woman that has been raped by a civilian to hide the rape, may conceal the struggles of survivors of civilian rape. The third and last point is that support programs may have an unintended negative consequence for reintegration in so far as it may increase the negative mark of being a raped woman. After this discussion, I will discuss policy implications of these findings. The last part assesses this study’s generalizability, validity and reliability. The chapter aims to summarize the larger findings in this thesis and connect them to the larger literature, to possible hypotheses for future analysis, and to important policy implications.

6.1 The possibilities for reintegration

There is nothing that a woman can do on her own. Because we have been witnessing many cases like those. When a woman comes back into her family, you know some women will be rejected by their husband but also by other family members (Focus Group IX, Muhungu)

Building on the analysis, the first observation seems to be that there are certain aspects of reintegration that is in the hands of the survivor, and certain aspects that are not. This emphasizes my statement that reintegration is a process that encompasses both the survivors and the community. A raped woman can get married, hide the incidence, get medical assistance, get education or participate in support programs in order to reintegrate into her community. However, it is hard for her alone to change the local customs, at least in the short run.
As we have seen, due to local customs, it is especially hard for a raped woman to be included in the relational sphere. Unless she is able to thoroughly hide the incidence, neither of these actions seems to fully reintegrate her into the relational sphere as they do not change the fact that she is either not a virgin anymore or has been with other men. The expectations towards her as a woman - which affects her status within the family, community and with future or present – seems hard to change for the survivor herself.

This seems to be different in the professional sphere; survivors are faced with neutral perceptions, which opens up opportunities for them to improve their social position. Because there seems to be an immediate separation between the survivor and the rape in the professional sphere, it is uncertain to what extent participating in the professional sphere is different for a survivor compared to others in the community. An interesting extension of this finding is whether success in the professional sphere might eventually also suppress the mark of being raped in the relational sphere. In poor societies like Bukavu, everybody seems to value economic and income generating skills. Future research should investigate further if a mark of economic success might replace the mark of being raped, and thus contribute towards reintegration. If that is the case, increasing a survivor’s economic and educational skills seems to be of importance.

6.1.1 Medical assistance
A survivor cannot choose to avoid a disease or to get brutally raped by soldiers. However, these events force her to consider whether she will receive medical assistance or not. As seen in the analysis, for many survivors who get sick, avoiding the hospital is an actual strategic option. A few words discussing this choice are therefore in order.

Contagious disease, for example HIV, has been mentioned by the respondents as a consequence of rape which makes reintegration into the relational sphere, especially with future or present husband, very complicated. Physical damage caused by the rape seems for many to be an obstacle for participating both in the professional and relational sphere. Concerning the professional sphere, the physical damage is emphasized to reduce the survivors’ economic ability and capacity in the professional sphere.
The dilemma then, seems to stem from the low trust in the medical system in the community in general. People might suspect a woman that has been raped of carrying contagious diseases when they observe that she was in need of medical attention resulting in an unintended negative effect on the prospects for reintegration. As with support programs in general, the stigma associated with these hospitals, whether you go there to get assistance for disease or physical damage, seem to produce this difficult dilemma for the survivors. On the one hand, she can chose to receive medical assistance. On the other hand; this may make her situation even harder because she knows that people will associate her with rape and diseases. This again underscores the challenging situation for the survivor; by receiving assistance that helps herself, she risks making the rape more visible and further increase the chances of getting rejected. As shown in the analysis, the respondents emphasized this as a real dilemma to many survivors.

6.1.2 The gridlock of local practices

In the relational sphere the community respondents emphasize how the survivor has very little opportunity to alter her situation. The local customs that respondents refer to, indicate prominent expectations towards females that are by definition unattainable for a raped woman: she has been with other and possibly several men, and she is not a virgin.

But as we have seen, members of the community are exposed to the same customs. A boyfriend or husband loses respect from family and community if he marries or stays married to a raped woman. This makes it hard for the husband and boyfriend to marry a raped woman, and subsequently for her to get married. Even a mother whose daughter is raped loses respect. Hence, there are few incentives for individuals in the society to fully reintegrate a raped woman. An example from the focus groups in Walungu illustrated this challenge. In the first session, some of the women spoke about their engagement in a women’s organization, where they taught community members to accept survivors of sexual violence. Later in the discussion, it became clear that they too were torn between their good intentions of accepting a survivor and local customs:
even if people get some sensitization or some education but it is still difficult. For example in my opinion, when my child is raped, I will be fearing her as well. I will be afraid of her. Because you know people in the community, other women other mothers in the community will be shouting at me: you are not a good women, you know you are not a good mother your child got raped. Even my husband will be telling me you are not able to bring up your daughter in a good way, you didn’t do a god job, and it will be very sad for me. You know, if I have such an education among others people who have such an education I will feel comfortable but the large community, which is not sensitized on this issue. I will not be comfortable. There will be shouting at me (Focus Group VII, Walungu).

It is noteworthy that the respondents’ answers to how the survivors might regain their value, is to suggest that they, to as great extent as possible, should pretend that it did not happen, by not getting sick, by getting married and keep the incident a secret. This underscores to what little extent they place the responsibility and discussion on the perpetrator of the violence. It is the survivor that needs to fix the situation in order to get reintegrated. The survivor is the starting point of the reintegration process - not the community or the perpetrator, which received surprisingly little attention in the groups. This view however, is in stark contrast to my conclusion in this section based on the views of members of the community: The survivors have very little power over their own integration.

6.2 Neglecting civilian rape

The analysis has shown that the possibilities for getting reintegrated through achieving the factors emphasized by the community are better if a civilian has raped you. Contrary to my expectations before the fieldwork, the identity of the perpetrator matters not because of the identity as such, but due to characteristics of the rape.

The increased likelihood of gang rape, public rape, disease, issues with reproductive health and hence participation in support programs are strongly associated with soldiers. These attributes may make it harder for the survivors of rape perpetrated by soldiers to overcome
the obstacles towards reintegration. This resonates with the conclusion in Kelly et al (2011, 3–4) and Kohli (2013, 753) that women that have been gang raped are more rejected.

As shown in the analysis, in order to get reintegrated into the relational sphere, whether a woman has been with one or more men other than her husband, and whether she is a virgin, is of great importance. These two observations is similar to both civilian and soldier perpetrated rape. Hence, a woman that has been raped by a civilian perpetrator may face the same negative perceptions in the relational sphere as a woman that has been raped by a soldier. What is the difference, however, is that it may be easier, due to the characteristics of the rape, for a woman that has been raped by a civilian to achieve the factors for reintegration.

This has certain implications for the support programs. First, females raped by a civilian have a greater chance of success in hiding the incident in order to avoid stigma. Such rape might therefore easily be neglected, even though these survivors may be struggling with many of the same issues. This resonates with the finding by Baaz and Stern (2010, 3) and Skjelsbæk (2010, 40), that a single focus on sexual violence committed by soldiers may conceal other forms of sexual violence, such as domestic violence.

Second, the focus on soldier perpetrated rape may also confuse women raped by civilians on whether or not they have the right to get help. This supports the finding in a recent study by Kelly (2014, 99):

often there is a perception that services are only available for women who have been raped by armed men, and there is less awareness that abuse from family members, friends or acquaintances is also rape and that victims of this violence have a right to access SGBV services.

To sum up, if the perceptions towards survivors from civilian rape and rape by soldiers are similar, the focus on sexual violence, with an emphasis on soldiers and conflict, might confuse the situation and hide many instances of domestic and civilian rape. This is
especially relevant if women raped by soldiers more easily conform to the factors that has emerged within the focus group discussion.

6.3 The unintended consequence of support programs

The support programs contribute with important medical and economic assistance, which may help the survivor in their reintegration process. The stigma associated with these programs however, may emphasize the mark for the participant, and hence have an unintended negative effect on the reintegration process. This is similar to findings from Skjelsbæks (2012a, 100–101) interviews with health workers, working to assist survivors of sexual violence in Bosnia and Herzegovina. The health workers were trying different approaches in order to decrease the stigma attached to the “rape centers.” According to them the center became known to be a center for raped women, which further attached a stigma both to the survivors and the health workers. This shows that such centers of assisting survivors might lead to a double stigmatization. As shown in the analysis, the respondents in the Bukavu area pointed to the same association with the Panzi hospital and the women staying there.

Support programs as not being sufficient for reintegration, resonates with other findings in the literature; support programs may not be enough. Both research on female ex-combatants in the DRC (Tonheim 2014, 639) and with ex-combatants in Sierra Leone (Humphreys and Weinstein 2007, 549) highlights that even when participating in a support program, the persons interviewed face challenges in their reintegration. In the case of survivors of sexual violence in the DRC, it seems like what is required for a genuine reintegration into the relational sphere - the local customs and expectations towards a women - outweighs, at least in the short run, the medical and economic assistance. Therefore, it is important to build a bridge between the aim of the programs and the community so that the survivors can get help in overcoming this mark of rape in the deepest sense as well.

This points to the importance of including communities in the work of the support programs, which the respondents themselves emphasize. Several times they expressed that
the community needs to learn how to receive a woman after programs in order for it to work. This is nicely captured in the focus group in Katana and I will use this quote to illustrate the importance of building bridges between the programs and the community so that the survivor can be reintegrated after participating in the programs.

There is something I want to add. There are international as well as national NGOs that supports survivors with some psychosocial asserts. You know the victims of rape get some skills, some training, how to make soap, then how to do some tailoring. Many income generating activities so that women get income to help themselves. But the problem is that the community is not informed about reintegration. The reintegration of raped women. So this information is not, so many people don't know, are not aware of it in the community (Focus Group IV, Katana).

All though this finding points to a potential negative consequence of support programs, I do not mean that we should give up the attempts of assisting survivors. But an important implication may be to make sure that one takes measures to decrease the stigma attached to the centers and further the survivor as well as to build a bridge between the community and the programs.

6.4 Policy implications
The policy implications I discuss target support programs operating in Bukavu, and the international community taking a holistic peacebuilding approach where women, empowerment and assistance of survivors of sexual violence is included. As shown in chapter two, there is a tight interplay between local NGOs and the international discourses.

6.4.1 Include community perspectives and dialogue in programs
First and foremost, the local customs are important. As shown above, medical assistance, education and economic skills may improve the lives of many women. There are good reasons for continuing this approach. The finding is also a reminder for the importance of including the local community in the programs. This can have at least two positive benefits. First, it might facilitate trust towards the work done in the programs. This is not only
important for the medical assistance, where a central part should not only be to make the survivor healthy, but also convince the community that they succeeded with this.

Second, given the community’s focus on marriage, it might help to clarify the NGOs’ and community’s expectations. The support programs very seldom have marriage as a first goal for their participants. For the NGOs, the work often revolves around empowering women through medical assistance and education. In the short run, the NGOs might have slim prospects of changing social norms. An informational approach towards the community, where the NGOs explain what they do and how this will improve the lives of the survivors, could also eliminate some of the skepticism towards participants. A lot of the work done by support programs is important for the well being of the survivor. It is therefore important that the local community also understands and appreciates this. This points to what Mac Ginty (2010, 403) highlights as a typical dilemma - local customs may not conform to the international discourses but may have cultural purchase in the society. Therefore, in this case study, there seems in some instances to be a mismatch between these two, causing challenges in the reintegration process.

6.4.2 Do not neglect civilian rape
Survivors raped by civilians should be offered assistance equal to survivors raped by soldiers (at the same time as one works to prevent stigma attached with getting assistance). As shown, there might be numerous underreported incidences of civilian rape due to the pressures to hide and marry, but also due to the ambiguousness regarding who is eligible to participate. An increased rate of civilian rape is likely a by-product of several years with conflict (Cohen and Nordås 2014, 452). In addition, the possibilities for these women to participate in the relational sphere are equally problematic. These survivors are therefore a part of the same efforts in reintegrating survivors, female empowerment and peacebuilding.

6.5 Validity and generalizability
I will now briefly discuss the reliability, validity and generalizability of this study. As with all studies, issues on validity and reliability apply. Much of the data analyzed is highly specific to context. This is a characteristic of the design. Reliability, in the sense of replication, is
therefore not an achievable aim. Instead I aim to maximize credibility by being transparent on all parts of the process.

Several issues regarding the research design have already been discussed in chapter three. This part will instead focus on the validity of the analysis, given the design. I will not discuss issues that are common for all research of this kind, but instead discuss a few select issues in this analysis and the overall patterns presented.

6.5.1 Validity

There is one issue concerning validity that will be discussed here and that is the similarity in response across different types of focus groups; women, men, rural, urban. I would especially expect other women to be more positive to empowerment, since they, in their own words, themselves might become a survivor. And one would expect the urban respondents to answer more in line with the educational work of NGOs.

A first reflection points to whether similar patterns are due to some dominant respondents. However, this was not a major issue. In most of the groups (except Nyawera), all the respondents participated equally. Whenever some respondents were quiet for a while, I usually asked them directly what they meant about the topic we were discussing and whether they wanted to add something. Even more important; even if this was the case – that some people dominated the within the group - this does not explain the similarity across groups.

In general, one might expect a social desirability bias, in which the respondents tell me what I want to hear. Yet this should imply that they would promote the Panzi hospital, doctor Mukwege and be supportive towards empowerment of the women. But their responses were often contrary to the views expressed by NGOs, internationals and others (Bryman, 2004: 483). A recurrent theme was that Mukwege and the international community amplify the phenomenon of sexual violence in order to gain money and as seen in the analysis, the respondents did not seem to hesitate to report the negative views towards the survivors in the community.
Since the groups are describing what they believe is the dominant views in local communities around Bukavu, it seems more likely that they have similar beliefs of this regardless of background. We might have expected that the background of the respondents would matter more if they were responding to how they themselves view this issue or in individual interviews\(^{14}\). In this design however, they were all asked to describe the same unit; local communities in the Bukavu area. I did this for ethical reasons and assumed that I would get more honest answers by asking the respondents to speak indirectly because it might be easier to express negative words about survivors and support programs if you are not help responsible for having these opinions yourself. Although several respondents emphasized education as important for how communities accept survivors, the respondents commented that this is still the minority of the people in the community, and therefore more including perceptions towards survivors are not dominating, at least not yet. In addition, while some women’s group (especially Walungu and Muhungu) called for women’s rights and empowerment, they understood the community to not “be ready” for such a change. Lastly, the similarity across men and women resonates with previous findings in Babalola as she finds “no association of overall attitudes toward survivor with sex of the respondent (2013, 13).

6.5.2 Generalizability

I do not aim to generalize these empirical findings to any broader population. Instead, the goal is that the findings from this thesis may be exposed to rigorous testing. Possible results from such testing may then, in extension, be generalized.

However, I do uphold that my findings enter a dialogue with the literature on survivors in the DRC, as well as the international discourse on sexual violence, female empowerment and peacebuilding. The thesis sets an example for what, in practice, it means to investigate local customs when trying to implement international goals, as requested by Mac Ginty and Richmond (2013, 764). If the findings reflect a part of reality in Bukavu, then it illustrates how local customs matters when trying to achieve reintegration. This is however a highly

\(^{14}\) In Babalola (2013, 11-13) these individual differences are more prevalent because of the research design allowing individual respondents to answer. For example is employment, egalitarian and egalitarian gender attitudes associated with reduces negative attitudes towards a survivor.
context dependent exercise and therefore the findings from this study cannot be generalized to the broader population but it can resonate with other cases.
7 Conclusion

The motivation for writing this thesis was a desire to better understand how the communities in the eastern DRC perceive survivors of sexual violence. Reports from NGOs and the survivors themselves address how sexual violence can be an obstacle for a survivor in getting reintegrated into the community. In general, sexual violence is acknowledged to have a negative impact on the social fabric of local communities, which further has negative implications for building peace in the community as a whole.

I started this thesis by arguing that examining the survivors’ perspective is only one piece of the puzzle in order to understand the situation for survivors of sexual violence in the eastern DRC. Most findings are based on survivors’ self reports, and I have therefore examined the following interrelated research questions: i) How do communities in the eastern DRC perceive survivors of sexual violence? and ii) What does the community see as important factors for reintegration of survivors?

To analyze this, I have conducted nine focus group interviews with women and men, in urban and rural areas in the Bukavu area, South Kivu, in the eastern DRC. I have interpreted the findings in light of the concepts of negative and neutral perception, and reintegration.

Briefly, in response to the first research question, respondents expressed that the community holds negative perceptions towards survivor. Concerning the second research question, the community mentioned five factors when answering how a woman could be reintegrated: i) to not have disease, ii) that she hide, move or don’t report the violence, iii) to get married, iv) to learn market-friendly skills or, though somewhat ambiguous, v) to participate in a support program. I have discussed the implications of these responses, and will now highlight four major findings.

First, a difference between the implications for participation in the relational and the professional sphere emerged. In the former, the community does not separate the “rape mark” from the survivors’ identity. A survivor is perceived as femme violé (raped woman), which by the community is ascribed a negative meaning. This identification challenges a
survivor’s reintegration into the relational sphere because of the mismatch between the local customs on how a woman should be and the fact that the woman has been raped. In the professional sphere, a survivor is more easily accepted. In the market, it is the ability to work and having skills that defines the survivor, not the rape in itself; hence she can participate in the market as others who has not been raped.

Second, I have highlighted the narrow possibilities for the survivor to secure her own reintegration in the relational sphere. While she can get medical assistance and participate in educational programs, she cannot alter the expectations towards her as a woman. This is closely related to marriage and the expectations towards women in the DRC, specifically that they should only be intimate with one man during their lifetime. Thus, it is difficult for a non-virgin single woman to get married, and it is difficult for a man to accept that his wife has been raped.

Third, I have emphasized that there seems to be a variation in the characteristics of the rape by soldiers and civilians, which has implications for the prospects for reintegration; if a survivor has been raped by a civilian, it is, due to the characteristics of the rape, “easier” to hide, not report, don’t have diseases, contribute at the market and to get married. If this is true, this might result in an underreporting of civilian rape. This should concern the NGOs working in the area, as the needs of these women might be neglected. It should also concern the broader literature. In short, any conclusion made from samples drawn from the known universe of survivors, will need to evaluate how the characteristics of the rape and factors for reintegration might influence the results. More rigorous testing of whether the identity of the perpetrator or the characteristics of the rape itself is most prominent when it comes to actual stigmatization should therefore be an important avenue in future research.

Fourth, the assistance programs are put in a difficult position. The different support programs seem to have the unintended consequence of emphasizing the incidence, making reintegration in the relational sphere more difficult. This is compounded by what seems to be a somewhat low trust towards the NGOs and their programs in the area. Yet medical and economic assistance is of major importance to many of the survivors. In an economically
poor society like Bukavu, one might expect that sufficient economic success might affect reintegration in the relational sphere. This should be investigated further in future studies.

In the end, what the international efforts for peacebuilding hope to achieve, is that those that suffer from many years of conflict in the DRC also shall be able to participate in the process of establishing a functional political discourse. In this aspect, long-term peace begins with the small achievements towards reestablishing the social fabric in local communities.
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Appendices

A: Informed Consent

Informed Consent
You are asked to participate in a Research Project.

Researcher: Ingebjørg Finnbakk
Moderator and Interpreter: Ali Bitenga

What:
Because you are a person that lives in this community you are asked to participate in my research about your everyday experiences and perceptions about life in your community. I will ask you some questions about two themes: 1) Why do you think rape is prevalent and 2) How is it to live together both persons that have been raped and persons that have not been raped. The questions will be answered in a group interview; that means a conversation between you and 4-5 other members from your community about different topics and questions posed by my moderator and interpreter Ali and I.

Why:
Over recent years, many different peoples’ voices have been heard about how life in the eastern DRC is. Many different organizations and researchers share their experience and perception about how life is in the eastern DRC. My research seeks to hear your voice, the voice of the community. I believe that this can contribute to make a more real picture about how life is in your community.

How:
If you consent, you will be part of a group discussing some subjects and questions posed by my moderator and interpreter Ali. The interview will last for one hour, then we have a break, and then one more hour. The interviews will be recorded and I will write some notes in my book. The recordings will be kept safe in a locked cupboard, only accessible for me.

Confidentiality:
What you say during the interviews will be treated confidential and anonymous. I will only write down what you are saying, where the interview has been held, and gender. Because of this being a group interview, it will be impossible for persons not being here to identify individual respondents. Anonymous information from the interviews will be presented in my Master thesis that will be submitted at the University of Oslo, Norway.

Compensation:
The participation is voluntary. You will not receive any compensation for participating in this study, but you will get a soda and bread during the break + money for transport. There will be given soda and some nuts to the participants between the first and the second session.

Right to withdraw:
You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time without receiving any sanctions.
Summary of results: A summary of the results of this research can be supplied to you, at no cost, upon request.

Voluntary consent: I have read the above statements and understand what is being asked of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason, without penalty. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have concerns about my participation in this research, I may email me on: researchern90@gmail.com

I hereby give consent for my participation in this research

<table>
<thead>
<tr>
<th>Participant’s signature</th>
<th>Date and Place</th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investigator’s signature</th>
<th>Date and Place</th>
</tr>
</thead>
</table>
B: Interview Guide
Focus Group Interview Guide
1. Initial Interview Guide

Introduction:

I have read many places, and spoken with persons telling me that rape is prevalent here and I want to ask you some questions about this. I understand that this may be a sensitive topic for you, and I want to remind you one more time that you can withdraw from the interview at any time. The reason why I am asking you is because you are living in this community and you are therefore the experts on life here. I really want to hear your opinions in order to get a true picture of the life here. If it is ok, I will start asking some questions now.

Questions concerning community perspectives on why sexual violence is prevalent:

1. Why do you believe that there is rape here?
   1.1. Who is committing it?
      1.1.1. Where is it committed?
      1.1.2. Who decides if it should be committed?
      1.1.3. If soldiers are mentioned: You mentioned soldiers. Why do they rape? Who decides if they should rape?
      1.1.4. If civilians are mentioned: why do they rape?
   1.2. Why is it committed?
      1.2.1. IF Question 2.2 indicates several different groups of perpetrators: Do they have different reasons for committing rape?

Questions for an “opportunistic” conception of the issue. To be asked if part 2 indicates an opportunistic conception.

2. You said that these assaults was (partly) random. Why do you think they commit rape like that?
   2.1. Are they more likely to commit rape when they are alone, or when part of a group?
   2.2. You mentioned private issues. What sort of issues?
      2.2.1. Does everyone have these sort of issues?
      2.2.2. Is there any reason why some with these issues commit rape and not others?
   2.3. Could these rapes have occurred if there was no war in this area?
      2.3.1. If no, how does the war make people commit rape?
   2.4. Would there be any consequences or punishment for people committing rape?
      2.4.1. If no: Do you think there would be less rape if there were?
   2.5. Are these rapes less prevalent in urban areas?

Questions for a “strategic” conception of the issue. To be asked if part 2 indicates a strategic conception.
3. You mentioned that rape was a part of the war, like a weapon. How is that?
   3.1. Why do they use rape as a weapon in the war?
      3.1.1. Does it work?
   3.2. Are (some of) the survivors a part of the war?
      3.2.1. Do any of them side with the people committing rape?
   3.3. Do all soldiers commit rape?
      3.3.1. Are there any difference between soldiers from different groups?
         3.3.1.1. Are some worse than others?
   3.4. What is the relationship between the survivor and the perpetrator?

Questions for a “practice” conception of the issue. To be asked if part 2 indicates a practice conception.

4. You mentioned that soldiers rape, but that they were not ordered to do so. Why do you think the commit rape?
   4.1. Do they rape as a group, or individually?
      4.1.1. Why would they commit this as a group?

Questions concerning perceptions towards the survivors.

5. What do you call a person that has been raped?

5.1. Who gets raped?
   5.1.1. Can it happen to both male and females?
   5.2. Can it happen to people of all ages?
      5.2.1. If it cannot happen to anyone, why are these particular people raped?

6. In your community, how do people perceive the survivors?
   6.1. How is life for the person after the rape?
   6.2. Are there any differences between a person subject to rape and others?
      6.2.1. If yes: how?
      6.2.2. If no: why not?
   6.3. Does a person subject to rape have the same opportunities as others?
      6.3.1. Would it be possible for a person who has been subject to rape to get a job?
         6.3.1.1. If no: why?
         6.3.1.2. If no: What would the person do?
         6.3.1.3. If yes: could they get any job, or only some?
      6.3.2. Would it be possible for a person who has been subject to rape to sell items in the market?
         6.3.2.1. If no: why?
      6.3.3. Would it be possible for a person who has been subject to rape to marry?
         6.3.3.1. If no: why?
      6.3.4. Would it be possible for a person who has been subject to rape to live with his or her husband or wife’s house?
         6.3.4.1. If no: why?
      6.3.5. Would it be possible for a person who has been subject to rape to live with his or her family?
         6.3.5.1. If no: why?
6.3.6. Would the family take care of a person who has been subject to rape?
6.3.6.1. If no: who would?
6.3.7. If the rape results in the survivor becoming pregnant, how would this affect the life and opportunities of the survivor?
6.3.7.1. Who would take care of the child?

Question concerning international interventions and challenges today:

7. Are there many Congolese or foreign organizations working with the issue of rape in your area?
   7.1. Do you agree with the work they do?
   7.1.1. If no: how would you do it different?

2. Interview guide revised during fieldwork - frequent follow-up questions

8.1 About sexual violence
   • so which of them do they feel is more frequent? Civilians or soldiers?
   • when is the last time you heard about someone civilians/soldiers?

8.2 Perceptions towards survivors
   • How does a person loose her value?
   • Can a woman protect herself from being raped?
   • Is the community treating you differently if the rape is committed by a soldier or a civilian
   • Is it important after the rape to know whom the perpetrator is?
   • Does all women have the same chance of being raped?
   • What is the worst consequence for the survivor?
   • Why cant you report?
   • Why is it hard to get married?
   • If your husband is taking you back would the community then like..treat you better?
   • How do you get reintegrated into the community?

8.3 Differences between civilian and soldier perpetrated rapes
   • What is the difference between rape committed by civilian and by a soldier?
   • Can a woman more easily protect herself from a civilian than from a rebel?
• Is it different to get married if you have been raped by a civilian or by a soldier?
• What is a gun man?
• Who does not rape?

8.4 Support programs
• Some of you said it is especially hard for the Panzi women. What do you mean by that?
• Does it help in the meeting with the community if she has participated in programs?
• Would it help if it was like.. made know that does not have a disease?
• After a program.. after the women has been in the program.. where should she go after..?

8.5 Closing questions about what can be done in the Bukavu area
• How can the situation be improved?
• How can the community help the woman?
• What should a reintegration program teach the community?
• What is the biggest challenge for women in this area today?
• You say that the people in the community need some sensitization, what should they learn?
• What should be done for women here in Congo?
## C: List of Interviews

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Length of Interview</th>
<th>Respondents</th>
</tr>
</thead>
</table>
| 11.08.2015 | Panzi area Bukavu, a public classroom (NB not the hospital) | S1: 1.04.23 S2: 1.24.08 | N: six  
G: males (educated)  
A: 22-28                                                                                   |
| 13.08.2015 | Nyawera area Bukavu, R1s’ livingroom                   | S1: 0.28.41 S2: 1.01.58 | N: six  
G: females (one girl educated)  
A: 18-24                                                                                   |
| 17.08.2015 | ISP area Bukavu, friend of Alis’ (not part of the FG) livingroom | S1: 1.05.10 S2: 0.53.14 | N: six (educated)  
G: males  
A: 22-30                                                                                   |
| 18.08.2015 | Katana, the office of two respondents (rural area)      | S1: 0.51.13 S2: 0.52.22 | N: seven  
G: males (+ one woman)  
A: 31-54                                                                                   |
| 20.08.2015 | Kavumu, public classroom (rural area)                  | S1: 0.48.24 S2: 0.43.07 | N: seven  
G: females (uneducated)  
A: 22-45                                                                                   |
| 24.08.2015 | Kadutu area Bukavu, public classroom                   | S1: 0.41.43 S2: 1.05.53 | N: eleven  
G: males (and three females)  
A: 18-60                                                                                   |
| 26.08.2015 | Nyangezi, rural area, hospital                         | S1: 0.23.58 S2: 0.34.16 | N: eight  
G: females (non-raped patients at hospital from Nyangezi and neighboring villages)        |
<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Sample</th>
<th>Gender</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.08.2015</td>
<td>Walungu, rural area, at a local NGO</td>
<td>S1: 0.48.38 S2: 0.48.12</td>
<td>N: eight females + two males in the end of the interview G: females (non raped)</td>
<td>A: 19-47</td>
</tr>
<tr>
<td>31.08.2015</td>
<td>Muhungu area, Bukavu.</td>
<td>S1: 1.04.36 S2: 0.56.14</td>
<td>N: five G: females (educated)</td>
<td>A: 21-24</td>
</tr>
</tbody>
</table>
D: Debriefing questions after Interview

General information about the interview:

General impression of the respondents and the dynamic in the interview:

General impression of the answers:

Relation between me and the respondents:

Relation between me and Ali + Ali and the respondents:

Summing up the main pattern of the answers:

*General:*

*Why is rape prevalent?*

*How is the survivors perceived?*

Additional questions to the interview guide

What would I like to ask, but did not?

The definition/understanding of sexual violence in the Interview

Things I did not understand in the Interview

Challenges in interview and data:

Other thoughts and reflections: