Conflict-Related Sexual Violence Against Men in the Democratic Republic of Congo (DRC): Lifting the Veil of Secrecy Around a Controversial and Taboo Subject.

A Dissertation

Presented to

The School of Counselling, Psychotherapy and Spirituality

Faculties of Human Sciences and Philosophy

Saint Paul University

Ottawa, Canada

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

---

by

Ines Yagi

COMMITTEE MEMBERS

Committee Chair: Dr. Judith Malette

Full Professor: School of Counselling, Psychotherapy and Spirituality
Saint Paul University

Internal-Internal evaluator-committee Member: Dr. Christian Bellehumeur

Full Professor: School of Counselling, Psychotherapy and Spirituality
Saint Paul University

Internal-Internal evaluator-committee Member: Dr. Buuma Maisha

Assistant Professor: School of Counselling, Psychotherapy and Spirituality
Saint Paul University

External-External evaluator-committee Member:

DEDICATION

To the memory of my mother.
A true African Warrior with a sweet and gentle soul.

ACKNOWLEDGEMENTS

First, I want to express thanks to the male participants who generously shared their stories. This project wouldn't have been possible without their voices. I would like to thank my son Uriah for teaching me about strength, courage, and how to be a better person. To my friends and family (Fanta Siboko, Joel Yagi, Francis Yagi, L'or Assani, Eto Ngisulu and others), I couldn't have done this alone. I would like to extend my sincere gratitude to my thesis advisor Dr. Judith Malette for believing in me when I didn't believe in myself. Your kindness, encouragement, support, insight, knowledge and guidance touched me deeply and left a mark. It has been an honour and great privilege working with Dr. Malette. I would also like to thank Rick Goodwin from Men and Healing for sharing his knowledge, insight and expertise about the intersection between male sexual violence and the male code. To my thesis committee Dr. Christian Bellehumeur and Dr. Buuma Maisha who have both provided deep knowledge and input that helped shaped my research project. I want to express thanks to Dr. Buuma Maisha for being a great mentor and a positive role model. Last but no least, I want to thank God for giving me this once in a life time opportunity and the strength to go all the way.

Abstract

Although scholars, researchers and international media have recognized the existence of male victims, men and boy victims of sexual violence are still considered invisible victims. Research shows that male victims' suffering is under-reported, under-recognized and under-punished (Gorris 2015; Touquet & Gorris, 2016). The existing division between the disproportionate majority (women and girls) and invisible victims (men and boys) are mainly based on their gender identity and leads to structural discrimination against male victims of conflict related 'gender-based violence' (Gorris, 2015). The discrepancies in understanding male victims' experience in depth, including the different types of sexual violence that men are victims of, the impact of their victimization experience and follow up call for further research in this area (Touquet & Gorris, 2016). This phenomenological study aims to investigate the intersection between conflict-related sexual violence against men in the DRC and the male code. The narratives of 14 participants emphasize on the concept of time to compare their 'old life' versus 'new life' with the sexual trauma as the turning point. Although conflict-related sexual violence against men and boys is described as a controversial and taboo subject (Chynoweth, 2017), the results actually point to the lack of secrecy around the sexual trauma. The results also show that the understanding of gender impact participants' masculine identity and their journey towards healing and recovery. Specifically, masculine norms influence the way the trauma is processed and expressed. Participants associate healing with regaining full status as "real men".

Table of contents:

INTRODUCTION

After 20 years as a breeding ground for rape and other forms of sexual violence, "The DRC is today on its way to becoming a reference in efforts to combat this dehumanizing practice" (allAfrica, 2017, para.1). Although the progress made during the last three years are worth celebrating, nowhere in this document are men and boys explicitly mentioned as victims and beneficiaries of the tremendous breakthrough in the fight against sexual violence (allAfrica, 2017). The lack of inclusivity of men and boy victims of wartime sexual violence signals a continued lack of awareness and knowledge of how to address this issue (Gorris & Touquet, 2016).

Statistics gathered by the United Nations High Commissioner for Refugees (UNHCR) in 2013 recorded an alarming increase in acts of rape and violence committed against women and girls in North Kivu provinces (Schmitt & Dobbs, 2013). Official UN figures offered further evidence of the soared cases of rape and other forms of violence against women and girls in North Kivu from 4, 689 recorded cases in 2011 to 7, 075 in 2012 (Schmitt & Dobbs, 2013). It is in this context that UN special representative Margot Wallström labeled Congo as the 'rape capital of the world' in 2010 (AllAfrica, 2017). According to Mrs. Zainab Hawa Bangura, special representative of the Secretary General of the UN on sexual violence in conflict made a statement during a conference held from October 11-13, 2016 in the Congolese Capital recognizing the achievement

reached on the fight against conflict related sexual violence (AllAfrica, 2017). During this conference, the UN made public that there is a 50% decrease in number of recorded cases of war related sexual violence in targeted regions from 15,352 in 2013 to 7,751 in 2016 (allAfrica, 2017). Mrs. Zainab Hawa Bangura believes that the progress achieved in 2016 makes the DRC "a laboratory for experimenting successful experiences and models to be shared with other nations in the world" (allAfrica, 2017, para. 3). The joined efforts made with the private sector as well as national and international public institutions contributed to progress achieved on the ground by favoring the implementations of several initiatives in the fight against sexual violence. The combined collaboration of the different sectors have contributed to tremendous breakthrough on the ground including:

> 1) Strengthening the coordination of interventions in the fight against sexual violence with particular focus on the publications of statistics, 2) intensifying prosecution, 3) intensifying the socio-economic reintegration actions of survivors of sexual violence, and 4) intensifying the prevention actions and outreach regarding the laws on sexual violence. (allAfrica, 2017, para. 6)

Examples of concrete results of the progress made based on statistics published by various sources from the Secretary General of the UN in the conference held from October 11-13, 2016 include the following: "In December 2016, mobile hearings, supported by the Office of the Personal Representative, were organized and the Military Operational Court judged eight rape cases, six of which were convicted and two servicemen acquitted" said Vinciane Sibka Sibka, NGO ACOPE / Béni (allAfrica, 2017, para. 7). She goes on to say,

> "Thanks to the project of raising small livestock, solution to the poverty of the rural women in Lubero territory, financed by the Office of the Personal Representative, UEFR, Associations working for the respect of the rights of the women and the education of rural women and the AFFEPSAE organized training sessions for women from 6 villages in Lubero territory on livestock techniques. The same project has given 50 trained women kit breeding and guinea pigs that they will raise in groups" (allAfrica, 2017, para 8).

However, there is still a lot of work to be done on the national and international level. The fight against sexual violence in the DRC is synonymous to ending rape against women and girls. Congolese men and boys are also the target of conflict-related sexual violence. Sadly, men and boys are rarely mentioned in the fight against sexual violence in the DRC.

Although both men and women can be victims of conflict-related sexual violence, men's victimization experience is generally considered a controversial and taboo subject (Couturier, 2012; Storr, 2011). This is particularly true in the context of the armed conflict in the DRC, an area of research that has often been overlooked and neglected over the years (Couturier, 2012; Storr, 2011). Conflict-related sexual violence against men was once described as the deepest and darkest secret of war (Couturier, 2012; Storr, 2011). Chynoweth (2017) describes sexual violence against men and boys in the Syria crisis as a complex and under-investigated taboo subject. The literature often discusses the issue surrounding conflict-related sexual violence by primarily referring to men as perpetrators and women as victims (Courtier, 2012). Furthermore, strictly defined gender roles and stereotypical descriptions of masculinity embraced in the DRC strengthen the

taboo to preserve conventional gender rules (Courtier, 2012). Consequently, this horrible secret is being preserved to the point where sexual violence against men exists predominantly as a rumor. The reinforced taboo has kept male survivors of sexual violence in the dark due to fear of being rejected, stigmatized and ostracized by society, family and friends. The few men with the courage to tell their stories are often ignored, isolated, and left to suffer alone with no support or medical treatment (Rumney, 2008; Storr, 2011).

Furthermore, research conducted on this topic has primarily focused on sexual violence committed against women, and men's experiences are often mentioned in literature as passing references (Peterman, Palermo & Bredenkamp, 2011) or degraded to footnotes (Sandesh Sivakumaran, 2007). Human rights defenders, aid agencies and international organizations often turn a blind eye (Rumney, 2008). For example, humanitarian interventions in the Eastern region of the DRC have specifically focused on meeting the needs of women and girls. "Gender-sensitive" programs are often confused with "women issues", and men are rarely included in awareness campaigns (Lwambo, 2011). The literature continues to refer to men and boy survivors of sexual violence as invisible victims whose suffering is under-reported, under-recognized and under-punished (Gorris 2015; Touquet & Gorris, 2016). According to Gorris (2015), "The existing serious dichotomy between visible and invisible victims is predominantly based on their 'gender identity' and leads to structural discrimination of male victims of rape or other forms of sexual violence" (p. 412). Researchers and activists are fighting for meaningful changes and a true gender-inclusive approach in the conceptualization of conflict-related gender-based violence as a way of combating gender stereotypes and

biases around sexual violence. According to Touquet and Gorris (2016), the existence of male victims should not only be recognized but, the issue should also be discussed in depth including the different types of sexual violence that males are victims of, the effects of their victimization experience and follow up.

The thesis explored male experience of sexual violence in the DRC with the hope of understanding the essence of male victims' experience. The research objectives are,

1) To give male victims the platform to share their sexual victimization experience and to better understand male victims' needs.

2) To explore how, if at all, the traditional male code informs male sexual violence as it is experienced in the DRC.

The following research questions were explored:

1) What was the experience of male victims of conflict-related sexual violence in the DRC, before the experience?

2) What was the experience of male victims of conflict-related sexual violence in the DRC, at the time they were raped?

3) What is their experience nowadays, as male victims, and male survivors?

4) How does the understanding of gender impact victims of sexual violence?

5) How does rape affect culturally informed self-perception among male survivors in the DRC?

6) How do the cultural taboos and myths surrounding the phenomenon of sexual violence against men impact male victims in the DRC?

With the aim of helping the reader, the objectives and research questions were also repeated on pages 20, 66-67, 153-154, and 206.

The thesis is organized into different chapters. The first chapter explores the historical context, how did this topic emerge? Specifically, the chapter will discuss the historical origin of the ongoing violence and war in the Eastern Region of the Congo. The second chapter covers the cultural context and the socialization of men. The third chapter will examine the procedures for conducting a phenomenological research design. The final chapter will include: (1) Data analysis and partial discussion of the result, and (2) final discussion of the result and conclusion.

CHAPTER I: HISTORICAL CONTEXT

I. HISTORICAL CONTEXT

I. 1. How did this topic emerge–that is, what is its history?

Meger (2010) argues that conflict-related sexual violence as a strategic weapon in the bloody war that has been affecting the eastern provinces for the past 20 years must be understood in relation to "the social constructs of masculinity and the politics of exploitation that have shaped much of the country's history" (p. 119). Violence in eastern regions of the country is not recent; the political violence and social instability are issues that have been present since Congo was formerly part of the Belgian colony. Understanding the present crisis in DRC requires an exploration of the country's history.

I. 2. Historical context of past and current conflict

I. 2. 1.Ethnicity and Pre-colonial period

The DRC, also known as the 'Heart of Africa' is the third largest country in Africa with a population of roughly 70 million inhabitants (Karbo & Mutisi, 2012). Congo is considered the second most ethnically diverse country on earth, with over 200 identified ethnic groups (Karbo & Mutisi, 2012). Before the transformation of the colonial era, tribal tensions and ethnic conflicts weren't uncommon (Licata & Klein, 2005). Yet again, in the 1480's before the European invasion, "Kongo was one of the biggest kingdoms in Africa with the Luba and Lunda taking significant advantage of trading opportunities to gain access to the copper mines in the south, to salt from the east, and crafts and tools from each other" (Wilson, 2014, p. 11). The trading network expansion

of that time period enabled technological and cultural ideas to spread and flourish (Wilson, 2014). Many scholars have dismissed ethnicity as a major factor that explains the recurrent conflicts in Africa (Wilson, 2014; Collier, 2008; Lemarchand, 2009). The vast ethnic differences among Congolese people are not the main source of conflict but political leaders and opportunistic individuals use ethnicity manipulatively for their own personal gain (Collier, 2008; Lemarchand, 2009).

I. 2. 2. Colonial era: King Leopold II Administration

The root causes of the Congolese conflicts dates as far back as the colonial era (Uneca, 2015; Wilson, 2014; Karbo & Mutisi, 2012; Carpenter & Conrad, 2012). The colonial regime created a system that condoned the exploitation of natural resources for personal gain, unchecked personal power, ethnicity and social division and repressed people's desire for political freedom (Uneca, 2015; Kisangani, 2012). The system of unchecked power and exploitation was passed along from the occupation by King Leopold II to the Belgian colonial regimes and the post-independence government (Uneca, 2015; Kisangani, 2012). In 1885, King Leopold II began his authoritarian regime in the Congo as his private property (Wilson, 2014; Carpenter & Conrad, 2012). Soon after his arrival, King Leopold II began the exploitation of the land's abundant natural resources (Wilson, 2014; Carpenter & Conrad, 2012). In the 1890's, there was a high demand for rubber due to the growing popularity for rubber tires for bicycles and cars (Carpenter & Conrad, 2012). The exploitation of the land went hand in hand with the exploitation of the native people (Carpenter & Conrad, 2012). The native people were forced to work under horrific conditions and the atrocities of the Leopold regime wiped out close to 10 million people (Karbo & Mutisi, 2012; Carpenter & Conrad, 2012).

For example, “eye witnesses reported the whipping of laborers (even to death), chopping off of hand and limbs as punishment, and many cases of rape” (Carpenter & Conrad, 2012, p. 5). After these human right violations came to light, Leopold lost support and was forced to hand over Congo to Belgium in 1911 (Carpenter & Conrad, 2012).

I. 2. 3. Colonial era: Belgian Regime

The Belgians described Congolese people in stereotypical ways as lazy, disorganized, dependent and unable to progress on their own, and claimed that their goal was to develop Congo so as to meet the need of the Congolese (Licata & Klein, 2005). The colonial attitude was paternalistic, they were convinced that Congolese were to be trained and cared for as if they were children (Licata & Klein, 2005). For example, the Belgians believed that blacks were irrational and driven by ignorance, therefore they needed an education and certain attributes that whites possess including a sense of organization and discipline (Licata & Klein, 2005). Memmi (1957-1985) defines the situation of the colonialism in Congo according to three factors: profit, privilege and usurpation. After the reign of King Leopold II, “a small group of Belgian elites controlled the economic and political power of the Belgian Congo while Africans continued to provide most of the labour with minimal profit for themselves” (Wilson, 2014, p. 12). During the Belgian regime, human right violations and exploitations continued (Carpenter & Conrad, 2012). By 1959, the Congolese were frustrated with the lack of autonomy and protested against colonial rules (Wilson, 2014). In 1960, Congo became an independent state and Patrice Lumumba was the first elected president. The rapid independence movement left Congo unprepared to run a unified political state (Wilson, 2014). According to Wilson (2014), “a leading cause for the civil war today is

the Belgian education system within the Congo that had not prepared the Congolese population for the rapid independence" (p. 14).

I. 2. 4. Natural resources

Throughout the analysis made by scholars on the perpetuating conflict in the DRC, the country's abundant natural resources appear to be the dominant factor that drives the crisis (Uneca, 2015). The DRC appears to be the victim of the so called 'resource curse', "A theory which argues that a higher amount of natural resources in developing nations creates a higher risk for civil war and slower development starting with the time of imperialism in the 1870's until now, the natural wealth of the Congo seems only to decimate its economic growth and political stability" (Carpenter & Conrad, 2012, p. 2). It has been argued that the current war in the DRC is actively maintained to illegally extract the country's vast natural resources (Jackson, 2007; Meger 2010). Although natural resources such as diamonds, gold, and minerals contribute to the so called curse, coltan seems to be the major player that is currently high in demand since it is used in the development of almost all modern technological devices from airplanes to cell phones (Carpenter & Conrad, 2012) and that the country holds approximately 80% of the world's deposits (Jackson, 2007).

All of the main warring parties (e.g., FDLR or the Forces Démocratiques de la Libération du Rwanda and FARDC or the Forces Armées de la République Démocratique du Congo) maintaining conflict and causing the most harm in the eastern provinces of the DRC are heavily involved in illegal trade and exploitation of minerals (Meger, 2010). According to Meger (2010), most reports on the illegal mining and exploitation activities in the war affected region of the Congo focus on the militia group involvement. Very

little is said about the participation of western corporations in "supporting the warring factions controlling the various mines in the DRC, often willfully and in alliance with regional and political authorities" (Meger, 2010, p. 131). This suggests that the war is being maintained by the global demands for minerals and external actors who are benefiting from the chaos to enrich their own pocket while disregarding the number of casualties (Carpenter & Conrad, 2012).

Additionally, men are held in the position of authority as chief of the household and leaders of the community (Christian, Safari, Ramazani, Burnham & Glass, 2011). Sexual violence against men is used strategically as a weapon to destroy communities by humiliating and emasculating men in the eyes of their family and community (Christian, Safari, Ramazani, Burnham & Glass, 2011, p. 237). Meger (2010) defines rape in the Congo as a "crime against the honor of the husband" (p. 130). Within the Congolese tradition, a man's duty and obligation are to protect their women and children (Merger, 2010). According to Meger (2010), it is particularly this role Congolese men have as protectors of women and girls that make sexual assault such an effective weapon in this conflict, as it provides a clear demonstration of their inability to protect 'their' women, striking at their masculine identities. (p. 130) Conflict-related sexual violence against men is a tactic of installing fear by demonstrating that the protectors of the community are unable to protect themselves, therefore everyone is vulnerable (Meger, 2010).

I. 3. Literature Review

I. 3. 1. The Historical context of the use of female-specific approach on sexual violence

Before diving in depth about male sexual violence and the multidimensional factors at play, it is critical to explore the historical origin of the use of female-specific approach on sexual violence and the meaning of certain terms such as 'gender-based violence'. The development of international law including early human rights, international humanitarian and criminal laws are described by legal scholars as being based on the prototype of men's lives and as biased against women (Miller, 2004; Stemple, 2009). The UN Charter of 1945 states: "faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women" (U.N. Charter Preamble, 1945, p. 1). Additionally, the preamble of the 1948 Universal Declaration of Human Rights reinforces the principle of non-discrimination and proclaims that "all human beings are born free and equal in dignity and rights,"(p. 2) without any distinction including differences based on sex. Despite these various documents created as instruments for change, the early period of the human rights movement was plagued by a near-total disregard of women's issues (Stemple, 2009). For example, violence against women particularly in the context of domestic violence was classified as a private matter and not a violation of women's human rights, therefore, undeserving of international attention (Qureshi, 2013).

The first UN World Conference of the International Women's Year held in 1975 served as a reminder to the international community regarding the persistent and continuous discrimination against women as a widespread issue in the world. The conference was among the first to highlight the multiple forms of violence against women and to persuade the government to implement guidelines for securing equality and protecting women against all forms of violence (Report of the World Conference of

the International Women's Year 1976). Nevertheless, the conference did not focus specifically on issues of violence against women or offered any resolution (Qureshi, 2013). The second world conference held in 1980 (World Conference of the United Nations Decade for Women: Equality, Development, and Peace) was summoned to review and evaluate recommendations of the first global women's conference and to make certain adjustments. The 1980 conference focused on the issue of violence against women by establishing the world plan of action and creating long-term guidelines for nations with the objectives to better the lives of women. Although the impact of the resolution was minimal particularly regarding challenging domestic violence as a private/relational matter undeserving of international attention (Qureshi, 2013), there were significant outcomes that came out of the conference. One of them was the birth of the Convention on Elimination of Discrimination against Women (CEDAW). CEDAW is described as

> "An international bill of rights for women" and defines discrimination against women as "any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field." (Declaration on the elimination of violence against women general assembly resolution, 1993, p. 2)

Although CEDAW is recognized as an important turning point, it is believed that real political transformation was still lacking (Stemple, 2009). CEDAW failed to explicitly reflect on women's experiences and the nature of the harms inflicted upon them

(Miller, 2004; Stemple, 2009). Additionally, it failed to recognize violence against women as a violation of human rights (Qureshi, 2013), and consequently failed to reach international state accountability (Stemple, 2009). Such neglect propelled the international women's rights movement to push mainstream human right organizations to recognize violence against women as human rights issues and to prioritize this concern in international agendas (Miller, 2004; Stemple, 2009). As a result, this concern emerged as a serious international issue at the Third World Conference (World Conference to review and appraise the achievements of the United Nations Decade for Women: Equality, Development, and Peace, 1985) (Qureshi, 2013). The main focus of the conference was to establish concrete measures to overcome obstacles to achieving the goals and objectives of the United Nations Decade for Women: Equality, Development, and Peace. The forward-looking strategies adopted for the advancement of women included short and long-term measures linked to the achievement of equality in all spheres of life and women's participation in the promotion of peace to the elimination of violence against women. To successfully argue violence against women as a global human rights issue, women's rights' advocates broke the silence through vivid storytelling by women victims of sexual violence depicting a reality "too horrendous to ignore" (Miller, 2004, p. 25). The conference is considered to have been a major milestone towards the fight to eliminate violence against women.

During the second half of the 1980's and the late 1990's, CEDAW also played a significant role in the eradication of violence against women by amending the textual gap of the 1980 Convention and creating interpretations of the initial preamble in the forms of General Recommendations (Qureshi, 2013). For example, the Committee's General

Recommendation No. 12 (CEDAW, 1989) urges state parties to take urgent action towards the eradication of all forms of violence against women (including sexual violence, abuses occurring within the family, work and other social places) and to include measures taken alongside statistical data on the incidence of violence in their periodical report. General Recommendation No. 19 (CEDAW, 1992) recognized the discriminatory pattern of violence against women as a form of Gender-based violence, and violations of human rights and fundamental freedom. The committee's adoption of General recommendation No. 19 is considered a turning point for the issue of violence against women from being hidden to being the center of the international focus (Qureshi, 2013). Shortly after, the urgent need to address violence against women gained precedence in the World Conference on Human Rights in 1993. During the same year, the UN General Assembly proclaimed the Declaration on the Elimination of Violence Against Women (DEVAW). There were tremendous achievements around the issue of abolishing violence against women during that era and forth, as we shall see in the next section.

II. 3. 2. The origin of the term 'gender-based violence'

The female-specific approach dominantly adopted by the UN and international law can be traced back to the extensive historical neglect of women's issues (Stemple, 2009). Before the feminist movement of the 1960's, women were often disbelieved and blamed for their victimization (Touquet & Gorris, 2016). The term 'gender-based violence' was initially coined to raise awareness by bringing attention to gender inequality underlying sexual violence and other forms of violence committed against women (Touquet &Gorris, 2016). The United Nations Committee on the Elimination of Discrimination Against Women (CEDAW) initially defined the term 'gender-based

violence' in 1992 as "violence that is directed against a woman because she is a woman or that affects women disproportionately" (United Nations Committee on the Elimination of Discrimination Against Women, 1992, General Recommendation 19, p.1). Although the term 'gender-based violence' is reasonably thought to incorporate both males and females, within human rights instruments, the term has been used to solely discuss female victimization while excluding male sexual violence (Stemple, 2009).

The international women's movement also played an important role in raising attention on the impact of conflict related sexual violence (Touquet & Gorris, 2016). The international women movement's hard work led to the development of the most authoritative United Nations' strategic policy documents to address sexual violence within armed conflict namely, the Resolution on Women, Peace and Security (WPS). This model for gender and peacekeeping is rooted on the 2000 resolution, the first resolution to tackle the multidimensional issues of women and war. For example, the target of the 2000 resolution includes measures to ensure the protection of women and girls as potential victims within armed conflict and the increased participation of women as peace builders and political leaders (Security Council resolution 1325, 2000).

II. 4. The lack of visibility for male victims

For a long time, certain terms such as 'gender-based violence' and 'conflict-related sexual violence' were historically used interchangeably with violence against women or the suffering of women and girls inflicted by men (Stemple, 2009). The continuance of female-specific approach to sexual violence despite evidence documenting the existence of male victims has proven to be problematic because "it reifies hierarchies that treat some victims as more sympathetic than others, perpetuates

norms that essentialize women as victims, and imposes unhealthy expectations about masculinity on men and boys" (Stemple, 2009, p. 606). Gorris (2015) suggests a reconceptualization of the meaning, understanding and usage of words such as 'gender-based violence' and 'gender' as a way of overcoming the invisibility of male victims and developing inclusivity. The lack of visibility for conflict-related men and boy sexual victimization experience obstructs justice for male victims and prevents access needed for support services and treatments.

Activists and scholars working on issues surrounding conflict-related male victimization have been fighting for recognition and inclusion of male sexual violence experience alongside women's experience in legal frameworks and international policy (Gorris, 2015). Notable first steps have been made towards the provision of a more inclusive conceptualization in internal criminal law and policy (Touquet & Gorris, 2016; Gorris, 2015). For example, the year 2013 has been described as a year of major change towards a more inclusive language (Touquet & Gorris, 2016; Gorris 2015). In April 2013, the G8 Declaration on Preventing Sexual Violence in Conflict was adopted. The G8's main role is the promotion of conflict prevention and resolution. Significantly, in June 2013, the Women, Peace and Security (WPS) resolution 2106 recognized men and boys as potential victims for the first time in the history of the WPS resolution. It explicitly sates:

> "Noting with concern that sexual violence in armed conflict and post-conflict situations disproportionately affects women and girls, as well as groups that are particularly vulnerable or may be specifically targeted, while also affecting men and boys and those secondarily traumatized as forced witnesses of sexual violence against

family members." (UNSCR 2106, 2013: Preamble)

In July 2013, the UN Office of the Special Representative of the Secretary-General for Sexual Violence in Conflict (SRSG-SVC) and the United States Mission to the UN organized a first special forum to discuss the phenomenon of sexual violence against men and boys in armed conflict. The Secretary-General's Special Representative on Sexual Violence in Conflict, Zainab Hawa Bangura stated: "the crippling repercussions of rape in war are devastating for women, but our sons and brothers who are victims also suffer in silence." The conference attracted attendees from all over the world including UN representatives, activists, researchers, legal experts, medical professionals and survivors. Twenty-nine specific recommendations grouped under five major themes resulted from the conference, i.e., determining the importance of 1) the scope of sexual violence against men and boys and promoting their protection; 2) the development of survivor-centered responses for men and boys; 3) mainstream male-inclusive understanding and approaches to gender-based violence; 4) building an international momentum; 5) enabling survivors to access justice and strengthen domestic international capacity to hold perpetrators accountable (Gorris & Touquet, 2016, p. 3-4). Finally, in September 2013, A Declaration of Commitment to End Sexual Violence in Conflict also pledged towards the prevention and resolution of conflict-related sexual violence. The three major documents (G8 Declaration in April, UNSC Women, Peace and Security Resolution 2106, and a UN General Assembly Declaration in September) are unique because they "explicitly recognize men and boys as victims of sexual and gender-based violence in war and to largely adopt a gender neutral language, referring to 'victims/survivors' or 'individuals' " (Touquet & Gorris, 2016, p. 3). Additionally, international humanitarian law and

international criminal law have also adopted a sex neutral and gender inclusive definition of conflict-related sexual violence as "incidents or patterns of sexual violence – against women, men and children – that includes rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization and other comparable acts, occurring in conflict or post-conflict settings" (Gorris, 2015, p. 414). The inclusive conceptualization is considered as a major milestone in the movement fighting for recognition and inclusion of male survivors of sexual violence in the dialogue to end conflict-related gender-based violence.

> "While this recognition is a shift in the right direction, it should be noted that the remainder of Resolution 2106 continues to focus on women and girls: they are mentioned throughout the document, as victims, peace builders and political leaders, whilst men and boys are mentioned twice: as victims and in an instrumentalist capacity as a group whose engagement is warranted to prevent future violence." (Touquet & Gorris, 2016, p. 3)

Additionally, there is still a lack of in-depth examination of the victims' needs and lack of sensitivity within the guidelines (Touquet & Gorris, 2016). For example, there is a lack of details regarding the forms of violence experienced by male victims, its effects and the specific mental health needs of victims in comparison to the disproportionate majority, female victims (Touquet & Gorris, 2016).

The aims of the current doctoral research project are to:

1) Give male victims the platform to share their sexual victimization experience and to identify and better understand their needs.

2) Explore how, if at all, the traditional male code informs male sexual violence as it is experienced in the DRC.

I.5. Incidents of sexual violence against men in the Congo

Among the few authors who have investigated specific details regarding male sexual violence experiences in the eastern region of the DRC are Christian, Safari, Ramazanim, Burnham and Glass (2011). They conducted a study to contribute towards a definition of sexual and gender-based violence (SGBV) experienced by males with the intention of shedding some light on the multi-dimensional mechanisms of SGBV in conflict and post-conflict within the eastern region of the DRC. The authors specifically described the economic, social and health impacts of such horrendous crimes on the survivors, their family and the community as a whole. Male survivors, their families, friends and other stakeholders offered a detailed definition of SGBV. They defined SGBV as 'forced sexual intercourse by the anus and mouth" (Christian, Safar, Ramazanim, Burnham & Glass, 2011, p. 233). The definition also included forced sexual intercourse in different orifices (e.g., mouth, nose, ear and anus), physical torture (e.g., castration and beating to the genitals), insertion of objects in different orifices (e.g., sticks and guns), being forced to sexually assault and forced to witness the rape of other family members. Male survivors reported multiple physical, e.g., headache, weakness, body ache, sexually transmitted disease related symptoms, and mental health-related issues, e.g., sadness, loss of appetite, loss of sleep, nightmares, anger, and depression. Male survivors rarely sought medical treatment following the sexual trauma for multiple reasons including shame, fear of disclosing their victimization experience, lack of financial resources and limited treatment resources. Shame and stigma were related to losing one's manhood and being transformed into a woman by the sexual victimization experience (Christian, Safar, Ramazanim, Burnham & Glass, 2011). The victim, the

family and community as a whole endorsed this belief. As demonstrated by Christian, Safari, Ramazanim, Burnham and Glass (2011), the mechanisms that reduce visibility for men and boy victims of conflict-related sexual violence are multiple and complex. The next section will explore different forms of male sexual violence and dynamics present in these crimes.

I. 6. The typology of male sexual violence

The full scope of wartime sexual violence against men remains unknown for multiple reasons namely, lack of reporting by male victims, under-punishment of perpetrators and lack of recognition within different levels of social institutions (Sivakuumaran, 2007; Stemple, 2009; Manivannan, 2014; Solangon & Patel, 2012). Nevertheless, there is evidence supporting the presence of male sexual violence in almost every armed conflict where sexual violence is perpetrated (Sivakumaran, 2007). In the context of war, perpetrators are likely to be combatants from opposition forces or rebels (Stemple, 2009). Male sexual violence has been documented in many conflicts throughout the world, including the Democratic Republic of Congo, former Yugoslavia, Chile, Iran, Croatia, Kuwait, Sri Lanka, Syria and many more (Sivakumaran, 2007; Storr, 2011; Stemple, 2009; Chynoweth, 2017).

In the rare circumstances where conflict-related sexual violence was properly investigated, sexual violence against men was recognized as " regular and unexceptional, pervasive and widespread" (Sivakumaran, 2007, p. 259). The most rigorous inquiry of conflict-related sexual violence was the extreme wicked and cruel act documented during and after the conflict in the former Yugoslavia (Sivakumaran, 2007). The natures of the abuse are often graphic and gruesome. In his appalling report, Storr (2011) interviewed a

Congolese male victim currently residing in Uganda. The victim was captured by rebels and held captive in the forest at Virunga National Park. While in captivity, he described being beaten and raped by the commander while 'eleven rebels waited in a queue'. When he was too weak to hold up, 'the next attacker would wrap his arm under Jean Paul's hips and lift him by the stomach' (Storr, 2011). Another victim described being raped numerous times a day for three years consecutive (Storr, 2011). The victim also witnessed other men being raped, 'the wounds of one were so grievous that he died in the cell in front of him' (Storr, 2011). In Uganda, the few men who broke their silence by sharing their secret took the risk of being rejected, ostracized by family/friends and rejected by the UN and international NGO's trained in helping women and girls (Storr, 2011). In the words of Eunice Owini, an employee at Makerere University Refugee Law Project (RCP) that helps displaced individuals from all over Africa process their trauma, male victims are "despised" (Storr, 2011, para.6).

To better understand the multidimensional level of this phenomenon and the dynamics at play, it is essential to differentiate the various forms of sexual violence committed against men in armed conflict, namely rape, enforced sterilization and other forms of sexual violence (Sivakumaran, 2007).

A. Rape

Male rape within armed conflict can take different forms of atrocity. For example, perpetrators themselves anally and orally rape victims, using different objects such as sticks, broomstick, metal rod, etc. (Chynoweth, 2017; Christian et al., 2011; & Sivakumaran, 2007)). Male victims are also forced to rape each other in front of other people including perpetrators, and other detainees (Sivakumaran, 2007).

B. Enforced sterilization

Enforced sterilization includes castration, e.g., being forced to bite off another's testicles or using motorcycles to cut off testicles forcefully, and sexual mutilation, e.g., cutting off penises (Sivakumaran, 2007).

C. Other forms of sexual violence

1. Genital violence:

> Male victims are made to suffer in terrible ways. Men are not simply raped, they are forced to penetrate holes in banana trees that run with acidic sap, to sit with their genitals over a fire, to drag rocks tied to their penis, to give oral sex to queues of soldiers, to be penetrated with screwdrivers and sticks. (Storr, 2011, para. 21)

2. Enforced nudity:

Sexual abuse often starts with enforced nudity, insults, verbal and sexual threats, different ways of degrading and sexually humiliating victims (Sivakumaran, 2007; Stemple, 2009).

3. Enforced masturbation:

Forced masturbation is a well-recognized form of sexual violence committed against men on themselves and/or other men (Sivakumaran, 2007).

4. Other dynamics

Various dynamics are at play with incidents of sexual violence such as power and dominance, emasculation, feminization and homosexualization. Each one will be described in the next sections.

4.A Power and Dominance:

The biological sexual desire is no longer considered a primary motivation for sexual violence (Solangon & Plate, 2012). There is increasing evidence supporting the notion of sexual violence as a "display of power, dominance and humiliation through emasculation of the enemy and thereby involving issues of gender inequalities and identities" (Solango & Plate, 2012, p. 425). A health service provider in Eastern DRC states: "they rape men to humiliate us, show power that they have captured everything and everybody, destroy men, masculinity and our culture, destroy families, show men that they are weak and don't have any power to protect themselves and families" (Christian et al., 2011, p. 235). This idealized hegemonic masculinity is unquestionably acceptable by both genders in the DRC and strictly reinforced in the Congolese society (lwambo, 2011). Most parts of Africa endorse similar concept of masculinity as being synonymous with power, strength and virility (Silberschmidt, 2001). Therefore, "sexual violence against male members of the household and community would thus suggest not only empowerment and masculinity of the offender but disempowerment of the individual victim" (Sivakumaran, 2007, p. 268). The consequences of disempowerment are not limited at the individual level, "sexual violence against male members of the household and community also suggest disempowerment of the family and community" (Sivakumaran, 2007, p. 268). Sexual violence against men is also about power and dominance (Sivakumaran, 2007; Manivannan, 2014). Conflict-related sexual violence against men and women in the context of war is used systematically as a weapon by the government or the opposition forces to punish, humiliate and inflict pain on vulnerable populations (whether male or female) while promoting dominance of the perpetrating group (Sigsworth, 2008). Additionally, sexual violence can traumatize and terrorize men

as much as women, and irrespective of gender, the impact of the sexual trauma affects the entire community (Manivannan, 2014, Banwell, 2014). Yet again, gender socialization greatly influences the way men and women experience and process their sexual trauma. For example, male victims in the Congolese society are believed to have lost their manhood and authoritative position in the community (Christian et al., 2011), whereas women lose their virtuous nature as wives and prospective wives (Banwell, 2014).

4.B Emasculation

Gender stereotypes often depict men as perpetrators and women as victims. Gender stereotypes and rape myths lead society to believe that 'real men' must defend against sexual violence and male victims are not 'real men'. Consequently, sexual violence against men is incongruent with the traditional male stereotypes. On this basis, male victims of sexual violence are considered emasculated- when male victims are stripped off of their masculine attributes (Sivakumaran, 2007).

4.C Feminization

The act of sexual violence against men reduces the male victim's social status to a 'de facto female' (Manivannan, 2014, P. 646) or a 'feminized male' (Sivakumaran, 2007, p. 271). In the DRC, one survivor reported: "There were five men and I was raped by them. They considered me like their woman…I was like a wife to the people in the forest" (Christian et al., 2011, p. 236). The feminization of male victims is an idea that is widespread among medical professionals, mental health workers and the general public in war affected countries where male are sexually violated (Sivakumaran, 2007; Storr, 2011; Stemple, 2009, Chynoweth, 2017).

4.D Homosexualization (social attribution)

Male victims are often emasculated through homosexualization because the dominant construct of masculinity is mainly reflective of a heterosexual image of masculinity (Sivakumaran, 2007). The homosexualization of male victims of sexual violence has been documented across a number of war-affected countries (Sivakumaran, 2007; Storr, 2011; Stemple, 2009, Chynoweth, 2017). In some societies around the world, homosexuality is highly stigmatized with negative implications for the 'accused' (Solangon & Patel, 2012). For example, in Uganda, "survivors are at risk of arrest by police, as they are likely to assume that they're gay – a crime in this country and in 38 of the 53 African nations" (Storr, 2011). In other conflict-related affected countries such as Syria, same-sex sexual activity is considered 'unnatural practices' and strictly forbidden (Chynoweth, 2017). Consequently, male victims suffer in silence due to fear of being arrested and assaulted by the police (Chynoweth, 2017).

4.E Prevention of creation

After studying different dynamics linked to conflict related sexual violence in different war stricken areas, Sivakumaran (2017) reaches the conclusion that the construct of masculinity goes hand in hand with the expectations to produce offspring. The severe nature of genital violence endured by some male victims can reduce their chance of procreation.

4.F Emasculation of the group

According to Sivakumaran (2007), "The castration of a man may also represent the symbolic emasculation of the entire community" (p. 274).

Although the primary motivation for sexual violence against men is to humiliate, feminise and emasculate male victims, there are other compounded variables at play.

Based on the broader literature on sexual violence in general, Solangon and Patel (2012) discussed the four theoretical discourses on causes of conflict-related sexual violence against men namely: (1) socio-economic poverty and impunity, (2) gender inequality and identities, (3) ethnic tensions, and (4) military organization and structure.

D. The four theoretical discourses on causes of conflict-related sexual violence against men:

1. Socio-economic poverty and impunity

Sexual violence can be linked to poor living conditions, poverty and socio-economic breakdown. Bazz and Stern (2009) explored reasons soldiers give to explain the occurrence of sexual violence and rape in the DRC. Soldiers' testimonies normalise female rape as the unavoidable consequence of sexual deprivation and having no money to pay for commercial sex. In societies where the dominant ideals of masculinity are associated with being a breadwinner and head of the household, the resulting sense of failure can lead to dysfunction outlets such as relying on force and power to regain control of one's manhood (Solangon & Patel, 2012). According to Solangon and Patel (2012), the socio-economic breakdown theory is a weak explanation for sexual violence committed against men because it doesn't include instances where a specific ethnic group is targeted, gang rape, extreme mutilation and cases where male victims are forced to assault others sexually.

2. Gender inequality and identities

Hegemonic models of masculinity legitimized men's powerful and dominant position in society while justifying women's subordination (Solango & Patel, 2012). Consequently, sexual violence can be utilized as a weapon to humiliate and destruct

(Brownmiller, 1975). For example, sexual violence carried out in front of male victims' family and community is a way of shaming men for failing to conform to their gender role expectations as protectors (Solango & Patel, 2012). Sexual violence against men is used as a strategic weapon of war to strip victims of their status as men while assigning them a feminine status (Solange & Patel, 2012).

3. Ethnic tensions

The explanation of male sexual violence based on this theory is almost identical to gender inequality; the victim's masculinity is subjugated with the intention of destroying their ethnic and group identity (Solango & Patel, 2012). The reader is invited to refer to page 22 for more information on colonialism, and its impact on the experience of suffering.

4. Military organisation and structure

The widespread incidents of sexual violence in the DRC appear to be the consequence of a lack of military structure and strategy (Human Rights Watch, 2009). Although other military groups also commit horrendous acts of sexual violence, "The government army, the *Forces Armées de la République Démocratique du Congo (FARDC)*, is one of the main perpetrators, contributing to the current climate of insecurity and impunity in eastern Congo" (Human Rights Watch, 2012, p. 4). In some context, poor combatant selection, lack of vetting, limited training, poor discipline, a weak military justice system and poor living conditions act as a precursor to sexual violence (Human Rights Watch, 2012). For example, in the Congo, based on soldier's testimonies, Baaz and Stern (2009) offer an approach to explain why the FARDC soldiers commit rape, which includes poor living conditions, failure to live up to the expected

status as a provider and "sexually potent fighter", and a negative image of women (p. 51). The nature of theses crimes is a major violation of human rights legislation and internal law, which includes the protection against rape and other forms of sexual violence during armed conflict and peacetime (Banwell, 2014; Solangon & Patel, 2012). According to Solangon and Patel (2012),

> The 2009 Comprehensive Strategy adopted by the UN in combating sexual violence in the DRC proposes that capacities of judicial institutions are strengthened, access to justice is available for victims, that effective application of laws on preventing sexual violence are guaranteed and that reparation is ensured for victims. (p. 431)

Although the Congolese legislation has laws and regulations prohibiting the common use of rape and other forms of sexual violence, most perpetrators continue to go unpunished (Meger, 2010; Manivannan, 2014). Consequently, victims are less likely to report the sexual crime, seek legal guidance and attain justice, which is problematic because it perpetuates sexual violence (Manivannan, 2014; Banwell, 2014; Solangon & Patel, 2012, Meger, 2010). In the DRC, sexual violence within military culture can also be used as a form of socialization such as an initiation ritual, a display of masculinity and a reward system (Solangon & Patel, 2012).

Chapter summary

Sexual violence against men is a complex issue with multiple interacting factors. In spite of this fact, the most recognized explanation of conflict-related sexual violence against men is inexplicably connected to stiff gender constructs, which underlies most

theoretical discourses (Solango & Patel, 2012). Nonetheless, other prerequisite factors such as poverty, impunity, lack of societal organization, militarisation and ethnic conflict should not be downplayed (Solango & Patel, 2012). The different forms of sexual violence against men and the dynamics at play are similar across different war-affected countries including the Congo (Sivakumaran, 2007; Chynoweth, 2017).

The next section will explore the multidimensional level of this issue by investigating the cultural context and the socialization of men.

CHAPTER II: CULTURAL CONTEXT AND THE SOCIALIZATION OF MEN

II. Cultural Context and the Socialization of Men

II.1. What is masculinity?

The concept of masculinity is a construct that is subjected to extensive discussion, misunderstanding and disagreement (Rowbottom, Brown & Cachia, 2012). There were two dominant theoretical frameworks for understanding masculinity: essentialism and constructivism (Bohan, 1987). Essentialism views the idea of gender as something that resides within the individual; it is universal, innate, internal and consistent over time (Rowbottom, Brown & Cachia, 2005). Therefore, it is unaffected by the individual's social and environmental context (Rowbottom, Brown & Cachia, 2012). On the other hand, constructionism theory views gender as a contrast that is socially learned by interaction with an individual's environment and therefore, it is context specific (Rowbottom, Brown & Cachia, 2012). About 30 years ago, men's studies scholars began to examine masculinity as a complex construct rather than a normative referent (Levant, 1996). By doing so, they have provided a framework for a psychological approach to men and masculinity that questions traditional norms of the male role (such as the emphasis on competition, status, toughness, and emotional stoicism) and views certain male problems (such as aggression and violence, devaluation of women, fear and hatred of homosexuals, detached fathering, and neglect of health needs) as unfortunate but predictable results of the male role socialization process (Levant, 1996, p. 259).

This construct is known as the new psychology of men. The new psychology of men conceptualizes gender roles not as social or biological givens, but rather as a socially and psychologically constructed reality that creates some advantages and

disadvantages (Levant, 1996). The gender role strain paradigm by Joseph Pleck (1981) is the dominant theoretical overview in the new psychology of men, having been developed before the emergence of social constructionism as a new approach on masculinity (Levant, 1996).

Joseph Pleck (1995) was among the first researchers to examine the problematic features of adherence to strictly define gender role norms. In *Myth of Masculinity*, Pleck (1981) substantiated that the gender role identity paradigm that dominated research and theories on masculinity during 50 years (1930-1980) promoted the patriarchal division of society based on the stereotyped gender roles. Throughout psychological history, men and boys' psychological health was dependent on accepting and incorporating an essentialist/biological view of gender in order to build a secure and stable male identity (Pleck, 1981). Pleck (1995) suggested an alternative view of masculinity called the gender role strain paradigm which views masculine behavior as a relational, social and cultural construct that is subjected to change over time (Pleck, 1995). The gender role strain paradigm makes reference to the negative impacts of the traditional gender role socialization (Pleck, 1981, 1995).

II. 2. The traditional gender role socialization

To better understand the male sexual victimization experience, it is critical to first grasp traditional male code. The traditional male code makes reference to "the historical rules or standards about the socially approved ways of being male" (Fisher, Goodwin, & Patton, 2008, p. 17). Male socialization is depicted as "the internalizing or cultural inscribing of certain gender role norms that together make up the traditional 'male code' (Fisher et al., 2008, p. 16). Culture consists of "commonalities around which people have

developed values, norms, family life-styles, social roles, and behaviors" (Fukuyama & Sevig, 1999, p. 275). Each culture has values that are largely shared by their members and these values not only shape an individuals' identity, they also dictate the description of psychopathology and normality (Kalra & Bhurga, 2013). These commonly held values and standards influence people by determining what is considered acceptable or unacceptable, right or wrong, important or unimportant, workable or unworkable in various situations (Schwartz, 1999). Similarly, culture seems to dictate how men should or shouldn't behave and the consequences of not living up to such standards.

Lwambo (2013) presents main themes observed through a qualitative study carried out by Heal Africa (2010) on the topic of men and masculinity in urban, semi-urban and rural districts across the North Kivu province. The study shows the discrepancy between the culturally idealized hegemonic masculinities and men's actual realities. In a traditional sense, a "real man" must live up to certain expectations namely: producing, providing and protecting (Lwambo, 2013). These internalized masculine ideologies appear to be unquestionably accepted by both genders within this particular region of Congo. The realities of men's lives in Eastern Congo exist at the intersections between male power and the challenges of social inequality, unstable employment, poverty, war, and insecurity (Lwambo, 2013). Despite the above displacement and unfavorable economic realities that prevent men from fulfilling their responsibilities, the social/cultural construction of male gender roles and expectations remains intact. (Lwambo, 2013).

The resulting outcome of the above discrepancy is a crisis that can potentially create failed, dysfunctional and aggressive masculinity (Lwambo, 2013). The study

observed a direct connection between the sense of failure as men and unhealthy ways of defending masculinity such as violent behaviors, substance abuse, behaving irresponsibly towards one's family and friends (Lwambo, 2013). Yet again, Lwambo (2013) emphasizes that men have a choice and the relationship between a failed masculinity and masculine aggression is not a cause and effect. Sadly, the common view of masculinity as dysfunctional and aggressive seems to be endorsed across the region (Lwambo, 2011). Consequently, these ideals reinforce the lack of gender sensitivity on the issue of sexual violence committed against men.

In the book titled *The Forty-Nine Percent Majority*, David and Brannon (1976) put together a traditional model of manhood in the 20th century American culture. The book represents a collection of edited essays on the dimensions of male sex role (different terminology referring to the male code) and socialization process, which leads to the four-dimensional grouping of the male sex role. The four multidimensional elements of the traditional masculinity ideology in American culture includes:

1. "No sissy stuff": Men should not possess feminine attributes and must reject anything remotely associated with femininity including emotion, vulnerability, passivity, dependency, intimacy and “real" men must strictly repudiate homosexuality (Fisher, et al., 2008; Levant, 1996).
2. "The big wheel": Men should strive for achievement, status, respect and conquest (Fisher et al., 2008; Levant, 1996). Men should be in control, powerful, competent and never fail (Fisher, Goodwin, & Patton, 2008). They should be sexually aggressive and never be a victim (Fisher et al., 2008).
3. "The sturdy oak": Men must be emotionally stoic, tough with no sign of weakness

(suck it up) (Fisher et al., 2008). Men should be "rugged individuals"; self-reliant and independent (Fisher et al.,, 2008).

4. “Give ‘em hell": Men should be physically strong, forceful, aggressive, active, and fearless (Fisher et al., 2008). They must be on a quest for adventure, risks and even tolerating violence when necessary. Although the authors don’t claim generalizability, the core features of toughness, aggressiveness, self-reliance, status, and non-femininity appear to be shared across cultures (Fisher et al., 2008). In his anthropological study of masculinity codes around the world, Gilmore (1990) states that “Man-the-Impregnator-Protector-Provider” is a universal figure that exists at varying degrees across culture.

It only takes a quick glance at the traditional male code to quickly realize how the valued ideals of masculinity are incongruent with men’s experiences of sexual victimization. For example, the cultural values of masculinity endorsed in rural and urban regions of East Africa are based on the ideology of male supremacy which influences male gender roles and expectations in the community and society (Silberschmidt, 2001). The cultural values of these societies describe a ‘real man’ as being strong, virile, tough, and sexually aggressive, a protector and provider. According to Silberschmidt (2001), male gender in these parts of Africa is built on two conflicting features of manhood: 1) being a male is considered healthy, innate and natural; and 2) "a man must stay masculine" (p. 8). Therefore, "masculinity is so valued, so valorized, so prized, and its loss such a terrible thing that one must always guard against losing it" (Cornell, 1995 as cited by Silberschmidt, 2001, p. 8).

The eastern region of the DRC endorses similar traditional male gender roles. In a traditional sense, a ‘real man’ must live up to certain expectations, namely: producing,

providing and protecting (Lwambo, 2013). This internalized masculinity ideology appears to be unquestionably accepted by both genders within this particular region of Congo. Consequently, most male victims of sexual violence reported experiencing shame and stigma which resulted in isolation or exile due to "no longer being considered a man, the rape 'transforming' him into a woman in the view of self, family and village" (Christian et al., 2011, p. 237).

This is one illustration of how the cultural constructions of gender and masculinity tend to support the veil of secrecy around the phenomenon of sexual violence committed against men. Furthermore, it illustrates how strictly defined gender roles and stereotypical descriptions of masculinity embraced in the DRC tend to strengthen the taboo to preserve conventional gender rules.

One of the unfortunate by-products of the male gender role socialization process is harmful myths or cultural delusions regarding male sexual violence experience. Harmful myths or what Fisher et al. (2008) refers to as "cultural delusion" (p. 26) regarding male rape victims include: a) men can't be raped; b) real men should defend themselves against sexual assault or rape; c) only gay men perpetuate and/or are victims of rape; d) rape does not affect men (or not to the same degree as women); e) a woman cannot perpetrate sexual assault against a man; f) sexual assault by a perpetrator of the same gender causes homosexuality; g) sexual assault against homosexual and bisexual individuals is warranted because they are deviant and immoral; h) physically responding to a sexual assault is synonymous to wanting it (Turchik & Edwards, 2012; Donnelly & Kenyon; 1996).

The endorsement of male rape is currently manifesting on the individual,

institutional, and societal levels (Turchik & Edwards, 2012). Male rape myths appear to be linked to social norms concerning male sexuality and masculinity and are supported by a significant portion of the population (Turchik & Edwards, 2012). These toxic myths regarding male sexual victimization experience can potentially create undetected issues with invisible victims. For example,

> "There is also a growing recognition that men's general reluctance to access and utilise psychological services is not because of some inherent male aversion to accepting assistance (which is a common misconception), but because such assistance has often been found to be unhelpful, incognisant of issues of male gender, and even harmful" (Turchik & Edwards, 2012, p. 13).

Groth (2011) uses the term clinical iatrogenesis, a term that is commonly used in discussion of medical ethics and effects to describe "harm done or caused to patients by doctors" (Groth, 2011, p. 19). The author argues that the term clinical iatrogenesis is equally appropriate to describe cases of iatrogenesis in relation to psychotherapy, which is "harm done or caused to a client or patient by a psychotherapist" (Groth, 2011, p. 19). Such harm may result from "applying an inappropriate understanding, method, technique, or attitude in therapy" (Groth, 2011, p. 19). Groth (2011) covers a few examples of the harm done to some men in psychotherapy because of popular yet wrong assumptions or ignorance about: "gender, male psychology, male experience and the imperative" (pp. 19-20).

II. 3. Working with male victims of sexual violence

It is important to note that many villages in targeted areas in the DRC have physicians, nurses and community health workers trained on SGBV by local and

international NGO's to specifically meet the clinical care for women and girls (Christian et al., 2012). Historically, counselling for sexual abuse related issues has been aimed at meeting the needs of women and girls using models originating out of structural feminist theories. The growing area of research that exists on male victims of sexual violence tends to focus on acknowledging the existence of invisible victims, discussing the prevalence and effects of their victimization experiences (Christian et al., 2012; Gorris, 2015; Touquet & Gorris, 2016). Although this has helped to highlight the existence and challenges faced by male victims, there is currently no general agreement or best practice guideline for agencies that deliver services to this population. A qualitative research such as this one is the first step towards determining the participants' needs while identifying the gaps between current and desired condition. Further research is needed to develop and test clinical care training tools tailored to specifically address male survivors' needs.

Certain important concepts must be taken into account while studying male sexual victimization experience. According to Groth (2011), "the concepts of gender, masculinity and manhood are an essential key to understanding male experience and psychology, the place and role that men occupy in culture and society, and what is demanded of them by society" (p. 23). Groth (2011) describes biology as "the fundamental originator of gender" (p. 27) and masculinity as a biological innate potential that is conveyed through masculine gender (Groth, 2011). It has been observed that the concepts of gender, masculinity and manhood are universally shared across culture with certain modifications to meet specific cultural and environmental contexts (Groth, 2011). The outcome result of this configuration in adult males is described as manhood (Groth, 2011). Manhood is not a final stage of being but rather an ideal that is culturally imposed

with the lingering threat of it being lost or taken away (Groth, 2011). An ideal that can become a prison once a male is sexually violated since he no longer corresponds to this ideal.

Addis, Mansfield and Syzdek (2010) argue that the construct of masculinity as it is currently conceptualized is a "problem" and it is "limiting scientific progress" (p. 77-78). For example, "the dissemination of masculinity to the public domain can actually enhance gender inequality and produce harmful effects on men and women's well-being" (Addis, Mansfield, & Syzdek, 2010, p. 82). Gender should be understood as "relatively differentiated or discriminate repertoires of activity that are highly sensitive to context" (Addis, Mansfield, & Syzdek, 2010, p. 84). Instead of continuing with the existing construct of gender and masculinity, "the psychology of men should focus research on the contingent and contextual nature of gender social learning" (Addis, Mansfield, & Syzdek, 2010, p. 77). Despite the shortcomings of the social construction of masculinity and gender, "masculinity" is a vital construct with enormous benefits for treating men in therapy (Brooks, 2010; Forde & Duvvur, 2016). For example, with Pleck's (1995) development of the "gender role strain" paradigm, "it became possible for therapists to identify a previously unrecognized source of dysfunction that could relieve men of excessive shame and self-blame for their plight" (Brooks, 2010, p. 107). Dysfunctions are linked to the gender-role strain paradigm, the stereotypical description of masculinity and the consequences of not living up to the standard/cultural ideal of masculinity, such as when a man is a victim of sexual violence. Along the same line, Forde and Duvvur (2016) conducted a study that explored the gendered nature of healing and recovery from sexual violence in the context of the Rape Crisis Centre Counselling in Ireland. Their

findings show that gender and social norms of masculinity influences the way the trauma is expressed and processed in a number of complex ways including, a) help-seeking behaviours and b) coping strategies (Forde & Duvvur, 2016). For example, the majority of male victims of sexual assault do not engage in help seeking behaviour (Forde & Duvvur, 2016). The toxic myths regarding male sexual victimization experience can potentially create undetected issues with invisible victims (men and boy victims of sexual violence). For example,

> "There is also a growing recognition that men's general reluctance to access and utilise psychological services is not because of some inherent male aversion to accepting assistance (which is a common misconception), but because such assistance has often been found to be unhelpful, incognisant of issues of male gender, and even harmful." (Groth, 2011, p. 13)

Other factors that need to be taken into account when working with men in psychotherapy, is the gender role differences between male and females. According to Groth (2011),

> "Sex-specific biological differences have undoubtedly influenced (and continue to influence) the kind of roles that men and women generally gravitate towards at home and in society: women favouring roles that are concerned with relationships, nurturing, family, and social bonds; and men favouring roles more concerned with material production, provision, protection-roles that are predominantly task and action oriented and extra-familial (focused outside the family)." (p. 51)

According to Groth (2011), regardless of cultures, “men and women sometimes exhibit significantly divergent ways of thinking, experiencing and processing emotions, coping, seeking and experiencing support, and communicating” (p. 51).

Knowledge can potentially lead to the development of a more sensitive approach to delivering services tailored specifically to meet the needs of men.

However, the therapeutic process conceptualized and based on masculinity and related construct has been criticized for lacking empirical evidence to support its theory of change (Addis, Mansfield, & Syzdek, 2010; Vearnals & Campbell, 2001).

CHAPTER III Viktor Frankl Existentialism

III. 1. Viktor Frankl Existentialism

Viktor Frankl's theory on existential analysis will be presented here because it will be integrated later in the discussion of the result. Frankl's theory was chosen in particular because it focuses on the search for meaning and purpose in spite of tragic experiences such as trauma. Frankl developed the theory after surviving Nazi concentration camps in the 1940s. Frankl made tremendous contribution to positive psychology through his prophetic voice of hope and resilience, a voice that was made even stronger with Wong's (2011) second wave positive psychology. Victims of sexual trauma are often forced to transition from one state of being to another (e.g., biological, psychological, emotional, and spiritual). The transition is usually full of instability, vulnerability, and other emotions such as loss and grief. Hope and resilience are ingredients that victims are in need of through the forced transition in their journey towards rediscovering meaning and purpose after trauma.

Viktor Frankl (1905-1997) was an Austrian neurologist, psychiatrist, psychotherapist as well as a Holocaust survivor. Frankl was the founder of Logotherapy/existential analysis. Frankl's Logotherapy came to be known as the "third school" of Viennese psychotherapy (based on the will to meaning principle), after the "first school" developed by Sigmund Freud (based on the pleasure principle) and the "second school" by Alfred Adler (based on the power principle). For the sake of his argument, Frankl (1970) only focused on Sigmund Freud's pleasure principle and the Alfred Adler power principle. It is important to mention that Alfred Adler was known for more than just the power principle. Adlerian psychology touched into multiple principles

and desirably life style such as: social interest, the Adlerian unconscious, inferiority complex, fictional finalism, the Adlerian ego, private intelligence and social interest. Similarly, Freudian theory's primary assumption was based on the unconscious minds ability to govern people's behaviour at a greater degree than suspected.

Viktor Frankl believed that there is no psychotherapy without a philosophy of life and a theory of change underlying it (1970). He emphasized the importance of preserving the humanness of man in any given theory or philosophy of life. He developed a theory of man and philosophy of change called logotherapy, which root word derives from *logos*, a Greek word that translates as meaning, and therapy is described as the treatment of an illness, condition and/or maladjustment (Frankl, 1970). In addition to meaning, *logos* also means spirit, without the religious connotation (Frankl, 1970). *Logos* is ultimately defined as "the humanness of the human being-plus the meaning of being human!" (Frankl, 1970, p. 5). The theory is based on the belief that human beings are driven by the search for purpose in life, and logotherapy is the search for that meaning in one's life (Frankl, 1970). Logotherapy concepts of human beings are based on three pillars: (1) The freedom of will, (2) The will to meaning and (3) Meaning of life.

1. **Freedom of will**

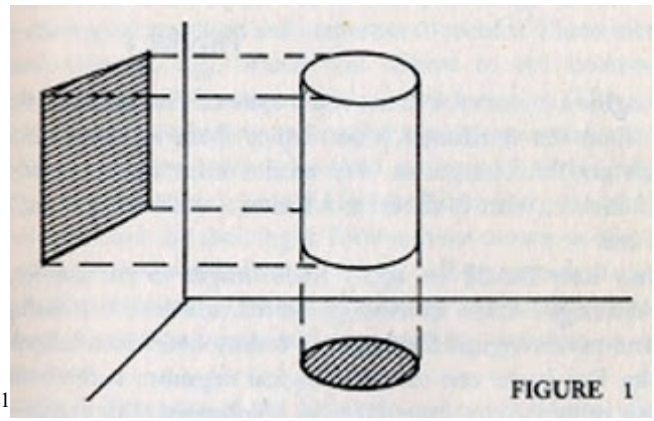
The freedom of will doesn't imply man's freedom from experiencing conditions such as biological, psychological, or sociological. Rather, it is a "uniquely human capacity" (Frankl, 1970, p. 4) to detach from a life suffering, even the worst type of suffering. This "uniquely human phenomenon"(p. 4) is located in a higher level of consciousness that requires rising above the somatic and psychic phenomena into a new dimension, the noological dimension or what he also described as "the

dimension of noetic phenomena" (p. 5). The noological dimension is a spiritual level that is uniquely human, and requires rising above the biological and psychological dimension (Frankl, 1970). Frankl avoided using the word spiritual because of its religious connotation. Ultimately, the noological dimension is linked to the study of humankind rather than the study of the nature of God and religious belief. Frankl warns us about the danger of the reductionism approach to understanding and explaining human beings. He described the reductionism approach as, "a pseudoscientific approach which disregards and ignores the humanness of phenomena by making them into mere epiphenomena, more specifically, by reducing them to subhuman phenomena" (Frankl, 1970, p. 8). He wonders, "How is it possible to preserve the humanness of man in the face of reductionism?" In other words, how is it possible to preserve the oneness of man in the face of pluralism of sciences?" (Frankl, 1970, p. 8). Specifically, when the pluralism of science is the nurturing soil that fertilizes reductionism (Frankl, 1970). Frankl answers the above questions through his tri-dimensional or his philosophical anthropology. Viktor Frankl's dimensional ontology (Frankl, 1970) states that human beings exist in three dimensions: (1) Physical dimension (Somatic), (2) Mental dimension (psychic) and (3) Spiritual dimension (noetic). Frankl defines man as "unity in spite of multiplicity" (Frankl, 1970, p. 9) because the bodily, mental, and spiritual modes of being can't be separated from each other. He goes on to emphasize the importance of understanding man's different strata or layers (bodily, mental, and spiritual) as if the different modes (somatic, psychic, and noetic) cannot be separated from each other (Frankl, 1969).

A. Dimensional Ontology

A. 1. First law of Dimensional Ontology

Dimensional Ontology as proposed by Frankl (1970) is based on two laws. The first law of Dimensional Ontology states: "One and the same phenomenon projected out of its own dimension into different dimensions lower than its own is depicted in such a way that the individual pictures contradict one another" (p.9). Frankl explains, imagine a cylinder projected from a three-dimensional space into a two-dimensional plane, the cylinder yields either a circle or a rectangle. These images contradict one another. Nonetheless, the contradiction is solved with the recollection that the geometry measured is a projection of a cylinder. The emphasis is placed on a holistic understanding of human beings with all its complexity. We fall into the trap of reductionism when one interprets the cylinder as nothing but a rectangle or a circle. Likewise, an expert in biology, psychology or sociology claiming totality by understanding and explaining human beings exclusively in terms of biology, psychology or sociology reduces man into a closed system (e.g., physiological reflexes, or psychological reactions, and response to stimulus).



A. 2. Second Law of Dimensional Ontology

The second law of Dimensional Ontology states: "Different phenomena projected out of their own dimension into one dimension lower than their own are depicted in such a manner that the pictures are ambiguous." (p.10) The second law of dimensional ontology applies to man by highlighting the ambiguousness of mental illnesses or trauma. Imagine, the three ambiguous circles are replaced with mental illnesses. There are multiple ways of conceptualizing and treating mental illnesses. According to Frankl, "pathology is ambiguous in that, in a given case, we will still have to search for the logos of pathos, for the meaning of suffering. And the meaning of suffering need not dwell in the same dimension as the symptomology but may well hide in another dimension" (Frankl, 1969, p.13). Therefore, therapists must take this into account by offering a holistic and multidimensional conceptualization in treatment.

[1] Researcher obtained permission from editor to include this figure in the thesis and the authorization is included in Appendix I.

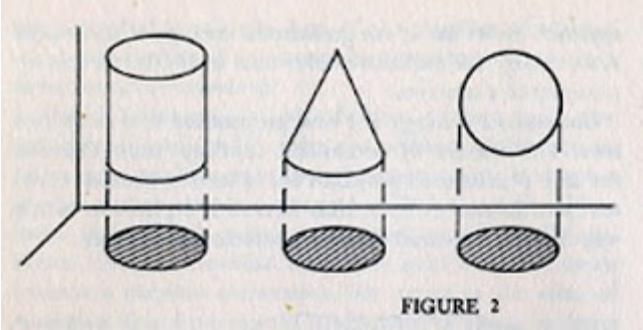


FIGURE 2

Both laws explain the oneness of men in spite of diversity, logotherapy or the "higher" dimension doesn't nullify or contradict the lower "dimension" or reductionism approaches (e.g., Watsonian behaviorism, Freudian Psychoanalysis, Adlerian Psychology and Pavlovian Flexology, etc.). According to Frankl, the three dimensions (biological, psychological, and spiritual) are not about a value judgement and are equally important in the concept of unity in spite of diversity. Rather, logotherapy is more inclusive by being open to the spiritual strata that go beyond the closeness of man in the biological and psychological model. The reductionist concept of the closeness of man conceptualizes human personhood based solely on the quality of his /her individual parts. A man is more than the sum of his parts because the ways the different layers are combined add a different quality to a person. According to Frankl (1970), the reductionism approach tends to exclude the spiritual dimension.

2. The will to meaning

A. What is meant by meaning?

Frankl identified the search for meaning as man's primary motivation in life (Frankl, 1949, 1969). He talked about the unique quality of meaning by stating; "there is no such thing as universal meaning of life but only the unique meanings of the individual situations" (Frankl, 1970, p. 37). The unique meaning of situations differs

from person to person, from day to day, and hour by hour (Frankl, 1969). According to Frankl, there are also situations that share common qualities. Therefore, there are also meanings shared by human beings throughout history, across cultures and societies (Frankl, 1970). He understood these shared meanings as values, and qualified them as "universal, which crystallize in the typical situations a society or even humanity has to face" (Frankl, 1970, p. 37). He goes on to say: "the possession of values alleviates man's search for meaning because at least in typical situations he is spared making decisions." (Frankl, 1970, p. 37) Human beings also pay for this relief when faced with conflictual values or when they aren't able to live up to societal demands and expectations.

According to Frankl (1969), "*Meaning is what is meant*, be it by a person who asks me a question, or by situation which, too, implies a question and calls for an answer" (p. 42). Frankl talks about meaning "as something to be found rather than to be given, discovered rather than invented" (Frankl, 1970, p. 43), adding that the search for meaning must be done consciously and responsibly (Frankl, 1969). He believed that "conscience also has the power to discover unique meanings that contradict accepted values" (Frankl, 1969, p. 43).

3. The meaning of life

Frankl believed that man has the freedom to embark on the journey toward the search and fulfillment of meaning (1969). The author identified distinct ways that meaning in life can be discovered (Frankl, 1969, p. 48) by (1) creating a work or doing a deed, (2) experiencing goodness, truth, and beauty, (3) experiencing nature

and culture and (4) encountering another unique being in the very uniqueness of this human being-in other words, by loving him.

Meaning can also be discussed in terms of values (Frankl, 1970). As mentioned earlier, the ultimate goal of logotherapy is not self-actualization but it is rather about the actualization of values or the "will to meaning" (Frankl, 1949; Frank, 1970). In this context, Frankl uses the word values and meaning synonymously.

In terms of values, Frankl grouped three major forms of values including; (1) Creative, (2) Experiential, and (3) Attitudinal values Frankl (1970, p. 49). Frankl used different terminology such as values and "will to meaning" to highlight the same concept. He believed that man could also find meaning through different avenues including:

1. What he gives to the world in terms of his creations;
2. What he takes from the world in terms of encounters and experiences;
3. The stand he takes to his predicament in case he must face a fate he cannot change.

The attitudinal values are further divided into a triad (Frankl, 1970, p. 51):
(1) Meaningful attitude or the stance an individual takes when facing inescapable suffering linked to the tragic triad of pain, (2) guilt, and (3) death. Regarding pain and suffering, logotherapy talks about inescapable suffering, painful reality that can't be changed because accepting suffering linked to a fate that can be changed would not yield meaning. As soon as painful reality or fate cannot be changed, acceptance of inescapable suffering can potentially transmute into meaningful discovery (Frankl, 1970). When dealing with unavoidable suffering "what matters is the stand they (the sufferers) take

(meaningful attitude) - a stand which allows for transmuting their predicament into achievement, triumph, and heroism." (Frankl, 1970, p. 49) Meaningful attitude is another way of describing the stand an individual takes when facing inescapable suffering linked to the tragic triad.

IV. 2. Existential Vacuum

The existential vacuum is a phenomenon that Frankl used to describe people experiencing an "inner void", sense of emptiness and meaninglessness in life (Frankl, 1970). It is a concept that describes a crisis of meaning. It is an experience of being disconnected from the self, the world, and the transcendent. This disconnection can lead an individual to question whether life is worth living. The existential vacuum can be triggered by multiple factors such as trauma and existential frustrations. Existential frustration is a term used to describe the experience when a person's will to meaning is frustrated or blocked from meaningful discoveries (Frankl, 1970 & Frankl, 1949). The crisis of meaning can lead an individual into a painful abyss. According to Frankl (1970), existential frustration mainly manifests through boredom and apathy. In the therapeutic context, this crisis of meaning manifests in other forms such as deep depression, suicidal ideations, self-destructive behaviours, etc. According to Frankl (1970), an existential vacuum is not a pathological phenomenon. He goes on to say, "it need not to be an effect of neurosis, the existential vacuum may well become its cause" (Frankl, 1970, pp. 65-66).

IV. 3. Spirituality

Before exploring the spiritual dimensions of trauma, it is essential to define the term given the fact that there is no single, widely agreed definition of spirituality. There

are as many definitions of spirituality as the number of published manuscripts on this topic (Bartoli, 2007). This literature review will adopt Sheridan's (2004) proposed definition of spirituality as "the search for meaning, purpose, and connection with self, others, the universe, and ultimate reality, however one understands it, which may or may not be expressed through religious forms or institutions.'' (p. 10) Ultimately spirituality is about finding meaning and purpose in life by connecting to a higher power far beyond the self. Sheridan (2004) defines spirituality as separate from religion, similar to Frankl's noological dimension.

IV. 4. Proposed research contribution to the literature in this field

Based on the most recent articles on the subject matter (Navarro & Clevenger, 2017; Touquet & Gorris, 2016; Gorris, 2015), the existence of male victims should not only be recognized, but the issue should also be discussed in depth including the different types of sexual violence that males are victims of, the effects of their victimization experience and follow up. We have all heard women's stories. Yet, the current thesis gives a voice to male survivors/victims of conflict-related sexual violence in the DRC. The current research seeks to fill this gap in the literature by investigating war-related sexual violence against men and boys in the DRC as means of contributing to the literature on SGBV against men and raising awareness about this issue.

The current study differs from a previous one by adding unique aspects through the incorporation of recommendations that emerged from previous findings (Christian et al., 2012). For example, the current study will expand samples to include young adults and unmarried men in order to create inclusivity and potentially improve our understanding of the multidimensional levels of conflict related sexual violence against

men and boys. It is also a major step towards welcoming men to the table by countering the negative impacts of male socialization, the feelings of shame and stigma about male sexual violence commonly shared in society.

Before describing the methodology used in the current thesis, and as previously mentioned, the research objectives and questions presented in the introduction.

The research objectives are:

1) To give male victims the platform to share their sexual victimization experience and to better understand male victims' needs.

2) To explore how, if at all, the traditional male code informs male sexual violence as it is experienced in the DRC.

The research questions are,

1) What was the experience of male victims of conflict-related sexual violence in the DRC before the experience?

2) What was the experience of male victims of conflict-related sexual violence in the DR at the time they were raped?

3) What is their experience nowadays, as male victims and male survivors?

4) How does the understanding of gender impact victims of sexual violence?

5) How does rape affect culturally informed self-perception among male survivors in the DRC?

6) How do the cultural taboos and myths surrounding the phenomenon of sexual violence against men impact male victims in the DRC?

CHAPTER IV: METHOD

IV. 1. Phenomenology

The thesis' objective is to understand men's experience of sexual victimization as it intersects with valued ideals of masculinity and the traditional male code. Based on the research questions stated above in the introduction section on pages 20 and 66, a phenomenological research design was used to understand the common meaning and universal essence of male survivors of sexual violence experiences. The basic purpose of a phenomenological study is "to reduce individual experiences with a phenomenon to a description of a universal essence" (Creswell & Poth, 2017, p. 75), i.e., a phenomenological research design returns to an individual's experience to obtain comprehensive descriptions of a phenomenon. These descriptions are used to provide a foundation for a reflective structural analysis to depict the Participants'[2] global experience. This type of analysis is said to be a "bottom-up approach". This means that the themes are generated from the raw data rather than using a pre-existing theory to identify themes that might be applied to the data. First, the researcher collects original data, which consists of raw descriptions of Participant's experience gathered through dialogue and open-ended questions. Based on the thorough reflection of the Participant's story, the researcher is then able to capture the meaning of the research Participant's experience. The descriptions of shared meaning among male survivors consist of "what" and "how" they have experienced their sexual trauma (Creswell & Poth, 2017).

V. 1. 1. Procedures for conducting a phenomenological Research

[2] The word Participant is spelled wit a capital 'P' throughout the thesis out of respect to the Participants.

A) *Determine if the research problem is best examined by using a phenomenological approach.* Based on the objectives and research questions, it is apparent that a phenomenological study design is the best approach to exploring the phenomenon in question. A phenomenological research design allowed the researcher to collect data from males who have experienced sexual violence in the eastern region of the Congo and develop combined descriptions capturing the essence of the survivors' experiences. There are different types of phenomenology study. The research incorporated Moustaka's (1994) transcendental or psychological phenomenology, which focuses "less on the interpretations of the researcher and more on a description of the experiences of the participants (Creswell & Poth, 2017, p. 78), and pays particular attention to the concepts of epoch, or bracketing, which is the researcher's ability to set aside or bracket their preconceptions and biases to reduce the chance of potentially tainting the research process (Creswell & Poth, 2017). Given the sensitive nature of the topic, it is important to be aware of one's biases as much as possible to prevent the potential deleterious effect on the collected data. A transcendental means creates a space "in which everything is perceived freshly, as if for the first time" (Moustakas, 1994, p. 34). Meaning was derived from analyzing the Participants' experiences, collecting details, insight, nuance and experiential elements. This strategy allowed understanding and insight to emerge directly from the data.

B) *Identify a phenomenon of interest to study and describe it.* The phenomenon of interest to study is the intersection of the traditional male code with male sexual violence experience across culture. The phenomenon researched is based on the

cultural concepts of male socialization and trauma processing and recovery.

C) *Distinguish and specify the broad philosophical assumptions of phenomenology.*

The research study aimed at exploring the role of male socialization and traditional male code on the experience of male sexual violence, and how this potentially impacts their victimhood.

D) *Collect data from the individuals who have experienced the phenomenon by using interviews.*

Given the researcher's objective to deepen the understanding of conflict-related sexual violence against men and boys, data was collected from a non-probability sample. Specifically, a purposive sampling technique was used in targeted villages in the eastern region of the Congo to identify eligible Participants, i.e., to males who experienced sexual violence in the Congolese war. Studies conducted on the issue of sexual violence against men tend to examine experiences of married men survivors above the age of eighteen (Christian et al., 2012). Such criteria further silence the voices of young adults and unmarried male victims of sexual violence and limits the generalizability of findings. Therefore, in the current research, Participants had to be 18 years or older, self-reported survivors, irrespective of their relational status.

As with all research on sensitive topics, identifying potential Participants can be a challenge. Additionally, male victims of sexual violence in eastern provinces of the DRC and the community as a whole do not want the issue publicized and discussed (Christian et al., 2012). Taking this into account, the researcher relied on snowballing sampling

techniques to identify potential Participants. Snowballing sampling is instances where study Participants recruit future subjects from among their acquaintances.

There is no specific criterion to determine the appropriate qualitative research sample size. According to Patton (1990), a qualitative sample size may be determined based on study objectives, available resources and allotted time. Based on the research objectives, to develop an in-depth understanding to further knowledge of a phenomenon, an appropriate sample size is between 7-15 male Participants because a comprehensive qualitative research doesn't necessarily require a larger sample size (Creswell & Poth, 2017). A total of 14 Participants took part in our study. Participation in this study involved no cost to Participants. They were paid $30.00 each as a token of appreciation for voluntarily choosing to participate in the research project, and for travel cost and time lost.

Data collection was conducted within a few weeks by a Congolese team. The researcher relied on her network to connect with a trained and skilled Congolese research assistant with significant clinical experience working with male and female victims of sexual violence. At the time, the research assistant was a Master student in clinical psychology at UEA (Université Évangélique en Afrique) in the South Kivu Province in DRC. The gentleman specializes in treating female sexual violence cases in South Kivu. He is also aware of the existence of male sexual victimization experience and the lack of resources for male victims. The potential benefits of working with a trained male research assistant include the fact that the gentleman has rural life experience and a strong understanding of the traditional male code within targeted regions. The research assistant worked along with a colleague to assist him in a number of tasks that support the

interview process such as the technological aspects of things, and for emotional support. Both individuals were informed of the importance of keeping confidentiality of the Participants.

Given the sensitive nature of the research, it is important to insure Participants' comfort. The research assistant's clinical competence put him in a good position to intervene clinically in case of Participants' distress. For example, counseling was provided when Participants experienced any traumatic reactions during or immediately after the interview. Given the traumatic nature of the subject, and given the lack of resources for male survivors of sexual violence in DRC, research assistants engaged in follow up care with Participants as needed upon the main researcher's return to Canada. The Congolese assistant conducted interviews in Swahili. The interviews were audio recorded. The study audio was translated from Swahili into English. To avoid discrepancy, a back-to-back translation was conducted to compare translated versions of the interviews with the original content for quality and accuracy. The back-to-back translation was completed in three stages by a team of professional translators. The three stages included: (1) the first independent translator translated the original transcripts from Swahili to English, (2) the English transcriptions were transcribed back to the original language, Swahili, and (3) a third translator checked and confirmed the reliability between the two Swahili versions. A back-to-back translation is a useful technique that can potentially eliminate translation problems across culture (Yu Chen & Boore, 2010).

All Participants' information was anonymized before analysis. As part of the informed consent, Participants were informed that data collected from the present study could be used anonymously to support future research. Once transcriptions were

completed, the original transcripts were stored in a password-protected file on the research assistant's computer and an encrypted USB key for travel safety. Once in Canada, a copy of all research files was transferred to the researcher's password protected computer. A duplicate copy of the research files was created to safeguard them and enable recovery in case of a loss, corruption or infection by malware.

Before starting the interview process, eligible Participants were provided with informed consent information clarifying the purpose of the study, risks, and benefits of the research, voluntary participation, confidentiality and the right to withdraw from the study at any time. The interviews were conducted in a private setting at SOSAME hospital where Participants were comfortable sharing and their confidentiality was guaranteed. SOSAME hospital is a mental health hospital established in 1994 by the Brothers of Charity in Buvaku. The director of SOSAME hospital, Dr. Eric Kwakya, worked in collaboration with the research team. Dr Kwakya offered support by providing a safe and confidential space for conducting interviews.

Semi-structured interviews allowed the researcher to learn about and observe the dynamic elements of the survivors' lived experiences, and also left room for probing, uncovering experiences, details, clarity and depth. The interview questions are in appendix D.

Once all the research interviews were transcribed and back-to-back translation completed to ensure the most absolute quality and accuracy of the participants' experience, the main research assistant completed follow up interviews over the phone to clarify themes that emerged during the process of data analysis. The purpose of the follow-up interview was to validate some Participants' response and clarify concerns

raised during the first interviews. The phone interviews were recorded and transcribed in a password-protected computer.

The reliability of the coding process of the emergent themes was established using the following steps: (1) Intercoding was done by the main researcher and one doctoral student, (2) Intercoding was done on 10% of the transcripts. The doctorate student was chosen as a text evaluator based on her experience as a researcher and her knowledge of qualitative research analysis. She has been involved with Saint Paul University in a research capacity while completing her MA as well as during her doctoral thesis. The first intercoder reliability index was 82%. After the text evaluation, the intercoder reliability reached 100%, which is higher than the minimum of 70% recommended by Lombard, Snyder-Dutch & Bracken, 2002).

E. *Generate themes from the analysis of significant statements.*

A thematic analysis approach was used to highlight systematic steps and guidelines in the procedure of data analysis. Braun and Clark (2006) identify six phases of thematic analysis:

1. *Familiarizing yourself with your data:* A vital phase that involves transcribing and immersing oneself in the data through repeated readings while actively searching for patterns, meaning and generating initial ideas.

2. Generating initial codes: A phase that involves the production of initial codes collected from the data.

3. *Searching for themes:* this stage involves combining different codes into possible themes.

4. *Reviewing themes:* This phase involves reviewing and refining the coded data

extract (level 1), and the same process is completed on the whole data set (level 2), creating a thematic map of the data.

5. Defining and naming themes: This phase involves the process of defining and refining the essence of the different themes of analysis.

6. Producing the report: The final analysis and the production of an academic report telling the story of your data convincingly.

F) *Develop textural and structural descriptions.* The last few phenomenological procedures overlap with the phases of thematic analysis. Significant themes and statements are used to write a description of the Participants' experiences (textural description) and the description of the setting and context that influenced Participants' experience of the phenomenon.

G) *Report the "essence" of the phenomenon by using a composite description.* From the textural and structural descriptions, the researcher then creates the *essential invariant structure* (*or essence*), also known as the composite description representing the core of the phenomenon.

H) *Present the understanding of the essence of the experience in written form*

The final step entails writing up the analysis of the data. The process involves writing (a) an introduction section to establish the research questions, aims, and approaches, (b) a methodology section describing the data collection process and explaining how thematic analysis is conducted, (c) the results and findings, and (d) a conclusion explaining the main take away message, and how the analysis answered the research questions.

IV. 2. Bracketing assumptions

Bracketing is a key part of a phenomenological research design (Creswell & Poth, 2017). The bracketing process's objective is to develop a non-judgmental attitude about Participants and their stories without obstructing the phenomenon at the center of the study (Creswell & Poth, 2017). Bracketing was particularly important in this study given the main researcher's cultural background as a Congolese woman. Assumptions included:

-Taboo around sex and sexual violence against men in the Congo silence male victims.

-Male victims are less likely to come forward to share their experience.

-In comparison to women, they are more likely to share their experience with reservation.

-They may feel more comfortable talking to a female research assistant than male.

-Hot water being used to relieve muscle pain and discomfort as a child.

The main researcher was present during some of the interview process. The researcher found the interview process sad, and heartbreaking. Especially when participant 13 offered to show lasting scars on his body. The act of volunteering to show the scars is a way of challenging the taboo, cultural delusions regarding male sexual victimization and gender role socialization. The scars are a constant reminder of what happened to him. Most importantly, the scar testifies that the sexual trauma happened.

CHAPTER VI: Results

The eight themes that emerged from the thematic data analysis are presented in this section. A partial discussion will be presented at the end of each theme and a final discussion will be offered after the presentation of the eight themes. Table 1 shows a synthesis of the emergent themes and patterns of meaning units and sub-units.

Table 1. Emergent themes and corresponding meaning units and sub-units

Emergent Themes		
1. Gratefulness	Meaning-units & Sub-units	**1. Connection with the divine** Sub-units: 1a. Rescued by God's grace 1b. Relationship with God **2. Connection with a human being.** Sub-units: 2a. Telling their story 2b Telling his story of being raped, without shame 2c. Acceptance of the gender of the researcher (female)
2.Vocabulary used to qualify the event(s) experienced	Meaning-units & Sub-units	**1. Beaten/hit** **2. Anally penetrated** **3. Tortured, and injured** **4. Undressed and humiliated in public** **5. Rape**
3. Chronological description of event(s) experienced	Meaning-units & Sub-units	**1. What happened before the event (s)?** **2. Description of the perpetrator (s)** **3. Characteristics of event (s)** **4. People's reaction during the event (s)** **5. What happened after the event (s)?**
		1. My life before the event (s) experienced (Comparing old life vs. present situation) Sub-units: 1a. Confidence in daily life 1b. Professional life before the event (s),

4. The passage of time in relation to the event(s) experienced regarding life in general	Meaning-unit & Sub-units	1c. Community perception before the event (s) 1d. Physical strength before the event (s) **2. The perception of the event experienced.** **3. Ongoing impact of event (s) experienced.** <u>Sub-units:</u> 3a. Financial consequences 3b. Psychological consequences 3b1. Psychological consequences linked to not fulfilling obligation as a provider 3b2. Psychological consequences linked to lack of sexual force 3c. Physical consequences/Medical problems (and changes) 3d. Marital consequences 3e. Sexual consequences 3f. Coping with criticism **4. Needs** <u>Sub-units:</u> 4a. Multiplicity of needs 4b. Psychological needs 4c. Physical needs 4d. Financial needs. 4e. Needs not being met 4f. Willing to take whatever help is offered 4g. Comparing needs before and after the rape **5. Treatment received since the event (s) experienced.** <u>Sub-units:</u> 5a. Local medicine/traditional medicine 5a1. Traditional doctor (elder) 5a2. Hot water 5b. Physical treatment/hospital/doctor, clinic 5b1. Inaccessible medical services immediately following the event (s) 5b2. Accessed medical services when symptoms got worse 5b3. Initially accessed medical services until when it became 5b4. Received medical services but symptoms

		persisted 5c. Psychological treatment 6. Barriers to accessing support after the event experienced 6a. Financial barriers/poverty 6b. Not able to find help 6c. Dislocation 6d. Insufficient help **7. Support, help received during the event.** <u>Sub-units:</u> 7a. FARDC in Kalami 7b. Family **8. Support, help received after the event (s) experienced.** <u>Sub-units:</u> 8a. Wife 8b. Other family member 8c. Community/neighbors/chief 8d. Church 8e. Belief/spirituality/God/Jesus **9. Community perceptions following the event experienced.** <u>Sub-units:</u> 9a. Understanding/no criticism/say nothing 9b. Criticism/comments 9c. Blaming **10. Hope** <u>Sub-units</u>: 10a. Hope to receive physical care 10b. Hope to receive mental care 10c. Hope to see children studying 10d. Hope in God, and Faith
5. Suffering	Meaning-unit & Sub-units	**1**. **War/armed conflict as the cause of suffering.** **2. Suffering that comes as a consequence of war/armed conflict.** <u>Sub-units</u>: 2a. Suffering linked to the lack of support from community 2b. Suffering associated with lack of support from spouse 2c. Suffering connected with ongoing symptoms.

		2d. Existential suffering, “man is not a cow”
6. Disclosure	Meaning-unit & Sub-units	**1. Self-disclosure.** **2. Disclosure despite self**. <u>Sub-units</u>: 2a. Publicly assaulted in front of witnesses. 2b. Found by community members or family after the event (s)
7. Masculinity	Meaning-unit & Sub-units	**1. Definition of a "real man."** **2. Consequences of the (rape) event (s) experienced.** <u>Sub-units:</u> 2a. No longer a real man 2b. Loss of independence **3. Different types of masculinity as being experienced after the rape** **4. Preserving masculinity**
8. Meaning-making	Meaning-unit & Sub-units	**1. Meaning-making of current life.** <u>Sub-units:</u> 1a. Surviving by God’s grace 1b. Forgiveness 1c. Other people **2. Meaning-making of the attack.** 2a. Not knowing how to make sense 2b. Victim of war/consequences of war 2c. Enrich themselves/"for wealth." 2d. Drugs and not knowing the victims 2e. "The disease has risen." 2f. Ethnic reasons: 2g. Forever changed 2h. Resilience

VI. 2. Emergent Theme 1: Gratefulness

Table 2. The emergent theme “gratefulness”, meaning units and sub-units

1. Gratefulness	Meaning-units & Sub-units	**1. Connection with the divine** <u>Sub-units:</u>

		1a. Rescued by God's grace 1b. Relationship with God **2. Connection with a human being.** <u>Sub-units:</u> 2a. Telling their story 2b. Telling his story of being raped without shame 2c. Acceptance of the gender of the researcher (female).

Two meaning units corresponding to the emergent theme 'gratefulness' were identified. They include: (1) connection with the divine, and (2) connection with a human being. The word 'gratefulness' was chosen as an emergent theme because Participants attributed their survival to God's grace and their relationship with God, which makes them grateful. Additionally, Participants used similar wording to express gratitude for the opportunity to tell their story. Six out of the fourteen Participants interviewed expressed gratitude in their narratives: Participants 1, 2, 6, 7, 8, and 11.

VI. 2. 1. Connection with the divine

The meaning unit connection with the divine is comprised of two sub-units including: (a) rescued by God's grace, and (b) relationship with God:

A. Rescued by God's grace

Under the sub-unit rescued by God's grace, Participants 1, 6, and 7 attributed their rescue to God's grace. Participant 1 emphasized the divine's grace in his survival by stating: "It's by grace that I left the place. So after the confrontations, the time to see people who have died, like our friends D and M. Then they found me alive." Participants 6 and 7 also mentioned being rescued by God's grace.

B. Relationship with God.

Participants 1 and 2 described their current living condition and daily survival through God's favour. Participant 1 expressed gratitude to God for caring for his daily needs despite losing his 'manhood'. He notes: "So it's just because of the breath of life that God gave us. And if it was to pay, I would no longer exist." Similarly, Participant 2 described his relationship with God as a great source of strength. He notes: "I live by the grace of God. I fear to go out, because I could meet them and be victim again. Besides the life of God, I have nothing else."

Participants rely on their spirituality, which is based on their relationship with God to make sense of their current reality and fortify them after the sexual trauma. For example, Participants rely on God to make sense of their rescue, current living condition and daily survival as they face ongoing impacts of the rape. Despite current realities, their financial needs for daily survival are being met through divine intervention, Grace that is given for free as described by Participant 1. Participant 2 goes as far as stating: "Besides the life of God, I have nothing else." In summary, Participants describe their relationship with God as a source of resilience, God as a source of life.

VI. 2. 2. Connection with a human being

The meaning unit connection with a human being is composed of two sub-units: (a) telling their story, (b) telling his story of being raped, without shame, and (c) acceptance of the gender of the researcher (female).

A. Telling their story

Participants 1, 3, and 8 expressed gratitude and thanks to the head researcher and her team for taking on a complex subject matter, for caring enough to visit them, and for

offering them a platform to share their experience. Participant 1's first words were: "First, I am grateful to see you, because since we were victims till now, no one has asked me about how and what happened to me." He added: "I will be happy you to plead for us and see if we will get treatment because it's just women who are visited but not men." Significant to this statement is the lack of visibility for male victims of war related sexual violence (Chynoweth, 2017; Gorris, 2015; Touquet & Gorris, 2016). As mentioned earlier, physicians, nurses, and community health workers in targeted area in the DRC are trained on SGBV by internal NGO's to specifically meet the needs for women and girls, but the needs of men and boy victims of rape are not addressed in their trainings (Christian et al., 2011).

Participant 8 also expressed gratitude, blessings, and shared future hope. His last words in the interview were: "I thank you for coming and talking with us. May God continue to mobilize you to see the result one day."

B. Telling his story of being raped, without shame

Before sharing, participant 13 gave himself permission to break the silence by stating: "Well, please, I will not be ashamed, even to speak." He goes on to share details about his rape experience.

C. Acceptance of the gender of the researcher (female).

Participant 1 expressed gratefulness and unconditional acceptance of the head researcher's gender. He states: "Yes, we will be happy if it's a woman, that's fine." Participants initially took the opportunity to share their story with the researcher and her team not knowing what will come out of it. For example, after nearly 10 years of living in silence, participant 1 broke the silence by recounting his experience of what and how it

happened. Most Participants were forced to live in silence until when the researcher took on the subject matter and together with her research team gave participants the opportunity to share their stories through interviews.

Partial discussion

Conflict-related rape against men in the Congo is considered a taboo and controversial subject matter (Couturier, 2012; Storr, 2011). The secrecy around the topic can create invisible victims with no voice or platform to share their story. For example, Participant 1 shared the experience of being forgotten, never asked "what and how it happened" until now. Participants expressed gratitude for the platform to share their story. The interview process and story telling created visibility for Participants. Participants took a risk in trusting the researcher and her team by sharing their shame and brokenness and feeling heard came as a product of that connection. The concept of shame and male sexual trauma will be discussed further in the discussion section under research question number 6.

VI. 3. Emergent theme 2: Vocabulary used to qualify the event (s) experienced:

Table 3. The emergent theme "vocabulary used to qualify the event (s) experienced, meaning units and sub-units

2.Vocabulary used to qualify the event(s) experienced	Meaning-units	**1. Beaten/hit** **2. Anally penetrated** **3. Tortured, and injured** **4. Undressed and humiliated in public** **5. Rape**

In the initial interview, except for one, all Participants used words other than rape to describe their sexual victimization experience. A few Participants described the experience of being anally penetrated with different objects without using the word rape.

Although none of the participants used the word 'event,' the term was chosen as a word that encompasses vocabularies used by Participants to recount their experience. The present study identified three meaning units corresponding to the emergent theme 'vocabulary used to qualify the event (s) experienced'. They comprised of the following: (1) beaten/hit, (2) anally penetrated, (3) tortured, (4) undressed and humiliated in public, and (5) rape.

VI. 3. 1. Beaten/hit

Except for Participants 9 and 10, all participants used the word beat and hit interchangeably to narrate their experience. Under the meaning unit 'beat/hit', Participant 1 described his experience of being beaten close to death and the extensive bruises and injuries endured on his body as a result of the beating. He even volunteered to show the research assistant permanent physical marks on his body. He stated: "Some of them proposed to kill me, but for others, they suggested to hit me half dead…directly, they caught me, tied me up and began to beat me. Besides, I still have a whip here of the stick they used. I was hit up till the blood covered my whole face. And if I show you all my back, you will see the signs of these strikes."

Participant 5 shared multiple victimization experiences, including "being beaten like animals" to the point of losing consciousness and being confused for dead. He notes:

> They beat us like snakes. Blood flowed from all over the mouth, into the nose and some fainted. One of them ordered us to be left because he thought we were dead. And we did not even know when they left.

Similarly, Participant 8 recounts being hit unconscious and enduring permanent wounds on his body. He reported: "They continued to hit me until the separation of the

body and the heart. And where I was hit at my ass, it swelled to cause a wound that does not heal". The wound not healing is a permanent reminder of the rape. Some described being beaten directed at the genitals or other sensitive body parts. Participant 3 notes: "They hit me with matracks until the testicles were broken, at the moment there is only one left." Similarly, Participant 6 reported: "They beat me everywhere and on private parts."

VI. 3. 2. Anally penetrated

Three Participants described the experience of being anally penetrated with different objects without using the word rape. Participant 2 notes: "I was living in Kinyoma. Then the Mai-Mai came and found us at Nyamoma, and began to ask if I can join them. When I refused, they began to hit me and put sticks in my ass". Participant 2 shared multiple victimization experiences. He also mentioned being captured and tortured by the Hutu. He stated: "They put soap in my ass and others tied my private part with a cord." Participant 10 shared a similar experience of having pepper inserted in his anus. He notes: "It swept in all my body. I went to the toilet. But the pain did not stop, because I felt how the pepper circulated in the whole body. When it settled down in the ass, I felt pain coming up behind." Participant 13 broke the silence and overcame the shame by stating: "Well, please, I will not be ashamed, even to speak. They took the bamboo and introduced in my ass."

VI. 3. 3. Tortured

Participant 7 reported: "We were caught and tortured by the FDLR and Mai Mai in this village, and we had no way to escape." Similarly, Participant 2 recounts his re-victimization experience while attempting to escape the dangerous and unstable

environment. He notes: "After that we moved to another place, we crossed the river, unfortunately we met the Hutu who occupied and were looting the village. They took me and tortured me until close to death."

VI. 3. 4. Undressed and humiliated in public

While sharing the specific characteristics of event (s), Participants 4, 6, 8, 9, 12, and 14 stated that they were humiliated and emasculated in front of family, friends, village, and community. For example, Participants mentioned being undressed, emasculated, and left naked in public.

Participant 4 notes:

> At that time, I was with my mother-in-law, so they asked me to undress. I refused and told them that I could not do it in front of my mother-in-law. Then they undressed all women and men. They ordered them to look at each other. As I refused, they beat and undressed me. Then they took me to the room in the house. They removed the bedding and put me under the bed so that I would be a support of this bed. They took my mother-in-law and started to rape her in front of me. When they are done, they took us to the forest carrying their burdens. Once there, they still violated the women and hit all the men.

Participant 12 shared a similar experience:

> They undressed me in front of the people. One of the people who were there informed, my father. They told my father that for me to be released, I must give 30 Mizaba [3]. When my mother started talking, they hit me like a snake, being naked before my father, my mother, and other people. After receiving

[3] *Mizaba* means money in Swahili.

The separation of the body and soul will be explained further in the discussion section.

> 10 Mizaba that my father gave, they continued to hit me hard for him to try to find others. My father went to borrow ten other Mizaba. Upon arriving there, I was put in jail for a week. They kept hitting me until my father gave ten other Mizaba so that it was 30. When my father arrived I was transferred to another prison in the camp. After taking the Mizaba from my father for nothing, they took me to Saddam. When I got there, they told me that it was my end.

Participant 8 shared a similar experience of being emasculated and put down in front of his family. He stated:

> I told them that I had nothing, so they hit me and put me down. The children started crying. They were told if you keep crying you will die. I was beaten until they broke two teeth, with the crying of the children, they undressed me, and they continued to cry. They continue to hit me until the separation of the body and the heart.

IV. 3. 5. Rape

In the initial interview, except for Participant 2, all Participants used words other than rape to describe their sexual victimization experience. However, during the follow up interview, all Participants (1, 5, 9, 13, and 14) used the word rape to describe their experience. When asked specifically if his experience is considered rape, Participant 1 responded: "Yes, it was rape. Eeh… truly a rape, it is rape." Likewise, Participant 5 reported: "Yes, it is rape, something happened to my body, that I never thought will happen to me one day." Along the same line, participant 9 reported, "It was rape, what that rebel did to me." Finally, Participant 14 stated: "It is rape, it is rape."

The frequency at which Participants repeated the word 'rape' in one sentence seems meaningful. It sounds like shock that comes with the acceptance of the word rape as an accurate description of what happened to them. Rape seems like a forbidden word. Most Participants did not use the word rape to describe their sexual victimization during the initial interview. When asked directly, they didn't question the word rape. In fact, they accepted it with strong conviction, emphasizing the word multiple times in a sentence.

Partial discussion

As victims of masculine stereotypes, male survivors of abuse often lack proper words to express themselves (Sivakumaran, 2007). As mentioned earlier, they generally describe their experience as beating, hit, tortured, humiliated, and injured rather than sexual violence. Gender-based violence encompasses a wide range of psychological and physical actions not limited to rape, including sexual assault, acts of penetration, genital mutilation, culturally inappropriate actions with intention to sexually harass and humiliate and non sexual acts committed on the basis of gender (Ferrales, Brehm, & Mcelrath, 2016). For example, being beaten close to death, tortured, anally penetrated, undressed, humiliated in public, and witnessing violence perpetrated against others capture the different forms of gender-based violence committed against men and boys. Limiting the term Gender-based Violence to rape (oral or anal penetration with body parts or objects) does not do justice to victims' experience. Touquet and Gorris (2016) emphasize the importance of understanding male victims experience in depth including different forms of violence experienced by male victims, its effects and specific mental health needs of victims as a way of bringing visibility to invisible victims.

VI. 4. Emergent theme 3: Chronological description of event(s) experienced linked to the rape:

Table 4. The emergent theme "Chronological description of event (s) experienced linked to the rape", meaning units and sub-units

3. Chronological description of event(s) experienced	Meaning-units	**1. What happened before the event (s)?** **2. Description of the perpetrator (s)** **3. Characteristics of event (s)** **4. People's reaction during the event (s)** **5. What happened after the event (s)?**

The phrase 'chronological description of event (s) experienced linked to the rape' was chosen based on participants' emphasis on the concept of time as they shared their sexual victimization narratives. The word event (s) is used in a singular and plural form because some Participants endured multiple victimization experiences. The meaning units included in the emergent theme 'chronological description of event (s) experienced' are: (1) What happened before the event (s), (2) description of the perpetrator, (3) characteristics of the event (s), (4) People's reaction during the event (s), and (5) people's reaction after the event (2).

IV. 4. 1. What happened before the event (s) experienced?

Participants described a variety of experiences under that meaning unit. For example, rebels and soldiers captured Participants while alone or with other men, women, and children, from their family and village. Participants 3 and 14 were in their homes before the event. For example, Participant 14 described his experience as follows:

> "One day the Hutu people showed up at our house to steal stuff. Apparently they were informed that my dad had bosima yake ya mwamba,[4] but my dad was not home that day. They asked me, my mother, my wife and all my sisters to lay down then they asked me to give them whatever money I had in my possession. I gave them all the money I had, then they started asking where my dad was, I told them he went to the hospital. They tied us down."

Participant 3 shared a similar encounter with rebels by stating, "It was night when the Hutu Interahamwe knocked on my door, they asked the man to come out." Participant 4 recounts his experience of what led to the event by explaining:

> I came from the market with four other men and women, including my mother-in-law. Along the way, we met the Hutus in the village. They took men and women at home. At that time, I was with my mother-in-law, so they asked me to undress. I refused and told them that I could not do it in front of my mother-in-law. Then they undressed all women and men. They ordered them to look at each other.

Participant 1 shared a similar experience of coming from the field before the event.

> It was 14th July 2009, when the Hutu were clashed with FARDC at Kashaka. There were coming from the war zone, and were heading in the same way like me. I was coming from the field in Lwanga and the ways they always used to pass. When I found them in the way I was with a friend's child with me. They arrested me and ask why I choose the same way like them? So, we must kill you.

Participant 5 shared a similar narrative while working in mining.

[4] "bosima yake ya mwamba" means traditional alcohol

> Because of the difficulties of life, I was forced to join the mining career. I worked with my friend's brother; the Hutus surrounded us and put us in ambush. When I wanted to go out to the toilet, they caught me and ordered me to return from where I came from. They told us that they were looking for us. They took us to a place where they made [5]Kasiksi"

Participants 7 and 13 described the experience of feeling trapped in the village with no escape or ambushed. Participant 13 notes:

> "I went out in 2002 and arrived at our home. It was during Mai-Mai cease fire, while we were leaving without hearing a gunshot. So one day in the evening, Hutus group had already taken positions all over and starting looting only and to going back. We arrived and met them without knowing where they were lying under the bamboo."

Participants 5 and 6 shared the experience of being falsely accused of a crime they did not commit. For example, Participant 5 described what precipitated the event as follows:

> "One evening they came here. They came to find a young Mai Mai who was smoking cigarettes. They arrested him after asking him where he bought the cigarettes. He replied that he bought it at his friend. They beat me by saying that I'm not allowed to sell cigarettes there."

Before the event, some Participants were fleeing to nearby villages to escape the war and massacre (Participants 2, 11, and 12). While other Participants were in refugee camps (2, 11, 12) or hiding in the bush and forest (Participant 9, and 10).

[5] "Kasiksi" means traditional alcohol

Participant 12 recounted what happened before the event: “When the war started, we had to flee. And where we went, there were Hutu and Mudundu 40. They caught me in Ganda and took me to Kisangani…”

Participant 10 shared his experience of being captured while hiding in the forest.

> “At the death of the chief Mubel, there were confrontation and we fled in the forest. We hid under the cold during the clashes between Mai-Mai and the government. They surprised us with the items they looted. They stole the car from Kalanga center. When they left the place, they said: Carry this, my old man? I said I would not carry it; rejecting them put my life in danger.”

Participant 6 shared his experience living in the same territory as the Congolese army.

> “Secondly, it was the problem with the FDLR who was here and the camp was there. I did three years with them; no other people were here, me alone and them there. They were given the quantity of bean each Monday and Wednesday, three bottles of oil, rice and a bowl of flour. We were very martyrized, because if there is nothing, they put me under the bed and beat me.”

VI. 4. 2. Description of the perpetrator(s)

Participants were victimized by a wide group of male perpetrators including militia groups such as the Hutu Interahamwe, Mai-Mai, le Rassemblement Congolais pour la Démocratie (RCD), Mudundu 40 and the Forces Armées de la République Démocratique du Congo (FARDC). Seven out of the 14 Participants (Participants 1, 3, 8, 9, 10, 13, and 14) described one event committed by different perpetrators.

For example, Participant 1 recounts being caught in the altercation between a militia group and the Congolese Army.

"It was 14th July 2009, when the Hutu were clashed with FARDC at Kashaka. They were coming from the war zone and were heading in the same way I was. When I found them in the way I was with a friend's child. They arrested me and asked why I chose the same way like them?"

Participant 3 shared a similar experience of being attacked by rebels:

"It was at night at the bottom of my house, the Hutu Interahamwe knocked on my door, they asked the man to come out." Participant 8 explains it this way: "It was in May 2002, Mai-Mai and Hutu bothered[6] us. Recently, they surrounded us and ambushed the village and by force they locked us in the houses." Participant 13 also identified a militia group as the perpetrator of the assault by stating:

> "I went out in 2012 and arrived at our home. It was during the Mai-Mai cease-fire, while we were leaving without hearing a gunshot. So one day in the evening, Hutus group had already taken positions all over and started looting only and to going back. We arrived and met them without knowing where they were lying under the bamboo. They caught us and beat us from foot to head."

Participants 2, 4, 5, 6, 7, 11, and 12 reported multiple victimization experiences by militia groups, and the Congolese Army.

Participant 2 described the event as follows:

> "For me, briefly, we had Mai-Mai and Hutu here. We started with Mai-Mai, which we used to live with. I was living in Kinyoma. Then Mai-Mai came and found us at Nyamoma, and began to ask me if I can join the army. When I refused, they began to hit me and put sticks in my ass."

[6] The word "bothered" used by Participant 3 refers to the presence of militias in his village disturbing safety and peace. In other words, he is referring to insecurity caused by the militias' presence and violent actions against the villagers.

Participant 5 described three events in his life: “The first was with the RCD, the second with Mai-Mai and last I had one with the Hutu. The case of the RCD was at the time when Mobutu was expelled.” Participant 7 shared a similar narrative, stating: “We were caught and tortured by the FDLR and Mai-Mai in this village and we had no way to escape. We were beaten and injured. The Mai-Mai struck us all over. As well as the FDLR.”

VI. 4. 3. Characteristics of event (s)

Events (Rapes and other forms of Gender-based violence) experienced by the participants were described earlier under the emergent theme “vocabulary used to qualify the event (s) experienced”. It was decided to add the meaning unit “characteristics of event (s)” under the current emergent theme as well, since the rapes (s) seem (s) to mark a turning point in the Participants’ lives: there was life before the rape (s), the rape (s) itself (themselves), and life afterwards.

VI. 4. 4. People’s reaction during the event (s)

Half of the Participants didn’t share details about bystanders’ reactions. The other half shared different reactions from family, friends, and community members as the event(s) were unfolding. Participant 8 narrates his experience of being victimized in front of his family by stating: “The children started crying. They were told if you keep crying, you will die.”

Other family members and friends were forced to watch their loved ones being beat, hit, tortured, stricken, and injured (Participant 2, 8, 12, and 14). For example, Participant 2 notes: “There was many men and women. Even my mother-in-law was present; they undressed me in front of her. They told her to watch me and if she refused

they would slap her." Participant 12 recounts his mother pleading and father bargaining his release while other people were watching. He reported: "They told my father that for me to be released, he must give 30 *Mizaba*. When my mother started talking, they hit me like a snake."

Participant 3 reported a different experience: "They locked her (wife) in the house with the children. Meanwhile, they were beating me outside."

As for Participants 2 and 10, they reported that people fled when they were captured. Participant 10 stated: "My family was in the bush looking for a refuge."

Finally, Participant 9 reported: **"**At home, no one knew of my arrest for them to intervene".

VI. 4. 5 What happened after the event (s)?

Discussing the meaning unit 'what happened after the event (s),' Participants described different scenarios. Participants 1, 5, 7, 8, 12, and 13 mentioned being taken to a healthcare facility by family members, friends, or neighbours. Participant 1 notes:

> "So after the confrontations, the time to see people who have died, like our friends De Poste and Mbilizi. Then they found me alive. They took me home…at that moment; my wife went looking for provision for the children. It was at her return that she knew my situation and decided to take me to the hospital."

Participant 8 described what happened after the first victimization experience by stating: "When they left, my little brother, the chief, took me here to the clinic."

Participant 13 recounts what happened after being saved by the Congolese army. He described it as follows:

> "In the morning at 4 am, a by-passer who was traveling suspected and warned the soldiers. After fighting with the soldiers, they fled. So we were saved, but those who saved us began calling us Hutus. We paid them 10000 francs to leave us, and all men fled to the Kihombo hospital. They started treating me; I paid all my saving money I had."

Other Participants were rescued by family (participant 10), neighbors (Participant 4), by-passers (Participant 6), soldiers (Participant 3, 12, and 13), and received hot water treatment (Participant 2, 9, and 12). For example, Participant 10 was taken care of by family members: "They took one of my family to transport the items. They left me, and my family took me home". Participant 6 gave the following account: "They took me to Mwenga. They killed many people, but by God's grace, they threw me in a hole. They left me there; I was saved by people who passed by." Participant 12 described an act of compassion by a Congolese soldier who was instructed to kill him. He notes:

> "After taking the *Mizaba* from my father for nothing, they took me to Saddam. When I got there, they told me that it was my end. They took me to the forest with a Congolese soldier. He was from Ngandu; he said to me: "I'm going to kill you now." Once in the bush, he told me he doesn't have the intention to kill me, and I have to look for a way to escape. He went out to find a woman in the village to carry me to Ndebendebe for treatment with hot water."

Participant 9 mentioned hot water being used as a treatment, after he was (raped):

> "After they asked if I had a family. I said they were in the neighbourhood. My father came, they told him: "here's your son, we hit him because he's very rude. They took me home and treated me with hot water."

Reflecting on the same meaning unit, some participants tried fleeing the village (participant 11 and 12). For example, Participant 12 described what happened after being victimized on three separate occasions, and his unsuccessful attempt to escape. He mentioned resorting to revenge:

> "When I realized that it was impossible to go to Bukavu, I decided to join the army to fight the Hutus. And where I will meet a Hutu, I will cut it with a machete. Unless I die. I thought going to the FARDC is far from reaching Hutus. So I decided to join Mai-Mai because it was close to Hutus for revenge."

Participant 2 described two separate victimization experiences. He mentioned having no recollection of what happened after the second incident.

> "It was just as if I had died; then after they had left me laying down here, they thought I was dead. So when those who fled came back, they helped me to massage my body with hot water …To know how I did get from there, it was after three days I returned to my conscience, and I began to see people around me. First I saw my wife, my mother and my father around me."

Finally, Participant 14 mentioned being set free by the rebels.

> "After looting the entire neighbourhood, they came back and asked me to help them carry all the looted items. When they realized I did not have the strength to carry after all the beating, they finally decided to let me go and took other people to help them carry those items.

Partial discussion

Before the event (s), Participants mentioned the wide spread effects of the war including instability, and dislocation. They went on to describe the experience of being traumatized, victimized, 'martyrized', and trapped by Militia groups and Congolese Army. Participants shared different forms of Gender-based violence committed against them and their families. Some Participants shared actions of bravery by remaining true to their values and beliefs. For example, Participant 2 was asked to join the rebel group, and participant 10 was asked to carry stolen goods. They both rejected the rebel's request knowing the risks involved. After the event, they described a wide range of experiences spanning from experiencing compassion at the hands of the rebels, resorting to revenge, relying on hot water and traditional medicine for relief, and clinic visitation.

VI.5. Emergent theme 4: The passage of time concerning the event (s) experienced regarding life in general:

Table 5. The emergent theme "The passage of time concerning the event (s) experienced regarding life in general", meaning units and sub-units

		1. My life before the event (s) experienced (Comparing old life vs. present situation). Sub-units: 1a. Confidence in daily life 1b. Professional life before the event (s) 1c. Community perception before the event (s) 1d. Physical strength before the event (s)

4. The passage of time in relation to the event(s) experienced regarding life in general	Meaning-unit & Sub-units	**2. The perception of the event experienced.** **3. Ongoing impact of event (s) experienced.** <u>Sub-units:</u> 3.a. Financial consequences. 3.b. Psychological consequences. 3b1. Psychological consequences linked to not fulfilling obligation as a provider. 3b2. Psychological consequences linked to lack of sexual force 3c. Physical consequences/Medical problems (and changes). 3d. Marital consequences 3e. Sexual consequences. **4. Needs** <u>Sub-units:</u> 4a. Multiplicity of needs 4b. Psychological needs 4c. Physical needs 4d. Financial needs 4e. Needs not being met 4f. Willing to take whatever help is offered 4g. Comparing needs before and after the rape **5. Treatment received since the event (s) experienced.** <u>Sub-units:</u> 5a. Local medicine/traditional medicine 5a1. Traditional doctor (elder) 5a2. Hot water 5b. Physical treatment/hospital/doctor, clinic 5b1. Inaccessible medical services immediately following the event (s) 5b2. Accessed medical services when symptoms got worse 5b3. Initially accessed medical services until when it became

		5b4. Received medical services but symptoms persisted 5c. Psychological treatment 6. Barriers to accessing support after the event experienced 6a. Financial barriers/poverty 6b. Not able to find help 6c. Hiding in the bush 6d. Insufficient help **7. Support, help received during the event.** Sub-units: 7a. FARDC in Kalami 7b. Family **8. Support, help received after the event (s) experienced.** Sub-units: 8a. Wife 8b. Other family member 8c. Community/neighbors/chief 8d. Church 8e. Belief/spirituality/God/Jesus/faith **9. Community perceptions following the event experienced.** Sub-units: 9a. Lack of criticism 9b. Criticism/comments 9c. Blaming **10. Hope** Sub-units:

		10a. Hope to receive physical care 10b. Hope to receive mental care 10c. Hope to see children studying 10d. Hope in God, and Faith

The phrase 'the passage of time concerning the event (s) experienced regarding life in general' was chosen as an emergent theme because it captures the essence of how each Participant used the concept of time to share their life story. Ten meaning units corresponding to the current emergent theme were identified: (1) My life before the event (s) experienced (Comparing old life vs. present situation), (2) The perception of the event experienced, (3) Ongoing impact of event (s) experienced, (4) Needs, (5) Treatment received since the event (s) experienced, (6) Support, help received during the event, (7), Support, help received after the event (s) experienced, (8) Barriers to accessing support after the event experienced, (9) Community perceptions following the event experienced, and (10) Future outlook.

VI. 5. 1. My life before the event (s) experienced (Comparing old life *vs* present situation)

The meaning unit 'my life before the event' has 4 sub-units or codes including (a) Confidence in daily life, (b) Professional life before the event (s), (c) Community perception before the event (s), and (d) Physical strength before the event (s).

A. Confidence in daily life

While processing the sub-unit 'confidence in daily life,' all Participants shared confidence in their ability to carry daily tasks. In comparison to his “new life”, i.e., his life before the rape, Participant 1 stated:

> “I had a good life before my life with injuries. Because I was farming, I ate as I wanted and provided everything to my children, as I wanted. How can I be happy when I am no longer able to do it for them?”

Participant 4 shared a similar experience, "I was a farmer before, and when I returned, I was doing home work. But today I can no longer, because of weaknesses. I can no longer carry heavy objects." Participant 8 explained it as follows, "I am no longer the same person because I was healthy, but today it is not the case”.

B. Professional life before the event (s)

Regarding sub-unit ‘professional life before the event (s),' Participants 1, 2, and 4 talked about their past profession. Participant 1 mentioned: "Before, I was a teacher and a lifesaver[7] before they beat me. I used to transport patients and go to and from to do my research". Participant 2 goes on to say: “Before, I was farming and went in the forest, but we (co-workers and himself) are scared about what happened to me.”

C. Community perception before the event (s)

Reflecting on the sub-unit 'community perception before the event (s),' Participants 1 and 6 talked about being perceived with high regard because of their kindness and position of authority. Participant 1 notes:

> “So friends are just as good as like a fisherman who got fishes and invite me to look for two fishes for my children. Or someone else who comes from the field can tell me, my friend, you were here, but take at least this cassava,

[7] “Lifesaver” means community worker.

because they know very well what I had done to them when I was in a good position. It's just kind of life to help each other. They really know I was the guy when I was good. Then it just becomes a life of mutual support."

As a district chief, Participant 6 mentioned being held in respect and admiration from his people: "I suffered for the people, and they know I am a man."

D. Physical strength before the event (s)

Regarding the sub-unit 'physical strength,' all Participants mentioned being physically strong. They mostly described 'having force' before the event (s) in comparison to their current reality. Physical strength is an important code because it is linked to their definition of masculinity as being synonymous to being a provider, protector, and procreator or having sexual strength. This is presented and discussed in depth in the emergent theme on masculinity.

Participant 6 reported:

I have no strength, and this problem contributes to that, and even if I die today, that's the cause. Because I was with all my strength, but today I cannot carry anything, and if I do, my veins are paining.

Participant 7 described it as followed: "I am no longer the same person because man is health." Participant 4 explains it this way:

"No, I'm no longer the same man, because everything that happened to me has demoralized me. I do not have any strength because I can no longer do anything. I am still choked in my body. Sometimes I feel like I'm going to fall down, because of shock in my body. So with all this, there is a big difference

in my previous life and today. It's very difficult; there is nothing worse than this life."

Participant 3 also talked about the lack of strength in comparison to his previous life, "Now I don't have strength, even to have sex with my wife, it's just once or twice a month and my wife is patient. It's not regular as usual in the morning and evening." Finally, Participant 10 describes the changes as a completely different life, "I had the strength in my first life."

Participants used the concept of time to compare their old life versus new life with the sexual trauma/rape as the turning point. Before the rape, Participants described confidence in their ability to navigate daily life and its challenges. They recounted the experience of living up to the male code or what it means to be a "real man" in the Eastern part of Congo. Participants also mentioned having physical strength; a symbol of masculinity. Physical strength enabled Participants to live up to the male code competently- proficient provider, protector, and procreator. Participants described the new life, the one that started with the rape as ongoing suffering. Participants used words such as "demoralized", and "shock in my body" to capture their new life. They described a general theme of 'no longer the same', impotent as men. Participants summarized the new life as followed: 'it is a completely different life' (Participant 10), and "there is nothing worse than this life" (Participant 4), and not having the power to change the past.

VI. 5. 2. The perception of event (s) experienced

The concept of time also appeared in the meaning unit 'perception of event(s) experienced'. The meaning unit 'perception of event(s) experienced' was chosen based on Participant 1's description of the event as a threshold between two states of being

(e.g., life before and after the rape), and the rape as a “turning point”. While reflecting on the meaning unit ‘perception of event(s) experienced’, Participant 1 takes the researcher through his journey. First, he mentioned not being asked what happened…until now. He notes: “Yes, first, I am grateful to see you, because since we were victims until now, no one asked me about what and how happened to me. Until now the problems continue to overtake us.” Comparable to all participants, Participant 1 goes on to describe the rape as a turning point after which nothing is ever the same. He talked about not being able to change the event experienced, “but I have no choice for that situation is already gone.”

IV. 5. 3. Ongoing impact of event(s) experienced

The meaning unit ‘ongoing impact of event(s) experienced' captures the Participants' life after injuries. Participants chose specific words such as "still" or "until now" to emphasize the duration in time. For example, Participant 1 emphasizes the present consequences of what he experienced by stating, "Till now the problems continue to overtake us." Participant 4 mentioned, "I am still choked in my body."

Words such as “still” or “Till now” testifies to the ongoing impacts of the event(s) on the Participants’ health and well-being and that of their family and community.

Since the assault, Participants shared ongoing impacts including, (a) Financial consequences, (b) Psychological consequences, (c) Physical consequences/Medical problems (and changes), (d) Marital consequences, (e) sexual consequences, and f) coping.

A. Financial consequences

Most Participants (Participants 1, 2, 3, 4, 5, 7, 8, 12, and 14) talked about financial struggles and not being able to fulfill their roles and responsibility. A common

theme includes not being able to work and contribute to their household income and children's education. Participant 1 stated: "lack of income…. we are still living in that vulnerability." He added: "So far I cannot do anything, and I can no longer work. I become vulnerable. At the moment, my kids are not studying for lack of money…because there are no funds, that's the problem."

Participant 7 summarized his financial situation by sharing what he qualified as his secret. He stated: "my secret in life is to struggle for me to eat and live, but I have no strength because if I carry some weight, it creates big problems."

Participants (1, 2, 3, 4, 5, 7, 8, 12, and 14) also reported not being able to work due to lack of strength. For example, participant 2 stated, "I don't' have the strength to work because my body and my ribs are still in pain."

Participant 2 mentioned not wanting to leave the house due to fear of re-victimization: "I fear to go out because I could meet and be a victim again."

B. Psychological consequences

Except for Participants 10 and 14, Participants talked about the psychological consequences following their injuries. Some Participants shared symptoms consistent with post-traumatic stress syndrome (PTSD). The traumatic event(s) is (are) re-experienced through nightmares (Participant 11), flashbacks (Participant 1, and 13), unwanted upsetting memories (Participant 12), difficulty sleeping (Participant 11), intrusive thoughts (Participant 6, and 9), and memory loss (Participant 6). For example, Participant 13 talks about the flashbacks:

> Every night and every morning, or even when I get saddened by anything, I relive that picture; the scene plays in my head over and over again. When I hear news about them and me knowing that I don't have the power to change anything that saddens me even more.

Similarly, Participant 1 said, "How I feel it's like I see the image and act that is happening in my life, and all he did." Participant 12 shared unwanted upsetting memories that function as a trigger. He notes: "I do not like seeing a soldier, it hurts me. I stayed like that, and I'm not better."

Participant 6 described his struggle with memory loss, trauma and intrusive thoughts. He stated: "So far my mind is not well, I don't see well, and I think a lot and I do not feel good. All those who were with me in this hole are dead; I am the only survivor." He went on to say:

> "During this period of war, my wife was lost, I fled to Bukavu, leaving behind my daughter still a baby. I spent seven years without communication and without reaching them. I heard about the death of my child in the forest; it was sad; she was buried next to my father's cemetery. It's too much trauma, and the pressure is very high, my memory is no longer there. Sometimes pressure makes me fall, and I have trouble getting up.

When asked about how it makes him feel when people talk about the event (s), Participant 4 said: "to hear all this, it creates too much thought, and sadness reminds me of the whole story, it's very sad." He goes on to describe the psychological impact of re-victimization on his wife and children, adding: "Some (of them) were broken (psychologically broken) after that."

B. 1. Psychological consequences linked to not fulfilling obligation as a provider

Participants discussed the systemic psychological impact of not being able to provide for their family. For example, lack of employment and being incapacitated has forced Participants to take on different roles in the home. Participants 2, 3, 4, 5, and 8 shared the impact of this as it redesigns the family system.

For example, Participant 4 talks about not being able to fulfill his obligation as a provider. He notes:"When a woman thinks about our situation from youngness to today, it's hard. Now she is everything. So she is starting to take care of us because I do not have any strength anymore." He goes on to say:

> I't's always hard to see a man who was looking for life and becomes unemployed. So I just stay here babysitting my little children. Because my first son has two children…You see someone who was struggling for how to live; he became unemployed at home. It's very sad…today; my hope is my wife because she is everything now."

Participant 1 shared the psychological impact of not being able to pay for his children's education. He reported:

> "What makes me so crazy is to see how my children's friends are going to school, but I do not have the strength to educate mine. Now it's so frustrating if I've got that possibility, it will relieve me...I suffer a lot because some people stay at home and others go to school.

He goes on to say: "As I told you I feel like mindless, so I am wondering how come I can be like this after being in good health, because of others." Similarly,

Participants 6 and 7 used the phrase « mind not working well » to emphasize the psychological impact of the event (s). Participant 2 summarizes the systemic impact by stating, “it’s not myself only who is affected, but all family mentally and physically.”

B. 2. Psychological consequences linked to lack of sexual force

As mentioned earlier, Participants link having 'strength' or 'force' to what it means to be a real man. Participants’ described strength in terms of having the physical force to fulfill their obligations as providers and as lovers.

Participant 1 talks about the psychological impact of not being able to fulfill his sexual obligation towards his partner. He notes:

> “First of all, I am no longer able to walk in the house, even and I feel that I am not able to be intimate with my wife. It can be once or twice for a while. But women don't want that; they take it as torture.”

C. Physical consequences/medical problems (and changes)

Reflecting on the subunit 'physical consequences/medical problems, Participants reported multiple physical health-related issues. The issues mentioned include: headaches, back pain, body aches, and ongoing pain, weakness, loss of balance, loss of strength, bloody noses, sensitive stomach, loss of appetite, incontinence of urine, blood in urine, haemorrhoid, reduced strength for sexual activities with their wives, genital mutilation, and more. Participant 2 stated:

> “Till now, my body is in pain...After being raped, everything is destroyed. Even to go to the toilet to urinate is a problem. In addition, urine runs directly. As I sit here, I can be surprised if I'm distracted, it's going straight away. So everything was destroyed.

Participant 2 is the only Participant to use the word 'rape' in the initial interview to describe his experience. Participant 3 described the physical consequences as follows:

> "They hit me with matracks until the testicles were broken, at the moment there is only one left. I do not have the strength to work because my body and ribs are still in pain…. at the beginning of each month, I begin to feel pain; the wound begins to hurt. Especially when it's sex time, it hurts, but I'm trying to make my wife comfortable. So I force. If she allows me, I can stay so without having sex.

Participant 5 reported: "If I eat, I have stomach-ache a lot. If I want to feel good, I have to stay without eating; really it is the suffering I have gone through." Participant 13 shared his persistent pain, "the wound that was not well cared for inside. It's like this vein that is torn apart. So far, the pains persist."

D. Marital consequences

While discussing the sub-unit 'marital consequences', half of the Participants (Participants 1, 2, 4, 6, 7, 8, and 12) shared marital issues such as unhappy spouses, grief, sadness, role reversal, dissolution of marriage, struggles with conception, physical abuse, humiliation, shame, powerlessness, relocation and more. For example, Participant 2 recounts his wife's grief by stating, "As for my wife, she just cried, and her comments were only that they took away the happiness of her marriage." Participant 4 talked about the dissolution of his marriage by stating, "Since that time, she has fled. She lives somewhere else. She does not feel anymore, and I cannot see her anymore. It is very bad. And she was still single, now her life is destroyed. Really, it's suffering again." Participant 1 shared his experience of having to depend on his wife, and the feelings

attached to that reality. He notes: "The way we are living in my home is not the same because it's not a secret." He goes on to say:

> How can I be happy when I am no longer able to do it for them? For us to eat, my wife must go out to look for something to eat. And the risk is I can eat something I don't know where is coming from. Maybe from where she has cheated on me. But as I am powerless, I just leave as it is.

Finally, Participant 6 shared his struggles with infertility since the event. He reported: " during that period, I had three children, and I had no one anymore after. I think that throwing me in the hole destroyed my genital parts."

E. Sexual consequences

Along with the marital consequences, Participants (participant 1, 6, 7, and 8) also shared sexual repercussions. Participants 1, 6, 7, and 8 identified pain, genital mutilation, and lack of strength as obstacles interfering with a healthy sexual life. For example, Participant 7 shared the impact of an unfulfilling sexual life on his marriage by reporting:

> "My wife left me because of what happened and also because of lack of sexual force. I did, but because of the worries and beatings every day. And since then, I can no longer have sex with my wife and satisfy her. She went without any other reason."

Participant 1 described sexual issues as follows: "The malfunction was not totally complete, I can be intimate once or twice per month."

Partial discussion

Participants describe the devastation linked to their new life. Most Participants used the words and phrases such as 'ongoing suffering', 'broken', and 'destroyed' to

describe their current condition. Participants used the words mentioned above to emphasize on the ongoing suffering linked to the rape and current life. Participants recount the 'shocking' transformation linked to the financial, physical, sexual, marital, and psychological impacts of the rape. For example, they emphasize the role reversal from being a provider, protector, and procreator to 'vulnerable' and dependent, all attributes linked to feminine qualities. Participant 1 described the changes as visible for all to see, "it's not a secret." They also underscored the 'lack of strength' as a major obstacle towards masculine expressions. For example, Participants specifically mentioned lack of physical strength to work and contribute, no force to perform sexually and no strength to educate their kids. They shared the persistent shame, humiliation, powerlessness and unhappiness. They talked about their impression of the constant presence of being criticized and judged. Participant 7 shared his secret in life is 'to struggle' on a daily basis. Participants experienced 'suffering' linked to the circumstances around the rape and the rape itself. Now, they are facing ongoing pain and suffering linked to persistent symptoms of the rape.

VI. 5. 4. Needs

Participants identified multiple sub-units while processing the meaning unit 'needs' including: (a) multiplicity of needs, (b) Psychological needs, (c) Physical needs, (d) Financial needs, (e) Needs not being met, (f) willing to take whatever help is offered, and (g) comparing needs before and after the rape.

A. Multiplicity of needs

While reflecting on the 'multiplicity of needs', some Participants didn't know where to start because their needs are vast. When asked about his current needs today,

Participant 4 stated, “I have a lot of needs. I do not know where to start, but they are a lot.” Participants 10 and 13 also shared a similar experience. Participant 13 notes: “The needs are many, but compared to what has happened to us, everyone to whom you ask this question, you will have the same answer.”

B. Psychological needs

Regarding ‘the psychological needs’, Participant 1 expressed the need to reclaim his role as a provider, and to feel good in a general sense. He notes: “What makes me so crazy is to see how my children’s friends are going to school, but I do not have the strength to educate mine…if I’ve got that possibility, it would relieve me.” Participant 1 also talked about the need to feel heard and supported. At the beginning of the interview, he starts sharing his story by stating, “since we were victims till now, no one has asked me about what and how happened to me.”

C. Physical needs/Medical needs

While reflecting on the subunit ‘physical needs/medical needs’, Participants identified multiple needs including, (c1) access to medical services for physical health related symptoms (Participants 1, 3, 4, 6, 11, 12, and 14), and (c2) how it is linked to reclaiming status as a provider (Participants 1, 14, and 9). For example, Participant 14 shared his medical needs by stating, “I have not been receiving appropriate medical treatments. That’s a real need in order for me to go out there to look and provide for my family.” Participant 14’ statement emphasizes on the link between medical needs being met, and regaining his position as a provider, which is connected to his masculine identity. He goes on to say: “My only hope is to get appropriate medications, because my body is all I have, I need proper medication so that I could feel good.” Participant 4

expressed the need for medical care to address certain issues including "The problem with my body, the ribs, the hips and my back hurt me." Participant 6 summarized his experience by stating: "my struggles is to have only care." Finally, Participant 12 shared the need to feel better. He notes: "my need is that God helps me to feel better and live up to 80 years old".

Participants 1, 14, and 9 connected their physical needs/medical needs with their loss of professional and masculine identity. When asked what would happen if he were to receive appropriate medical care, P 14 stated, " yes it would help me a lot. I could go back to my activities because I am not used to sitting down. I always go look in Bigombe and Kamituga." Participant 1 also connected his physical, financial and psychological need with the ultimate goal of reclaiming his manhood. He notes:

> "My main need at this time is to go get treatment, which will eliminate all the injuries in my body and feel healthy. And to no longer see blood derive from my body, and then I want to feel good and then tackle some needs."

He goes on to express his ultimate desire once his physical and medical needs are met: "going back to my previous state." in order to get a job. In summary, Participant 9's desire is to receive physical and medical treatment to address ongoing symptoms, which will allow him to go back to his old self. The old self that includes, "to be strong like other men." This statement highlights the connection between physical needs and medical needs being met as antecedent for the restoration of his masculine identity.

D. Financial needs

Participants expressed the need to work (Participants 1, 11, and 14) in order to take care of their family (Participants 1, 4, 6, and 14), educate their children (Participants

1, 8, and 9), pay debts (Participant 6) and break free from poverty (Participant 3). As he reflects on his financial needs, Participant 1 expressed the need to, "find a small job for my children to go to school." He goes on to share his need to "work for my family". The need to work for his children and family gives the Participant an opportunity to reclaim his manhood as a breadwinner and provider. Participant 14 shared a similar perspective. He notes: " I would like to have financial assistance to start a small business so that I could be able to help my family again."

Participant 14 also mentioned medical treatment as an antecedent for regaining his financial independence and status as a provider. He notes: "I have not been receiving appropriate medical treatments. That's a real need in order for me to go out there to look and provide for my family." Along the same line, Participant 6 stated: "It's only asking for help for those who can help me for care or even for work for me to take care of my family and to pay debts." Finally, Participant 3 summarized his experience by reporting: "Today my problem is poverty. "

Part of discussion

Participants mentioned multiplicity of needs ranging from reclaiming masculinity identity with the hope to relieve suffering to the need to feel heard and supported. Participants described their psychological, physical needs/medical needs, and financial needs as interconnected. As stated previously, they mentioned how proper treatment to address physical related symptoms can lead to an improvement in their financial situation, and psychosocial reality. They also described health improvement in terms of alleviation of physical health related symptoms, regaining strength, and going back to their old state. Further, Participants discussed regaining strength as synonymous to

reclaiming status as providers, protectors, and procreators). For example, Participants described regaining strength as the path towards feeling healthy again, "Going back to my previous state" (participant 1). The old self entails, "To be strong like other men" (Participant 9).

Finally, Participants were victimized by the initial event (s), and re-victimized by the loss of manhood. For example, Participants used words such as "traumatized"(Participant 1) to describe their inability to provide for their family. The ongoing and persisting physical health related symptoms are a huge obstacle preventing them from reclaiming their masculinity status.

E. Needs not being met

As mentioned previously, Participants used words such as "still", "until now", and the "the problem persists" to emphasize the ongoing impact of their physical and psychological symptoms, and their needs not being met. Participant 1 started the interview by mentioning the lack of support and not being heard. He notes: "First, I am grateful to see you, because since we were victims till now, no one has asked me about what and how happened to me. Till now the problems continue to overtake us." He goes on to express happiness to see the researcher and the desire to work in collaboration towards a solution. He stated:

> "I was happy when I saw you, because you can also help me to find out what I can do and get a solution to my problems. For that reason, it can also be very helpful, because there is one who can show another which is good in life."

He goes on to re-emphasize the need to work in collaboration, rather than searching for a saviour: "We need your help completely without saving us". He went on to share his

vision of the future if his needs were met. When asked what will change in his current situation if his symptoms improved, Participant 1 stated:

> "A lot, because if I get a big change in my life, I will have the energy to prepare for my children's future. I can make bricks; I can do a hectares of field and many things; so that one day my children can be able to even use them to build a house even to make gardens and to prepare later."

F. Willing to take any help offered

Participants 10 and 13 are the ones who did not specify their needs, despite being asked. They both acknowledged the multiplicity of needs and expressed gratitude for any help being offered. Participant 13 stated:

> "The needs are many, but compared to what has happened to us, everyone to whom you ask this question, you will have the same answer. I will not say like them, but whoever wants to help with something, I will thank him." Similarly, participant 10 reported, "Now, the needs are many…but no matter what you can.".

G. Comparing needs before and after the rape

During the follow up interview, Participants (1, 2, 5, 9, 13, and 14) were asked to compare their needs before and after the rape. All 6 Participants mentioned different needs before and after the rape. For example, Participant 1 described his needs before the rape as follows: "I was able to live my life like another person out there, my needs were just human." While sharing his needs before the rape, Participant 5 stated; "You see, I was very good, I didn't think, one day I was going to end up in this situation that I'm in today. I was very good." Similarly, Participant 9 reported: "Before this situation of rape,

I didn't have these needs, because I was doing well. After rape, I don't have strength to go and work or look for money." Finally, Participant13 recounts: "I was very healthy the way God created me. I used to get malaria and other stuff but after rape it become like this".

When asked to describe his needs after the rape, Participant1 notes: "I need a lot of help, because my body is not well enough, my gland lost its muscle, because of what I went through, I'm not well anymore." He goes on to say: "My past needs are not the same, with what I have today. I have been destroyed." Participant 5 described his current needs in comparison to his previous needs by stating: "I was born straight, but after being raped, I become like a premature. The most important thing is to receive treatment for the body to be back to normal as it used to be." Likewise, Participant 9 notes: "After rape, I don't have strength to go and work or look for money... the needs that I have today is because of the situation that I found myself in. That's why I need help."

Finally, Participant 5 identifies the need to work. He notes, "I could want to found a job that I will work with the capacity of my strength that I have." When asked to specify the type of jobs, he responded, "Eeh! There are job out there for premature people".

Participant shared that they experienced a lack of support and compassion. They mentioned needs not being met and symptoms persisting. During the follow up interviews, Participants described different needs in their new life in comparison to their old life. Before the rape, they mentioned having basic human needs, and fighting as men to provide for their families. After the rape, they emphasized their lack of strength. They used words such as "destroyed" and "premature" to describe their current reality.

VI. 5.5. Treatment received since the event (s) experienced.

The meaning unit "treatment received since the event (s) experienced' is composed of 3 sub-units: (A) local medicine/traditional medicine, (B) physical treatment/hospital/doctor, clinic, and (C) psychological treatment.

A. Local medicine/traditional medicine,

Participants used the word local medicine, and traditional medicine interchangeably. Local medicines/traditional medicines are compromised of two categories: (1) traditional doctor (elder), and (2) hot water.

A. 1. Traditional doctor (elder)

Under the sub-unit 'local medicine/traditional medicine, Participant 1 talked about the lack of access to health care services immediately after the event. He stated:

> "From where do you think I can find help? Everyone is hidden and live in other places. It was just to be patient until the presence of a traditional doctor who can tell you what to do and which is helpful. But all this increased the shock in me."

He goes on to share persisting symptoms even after receiving local medicine. He notes: "We have tried to treat me with local medicine. But at each out of the moon, once in the toilet, I see blood." Similarly, Participant 3 also shared the lack of medical options by reporting: "There are no more medical help options. We tried to get help from the hospital, we did not find it." He went on to describe traditional medicine as a symptomatic temporary relief. He reported:

> "By the Grace of God, I started using traditional medicines. So I began to evacuate everything by urine and three months later, I started to feel better. But at the beginning of each month, I begin to feel pain, the wounds begin to hurt.

Finally, Participant 5 discussed the benefits of traditional medicine; "The old Mummy's Ali helped me with traditional medicine in exchange with two chickens. I take it as tea when I feel the pain. Without that, if I eat, I have stomach-ache."

The essence of the participants' discussion emphasizes the lack of or limited access to health care services immediately following the event (s) and having to resort to local meds/traditional meds for symptomatic temporary relief.

A. 2. Hot water

Participants 2, 9, and 12 received hot water treatment to address ongoing symptoms. Participant 9 described what happened after the rebels released him to his father. He stated, "They then took me home and treated me with hot water." Participant 2 described two separate incidents where he was treated with hot water following the event (s). He notes, "So when those who fled came back, they helped me for massaging my body with hot water." Finally, Participant 12 described the scenario where the person who was delegate to kill him showed him compassion and got him help. He stated:

> "Once in the bush, he told me he doesn't have the intention to kill me and I have to look for a way to escape. He went out to find a woman in the village to carry me to Ndebendebe for treatment with hot water."

During the follow up interview, Participants (2, 5, 9, 13 and 14) were asked to elaborate on the meaning of hot water before and after the rape. Before the rape, Participants (1, 2, 5, 13, 14), described hot water as a remedy to relieve fatigue. For example, Participant 2 stated, "I used hot water when I felt tired, I took a shower with hot water." Likewise, Participant 5 reported: "I used it, when, I got tired, after a hard work or when I played soccer." Along the same line, Participant13 notes: "I used to go to the field and when I

got back tired, I took a shower or a bath with hot water." Participant 14 summarized the meaning of hot water as followed, "It is a treatment for tiredness."

Unlike the others, Participant 9 shared a different experience. He stated: "When, I was doing good, I did not bathe with hot water, but cold water, because I was doing good, but when I went through this situation, hot water helps me with blood, cold and bruises".

After the rape, all 5 Participants mentioned using hot water as a treatment to relieve physical related symptoms. For example, Participant 2 notes:

> "Hot water today, I use it today like treatment, it is medicine, because everywhere on my body, where I was beaten on my body, where I had bruises, when I bathed with hot water or sometime, it starts to tickle, I felt relieved. I took it as medicine too."

He goes on to describe hot water as a treatment to reduce inflammation by stating, "No, it was not the same, after rape, everywhere that I had bruises or inflated and my private part become deflated. I took it like treatment." Participant 9 also described hot water as medicine to relax the muscle. He stated: "Hot water has a lot of good, it is like medicine, when they beat and wounded me, my body became without strength so hot water helps to relax the body, that's medicine." Along the same line, Participant 13 notes, "They are hot wrapping me today for treatment, I used to have bruises all over my body because of the beating after hot wrapping me, I got relief." Finally, Participant 4 states, "Today hot water is medicine, when they beat me up, it was a medication for me, and it was healing me." Before the rape, Participants used hot water to alleviate fatigue. After the rape, hot water became a treatment to relief physical related symptoms and reduces inflammation.

B. Physical treatment/hospital/doctor/clinic

Participants used the word physical treatment, hospital, doctor, and clinic interchangeably to describe different experience with the medical system. Participants shared diverse experiences ranging from; (1) inaccessible medical services immediately following the event (s), (2) accessed medical services when symptoms got worse, (3) initially accessed medical services until when it became inaccessible, and (4) received medical services but symptoms persist.

B. 1. Inaccessible medical services immediately following the event (s)

Most Participants (Participant 1, 2, 3, 4, 6, 10, and 12) mentioned lack of access to medical services immediately following the event (s). When asked: "did you try to get medical service and other?" Participant 2 answered: "Yes, I looked for help, but I did not find it. We didn't have medicine." Participant 3 shared a similar experience: "There are no more medical help options. We tried to get help from the hospital, we did not find it."

B. 2. Accessed medical services when symptoms got worse

Participant 12 did not access health care services until his symptoms got worse. He notes: "I did not receive appropriate care without knowing the cause. When the disease got worse, I was taken to the hospital." Likewise, Participant 6 reported: "Where could I find the help during that situation?" He goes on to share what happened later: "The family did what they could. They borrowed money, but the debt remains unpaid. I do not even know how I will pay." He finally added: "It's too much trauma and the pressure is very high, my memory is no longer there. Sometimes pressure makes me fall and I have trouble getting up. That's why I come here (at a clinic) for infusion."

B. 3. Initially accessed medical services until when it became inaccessible

Participant 5 initially accessed health care services shortly after the event (s) until when such services became inaccessible (Contrary to page 237). Participant 5 recounts what happened after his first victimization experience. He reported, "So neighbors took me to the clinic where I had been for two months. I started to feel better." He stated that after the second victimization experience, "They transferred me again to Bukavu for care." He goes on to described the third victimization experience and what happened next. He stated, "People took us to the clinic…they told me to go to the hospital for care but I have no money."

As mentioned earlier, for some participants, medical treatment is simply not available for different reasons that will be explored in depth in section IV. 5. 6. For others like Participant 5, medical service was accessible until when he could no longer afford it.

B. 4. Received medical services but symptoms persist

Participant 13 described what happened after paying for his freedom. He reported: "We have paid 1000 francs to leave us, and all men fled to the Kihombo hospital. They started treating me; I paid all my saving money I had." He goes on to share: "Yes, I sought help but it was insufficient, because it is like the wound that was not well cared for inside. It's like this is a vein that is torn apart. So far the pain persists." Likewise, Participant 8 notes:

> "When they left, my little brother, the chief took me to the clinic. Two months later, I started to feel better. And where I was hit at my ass, it swelled to cause a wound that does not heal. I receive care, but I have not yet received the appropriate cure."

Participant 14 also received care from the hospital and still dealing with ongoing symptoms.

C. Psychological treatment.

Participant 7 is the only individual who mentioned receiving treatment for his mind without specifying the type of treatment he received. When asked, "Did you look for help?" Participant 7 responded, "Yes, when I started going to Sosame, but at that time they were checking my mind." As mentioned earlier, Sosame is a neuropsychiatric center in Bukavu. It can be inferred that Participant 7 received some form of psychological treatment to address mental health related issues.

VI. 5. 6. Barriers to accessing support after the event (s) experienced

The meaning unit 'Barriers to accessing support after the event experienced' is comprised of 4 sub-units, (A) Financial barriers/poverty, (B) not able to find help, (C) hiding in the bush, and (D) insufficient help

A. Financial barriers / poverty

While processing 'barriers to accessing support after the event experienced', Participants 1, 2, 3, 5 and 6 identified lack of money and poverty as their main obstacles. When asked about help seeking behaviour, Participant 1 notes: "She used to encourage me to go to the hospital, and I told her, how can I go to the hospital without money?" Participant 1 linked the lack of money to ongoing symptoms that prevents him from working. He stated:

> "As you can see me here, I can no longer carry a machete, because I am weak. My ribs hurt me. Even the pine has become like elastic. You can notice, even I try to walk; I fill tired, so I have to sit down before stand up. Where can I find money to

> go to the hospital? I have a field of about two hectares, but how can I cultivate them without anything.

Similarly, Participant 2 reported:

> "Yes, I looked for help, but I did not find it. We didn't have medicine, but now I can see the doctor, so I need money…. From this poverty, we decided to stay like that, because there is nothing else to do."

Participant 2 mentioned the fear of going outside as a huge obstacle that reinforces the lack of money. He stated, "I fear to go outside because I could meet them again and be victimized." Finally, Participant 6 shared the same reality, "I would like to find someone who can take me to the hospital, scan all my body, to find he problem. Today my problem is poverty."

B. Not able to find help

Participants 4, 9, 11, and 12 mentioned not being able to find help, but they didn't elaborate. For example, Participant 11 described it as follows, "Where could I find it? I would have looked for it, but where would I find it? I wanted to have it, but I didn't have any place to find it. Even now I can want to have it, but I just want the treatment." Participant 12 stated, "Every time I looked for help, advice and medication, the only help I have was from God." When asked, when you got this problem, did you look for help? Participant 4 responded, "Well, but I did not get anything. It was just me myself. So nobody to help me."

C. Hiding in the bush

Participant 10 mentioned dislocation as a main obstacle. He stated, "My family was in the bush looking for refuge. And at that time the Mai-Mai came down from the

bush to fight against the Tutsis here." When asked, who helped you to go home? Participant 10 responded: "I was forcing myself, because it was not far and we were in the bush." He added: "This period was difficult because people lived in the bush for two years." He goes on to describe what happened later: "She told me to go to the hospital at Mwenga. I tried, but I had no money for the care."

D. Insufficient help

Participant 13 mentioned insufficient help but didn't elaborate. When asked, when you had this problem, did you seek hep? Participant 13 said: "Yes, I sought help but it was insufficient, because it is like the wound that was not well cared for inside. It's like this is a vein that is torn apart. So far the pains persist."

The lack of medical services is a multilayer issue with different dynamics at play as described above.

VI. 5. 7. Support/help received during the event (s)

The meaning unit 'support/help received during the event (s)' incorporate 2 sub-units, (A) FARDC in Kalambi, and (B) Family.

A. FARDC in Kalambi

Participant 13 described an experience where a passer-by helped by warning the army. He notes:

> "We spent the night with them in the forest. In the morning at 4am, a boy on a scooter who was traveling suspected and warned the soldiers. After fighting with the soldiers, they fled. So we were saved, but those who saved us began calling us Hutus. We had to pay 1000 francs to leave us."

Participant 13 describes an experience where people that were considered saviours (The Congolese army) quickly turned into perpetrators.

B. Family

Regarding the meaning unit 'support/help received during the event (s)', Participants 9 and 12 mentioned family coming to their rescue. For example, Participant 9 stated: "The only help I received first, my father had to pay to get me out of there." Likewise, Participant 12 notes:

> "They undressed me in front of the people. One of the people who were there, informed my father. They told my father that for me to be released, he must give 30 'Mizaba'…After receiving the 30 'Mizaba' that my father gave, they continued to hit me hard for him to try to find others. My father went to borrow 10 others 'Mizaba'."

VI. 5. 8. Support, help received after the event (s) experienced

The meaning unit 'Support, help received after the event experienced' includes 7 sub-units: (A) Wife, (B) Other family member, (C) Community/neighbours/chief, (D) Church, and (e) Belief/spirituality/God/Jesus.

A. Wife

Reflecting on the meaning unit 'help received after the event experienced', some participants (1, 10, and 13) identified their wives as great sources of support. When asked "did you talk to anyone about what happened", Participant 10 reported: "I only talked to my wife. She told me that's the problem of war. She told me to go to the hospital at Mwenga." The interviewer also asked his wife's perspective about his 'weakness', Participant 10 added:" She understands everything because I had strength in

my first life". Participant 4 also portrayed his wife in a similar fashion by stating: "all my hope remains on my wife, because she is all for me." Unlike the others, Participant 1 talked about his wife's support and questioned her true intentions. He notes:

> "It was at her return that she knew my situation and decided to take me to the hospital…. she used to encourage me to go to the hospital, and I told her how can I go to the hospital without money?"

He goes on to express his doubts: "But it's difficult to discover the women's secret. She can keep a secret inside her, maybe she can cheat on you and come back."

B. Other family member

Participant (3, 6, 9, and 14) mentioned getting help from other family members including parents, and children. When asked the question: "Did you look for help?" Participant 9 responded: "At the time, I had nothing to do and there was no way to get help, I was unable to do it. The only help I received first, my father had to pay to get me out of there." When asked the question, "Do your children help you?", Participant 3 reported: "Yes, they help here and there, whenever they can."

C. Community/chief/neighbours

Regarding the meaning unit 'help received after the event experienced', Participants used community, friends and neighbours interchangeably. Participant 1 described his friends as supportive and caring. He notes:

> "So friends are just as good as like a fisherman who has fish and invites me to look for two fish for my children. Or someone else who comes from the field can tell me my friend you were here, but take at least this cassava, because they know very well what I have done to them when I was in good position. It's just kind of life to help

each other. They really know I was the guy when I was good. Then it just becomes a life of mutual support."

Participant 1 also expressed doubts and uncertainties about people's true feelings and intention behind the support and aid. He goes on to say: "Because, even if I can receive aid from someone, but he can't show you if he is not happy. You can only see how he is unhappy; he can pretend to be happy. But its just matter inside him." Participant 8 also mentioned community support: "The only help I received was from the chief, because he was the one who took me to the hospital and home."

D. Church

While reflecting on the meaning unit 'help received after the event (s) experienced', Participant 3 talked about the unconditional acceptance and love received from Church as a great source of help and comfort, similar to a parent. He recounted, "The Church gives some help and comforts me too. So the Church is like my father and my mother, because they are aware of this situation." Participant 3 is the only individual who mentioned the Church's involvement.

Whereas, church is a stand-alone word only used by Participant 3, whereas the words belief, spirituality, God and Jesus were regrouped because Participants used them interchangeably.

E. Belief/spirituality/God/Jesus/faith

All 14 Participants mentioned God, spirituality, belief, faith or Jesus in their narrative to some extent. Participants 3, 8, and 12 specifically identified their belief as a great source of strength and support. For example, Participant 8 stated: "My help was only turning to my hope in Jesus as we are still alive. Because we have no other place to

complain." Likewise, Participant 12 noted: "The only help I have received was from God". Although Participant 3 was taken to the clinic by the chief, Participant 12 visited a hospital when his symptoms got worse, and Participant 8 was taken to the clinic by his brother, the chief, they all gave God, spirituality, and Jesus credit for putting those people in their path at their time of need.

In summary, some participants identified their spouse, children and other family members as sources of support and encouragement. Others rely on friends, neighbours and the community for help. Participant doubts the authenticity behind the supportive actions. One individual mentioned the unconditional love and support he receives from his church (participant 3).

VI. 5. 9. Community perceptions following the event (s) experienced

The meaning unit 'community perceptions following the event(s) experienced' is composed of 3 sub-units, (A) lack of criticism, (B) criticism, and (C) Blaming.

A. Lack of criticism

Regarding the meaning unit 'community perceptions following the event (s) experienced', Participants 1, 3 and 9 reported no criticism or ill comments from community members. When asked, 'In relation to what happened here and in your life, are there some members of your family or where you live, who are talking against you?" Participant 3 responded: "No, they say nothing, whether in family or in the community." Participant 9 shared a similar experience about his neighbours and family not sharing ill comments about his victimization experience. Likewise, Participant 12 reported: "Friends are just as good." However, he goes on to express doubt and uncertainties about

friends' true feelings and motive behind the support and understanding: "If I can receive aid from someone, but he can't show you if he is not happy."

B. Criticism

Participants 8, 11, 12 and 13 shared their experience with criticism. For example, Participant 11 expressed awareness of being criticized, but would not judge others himself. He notes: "The critics are always there, they can criticize, but they will not tell you about it." He goes on to say: "When I hear someone speak, I can say he is abnormal, because a normal and intelligent man cannot criticize the other on what has happened to him. So I leave that in the hands of God." Participant 13 also expressed emotions linked to people's comments. He reported: "There were comments that said that was how you would die, but luckily you escaped. And it reminds me a lot of things and when I hear the comments from people, it hurts." Similarly, Participant 12 notes: "This cannot miss (critics). We have suffered for it and until now it hurts us, but we leave it in God's hands…it hurts us, but we don't have any other choice." Finally, Participant 8 talks about leaving critics in the hands of God. He notes:

"Comments are always there. There are those around who say to you: as you have escaped God will help you. But on the critics, the one who does it against others, we just leave him in the hands of God. But in reality, I feel bad when I hear someone criticize. It reminds me of all that they have done to me."

C. Blaming

Participant 7 shared a different experience than the others. He described victim blaming: "Some people are talking, some people say I did this, and others say that his wife has abandoned him. It hurts my heart."

Some Participants mentioned no ill comments or criticism from community members. They mentioned resorting to spirituality/religion to cope with criticism and ill comments by "Leaving it in the hands of God." Participant 12 chooses to surrender critics in the hands of God instead of taking matters into his own hands.

VI. 5. 10 Hope

The meaning unit 'Hope to receive appropriate care' is made up of 7 sub-units, (A) hope to receive physical care, (B) hope to receive mental care, (C) hope to see children studying, and (D) hope in God and faith. .

A. Hope to receive physical care

On the meaning unit 'hope to receive physical care', most Participants (1, 2, 3, 4, 5, 6, 7, 9, 12, 13and 14) expressed hope towards getting appropriate medication and medical treatment to alleviate physical symptoms.

Participant 14 stated, "My only hope is to get appropriate medications, because my body is all I have. I need proper medication so that I can feel good." Participant 3 linked the alleviation of symptoms with a restored masculinity status. He described his hope once the physical symptoms are addressed as followed, "I will be able to do anything, to have sex, even to educate my family members and to help my children." Participants 7 and 4 expressed the hope for their lives to feel worthy and valuable. Participant 7 notes: "For me, it's only care. Because if I get the appropriate care, I hope I will be well…my prayer is to find care so that my life will be valuable." Comparably, participant 4 expressed the need to address the ongoing physical symptoms with the hope of living a worthy life. He stated, "If I get help for healing, to feel comforted, and to feel that my life is still worthy."

Participants emphasized on the hope to receive physical care. Most participants received one form of treatment or another (e.g., traditional medicine, hospital visits, etc.) but the symptoms persist.

B. Hope to receive mental care

Participant 11 expressed the hope to receive appropriate treatment to address his mental health related struggles. When asked, "Do you think your life can change if your needs are answered?" He answered: "Yes, it can change, because I can diminish my thoughts and I can work for life." As a man, he expressed the hope to not want to depend on others.

C. Hope to see children studying

While reflecting on their 'future outlook', Participants 1, 3, and 12 described their hope in relation to their role as providers. Participant 1 expressed his hope as follows: "To see my children being educated because I went to school too before them. The life I have is bad and if children live the same like me it's a big issue." He goes on to express resilience and hope that one day he will be able to offer his children a better future. He stated, "I told them to wait until I recover and have the possibility to work."

D. Hope in God and faith

Participants 6, 8 and 9 mentioned placing their hope in God and faith. For example, participant 9 experiences meaning and a great source of strength in his hope in God. When asked, for example, by grace if you get help for some of your problems, will your life be meaningful? He responded: "Yes, even if this story and its spot remain, I will not be the same. That's why I can say yes, life has meaning, but it's only God." He goes on to say: "Today I just want to recover my health and have the opportunity to

educate my child. For other things, we will fight slowly according to the potential that God will give us. With that, my life will be better." Despite everything that happened, what gives Participant 6 hope is his faith. He reported: "There is hope and faith. Without this peace there would be no one in this village, all of us would flee." Likewise, Participant 8 reported: "My only hope of living is God's word and my family for help". Finally, Participants 2, 5, 10, and 13 were not asked about their hopes and future outlook.

Partial discussion

Most Participants expressed hope to receive appropriate medical treatment to alleviate the physical symptoms. As mentioned earlier, this is important because the ongoing physical symptoms are linked to the Participants' inability to regain their full status as men (the provider, protector and impregnator). Participants continue to identify spirituality as a great source of hope and meaning in life.

VI. 6. Emergent theme 5: suffering:

Table 6. The Emergent Theme "suffering", meaning units and sub-units

5. Suffering	Meaning-unit & Sub-units	**1. War/armed conflict as the cause of suffering.** **2. Suffering that comes as a consequence of war/armed conflict.** Sub-units: 2a. Suffering linked to the lack of support from community. 2b. Suffering associated with lack of support from spouse. 2c. Suffering connected with ongoing symptoms. 2d. Existential suffering

The word 'suffering' was chosen as an emergent theme because most Participants used the word suffering to describe the war in the Congo and its consequences. The present study identified two meaning units corresponding to the emergent theme 'suffering.' They include (1) War/armed conflict as the cause of suffering, and (2) suffering that comes as a consequence of war/armed conflict.

IV. 6. 1. War/armed conflict as the cause of violence (rape) and suffering

When asked about attribution of the cause of suffering, most Participants (1, 2, 3, 4, 9, 11, 12, 13, and 14) mentioned the systemic violence as the leading cause. For example, Participant 6 talked about the oppression caused by the armed conflict. He stated:

> "All of that was oppression, the FDL and the Mai-Mai also were oppressive. And those who told us that they are coming as saviors, did the same. For all the groups, it was to make us suffer and to loot the population."

Participant 5 also linked the cause of suffering to the armed conflict by stating; "It's just those who are against the government and the destroyers are the real cause**.**"

IV. 6. 2. The suffering that comes as a consequence of war/armed conflict

Participants mentioned multiple sources of suffering including, (A) suffering linked to the lack of support from community, (B) suffering associated with lack of support from spouse, (C) suffering connected with ongoing symptoms, and (D) existential suffering.

A. Suffering linked to the lack of support from the community

Participants 7, 8, 12, and 13 described suffering linked to community response to the event (s) experienced. For example, Participant 12 discussed the ongoing suffering

associated with the community response and the pain of having to put up with it. He notes: "this cannot miss. We have suffered for it, and until now, it hurts us, but we leave it in God's hands for him to be his own. It hurts us but, but we don't have any other choices." Participant 7 shared the hurt linked to victim-blaming. He stated: "Some people are talking, some people say I did this, and others say that his wife has abandoned him. It hurts my heart."

Participants 8 and 13 described community response as a form of re-traumatization. For example, Participant 8 recounted: "Comments are always there. There are around those who say to you: as you have escaped from death, God will help you. But on the critics, the one who does it against others, we just leave him in the hands of God. But in reality, I feel bad when I hear someone criticize. It reminds me of all that they have done to me." Likewise, Participant 13 reported: "There were comments that said that was how you would die, but luckily you escaped. And it reminds me of a lot of things, and when I hear the comments from people, it hurts."

B. Suffering associated with lack of support from a spouse

Participant 4 described the dissolution of his marriage as a form of suffering. He described the ongoing suffering linked to the separation as follows: "since that time, she has fled. She lives somewhere else. She does not feel anymore, and I cannot see her anymore. It is very sad. And she is still single. Now her life is destroyed. Really, it's suffering again."

C. Suffering connected with ongoing symptoms

All 14 Participants talked about the suffering, pain, and hurt linked to ongoing physical, financial, and psychological symptoms. Participant 5 described the current

physical impact as a source of suffering by stating: "If I eat, I have stomach-ache a lot. If I want to feel good, I have to stay without eating; really, it is the suffering I have gone through." Participant 2 described it as follows: "After being raped, everything is destroyed…so everything was destroyed." Participant 4 stated: "there is a big difference in my previous life and today. It's very difficult. There is nothing worse than this life."

D. Existential suffering

> Participant 1 compares his experience of masculinity to a cow. He stated:
>
> "For me, a man is not like a cow. Because when it can be sick, they can kill it, but a human being is not a cow. For other things, I am ready to be killed. But I am still in my situation of life."

A cow can be put down when sick as a way of putting the animal out of his misery to free it from its suffering. If a man is not like a cow, so he deserves to keep living despite his suffering. Participant 1's statement is of such profound existential meaning. He describes the loss of masculinity, as a form of suffering that deserves death among other species within the animal kingdom, like cows. Similar to participant 14 who describes masculinity as being "alive" and the loss of it as a form of death.

Partial discussion

Participants shared the oppression and instability as a consequence of the ongoing war in the Congo, in the hands of the rebels and the Congolese army, 'those who told us that they are coming as saviours did the same' (Participant 6). Participants are experiencing secondary re-victimization due to the persisting and ongoing symptoms of the initial victimization experience. For example, the lack of appropriate medical services and its consequences are a great source of suffering for most participants. Participants are

also experiencing secondary re-victimization through the community response, such as victim blaming and criticism. The reaction of others makes men victims of sexual violence suffer more.

VI. 7. Emergent theme 6: Disclosure:

Table 7. The emergent theme "Disclosure", meaning units and sub-units

6. Disclosure	Meaning-unit & Sub-units	**1. Self-disclosure.** **2. Disclosure despite self**. Sub-units: 2a. Publicly assaulted in front of witnesses. 2b. Found by community members or family after the event (s).

VI. 7. 1. Self-disclosure

Participant 10 is the only individual who had control over the secrecy and disclosed himself what happened. P 10 was victimized while seeking refuge in the forest. When asked: "did you talk to them (his wife and children) about what happened," he responded: "I only talk to my wife."

VI. 7. 2. Disclosure despite self

The meaning unit 'disclosure despite self' discusses the absence of secrecy or incidents were disclosure happens because participants were (A) publicly assaulted in front of witnesses, and (B) found by community members or family after the event (s).

A. Publicly assaulted

Most Participants (3, 4, 7, 8, 11, 12,13, and 14) were publicly assaulted in front of their family and/or community members. For example, Participant 4 was attacked on his way from the market in front of his mother-in-law and other bystanders. He stated: "I came from the market with four other men and women, including my mother-in-law.

Along the way, we met the Hutus in the village". Participant 8 was victimized in front of his wife and children. He recounted:

> "They surrounded us in the house. They started to ask for money. I told them that I had nothing, so they hit me and put me down. The children started crying. They were told if you keep crying, you will die."

Similarly, Participant 12 was victimized in front of his parents and the whole community. He noted, "They undressed me in front of the people." Participant 13 was ambushed in the village while in the company of friends. He reported: "So one day in the evening, Hutus group had already taken positions all over and started looting only and to going back. We arrived and met them without knowing when they were lying under the bamboo." Participant 3 was assaulted in front of his home. When asked: "Are your kids aware of what you've been in, and do you still feel like a normal man?" He responded: "Yes, they know, that's why I don't feel like a human being." Finally, Participant 14 was assaulted in front of his mother, wife, and his sisters. He expressed shame about the leak of information into the community. He notes:

> "It was hard for people to know what has happened because it was between us as family. But yes, it's a shame for someone to talk about it. We keep it a secret in the family. But I remember one time I spoke to one lady in the neighbourhood, and she mentioned it, I don't know how that got out."

The Participants' experience displays the lack of control over the secrecy and shame (Participant 14) about information being leaked to the community.

B. Found by community members or family after the event (s)

Community members and/or family found Participants 1, 2, 5, 6, and 9 after the event (s). For example, Participant 1 was victimized on his way back from the field, and found by community members. Participant 1 also mentioned the persisting symptoms of the event as public knowledge, not a secret. He notes:

> "To tell you the truth, the way we are living in my home is not the same because it's not a secret. First of all, I am no longer able to walk in the house, even and I feel that I am not able to be intimate with my wife."

He goes on to say, "Here, everyone is aware." Women in the community also found Participant 2. He shared the lack of secrecy by stating, "Many are aware of my situation, including the head."

Partial discussion

Participant 10 is the only individual whose sexual victimization experience has remained a secret. Although the event remains a secret to the rest of his family and community, he is still not fairing well in terms of his symptoms due to lack of finance for proper care and ongoing impact of the rape in his current life. Based on this reality, it can be inferred that rape committed against men in the Eastern region of the Congo isn't a secret as initially thought. It is a taboo subject but not necessarily a secret. Participant 1 highlights the difference between the old self vs. new self to emphasize on the lack of secrecy. For example, he mentioned ongoing physical symptoms of the rape as noticeable and visible for all to see. Although shame prevented participant 1 from sharing details about his sexual victimization experience, the rape itself isn't secret. For some participants, the rape left visible scars.

VI. 8. Emergent theme 7: Masculinity

Table 8. The emergent theme "masculinity", meaning units and sub-units

7. Masculinity	Meaning-unit & Sub-units	**1. Definition of a "real man."** **2. Consequences of the (rape) event (s) experienced.** Sub-units: 2a. No longer a real man 2b. Loss of independence **3. Different types of masculinity as being experienced after the rape.** **4. Preserving masculinity.**

The word 'masculinity' was chosen as an emergent theme due to the intersection between male sexual victimization experience and masculinity ideology, or the traditional male code. The present study identified four meaning units corresponding to the emergent theme 'masculinity'. They include: (1) Definition of a "real man," (2) Consequences of the (rape) event (s) experienced, (3) preserving masculinity, and (4) different types of masculinity as being experienced after the rape.

VI. 8. 1. Definition of a 'real man'

During the initial interview, when asked: "what does it mean to be a man" Participant 11 responded: "A man is smart, with the ability to build up his life and to work, to have children, to take care of his family, and to be able to have sex and to help others." Likewise, Participant 12 described it as follows: "A man means, who has a home, a family, well established, with the ability to take care of his family that's a man." Participant 7 stated: "In our Gezi's tradition, a man is a worker, one who is able to make love, that's a man." Participant 8 notes: "A man is responsible, who has his home, a wife, and children. He is one who is strong and able to take care of his family. That's a man." Especially in our tradition, we emphasize procreation and circumcision."

During the follow up interview, Participants 2, 5, 9, 13, and 14 were asked a similar question. Participants emphasized on strength and the ability to sexually please one's partner. When asked his definition of a real man, Participant 2 responded:

> "It means, you are going to function in the house like a man, pleasing sexually a woman, first be a man, take your children in charge like a man, and in your entire family be a man with man mind. Then, they are going to say, this is fully a man."

Similarly, participant 5 stated: "To be a man, is to have first the strength of manhood, to be able to have sex with a woman, eeh, that the first thing and to work man job." Participant 9 emphasized on the duty to procreate. He notes:

> "A man must first the strength to be able to have kids, and to have a job that provide, for your family. When you have your first child, it is when you get called a man. If you don't have kids, you are a man but without strength."

Finally, Participant 14 states: "It means to be alive to know things that men should know, working all kind of jobs, if you don't do that, you cannot be seen like a man." Participant 14 describes masculinity as an existential concept that is connected to his existence as a living entity. This statement emphasizes the significant loss linked to losing one's identity as a man because masculinity is synonymous to being alive (Participant 14). Based on this expression, it can be inferred that losing one's identity as a man is a form of death.

VI. 8. 2. Consequences of the (rape) event (s) experienced

A. No longer a real man

Except for Participant 6, Participants shared the experience of being emasculated; no longer meeting the criteria as a 'real man.' For example, participant 1 notes:

> “No, I am no longer a real man, because in life, in my age, a man is supposed to concentrate as is must be in saving money and prepare for the future of his children. Look at me, that's why I don't feel like a real man.”

Most Participants identified persisting symptoms as obstacles from reclaiming masculinity. Participant 11 stated: "Today, I do not meet the criteria because I'm weak." Participant 10 reported: "No, I think I'm no longer a man. And even if the urine that creeps follows, it also makes me weak. Similarly, Participant 8 recounts: " No, not at all. I'm not good because I do not have any force as a man.” Participant 14 shared the impact linked to not being able to fulfill his duty as a provider. He notes: “Ever since that occurred, I can't work for more than 2 hours, that means I don't have enough money to take care of my family. That makes me feel less of a man." Likewise, Participant 4 mentioned, "If you do not have anything, you're not a man. And in all this, I find I'm no longer a man." Participant 3 described it as follows, "Today, in my life, do not see myself as a man, because I have no strength anymore. Because I am jobless and no money. Also, I'm not strong sexually." Finally, Participant 5 stated:

> “No, because of that manhood strength, I used to have, for sleeping with women in marriage, it does not happen anymore like before. Meaning, it started to become like sexual impotence, when a woman need you and my body is not happy, it going to be just like that. It’s not going to work, even if I force myself into it, but, she’s going to understand, we have been together for so long and she did not meet me that way, she is going to understand.””

Participants talked about lack of strength as an obstacle that interferes with their ability to sexually please their partner. Being able to sexually please one’s partner encompass a

‘real man’s duty. Having strength or force is also synonymous to being able to work to provide for one’s family and secure their children’s future.

B. Loss of independence

While reflecting the sub-unit ‘loss of independence, participant 1 mentioned depending on others for survival and the psychological impact of it. He notes: "Yes, I rely on them. Even my children are relying on them… as I told you, I feel mindless."

VI. 8. 3. Different type of masculinity as being experienced after the rape

On the meaning unit ‘different type of masculinity as being experienced after the rape,' participants 1, 2, and 12 mentioned a decrease in their masculinity. For example, Participant 2 notes: "But compared with my situation, I do not feel like a man, I feel diminished because I do not do what any man is supposed to do." Similarly, Participant 12 reported: "But today, we don't meet the criteria for being called men. My masculinity decreased in me." Participant 1 used the word ‘Amortized’ to capture his reality after the rape. He notes: "Now I am amortized. First, when I am not able to walk, which work can I do? And if I try to work or do something, I stop and sit down once I hear something in my body." Participant 1 described an experience where the rape and injuries have robbed him of his manhood, his identity, and sense of self by reducing him to feel less than a man, ‘amortized.' Along the same line, Participant 7 stated: "But when I do not meet all the criteria for being a man, "they call me man by name." Participant 7 meets one of the criteria for being a man in his tradition, being able to work. They call him man by name, but he knows he is no longer one because he can no longer make love to his wife, which caused the dissolution of his marriage. Finally, Participant 10 described it as follows:

"Today, I don't consider myself as 100% man, because I don't have this force as before. So I don't meet all the criteria to be a man."

During the follow up interview, Participants 2, 5, 9, 13, and 14 were asked the same question whether they still consider themselves as real men. Participant 2 responded: “I am a man by color, not by manhood but by thoughts. For example: Sleeping with a woman, it not there anymore.” Likewise, Participant 9 stated: “Myself eeh, [silence] I call myself a man but the strength in me has weaken little bit, because of what I went through.” Participant 14 reported: “Eeh, I am still a man but not in my body, I am not using it anymore in marriage.” Participant 13 recounts: “Before, I was doing all kind work very good but now, I don’t anymore, that why, I am not an important man anymore.”

Finally, Participant 9 described a different type of masculinity by stating:

> “A man must first the strength to be able to have kids, and to have a job that provide, for your family. When you have your first child, it when you get call a man. If you don’t have kids, you are a man but without strength.”

He goes on to say: “Myself eeh, [silence] I call myself a man but the strength in me has weaken little bite, because of what I went through.” He elaborated further by stating, “I am a fully man with little strength.”

Participants described masculinity as a fluent concept that can increase, decrease, be lost and regained. They shared the experience of feeling less than or reduced masculinity due to the inability to meet the full spectrum of what it means to be a ‘real man' in their culture.

VI. 8. 4. Preserving masculinity

After the rape and the consequences of it, Participant 6 preserved his masculinity by redefining the concept of what it means to be a 'real man'. He described masculinity as follows: " for us, man is the head of the family, the unified, strong and the one who cares for his family". He found a way to preserve his masculinity by focusing on strength and bravery of his actions for the people and in front of the people. He notes: "Although I die today, I am a man, I suffered for people and they know I am a man. When the soldiers surrounded me, I stood up, and they saw that I was a man. So really it's showing your bravery by your actions." When asked, "Do you still feel like a man?" He responded, "If it wasn't this problem of illness, poverty, and how I manage all this population over 3,000, and even though I have difficulty, but everyone has problems." After losing virility as a consequence of his injuries, his bravery preserves his masculinity.

Partial discussion

Although participants came from different tribes, they shared a similar definition of masculinity. All 14 participants described a 'real man' as a provider, protector, and procreator. Most participants shared the experience of being emasculated, made to feel weaker, less than, and not effective as a 'real man'. As demonstrated above, having strength is a big part of what it means to be a real man. Participants mentioned losing their manhood due to ongoing symptoms (e.g., weakness, no strength, no force as a man), which prevents them from fulfilling their manly duties as providers, protectors, and procreators. To preserve masculinity, a few participants cope with the aftermath of the rape by redefining the male code or what it means to be a 'real man' in their community.

VI. 9. Emergent Theme 8: Meaning-making

Table 10. The emergent theme "Meaning-making", meaning units and sub-units

8. Meaning-making	Meaning-unit & Sub-units	**1. Meaning-making of current life.** Sub-units: 1a. Surviving by God's grace 1b. Forgiveness 1c. Other people's support **2. Meaning-making of the attack.** a. Not knowing how to make sense. b. Victim of war/consequences of war. c. Enrich themselves/"for wealth." d. Drugs and not knowing the victims e. "The disease has risen." f. Ethnic reasons: g. Forever changed i. Resilience

The phrase 'meaning-making' was chosen as an emergent theme to capture the essence of how each Participant made sense of their current life and the attack. The meaning units included in the emergent theme 'meaning-making' are (1) meaning-making of current life, and (2) meaning-making of the attack.

VI. 9. 1. Meaning-making of current life

The meaning unit 'meaning-making of current life' is comprised of three subunits; (A) surviving by God's grace, (B) forgiveness, and (C) other people's support.

A. Surviving by God's grace

Regarding the subunit "surviving by God's grace," Participants 1, 2, 6 and 13 identified spirituality/religion as a source of strength and help. For example, Participant 1 mentioned existing by God's grace. He notes: "So it is just because of the breath of life that God gave us. And if it were to pay, I would no longer exist." He goes on to talk about God's help, especially while dealing with persisting symptoms that prevent him from fulfilling his obligation as a man and father. When asked, "And what about your relatives,

did they see that you are like a burden to them?" Participant 1 responded: "Yes, I rely on them. Even my children are relying on them. But God helps me because my daughters begin to do some jobs." God is helping him through his daughter and his relatives. He goes on to describe how it feels relying on others to survive by noting: "As I told you, I feel like mindless." This statement highlights the psychological impact linked to the ongoing symptoms that prevent him from reclaiming his status as a provider. Participant 6 summarized his current life as, "That's why I can say yes, and life has meaning. But it's only God." Along the same way, Participant 2 notes: "I am living by God's will, it's the way it looks like. I don't think correctly anymore." Finally, Participant 13 reported: "Only God, God has helped me, that is why I am living."

B. **Forgiveness**

Participant 9 finds meaning in his current life through forgiveness. He reported: "Imaginations are in my head, but what can I do again? It's already gone, it's only forgiveness, although forgetting is difficult." Participant 9 described PTSD related symptoms (e.g., flashbacks), and how he chose to forgive the perpetrators of his rape because he cannot change the past. Participant 9 chose forgiveness as a way of making sense of the event while Participant 12 chose the path of vengeance by joining the army to get even.

C. Other people's support

During the follow up interviews, when asked about their source of meaning in life today, Participants 5 ad 14 mentioned other people in the community as source of support for his daily needs such as food. For example, Participant 14 stated: "People that are helping me a lot. If it wasn't for them, I was not going to be here." He goes on to say: "If,

I am living my life today, it because of other people." Finally, Participant 5 notes: "Me [silence], I am working for some people, with little work, and I get some money to live and to feed my children."

VI. 9. 2. Meaning-making of the attack

A. Not knowing how to make sense

Many Participants (3, 4, 8, 9, 11, and 13) struggled to make sense of suffering and cruelty. Participant 8 notes: "We do not know whether to loot the good to bring home or it's just killing and hurting people, but for me, all this doesn't make sense, because it was killing people and destroying their life." Comparably, Participant 9 recounts: "In my opinion, all of that has no sense, because it was only suffering and the results are the war because, without that, I would not be hurt." Finally, Participant 3 initially struggled to make sense of the attack. When asked, do you have any idea of the cause? He stated: "I do not know." He goes on to describe the experience like an accident or random event. He notes: "Maybe I can say it is by accident or just destruction, and it does not make sense for me or my entire family. For us, it hurts us. That's why it does not mean anything for us ."

In summary, some Participants struggled to make sense of the horrible attacks that are causing death and destroying lives.

B. Victim of war/consequences of war

Some Participants (3, 8, 11, and 12) used the word 'destruction' to make sense of the attack. Participant 11 stated: "On my side, it is the destruction of my life and others. All that is just killing people." Participant 12 notes: "It was just to kill and destroy." Likewise, Participant 8 notes, "It was killing people and destroying lives."

C. Enrich themselves (perpetrators) /"for wealth."

Participant 7 made sense of attack as illicit actions caused by combatant's desire for personal enrichment. He stated: "They tortured us to give them all the wealth." Similarly, Participant 14 noted: “This whole thing could be related to poverty, but I think it has something to do with the war."

D. Drugs and not knowing the victims

Participant 10 attributed the cruelty to drugs and the anonymity of the victims. He stated: “I think it’s the drugs they take which get them to do all things. He goes on to talk about the lack of respect for societal rules and lack of boundaries. He added, "They didn't know the father, the mother or children."

E. The attack as a disease

Participant 10 made sense of the rape, qualifying it as a disease, commenting on its increased frequency: "The disease has risen."

F. Ethnic reasons

Participant 10 used ethnic reasons to make sense of the attack. He summarized it as follows:

> “In my opinion, to the Hutus, I thought it was to torture the population because they had no hope of living. On the Mai-Mai side, it was just getting angry so that you could join them in their groups. But on my side, it doesn't matter; it was just to kill and destroy.”

G. Forever changed

Participant 6 mentioned being forever changed by the attack. He notes: “Yes, even if this story and its wounds remain, I will not be the same.”

H. Resilience

Participant 6 talked about finding meaning despite the attack. He stated: “That’s why I can say yes, life has meaning. But it’s only God.” Finally, Participant 12 goes on to share his belief of what will happen once his physical and medical needs are met: “I think I can become a very important person.” This statement displays resilience. Despite the rape, there is still within him hope, the belief that he is not less of a man, that he can still become an important person with God’s help and medicine.

Partial discussion

Participants rely on their spirituality (e.g., relationship with God, and forgiveness) to make sense of their daily survival. They described God’s gratefulness and support manifesting through relatives, friends, family, neighbours and some people in the community. Participants struggled making sense of the attacks. Yet, they collectively agreed that the war is the root cause of the suffering, killing, and destruction.

CHAPTER VII: DISCUSSION

Research shows that the lack of visibility for male victims goes as far back as the historical context of the use of female-specific approach on sexual violence (Stemple, 2009, Miller 2004). The term “gender-based violence” came to existence in the 1960’s during the early feminist movement to raise awareness about women’s issues and gender-

inequality. Sixty years later, the term is still used as synonymous with women's issues (Gorris & Touquet, 2016; Gorris, 2015). What is consistent amongst researchers is the evidence that the continuance of female-specific approach to sexual violence is problematic and detrimental to male victims (Gorris & Touquet, 2016; Gorris, 2015; Stemple, 2009). This problem reinforces rape myths and imposes toxic masculinity on men and boys (Stemple, 2009). Toxic masculinity is a phrase that is used synonymously with the male code to describe dysfunctional aspects of the traditional masculine norms. Consequently, there is a lack of in-depth detail, lack of recognition and inclusion of male victims (Gorris & Touquet, 2016; Gorris 2015), more specifically, in war-affected areas (Sivakuumaran, 2007; Stemple, 2009; Manivannan, 2014; Solangon & Patel, 2012). Therefore, this study sought to add clarification and understanding to the controversial and taboo subject around conflict-related sexual violence against men in the Congo.

The current study takes into consideration the concepts of masculinity and the male code to examine the impact of adhering to strictly defined gender roles and consequences for not living up to societal expectations on male victims of sexual violence. Fourteen Congolese male victims were interviewed in order to explore the essence of their experience. Viktor Frankl's logotherapy (based on the will to meaning principle) and his laws of dimensional ontology will shed light onto the Participants' experience and will be referred to throughout the discussion. The research questions are framed in a way that emphasize the concept of liminality with the rape and/or other forms of gender-based violence experienced by Participants as a turning point between life before and after the assault. The concept of liminality refers to the transition from one state of being to another (Haring, Sorin, & Caltabiano, 2020). An unstable and

vulnerable period during which an individual ventures into an unknown and/or uncommon territory living behind a certain way of being and/or doing. The transition in question is either self-initiated or imposed by a situation and/or someone. In the context of the thesis, the concept of liminality refers to the state of transition between life before, during, and after the sexual trauma.

The research objectives are,

1) To give male victims the platform to share their sexual victimization experience and to better understand male victims' needs.

2) To explore how, if at all, the traditional male code informs male sexual violence as it is experienced in the DRC.

As indicated in the chapter on methodology, the following questions were developed based on the research objectives:

(1) What was the experience of male victims of conflict-related sexual violence in the DRC, before the experience?

(2) What was the experience of male victims of conflict-related sexual violence in the DRC, at the time they were raped?

(3) What is their experience nowadays, as male victims, and male survivors?

(4) How does rape affect culturally informed self-perception among male survivors in the DRC?

(5) How does the understanding of gender impact victims of sexual violence?

(6) How do the cultural taboos and myths surrounding the phenomenon of sexual violence against men impact male victims in the DRC?

Let us now answer the research questions, and reflect on the Participants' narratives.

VII. 1. Question 1: What was the experience of male victims of conflict-related sexual violence in the DRC, before the experience?

As described in chapter 4, each emergent theme had corresponding meaning units, and at times, sub-units, that reflected the content of Participants' narratives. The semi-structured interview process used for each Participant aimed at capturing their experience.

Our analysis of the results, in chapter 4, suggests that the following emergent themes, meaning units and sub-units shed light on the first question:

Emergent theme	Meaning units	Sub-units
1. The passage of time in relation with the event (s) experienced and its meaning units	1) My life before the event (s) experienced (comparing old life *vs* present situation) 2. Needs	1a. Confidence in daily life 1b. Professional life before the event (s) 1c. Community perception before the event (s) 1d. Physical strength before the event (s) 2a.Comparing needs before and after the rape
2. Suffering	2. War/armed conflict as the cause of suffering	
3. Masculinity	3. Definition of a 'real man'	

In order to answer research question number 1, it is important to first reflect on the masculine ideology in the Eastern region of the Congo. All fourteen participants came from different tribes but they shared similar values and beliefs about masculinity. Participants described a 'real man' as a provider, protector, and procreator. Based on these three masculine attributes, Participants interpreted manhood as a call to action. Based on the essence of the Participants' narrative, a man, as a provider has a job that earns him an income, which enables him to provide food, shelter, take care of his family and educate his children. A man as a protector is also a fundamental aspect of a 'real man's duty. The essence of the duty to protect is based on the fundamental need to establish and defend boundaries between his home/village/community and outside world/enemies. As described by participants, this duty entails protecting women, children, and the vulnerable. Man as a procreator is imperative for keeping his wife sexually satisfied and for the survival of his lineage. The results show that man as a provider, protector, and procreator is deeply ingrained in the Congolese society, male identity and psyche.

Before the rape, Participants' good health, force, and strength allowed them to proficiently and competently fulfill their duties as protector, provider, and procreator, despite the unfavourable condition linked to living in a war zone. As mentioned earlier, the Eastern region of the Congo has been severely affected by the war for over 20 years. The political violence and social instability are long standing and go back to when Congo was a Belgian colony. Ongoing conflict in these regions of the DRC has had heavy human, social, and economic costs such as poverty, ill health, underdevelopment, and political instability. For example, the economic and social instability and inequality

contribute to the high level of unemployment. Even before the rape(s), Participants used the word 'suffering" to describe the war in the Congo, and despite such an unfavourable context, found ways to make the best out of their situation, and live meaningful lives based on masculine ideology they and their families and ancestors have adhered to.

Before the event(s)[8], all Participants mentioned being physically strong, which allowed them to live up to the male code or "the historical rules or standards about the socially approved ways of being male" (Fisher, Goodwin, & Patton, 2008, p. 17). Physical strength is an important code because it is linked to their definition of masculinity and consequently allowed participants to live up to their full potentials as men. Accordingly, they shared confidence in their ability to carry out daily tasks. They were able to fulfill their duties as providers, protectors, and procreators, which brought a sense of pride, meaning and purpose in their lives. Participant 1 described his life before as "a good life". Participants also felt confident and competent in their professional life as farmers, teachers, "life savers" and their ability to help others.

After a long day at work, most Participants mentioned using local remedies such as hot water to relieve fatigue and relax the body before resuming with their responsibilities. Participant 9 mentioned being in such great health that he didn't need hot water. Participants also mentioned falling ill and found ways to overcome illness. For example, Participant 13 mentioned falling ill with malaria. Malaria is a disease described by Doctors without borders as "the world's most deadly parasite". Malaria is a common disease in poor and under-developed countries like Congo. Participants were strong, and

[8] We would like to remind the reader that Participants used different terminology to describe their victimization experience. Further, using the word rape does not encapsulate all of the experiences/events to which they were submitted.

resilient. They found ways of overcoming adversities linked to living in a third world country and war zone.

Before experiencing gender-based violence, some Participants (1 and 6) were perceived with respect, and admiration within the community because of their kindness, altruism and position of authority. As a district chief, others validated Participant 6 masculinity because "I suffered for the people".

Before the event(s), Participants also mentioned having basic human needs and experienced suffering linked to the political violence and social instability like most people in their community and society. The war and poverty have been affecting the Eastern Region of the Congo for the last 20 years (Meger, 2010). Yet again, Participants were doing well and lived meaningful lives. Participant 13 described his life before the rape as following, "Healthy the way God created him", he is reflecting on his creation as a man and a human being. The culturally idealized hegemonic masculinities in these regions of the Congo elevate and celebrate the male body and its potentials. Participant 13 expressed pride for health because "man is health". A healthy body allowed participants to live up to their full masculine potentials as producers, providers, protectors and procreators. As mentioned earlier in Chapter 3, the internalized and culturally inscribed gender role norms that make up the traditional male code have influence that goes beyond the individual's body and personal identity as male (Fisher et al., 2008). Being able to live up to the male code also allowed Participants to rise above unfavourable conditions linked to the war to a higher level of consciousness where they experienced a sense of meaning, and purpose in life. In conclusion, before the event, Participants found meaning, purpose and livelihood in their identities as 'real men'.

Masculinity is an existential concept that is connected to the Participants' existence as living entities. Participant 14 described masculinity by stating: "It means to be alive". Being able to fulfill their duties as protectors, providers and procreators in their community made them feel alive.

As mentioned earlier, Viktor Frankl's logotherapy is based on the belief that human beings' primary motivation is the search for meaning and purpose (Frankl, 1970). According to Frankl, life's meaning can be found in different ways. Before the event (s), Participants found meaning by creating work and accomplishing tasks linked to the societal demands and expectations of what it means to be 'real men'. Frankl frequently quoted Friedrich Nietzsche's words, "He who has a why to live for can bear with almost any how"(Nietzsche, 1889, as cited in Frankl, 1949, p. 76). The quote suggests that a man with a source of meaning and purpose in life, a 'why', can endure almost any suffering, the how. Before the event (s), Participants found their 'why' meaning and purpose in their daily lives through their ability to live up to their full potential as men. The Participants were able to bear the terrible 'how' of their existence in a war stricken zone.

Participants also found meaning through the attitude they took toward unavoidable suffering linked to the war by making the best of the situation. In their "old life" before the rape, participants also found meaning by encountering something larger than the self through spirituality and/or religion. Participants' spirituality and/or religious beliefs were a constant in their lives. Spirituality and/or religion seem to be an important source of hope, strength, and support even before the rape.

VII. 2. Question 2`: What was the experience of male victims of conflict-related sexual

violence in the DRC, at the time they were raped?

Our analysis of the results suggests that the following emergent themes, meaning units and sub-units shed light on the second question.

Emergent theme	Meaning units
1. Chronological description of event (s) experienced	1. Characteristics of event (s)
2. The passage of time in relation to the event (s) experienced	2. Support/help received during the event (s)

At the time of the event (s), Participants experienced a wide range of psychological and physical wounds other than rape. Their experience during the event (s) falls under the umbrella term gender-based violence, which encompass other forms of harmful acts against one's will including: sexual assault, genital mutilation, acts of penetration with different objects, cultural inappropriate actions with intention to sexually harass and humiliate and sexual acts committed on the basis of gender (Ferrales, Brehm, & Mcelrath, 2016). The pattern of gender-based violence perpetrated against participants during the event (s) included being beaten/hit, anally penetrated, genital mutilation, undressed and humiliated in public and raped. With the exception of genital mutilation, most of these events are regrouped under the emergent theme "Vocabulary used to qualify the event(s) experienced" to represent the Participants' shared experiences. The text goes beyond the verbatim by labeling the essence of their experience. For example, participants didn't use the word genital mutilation. They shared description of events corresponding to the term genital mutilation. Even though some of these words (e.g., being beaten/hit) are meaning units under the emergent theme "Vocabulary used to

qualify the event (s) experienced", in this context, they are naming the different forms of gender-based violence that Participants were subjected to beyond the verbatim.

Beaten/hit

During the event, participants described acts of violence perpetrated against them including: being beaten close to death, "beaten like animals" to the point of losing consciousness, beaten like snakes, and whipped with sticks. Participants experience during the event (s) captures the essence of being treated worse than animals. Participant 8 describes the extent of the injury during the assault by stating: "They continue to hit me until the separation of the body and the heart". The injuries sustained from the rape go beyond the physical dimension by impacting the psychological and spiritual level as well. Participant 8 experiences align with other participants. Additionally, he summarized his experience in a more clear, vivid and eloquent way.

Anally penetrated

Participants described the experience of being anally penetrated with different objects such as sticks and bamboos. They also shared the experience of being inserted with soap and pepper in the anus. As stated previously, the dominant sexual victimization paradigm conceptualize men as perpetrators and women as victims (Stemple, 2009). Additionally, gender stereotypes tend to connect masculinity with penetrator and femininity with penetrated (Hlavka, 2017). Traditional sexual victimization paradigms conceal male sexual victimization and this adds to the stigmatization around the subject matter. The stigmatization and misconceptions around male rape victims reinforces the silence on a taboo subject.

Genital mutilation

Genital harm is a physical and symbolic form of emasculation through the destruction of male genitals, which often prevent procreation and decreases hegemonic masculinity, which is linked with virility (Ferrales, Brehm, & Mcelrath, 2016). Genital harm includes injuries to the testicles and targeting of the penis. For example, Participant 3 described his experience during the event (s) by stating, "They hit me with matracks until the testicles were broken, at the moment there is only one left." Similarly, participant 6 reported: “They beat me everywhere and on private parts." Finally, participant 2 described the experience of having his private part tied with a cord. According to Ferrales, Brehm, and Mcelrath (2016), it is hard to assess the individual perpetrator’s motive and whether violence intends to emasculate. The perpetrators motive and the Participant’s experience of emasculation will be further discussed shortly when addressing research question number 4.

Undressed and Humiliated in public

Participants also experienced a wide range of humiliating and/or psychologically torturous practices such as enforced nudity. During the event, some Participants described the common experience of being forced to strip naked in front of their family, friends, village, and community. Such results confirm Ferrales, Brehm, and Mcelrath, (2016)’s study that not only were Participants stripped off of their clothes, they were also stripped off of their ability to protect oneself, one’s family, and others, which is a form of transgression against masculinity. Indeed, Suvikumaran (2007) described enforced nudity in public as the most common way of sexually humiliating men.

Rape

During the follow up interview when asked directly whether their experience

during the event (s) is considered rape, Participants did not question the word rape. In fact, they accepted it with strong conviction and emphasized the word "rape" multiple times in a sentence. Some Participants described their experience of the event as the unthinkable and unimaginable. Participant 5's statement demonstrates this: "Something happened to my body, that I never thought will happen to me one day." Based on the male code, rape doesn't happen to men. The stereotype of men as strong with impenetrable bodies makes rape the unthinkable and unimaginable act against a man's body, mind, and spirit (Hlavka, 2017). Rape is an experience that is often associated with victims, and women are often described in stereotypical ways as victims and passive. As mentioned earlier, gender stereotypes suggest that men cannot be victims (Turchik & Edwards, 2012; Donnelly & Kenyon; 1996). Yet again, Participants were made to feel like victims, unable to protect themselves, their family, and community. During the event, Participants' masculine attributes were taken away from them. According to gender stereotypes, 'real men' wouldn't have let rape happen (Turchik & Edwards, 2012; Donnelly & Kenyon; 1996; Hlavka, 2017). On the other hand some Participants shared actions of bravery during the event (s) by remaining true to their values and beliefs. For example, Participant 2 was asked to join the rebel group, and Participant 10 was asked to carry stolen goods. They both rejected the rebel's requests knowing the risks involved. The act of refusing the rebel's request aligns with Frankl's concept of freedom of choice. As mentioned earlier, Frankl (1969) believed that everything could be taken away from a person except for the freedom to choose their attitude while facing adversity. Regardless of the circumstances that Participants were facing, they practiced the power of choice.

During the event, Participants also described role reversal and having to depend on others for their survival. Participants described the circumstances during the event that led to their rescue. They shared the experience of having to depend on others (friends, family, community members, bystanders and the Congolese army) for survival. Participants shared bystanders (friends, family and community members)'s response during the event ranging from: family crying helplessly, family's successful and unsuccessful negotiations for their release, Congolese army intervening on their behalf, and saviours (Congolese army) quickly turning into perpetrators. The stereotypical description of masculinity influenced by the traditional gender role socialization implies that a 'real man' should be able to defend himself and others (Turchik & Edwards, 2012; Donnelly & Kenyon; 1996; Hlavka, 2017). During the event, Participants felt helpless, hopeless and stripped of their manhood.

VII. 3. Question #3: What is their experience nowadays, as male victims, and male survivors?

The analysis of the results suggests that the following emergent themes, meaning units and sub-units shed light on the third question.

Emergent theme	Meaning units	Sub-units
1. Gratefulness	1. Connection with the divine. 2. Connection with a human being.	1. Relationship with God 2. Telling their story
2. The passage of time concerning the event (s) experienced.	1. Ongoing impact of event (s) experienced.	A. Financial consequences. B. Psychological consequences. C. Psychological consequences linked to not fulfilling obligation as provider. E. Psychological consequences

		linked to lack of sexual force G. Physical consequences/medical problems (and changes). G. Marital consequences H. Sexual consequences
	2. Needs	A. Multiplicity of needs. B. Psychological needs. C. Physical needs/Medical needs. D. Financial needs. E. Needs not being met. F. Willing to take any help offered. G. Comparing needs before and after the rape.
	3. Treatment received since the event (s) experienced	A. Local medicine/traditional medicine. B.Traditional doctor (elder). C. Hot water. D.Physical treatment/hospital/doctor/clinic. E. Inaccessible medical services immediately following the event (s). F. Accessed medical services when symptoms got worse. G. Initially accessed medical services until when it became inaccessible. H. Received medical services but symptoms persist. I. Psychological treatment.
	4 Barriers to accessing support after the event (s) experienced.	A. Financial barriers / poverty. B. Not able to find help. C. Hiding in the bush. D. Insufficient help
	5. Support, help received after the event (s) experienced.	A. Wife B. Other family member. D. Community/neighbours/chief. E. Church.

	6. Hope.	F.Belief/Spirituality/God/Jesus/Faith. A. Hope to receive physical care. B. Hope to receive mental care. C. Hope to see children studying. D. Hope in God, and faith.
3. Suffering.	1. Suffering that comes as a consequence of the war/armed conflict.	A. Suffering linked to the lack of support from the community. B. Suffering associated with lack of support from a spouse. C. Suffering connected with ongoing symptoms. D. Existential suffering.
4. Meaning-making.	1. Meaning-making of current life. 2. Meaning-making of the attack.	A. Surviving by God's grace. B. Forgiveness. C. Other people. A. Not knowing how to make sense. B. Victim of war/consequences of war. C. Enrich themselves/for wealth. D. Drugs and not knowing the victims E. The attack as a disease F. Ethnic reasons G. Forever changed H. Resilience

Ongoing impact of event(s) experienced in current life

Participants used the concept of time to compare their old life versus new life with the sexual trauma/rape as the turning point. Participants used specific words such as "still", "until now", and "ongoing" to capture the persisting suffering linked to their new life after the sexual trauma. Participant 4 emphasized the ongoing consequences of the sexual trauma by stating, "I am still choked in my body". He describes his experience as if his body is stuck at the time of trauma and remains there from then on.

Participant 1 describes a similar experience by stating: "Till now the problems continue to overtake us." From the moment of the trauma and onwards, Participant 1's experiences are overshadowed by the moment of the impact. Regarding the concept of liminality, Participants described the experience of being physically stuck in the moment of impact, and they are struggling to move past that stage due to constant reminders of the trauma. The trauma was so devastating that participants are struggling to transition from the old self to the new way of being, new role, and new social status. Being stuck between two states of being interferes with adaptation and the development of a new identity. The development of a strong sense of self or an identity is a critical pat of every individual's journey towards maturity and stability. Participants' new life illustrates the power of unresolved traumatic events in a person's present and future life health and well-being. Other words used to illustrate the devastation linked to the new life include, "broken", "destroyed", "damaged", and "demoralized". Participants summarized the new life as followed: 'It is a completely different life' (Participant 10), and 'There is nothing worse than this life" (Participant 4). They described a general theme of 'no longer the same'.

One of the pillars of logotherapy's concept of man is the freedom of will. Frankl believed that pain and suffering are an inevitable part of people's lives as finite beings (Frankl, 1949 & Frankl, 1970). According to Frankl, "Man's freedom is no freedom from conditions but rather freedom to take a stand on whatever conditions might confront him" (Frankl, 1970, p. 4). Frankl speaks from personal experience. In his book *Man's Search For Meaning*, Frankl analyzes the physical, emotional, spiritual, and psychological impacts he and other prisoners experienced in Nazi concentration camps during World War II. He also describes the experience of liberation, and life after the

concentration camp. He describes having a normal life before concentration as a human being, a professional, and family man. While in concentration camps, he describes losing virtually everything of personal value including his family (e.g., father, mother, brother, and pregnant wife) and his basic human dignity. The only thing that prison life and capturers couldn't take away from him was his freedom of choice, how he responded to the trauma that he was subjected to. Male participants shared the experience of being stuck in their trauma, in a state of hopelessness and despair. Their new life and future are overshadowed by the physical reminder of the trauma (e.g., bruises and scars on their body) and the persisting symptoms that continue to overwhelm their whole person (body, mind and spirit). Frankl's inspiration towards finding meaning in suffering was developed after surviving the Nazi concentration camp in the 1940s. It is important to be precautious against the danger of comparing people's subjective experiences. The commonality between Viktor Frankl and the Participants can be observed without making comparisons. The similarities between Frankl and Participants are based on the suffering as a human condition, and the desire to find meaning in life or the will to meaning. Participants are struggling to make meaning of the sexual trauma and current life.

Short and long-term consequences

Studies have shown a wide and complex range of short and long-term negative effects of conflict related gender-based violence on multiple levels including: psychological functioning (e.g., depression, anxiety, post-traumatic stress disorder, stigma, guilt, shame, self-blame, anger, etc.); behavioural level (e.g., unemployment, substance abuse, self-blame, etc.); relational level (e.g., trust related issues, issues with intimacy, sexual dysfunction, attachment difficulties, difficulties creating and

maintaining relationships, etc.); and self-image (e.g., low self-worth, low self-esteem, low self-confidence, gender identity issues, issues with masculinity, etc.) (Purnell, 2019; Lowe & Rogers, 2017; Wilson & Scarpa, 2016; Ferrales, Brehm, & Mcelrath, 2016; Forde & Duvvury, 2016; Christian et al., 2012; & Sivakumaran, 2007). Consistent with past research, Participants recount the 'shocking' transformation linked to the financial, physical, sexual, marital, and psychological impacts of the rape. Participants described the short and long term sequelae of the trauma in multiple areas of their current lives including:

1.Financial Consequences:

Participants reported lack of employment, which interferes with their ability to fulfill their roles and responsibilities as providers for their family and household. They also talked about not being able to educate their child. Participants mentioned not being able to work due to "ongoing pain", "lack of strength", "vulnerability", and "weaknesses". They also shared the experience of being paralyzed by the fear of revictimization. The fear of revictimization is more poignant for participants who were victimized on their way to and from work. Participant 7 summarized the suffering and ongoing struggle linked to lack of employment in his new life by stating: "My secret in life is to struggle for me to eat and live". As part of his grieving process, Participant 7 shares his reaction to the loss of employment and sense of identity as a result of the sexual trauma. As Participant 7 transitions from the previous way of structuring his identity to a new way forced by the sexual trauma, he is faced with tremendous loss and grief. The transition is so traumatic that this individual is struggling to redefine his situation and himself. The trauma is affecting his belief about the future and he seems

stuck in a place of hopelessness where his secret in life is to struggle. According to Frankl, "as soon as a painful fate cannot be changed, it not only must be accepted but may be transmuted into something meaningful, into an achievement" (Frankl, 1970, p. 51). Participant 7's current state of despair prevents him from visualizing a different future where life is meaningful. His statement reflects a lack of hope, which is an important ingredient for living a fulfilled life. Consequently, he uses the same lenses of despair to project into a hopeless future. From that hopeless future projection, he develops the belief that his secret in life is to struggle to meet his basic needs. Acceptance of a painful fate through the lenses of despair keeps this individual stuck. It also interferes with the human motivation to discover meaning of suffering, and the potential of transmuting painful fate into achievement. Participant 7's experience is shared among other participants.

2. Psychological consequences:

Most Participants shared ongoing psychological symptoms consistent with Post-Traumatic Stress Disorder (PTSD): re-experienced via flashbacks, nightmares, intrusive memories and intrusive thoughts, hypervigilance, memory loss, and difficulties sleeping. They also shared experience of the PTSD symptoms being easily trigged internally (e.g., thoughts linked to the traumatic event and feelings such as sadness and powerlessness) and externally (e.g., hearing news about rebels, seeing soldiers, hearing people talk about the event (s) environmental cues.

Participants also shared the psychological consequences linked to not fulfilling obligations as providers. Muldoon, Haslam, Haslam, Cruwys, Kearns, and Jetten (2019) reviewed the literature on social identity approach to understand how social factors such

as group life and social categories determine outcomes following the trauma. In accordance to Participants experience, Muldoon et al (2019) showed: a) that negative responses to trauma are more apparent where trauma serves to undermine valued social identity; b) that people prove more resilient in the face of trauma when valued social identities can be maintained or new social identities developed; and c) that where old or new positive identities are reinvigorated or extend the self, this can be a basis for post-traumatic growth (P. 311). Throughout the result section, participants emphasize on their individual identity as men, social identity, group memberships and the ability to live up to the male code as a source of pride, meaning in life and psychological resilience. According to Muldoon et al (2019), self-categorization and group membership influence how an individual appraise and interpret one's experiences-including trauma. Participants are experiencing severe psychological consequences of the sexual trauma due to loss of masculinity, loss of social status and role reversal within the family system. Participants used different expressions to convey the psychological impact linked to a sense of failure as providers including; feeling "crazy", "mindless", disbelief: "how come I can be like this after being in good healthy, because of others" (Participant 1), and "mind not working well". Not being able to provide for their family and household changes the whole family system dynamic. For example, they mentioned having to depend on their wives for survival. Participant 4 illustrates this new reality by stating: "Now she is everything. So she is starting to take care of us because I do not have any strength anymore". He goes on to say: "Today, my hope is my wife because she is everything now." They emphasize on the role reversal from being a provider, protector, and procreator to 'vulnerable' and dependent, all attributes linked to feminine qualities. They

shared the frustration, devastation and ongoing suffering linked to the new reality as vulnerable dependent. Participant also shared the psychological consequences linked to lack of sexual force. Participants described the shift from being able to sexually perform a few times a day to once in a blue moon when their body cooperates. Participant 1 expresses shame for his inability to fulfill his duty to sexually perform by stating, "First of all, I am no longer able to walk in the house". He uses the word "torturous" to describe his wife's experience of the lack of a fulfilling sexual life.

The ultimate impact of not living up to the male code triggers shame or the belief that there is something inherently wrong with them. The participants' sense of self is intertwined with their masculine identity. The loss of masculinity, as defined in the male code, and its consequences (e.g., vulnerability and dependence) creates a crisis of identity. In the past, being able to live up to the traditional masculine identity offered participants a sense of meaning and purpose in life, and grounded them in their community. The loss of masculinity seems to be creating the opposite effect, a sense of meaninglessness and disconnect from self and others. As a result of the sexual trauma, Participants no longer hold their pre-trauma status as men and they are struggling to ground themselves in the present. Participants stand at he threshold between the previous way of structuring their identify, social status and the new self, post trauma. The sexual trauma disrupted the participants' stability by creating a disconnect between past, present, and future self. According to Frankl, when human beings encounter an unchangeable situation, we are forced to change ourselves (Frankl, 1949). Participants are forced into a transition as a result of their sexual trauma. They find themselves in a situation where life

is asking them to make meaning of current dire reality and participant 7 is struggling to answer life's question for meaning making and discoveries.

3. Physical consequences/medical problems (and changes)

Participants shared persistent and ongoing suffering linked to physical health related issues that continue to overwhelm their body. The physical health related issues mentioned include: headaches, back pain, body aches, and ongoing pain, weakness, loss of balance, loss of strength, bloody noses, sensitive stomach, loss of appetite, incontinence of urine, blood in urine, haemorrhoid, reduced strength for sexual activities with their wives, genital mutilation, and more. Participants' body seems stuck in the trauma and continues to relive. Participants described this experience with different statements: "Til now, my body is in pain" (Participant 2); "My body and ribs are still in pain…at the beginning of each moth, I begin to feel pain; the wounds begins to hurt" (Participant 2); and "The wound that was not well cared for inside. It's like a vein that is torn apart. So far, the pain persists" (Participant 13). Participants described the experience of being stuck in their own body like prisoners. The trauma redefined Participants' relationship with their bodies. One of the assumptions of logotherapy is the description of human being as entity consisting of body (physical dimension), mind (mental dimension) and spirit (spiritual dimension) (Frankl, 1970). Although the different entities are separated, they function in unity. The experience of being stuck in one's body prevents Participants from rising above the physical dimension to a level that will allow them to redefine the self. The ongoing pain and bruises on the body are constant reminder of trauma and the physical impacts of it.

4. Marital Consequences and sexual consequences

Participants described the ongoing impact of the trauma on their marital life including: unhappy spouses, trust related issues, dissolution of marriage, relocation, physical abuse, role reversal and infertility. Participants reported feeling unhappy, sad, humiliated, shame, grief, and powerlessness with the situation and impact on their marriage. Participant 4 described the marital consequences as "suffering again". Participants experience continues to emphasize on the ongoing suffering linked to their trauma, and impacts on current life.

Along with the marital consequences, participants also shared sexual consequences. Participants identified ongoing pain, weakness and genital mutilation as barriers interfering with regular and healthy sexual life. Participant 7 identified the lack of fulfilling sexual life as the main issue that led to the dissolution of his marriage.

Participants used the concept of time to compare their old life versus new life with the sexual trauma/rape as the turning point. Participants describe their new life as a completely different life, and "There is nothing worse than this life" (Participant 4). They talk about not having the power to change the past, and feeling stuck in their new life, new body and suffering linked to their new reality. Participants were initially traumatized by the sexual victimization experience. Now, they are re-traumatized by the ongoing symptoms of the sexual trauma and suffering linked to it. Participants are struggling to find stability in their new status and new life. Transition requires the ability to redefine one's situation and develop a new self. Redefinition comes with changes to personal relationship with self, others and one's environment. Accompanying this is the potential to discover new sources of meaning and purpose in life. In Participants case, the new

life, and new body is a source of so much suffering and a form of trauma that overwhelms their ability to cope, and triggers a feeling of hopelessness.

Needs

Participants described different needs in their new life in comparison to old life. The multiplicity of needs includes: psychological needs, physical needs/medical needs, and financial needs.

Participants' psychological needs are linked to their desire to reclaim their manly position as provider, protector, and procreator. As mentioned earlier, participants' sense of self, and source of meaning in life is linked to their ability to fully live up to the male code. The loss of masculinity triggers internal conflict, or the experience when life's suffering and uncertainties become too much to bear (Frankl, 1970). Existential crisis can manifest through psychological distress. For example, Participants shared the experience of "going crazy" due to inability to live up to the hegemonic masculinity. Participants expressed strong conviction that reclaiming masculinity will relieve them of the psychological suffering and "feel good in a general sense" (participant 1). Participants also shared the need to feel heard and supported. They shared the psychological impact of either having to suffer alone in isolation or having to depend on loved ones for support. This will be explored further when reflecting on research question #6.

While reflecting on their physical needs/medical needs, participants mentioned the lack of appropriate medical treatment to address physical health related symptoms. Regaining physical strength is a key component linked to reclaiming masculine identity and living up to their masculine potential. Participants described the lack of appropriate medical care as one of their main struggles. Participant 6 summarized this reality by

stating: “My struggle is to have only care.” The lack of appropriate physical and medical treatment is a struggle with a lot at stake and the stakes increase as the sruggle continues. Participants described physical strength and healthy bodies as imperative instruments for survival. Participant 14 illustrates this by stating, “My only hope is to get appropriate medication, because my body is all I have”. Participants expressed the need to feel better and live longer. Participant 2 notes: “My need is that God helps me to feel better and live up to 80 years old”. Participants identified going back to their previous life as their ultimate desire because there is nothing worse than their current life. Participants described physical and medical needs as antecedents to going back to their previous state. Regardless of their current condition, participants seem hopeful about the future. They often shared visions of a better future.

As they reflected on their financial needs, Participants expressed the desire to work in order to take care of their family, household, educate children, repay debts and hopefully, break free from poverty. One Participant summarized this experience by stating, “today my problem is poverty.” Participants believe that working and taking care of their family will enable them to reclaim their identify as breadwinners and providers. Participants mentioned being stuck in poverty due to poor physical health and lack of employment. They emphasized on the importance of educating their children because children are the future. They believe in education as an outside intervention to break the cycle of poverty.

Participants described their psychological, physical/medical, and financial needs as interconnected. As mentioned earlier, they described proper medical treatment to address physical health related symptoms as antecedent to financial independence and

psychological improvement. All the above needs are motivated by the ultimate goal of reclaiming manhood. Some Participants did not specify their needs (Participants 10 and 13). They were open to accept any help offered because anything is better than their current condition. While trying to understand trauma trajectories, Muldoon et al., (2019) highlights the importance of personal and collective resources to mitigate the risk and support resilience. A combination of multiple factors is creating the experience of complex trauma for Participants including: loss of individual identity, loss of social identity, lack of resources, lack of solidarity, lack of compassion, limited support, the taboo around sexual violence against men and having to suffer alone. Consistent with Participants experience, most people experience an adverse reaction to trauma when they lose out economically, lose social support, social bonds and solidarity (Muldoon et al., 2019)

Needs not being met

Participants also used words such as "still", "until now", and "the problem persists" to describe needs not being met and symptoms persisting. Participant 1 illustrates needs not being met by stating, "since we were victims… Till now the problems continue to overtake us." Participant 1 speaks for himself and others dealing with similar situations by using the pronoun "we". As mentioned earlier, many villages in the eastern regions of Congo have nurses, physicians and community health workers trained by local and international NGO's to specifically meet the needs of women and girl victims of gender-based violence (Christian et al., 2012). Male victims are often left to fend for themselves without support or medial treatments. Participants expressed gratitude to the main researcher and her team for visiting and giving them the platform to

share their stories. They expressed the desire to work collaboratively towards a solution with the hope of a better future. Participants lost their sense of agency and power through the sexual trauma. They are symbolically searching to regain power through collaboration rather than searching for a savior. Participant 1 illustrates the need for collaboration by stating, “we need your help completely without saving us”. Participants expressed a sense of personal agency towards rebuilding their lives.

Treatment received since the event (s) experienced.

Most Participants shared the lack of or limited access to health care services immediately after the event and in their current life. Participant 3 describes this “shocking” reality by stating, “There are no more medical help options. We tried to get help from the hospital, we did not find it.” As a result, participants sought traditional medicine to address ongoing physical health related issues resulting from the sexual trauma. The treatment given by traditional healers were not specified by Participants with the exception of participant 5 who mentioned taking the medicine in the form of tea to relieve pain. Participant 5 also mentioned receiving traditional medicine in exchange for livestock such as chickens. The perceived effects of treatment by traditional healers were mainly temporary symptom relief. All Participants mentioned “persisting symptoms” even after receiving local medicine. Participant 1 summarized the lack of access to medical service after a traumatic experience and persisting symptoms by stating, “all this increased the shock in me.”

Some Participants mentioned having to resort to hot water as treatment to address ongoing symptoms after the event and in their current life. For example, participant 2 mentioned using hot water treatment to massage the body, reduce inflammation, relax

muscles and temporarily relief physical health related symptoms. Participant 2 illustrates the use of hot water in his current life by stating;

> "I use it today like treatment, it is medicine, because everywhere on my body, where I was beaten on my body, where I had bruises, when I bathed with hot water or sometime, it starts to tickle, I felt relieved. I took it as medicine too."

According to Addis and Mahalik (2003), men are generally influenced by traditional masculine messages that communicate power, self-reliance, and emotional control; which creates barriers toward help seeking behaviour (Addis & Mahalik, 2003). Contrary to Addis and Mahalik (2003), Participants initially sought help, only to find out that help wasn't available. Participants shared experience that aligns with Groth (2011); male victims' reluctance to seek help is linked to the lack of or limited services. In addition, assistance has often been found harmful, unhelpful and lacking knowledge of issues around male gender (Groth, 2011). Participants described the lack of medical services as a multilayer issue with different dynamics at play including: inaccessible medical services immediately following the event (s), accessed medical services when symptoms got worse, initially accessed medical services until when it became inaccessible, and received medical services but symptoms persist. Participants mentioned multiple barriers linked to the lack of and limited services to proper medical care in their new life including: lack of money, poverty, lack of services, "not able to find help", "insufficient help", "where could I find it", dislocation, and "hiding in bushes." Participant 3 described the lack of available services as followed, "we tried to get help from the hospital, we did not find it."

As mentioned earlier, inaccessible help could also mean hospitals that specialize in treating women and girls like Panzi and no room/no funding/no treatment model for men. Speaking from a clinical perspective, Groth (2011) challenged the misconception that men's general resistance to access and utilize services is not linked to an innate male aversion to seeking and accepting help. Groth (2011) believes that the issue stems from assistance that has proven to be unhelpful, harmful and incognisant of men's lived experiences. Participants are desperately seeking help to improve their new life. Unfortunately, they continue to encounter multiple barriers and lack of services altogether. The lack of or limited services for male victims is consistent with past study on sexual and gender-based violence against men in the Congo (Christian et al., 2011) and current studies (Chynoweth, 2017; Ford & Duvvury, 2017; Gorris, 2015; Gorris & Touquet, 2016; Hlavka, 2017).

While dealing with systemic failure by the health care and medical system, some participants mentioned having to depend on their wives, children, other family members, and neighbours for additional help. Participant 1 describes it as "a life of mutual support'. Participant 1 also questioned people's altruism; "On the outside, people seem giving and happy to help but you don't know the reality of what is going on inside." Participant 1 is used to being independent and a provider. He lost his independence and did not want to be a bother because providing is his responsibility, not his wife's, the neighbours' nor the community members'. Participant 1 seems to be projecting his internal conflict towards others.

Finally, all fourteen Participants mentioned God, Spirituality, Belief, faith or Jesus as a constant source of, strength, help and hope in life. Participant 12 stated:

"Every time I looked for help, advice and medication, the only help I have was from God." Participants described their relationship with "Jesus" and "God" as their refuge, "because we have no other place to complain" (Participant 8). Participants gave "God" and "Jesus" credit for strategically putting people (e.g., friends, spouses, children, other family members, chief, and neighbours) in their lives during moments of suffering because he knows what they need. Finally, Participant 13 specifically mentioned the unconditional acceptance and love from the church as a great source of comfort and help, similar to a parent-child relationship.

Most Participants used the word "suffering" to describe their new life. They identified the war/armed conflict as the cause of violence (rape) and suffering in their past and current life. Participants used different words to describe perpetrators of the ongoing suffering including "oppressors", "destroyers", "those who are against the government" (Participant 5) and "those who told us they are coming as saviours did the same" (Participant 6). Participants experienced gender-based violence in the hands of multiple groups of male perpetrators including militia groups such as the Hutu Interahamwe, Mai-Mai, le Rassemblement Congolais pour la Démocratie (RCD), Mudundu 40 and the Forces Armées de la République Démocratique du Congo (FARDC). Participants also mentioned suffering that comes as a consequence of war/armed conflict such as suffering connected with persisting symptoms (described earlier in the text), suffering linked to the lack of support from spouses and community members (will be explored further while reflecting on research question 6), and existential suffering (will be explored further while reflecting on research question 4).

Despite ongoing suffering linked to their new life, Participants displayed resilience by remaining hopeful about the future. For example, they expressed the hope to receive appropriate physical care, and psychological treatment with the ultimate goal of "living a worthy" (participant 4) and "valuable" life (Participant 7). They also expressed hope for a better future for their children. Most importantly, they expressed faith in God.

Meaning-making of current life

Many Participants struggle making sense of the senseless killing and destruction of lives because "all of that has no sense" (Participant 9). Participants' attempt to make meaning of the attack (s) through different scenarios including: "destruction" linked to the war and consequences of war; combatant's desire for personal enrichment; lack of respect for societal rules and lack of boundaries; drugs and the anonymity of the victims, "the attack as a disease", and Ethnic reasons. What is certain is that participants are forever changed by the event (s); "yes, even if this story and its spot remain, I will not be the same."

Despite the attack (s), Participants are pursuing unique meaning in life through means other than the male code. Before the sexual trauma, most participants described themselves as either spiritual or affiliated to a different religious denomination. Yet, they heavily relied on the male code to define their self-identity, social identity, status within the family system and community. Consequently, Participants found a sense of meaning and purpose within their gender roles in accordance to the masculine expectations in their community. After the sexual trauma, Participants shared the loss of masculinity and along with it, their sense of pride, meaning and purpose in life. After losing the sense of

control, Participants are learning to surrender to a high power for strength, hope, and meaning in life. For example, Participants mentioned currently "existing by God's grace", divine grace given for free. They mentioned finding strength and hope in God, especially when dealing with ongoing obstacles and persisting symptoms. They described a sense of purpose and meaning in their new life through their faith in God. As quoted by Frankl in the book titled " The will to meaning",

> "Today we live in an age of crumbling and vanishing traditions. Thus, instead of new values being created by finding unique meanings, the reverse happens. Universal values are on the wane. That is why ever more people are caught in a feeling of aimlessness and emptiness or, as I am used to calling it, an existential vacuum. However, even if all universal values disappeared, life would remain meaningful since the unique meanings remain untouched by the loss of traditions" (Frankl, 1970, p. 44).

As mentioned earlier, the male code refers to the "historical rules or standards about the socially approved ways of being male (Fisher, Goodwin & Patton, 2008, p. 17). Each culture inscribes certain values and gender role norms that shape an individual's identity and dictates the description of normality and psychopathology (Kalra & Bhurga, 2013). The male code is internalized social values that dictate how men should and shouldn't behave and the consequences for not living up to standards. In his study of the masculine code around the world, Gilmore (1990) concluded that the male role as providers, protectors, and impregnators are universally shared across culture in varying degree. Theses cultural and universal values shape men's identify, behaviour, and offers a sense of meaning and purpose. In their old lives, i.e. before the sexual violence/trauma

experienced, Participants unquestionably comply with the male code. They found meaning and purpose in life through shared cultural and universal values linked to the male code. However, the male code is not a final stage of being; there is a hovering threat of its confiscation (Groth, 2011). After the sexual violence/trauma, Participants described a loss of masculinity or reduction in masculinity. Failing to live up to their full masculine potential triggers an existential crisis where Participants question life's general meaning and purpose. Frankl (1970) challenges individual's tendency to rely on universal values as sources of meaning and purpose in life. Instead, Frankl believed that "meaning is something to be found rather than go be given, discovered rather than invented" (Frankl, 1970, p. 43). Participants are faced with an inevitable fate of ongoing suffering. Their current situation implies a question[9] and calls for an answer on how would participants find the true meaning of a dire existence (Frankl, 1970). Frankl stated that "meaning must be sought responsibly and conscientiously" (Frankl, 1970, p. 43). He defines conscience as "the intuitive capacity for a man to find out the meaning of a situation" (Frankl, 1970, p. 43). Frankl also emphasized the self-transcendent nature of human existence (Frankl, 1970 & Frankl, 1949). Self-transcendence is a term that constitutes man's calling to discover meaning in the world, beyond the self and his own psyche because human beings are not a closed system (Frankl, 1970 & Frankl, 1949). According to Frankl (1970), human beings exist in 3 dimensions; the physical dimension (somatic), mental dimension (psychic), and spiritual dimension (noetic). One of the pillars of logotherapy, the freedom of will does not exempt humans from experiencing suffering in life. Rather, it is a unique human capacity to detach from suffering in life by

[9] "how would you make meaning of the situation in order to make sense of it and live a fulfilled life" (Frankl, 1970, page 43)

rising above the somatic and psychic phenomenon into a higher level of consciousness, the spiritual dimension (Frankl, 1970). While facing inevitable suffering linked to their new lives, Participants demonstrated the ability to self-transcend by finding unique meaning and purpose through a higher power (e.g., God, Jesus, faith, belief, and spirituality).

Participants identified other meaning-making mechanisms including forgiveness and gratitude. Participant 9 states, "Imaginations are in my head, but what can I do again? It's already gone, it's only forgiveness, although forgetting is difficult." The virtue of forgiveness and gratitude are central in several world relations and spiritual wisdoms. The stunning question is: What enabled Participant 9 to forgive such a heinous crime? There is a transcendent essence to forgiveness because it is a virtue that requires the person to rise above the harm, and pain inflicted on the body and psyche. Participant 9 recognized the heinous crime, its ongoing impact, but uses his last human freedom to choose the transcendental virtue of forgiveness. Monbourquette (2000) exposed false notions of forgiveness by first emphasizing that forgiving is not the same as forgetting because, "The journey to forgiveness requires both a good memory and a clear awareness of the offense" (p. 32). In order to forgive, the victim must first acknowledge the wrong that was done and decide on how to proceed. Forgiveness is a choice that people make in order to find meaning and potentially heal old wounds (Monbourquette, 2000, P.32). While others (Participants) chose the path of vengeance by joining the army to get even, Participant 9 chose forgiveness as a way of making sense of the attack and his new life because we can't change the past.

Other Participants mentioned finding meaning through gratitude towards others such as helpful family and community members. For example, participant 14 illustrates this by stating, “If, I am living my life today, its because of other people.”

VII. 4. Question 4: How does the understanding of gender impact victims of sexual violence?

The analysis of the results suggests that the following emergent themes, meaning units and sub-units shed light on the fourth question.

Emergent theme	Meaning units	Sub-units
1. Vocabulary used to quality the event (s) experienced.	1. Beaten/hit. 2. Anally penetrated. 3. Tortured, and injured. 4. Undressed and humiliated in public. 5. Rape.	
2. Masculinity	1. Definition of a ‘real man’. 2. Consequences of the (rape) event (s) experienced.	a. No longer a ‘real man’.

Consistent with previous studies, as victims of masculine stereotypes, male victims of rape and other forms of sexual violence/trauma often lack proper terminology to describe their experience (Sivakumaran, 2007). In the initial interview, except for one Participant, Participants used words other than rape to describe their sexual victimization experience. Participants used different vocabulary to qualify their experience including being beaten/hit. They described the experience of being beaten mercilessly, "Close to death". For example, Participant 8 recounts being hit unconscious, "until the separation of the body and the heart". As mentioned earlier, Viktor Frankl's Dimensional Ontology (Frankl, 1970) states that human beings exist in three dimensions; 1. Physical dimension (somatic), 2. Mental dimension (psychic), and 3. Spiritual dimension (noetic). Frankl (1970) quoted Thomas Aquinas definition of man as "unity in spite of multiplicity" (Frankl, 1970, p. 9) because the different strata cannot be separated. Frankl also emphasized on the importance of dealing with man as if his different parts (somatic, psychic, and noetic) can be separated from one another (Frankl, 1970). This is especially true when understanding and conceptualizing trauma because the separate layers are impacted differently. Considering the rape as a physical dimension with multiple impacts on the psychological and spiritual level, the separation of the heart and body could refer to dissociation. Dissociation is a protective mechanism and natural response to a traumatic experience. The above statement can also mean that something is happening to the body but not to the entirety of what defines the person. Participant 8 also mentioned the bruises on his body as a physical reminder of the trauma on the body. Other participants described being beaten in the genitals. Genital harm is a form of physical

and symbolic emasculation (Ferrales, Nyseth, & Mcelrath, 2016; Sivakumaran, 2007). Genital harm is also a form of feminization by reducing hegemonic masculinity, which is equated with virility and can prevent procreation (Ferrales, Nyseth, & Mcelrath, 2016).

Participants also described the experience of being penetrated with different objects without using the word rape. Participants used different terminology to describe their experience of being penetrated including; pepper inserted in the anus and "put soap in my ass". Participant 13 overcame the shame by giving himself permission to share uncensored accounts of the sexual trauma by stating, "Well, please, I will not be ashamed, even to speak. They took the bamboo and introduced in my ass." Culture identifies the heterosexual male body as penetrator and not penetrated (Hlavka, 2017). Participant 5 captures this reality by stating, "something happened to my body, that I never thought will happen to me one day." Participant 5 described the rape as something unimaginable happened to his body. Anything outside of the natural and expected model of hegemonic masculinity and heterosexuality is stigmatized and considered deviant by the society and male victims (Hlavka, 2017). Based on the dominant discourse of masculinity, male rape is considered a threat to masculinity (Hlavka, 2017). This belief is reinforced by culture through the male code emphasis on invulnerability/penetrator and cultural delusions regarding male rape such as "real men can't be raped" or "real men should defend themselves against sexual assault or rape". Consistent with participants' experience, there is a lot of stigma and shame attached to being a victim of sexual trauma. According to (Hlavka, 2017), stigma and shame are interconnected. Stigma is a form of disgrace associated with a particular person, circumstance or quality. It can be interpreted that Participant 13 experienced shame for not living up to the male code

dominant script of impenetrability. There is also shame that arouses from his stigmatized identity as a male victim of rape. Shame is a social construct that combines personal identities (how the person sees himself) and social identities (how the person is seen by others) (Hlavka, 20170). The combination of shame and stigma silenced participants until when the current research created a platform by giving them the opportunity to challenge the stigma and shame by sharing their experience. After giving themselves permission to share, participants still struggled qualifying their experience as rape.

While sharing specific characteristics of the sexual trauma, Participants felt more comfortable sharing accounts of gender-based violence other than rape such as torture, undressed and humiliated in public. Rape victims are associated with femininity and homosexuality, which are inconsistent and threats to the conceptualization of manhood (Stemple, 2009 & Sivakumaran, 2007). Additionally, the conceptualization of male as perpetrator and female as victims remains the dominant paradigm within the literature and general public (Stemple, 2009 & Sivakumaran, 2007), including male victims. Fallacies around male rape myths have not been discredited; they continue to be the dominant discourse. Consequently, in the initial interview, except for Participant 2, all Participants refrained using the word rape to describe their experience because terminology such as 'gender-based violence' has been used synonymously with sexual violence committed against women and girls.

As stated in the method section, follow-up interviews were conducted with some participants to validate some responses and clarify concerns raised during the initial interview. As reported earlier, when asked directly if their experience qualifies as rape, all Participants were accepting of the word rape with strong conviction. Although there is

an increased visibility on conflict-related sexual violence against men over the past years, male victims' remain hidden in silence, and reluctant to share their full experience due to stigma and taboo. Participants internalized the taboo to the point where the word rape becomes the forbidden word. Being asked directly challenged the taboo by opening a discussion on a restricted subject and allowed Participants to label the trauma for what it is. For example, Participant 1 emphasized on the word rape by stating: "Yes, it was rape. Eeh… truly a rape, it is rape." Along the same line, Participant 14 stated: "It is rape, it is rape." Rape is the forbidden word. Over the past decades, wartime rape and sexual violence has attracted a lot of media, humanitarian, activities, political and academic attention. Horrific stories of genital mutilation/harm, emasculation, sex-selective killings, forced pregnancy, inappropriate actions that sexually harassed and humiliates, among others have been recorded in multiple countries around the world. One of the main characteristics of these stories is that they dominantly focus on female victims. Sadly, male rape is still the forbidden word in different societies and among victims. Participants' narratives reflect the continued taboo around male rape; a taboo that perpetuate the culture of shame and silence. Being asked directly invited Participants to acknowledge what happened while using proper terminology. Participant 1's statement sounded like shock that comes with the acceptance of the word rape as an accurate description of what had happened to him. Once the shame, stigma and taboo were challenged through the directness of the question, Participants unquestionably accepted the word rape with strong conviction. Naming the trauma, sharing experiences and emotions linked to it is an essential step in male victims' healing journey (Ford &

Duvvury, 2017). As long as male rape isn't labeled for what it is, a crime against humanity, the crime will continue to go unpunished with silent victims.

VII. 5. Question 5: How does rape affect culturally informed self-perception among male survivors in the DRC?

The analysis of the results suggests that the following emergent themes, meaning units and sub-units shed light on the fifth question.

Emergent theme	Meaning units	Sub-units
1. Masculinity.	1. Definition of a 'real man'. 2. Consequences of the (rape (s)) event (s) experienced.	a. No longer a 'real man' b. Loss of independence c. Different types of masculinity as being experienced after the rape. d. Preserving masculinity.
1. Suffering	1. Suffering that comes as a consequence of war/armed conflict.	a. Existential suffering.

The understanding of gender also impacts Participants' masculine identity and their healing journey. Consistent with recent studies, masculine norms influence the way the trauma is processed and expressed (Purnell, 2019; Ford &Duvvury, 2016). Although

Participants came from different tribes, they shared similar beliefs about what it means to be a “real man”. As stated earlier, a “real man” must live up to certain expectations namely providing, protecting, producing, and procreating. These attributes are central to Participants’ masculinity and social identity. Based on Participants’ narrative, “a real man” must be able to work, take care of his family, procreate, sexually please one’s partner, and prepare children’s future and the duty to help others. According to Groth (2011), “Manhood is a culturally imposed ideal to which men must conform” (p. 35). Before the rape, Participants conformed to the masculine norms related to culturally approved ways of being men in their communities. Participants’ sense of self and how they relate to their community are influenced by the male code. Manhood is a code that is compulsory and it works because, “human wellbeing depends so heavily on having a viable gender identity and on social inclusion” (Groth, 2011, p. 35). In order to be considered “fully man”, Participant 12 believes that a man must fully live up to his masculine potentials and expectations. Participant 12’s comments expose the fragility of masculinity. Masculinity is not a final state of being; there is a constant threat of its confiscation (Groth, 2011). According to (Groth, 2011), the male code is a social construct that can increase, decrease and be lost. Before the sexual trauma, participants felt ‘fully male’. After the sexual trauma, most participants shared the experience of decreased and/or lost masculinity. In their old lives, Participants found a sense of meaning and purpose in their ability to live up to the male code. The sexual trauma challenged participants’ identity and source of fulfilling in life. Participant 2 shared this reality by stating: "but compared with my situation, I do not feel like a man, I feel diminished because I do not do what any man is supposed to do." Similarly, Participant

12 reported: “But today, we don't meet the criteria for being called men. My masculinity decreased in me.” Men are penalized for straying from masculine norms. After the sexual trauma, Participants lost their sense of self, and penalized themselves for straying from masculine norms. There is a lot of internalized blame in addition to external criticism, and victim blaming from some community members. According to Groth (2011), different cultures have words in their vocabulary to challenge, undermine, and maintain uncertainties of manhood such as pussy, whipped, sissy, girly-boy, wimp, effeminate, weakling, putz, pansy, schmuck, and more. A “real man” must live up to certain criteria, “Then, they (society) are going to say, this is a fully man” (Participant 2). Most participants emphasized on the ability to produce and procreate as a precondition to being considered “fully man”. Participant 9 emphasized on the duty to produce and procreate by stating:

> “A man must first have the strength to be able to have kids, and to have a job that provides for your family. When you have your first child, it is when you get called a man. If you don’t have kids, you are a man but without strength.”

Based on this statement, a man without sexual force or the ability to procreate is not “fully man”. The characteristics of virility or what Participants described as “force”, “strength” and “health” are crucial elements to adhering to the male code. The dominant masculine discourse is such a powerful construct that Participant 14 described it as synonymous to being alive. For some men, “It seems, it is better to die than to be considered a non-man” (Groth, 2011, p. 35). Schermer and Holmes (2018) study conceptualize the challenges of masculinity or what the authors described as masculine crisis through an existential-humanist lens. Frankl (1970) believed that human beings are

primarily motivated by the desire to find meaning in life or what he described as the 'will to meaning'. According to Schermer and Holmes (2018), the masculine roles and expectations (e.g., stoism, strengths, invulnerability, impenetrability, etc.) across cultures have generally remained stagnant over time and the consequences for not living up to the masculine norms are so severe (e.g., shame, ridicule, stigma, isolation, rejection, etc.). Consequently, men embody these characteristics to avoid the negative repercussions of not living up to the male code as opposed to the outcome of the pursuit of meaning. Existential crisis arises when people replace the will to meaning with other goals such as pleasure or power (Schermer & Holmes, 2018). Therefore, "When men enact traditional masculine roles in order to avert shame or embody an ideal, they are placing masculinity as a goal, thereby supplanting meaning and creating a will to masculinity" (Schermer & Holmes, 2018, p. 196). As mentioned earlier, masculinity is not a final stage of being; there is a constant threat of it being taken away (Groth, 2011). Men often live with the pressure to live up to their full potential as men, and the constant threat of falling short. Before the sexual trauma, participants' sense of identity, source of meaning and purpose in life were intertwined with the male code. There was an internal and external pressure to perform and live up to the ideal linked to the traditional male code. Participants were driven by the desire to live up to the ideal of what it means to be a real man; which is similar to the concept of the will to masculinity. After the sexual trauma, most participants shared the experience of feeling 'less than', 'decreased masculinity', and 'de facto male' or no longer real men. Once the will to masculinity (the will to live up to the male code) has been compromised, participants are faced with a profound sense of meaninglessness and the loss of masculinity as a form of death.

Sexual victimization is problematic because it contradicts the Participants' script of what it means to be a "real man" or "fully man". The act of being penetrated violates the male code of invulnerability and impenetrability. The masculine script shows that male sexual victimization experience emasculates and reduces a man's status to a "de facto female" (Manivannan, 2014, p. 646). After the rape, except for Participant 6, Participants shared the experience of being emasculated; no longer meeting the criteria as a "real man". Additionally, ongoing symptoms of the rape prevent participants from regaining their full potentials as men. Participants mentioned weaknesses and lack of force as a huge obstacle preventing them from reclaiming their masculinity status. Participant 3 described it as followed: "Today, in my life, I do not see myself as a man, because I have no strength anymore."

Participants shared the ongoing impact linked to lack of strength and not being able to fulfill their manly duties. They mentioned not being able to work and the financial impacts of it, which is connected to their duty to provide. Participants also linked the lack of strength to difficulties with sexual performance. Participant 5 shared his experience of impotence by stating:

"No, because of that manhood strength, I used to have, for sleeping with my wife, it does not happen anymore like before. Meaning, it started to become like sexual impotence, when a woman needs you and my body is not happy, it going to be just like that. It's not going to work, even if I force myself into it. Participant 5 described his struggles with sexual impotence as a form of betrayal by his body. He mentioned trying by willpower but his body no longer respond appropriately for the occasion. Before the sexual trauma, participants' 'will to masculinity' was linked to procreation and

copulation. In their old lives, sexual potency was an important masculine characteristic that symbolized power and virility. Participants' physical health and force allowed them to fulfill their partners' sexual needs and procreate, which they identified as a great source of pride and meaning. In their current life, participants shared the devastation linked to the feeling of being destroyed, damaged, broken and reduced to a 'de facto female'. The male body that once represented virility, strength, force, and self-sufficient has been rendered weak and helpless.

Participants mentioned having to depend on others for daily survival. The ongoing symptoms of the trauma prevents Participants from living up to the male code, which is a form of transgression against masculinity. Participants shared the psychological impact linked to losing their manhood; their source of pride and meaning in life. Participant 1 used the word "amortized" to capture the sad reality linked to feeling less than, and damaged in some sort. The sexual victimization experience feminized Participants by lowering their status as 'real men' in the eyes of the self and others. In their old lives, Participants were considered 'fully male' and they lived up to the masculine roles and expectations. In their new lives, the sexual trauma and ongoing symptoms of it has reduced participants' status to felling 'less than' or no longer a 'real man'. Participant 7 mentioned being called "man by name" because of his ability to maintain a job, which allows him to fulfill his duty as a provider. In the eyes of the community, he is still considered a man. In his own eyes, Participant 7 no longer considers himself as "fully man" because he is no longer able to make love to his wife. In order to survive, it is imperative for individual to create strategies to protect their identities (Hlavka, 2017).

Before the trauma, Participants considered themselves "fully men" and were able

to live up to their full masculine potential. After the rape, Participants described different types of masculinity as being experienced after the rape. Participants found different ways of holding on to what is left of their masculine identify. They used different phrases to capture this reality. For example, Participant 2 stated: "I am a man by color, not by manhood but by thoughts. For example: Sleeping with a woman, it is not there anymore." Even though his body no longer cooperates in the bedroom, his mind still thinks like a man. Similarly, Participant 14 reported: "Eeh, I am still a man but not in my body, I am not using it anymore in marriage." Participants found a way to preserve a piece of their identities as man in the aftermath of the trauma by separating the different states that human exist in (physical/body, mental/psyche, and spiritual/noetic). Participants 2 and 14 described the body as the ultimate vessel that allowed them to live up to their full potential as men in their previous life but that has been damaged, and rendered useless by the trauma. Previously, Participants defined masculinity at its core through physical strength, force and virility. After the sexual trauma, participants lost their 'will to masculinity'. As mentioned earlier, the logotherapy concept of existential frustration (Frankl, 1970) occurs when a person's will to meaning is frustrated. In the present context, the existential crisis that is triggering the sense of meaninglessness is linked to the frustration in the participants' will to masculinity. In accordance with (Schermer & Holmes, 2018) results, as Participants replaced meaning with masculinity, when their will to masculinity is frustrated, they are left feeling alone, isolated, hopeless and depressed; all of which are symptom of an existential crisis. Existential crisis can be addressed through redefining one's identity and re-discovering new sources of meaning and purpose in life (Frankl, 1970). When this is not done successfully, people can stay stuck in place

of hurt, suffering, and hopelessness. To cope with the frustration in the will to masculinity, some Participants redefined masculinity as a construct that can be partially met cognitively; which equates to the ability to think like men. The ability to reconceptualise the dominant masculine discourse allows some participants to maintain a part of their self-identify as men. Participant 9 summarized it as followed,

"I am fully a man with little strength." The Participants' message basically states that a man is more than his physical body and what it can accomplish.

Participants 6 also found a different way of preserving his masculinity by adjusting his definition of what it means to be a "real men" by emphasizing on the duty to protect. He included the phrase "showing bravery by our actions" in his conceptualization of the male code. He stated:

> "Although I die today, I am a man, I suffered for people and they know I am a man. When the soldiers surrounded me, I stood up, and they saw that I was a man. So really it's showing your bravery by your actions."

Participant 6 past action of bravery while protecting others helped him to partially preserve his identity as "a real man". Participants associate healing with regaining their full status as men. Unfortunately, persisting symptoms of the trauma prevents them from reclaiming their manhood. Consequently, they seem stuck in their healing journey. Being stuck in their healing journey creates an existential crisis for some Participants where they start questioning the very foundation of their existence. This is the case for participant 1. Participant 1 compares his loss of manhood to a sick cow. He notes:

> "For me, a man is not like a cow. Because when it can be sick, they can kill it, but a human being is not a cow. For other things, I am ready to be killed. But I am still in my situation of life."

Participant 1 described the loss of masculinity as a profound suffering that deserves mercy by putting the animal (cow) out of his misery. He is stuck in profound grief, struggling to reconcile the loss of manhood and its implications. Participant 1 seems to be experiencing an "inner void" (Frankl, 1970, p. 61), as profound sense of meaninglessness and emptiness that deserves death among other species within the animal kingdom, like cows. Frankl (1970) described this deep sense of meaninglessness and emptiness as an existential vacuum. The author described the origin of the existential vacuum as followed:

> "First, in contrast to an animal, no drives and instincts tell man what he must do. Second, in contrast to former times, no conventions, traditions, and values tell him what he should do; and often he does not even know what he basically wishes to do. Instead he wishes to do what other people do, or he does what other people wish him to do. That is to say, he falls prey to conformism or totalitarianism." (Frankl, 1970, p. 61)

Before the sexual violence experienced, Participants found meaning and purpose in life by conforming to the social construct of the traditional male code. Not being able to live up to their full potential as a "real man" has triggered a deep sense of meaninglessness and hopelessness. Frankl (1970) offered a suggestion on how to cope with the existential vacuum. He states, " The wanes of traditions affects only the universal values but not unique meanings". Participants' narratives throughout the transcripts reveal unique

meanings discovered through spirituality and connection with a higher power. Spirituality offers unique meaning and hope but it doesn't fill the inner void.

VII. 6. Question 6: How do the cultural taboos and myths surrounding the phenomenon of sexual violence against men impact male victims in the DRC?

The analysis of the results suggests that the following emergent themes, meaning units and sub-units shed light on the sixth question.

Emergent themes	Meaning units	Sub-units
1. Gratefulness	1. Connecting with a human being.	a. Telling their story. b. Telling his story of being raped without shame. c. Acceptance of the gender of the researcher (female).
2. The passage of time in relation with the event (s) experienced.	1. Community perceptions following the event experienced.	a. Lack of criticism. b. Criticism/comments. c. Blaming.
3. Suffering.	1. Suffering that comes as a consequence of war/armed conflict.	a. Suffering linked to the lack of support from community. b. Suffering associated with lack of support from spouse.

4. Disclosure.	1. Self-disclosure. 2. Disclosure despite self.	a. Publicly assaulted in front of witnesses. b. Found by community members or family after the event (s).
5. Masculinity.	1. Definition of a 'real man'.	

Before conducting my thesis, previous research described conflict-related sexual violence against men as a controversial and taboo subject, once labeled as the deepest and darkest secret of war (Couturier, 2012; Storr, 2011). Recent research describes war-related sexual violence as a complex and under-investigated taboo subject (Chynoweth, 2017). Men and boys' victims are often overlooked, neglected and receive minimal funding because they are not the stereotypical victims (Gorris, 2015). Participants' experience reveals disclosure despite self. Participants were publicly assaulted in front of witnesses and found by community members or family after the event(s). Participant 10 is the only individual whose sexual victimization experience remained a secret. Other Participants highlight the difference between old self and new self to emphasize on the lack of secrecy. As mentioned throughout the result and discussion section, participants' life changed for the worse with the sexual trauma as a turning point. Participants also mentioned ongoing symptoms of the rape and visible scars as noticeable and visible for all to see.

Gender-based violence against men in the Eastern region of the Congo isn't a secret as initially thought. It is a taboo subject but not necessarily a secret. The stigma and taboo around the subject matter creates an out of site and out of mind experience for Participants. The lack of visibility for male victims of sexual violence is connected to their gender identity (Gorris, 2015). As mentioned earlier, gender norms, values, and stereotypes in the Eastern region of the Congo are unquestionably accepted and reinforced by all genders (Lwambo, 2011). Participants mentioned the shame, isolation, and having to suffer alone in silence. During the interview Participant 1 summarized the essence of this experience in his openings statement: "First, I am grateful to see you, because since we were victims till now, no one has asked me about what and how happened to me." Participant 1 was victimized in July 14th 2009, and suffered in silence for almost 10 years. Significant to this statement is the lack of visibility for male victims of war related sexual violence (Gorris, 2015; Touquet & Gorris, 2016).

Participants expressed gratitude to the main researcher and her team for extending compassion by visiting them and creating platform for Participants to share their stories. Unlike many other victims (e.g., theft, robbery, vandalism, etc.), victims of rape (male or female) are uniquely vulnerable to victim-blaming for their sexual assault. This is particularly true in the context of male victims because male rape contradicts the traditional masculine ideology (Hlavka, 2017). The lack of visibility for male victims (Gorris, 2015; Touquet & Gorris, 2016), acceptance for male rape myths (Turchik & Edwards, 2012), and the norms of essentializing women as victims and males as perpetrators (Gorris, 2015; Touquet & Gorris, 2016) are major factors that influence the lack of compassion for male victims. The question to ponder on is, "What does it mean to

be compassionate and how does compassion evolve?" Goetz, Kelner and Simon-Thomas (2010) describe compassion as a controversial topic. The word compassion often carries multiple meanings, and it is often misused and misunderstood. There is also the controversy over whether we are innately compassionate beings or is it a moral attitude that requires cultivation. Additionally, compassion is often used interchangeably with other moral sentiments such as sympathy and empathy. Compassion has received lots of attention within the literature and yet again, there seems to be a lack of consensus on the definition of compassion (Straus et al., 2016).

The Oxford English Dictionary defines compassion as a word that derives from the Latin term "compati", which means, "to suffer with". In their review "Compassion within Organization life", Kanov et al. (2004) have identified three key components in the development of compassion as experienced among people. "Noticing" or what they describe as a critical and central part of the compassion process. "Noticing" is the ability to cognitively see the pain and suffering of another and emotionally reacting to the sufferer's pain. Noticing requires a certain degree of awareness, openness and receptiveness of our surroundings and the people involved in our daily lives. Scholars and activists noticed the blindness to conflict-related sexual violence against men and the impacts of it on understanding gender dynamics of armed conflicts, genocide and war (Gorris & Touquet, 2016); and the lack of visibility of male victims of gender-based violence impedes access to support services and obstruct justice (Gorris & Touquet, 2016). Along the same line, the current research notices the taboo, stigma, and stereotypes that male victims suffer and their consequences. The gap in the literature inspired the current research desire to contribute to knowledge with the future hope of

raising awareness about the subject matter and creating a treatment model to alleviate male victims' suffering.

The second component of compassion is "feeling". "Feeling" is the emotional reaction to a person's suffering by sharing some of their pain, worries and concerns. For example, feelings of compassion towards male victims of war related sexual trauma involve fighting for inclusivity of male victims of gender-based violence alongside female victims of sexual violence in legal frameworks and internal law. Feelings also entail experiencing an 'empathetic care' through the adaptation of the sufferer's perspective through imagining and feeling their painful conditions. The development of empathy towards people requires understanding the person's experience in a holistic fashion (e.g., their thoughts, feelings, behaviors, copings, etc.). The main researcher expressed care and empathy towards Participants by creating a platform for them to share their experience and connect with another human being. Participants expressed gratitude and thanks to the head researcher and her team for the courage to take on a complex subject matter, for caring enough to visit them, and for offering them a platform to share their experience through interviews. Frankl believed that meaning could be discovered through different avenues including, "what he (man) takes from the world in terms of encounters and experiences" (Frankl, 1970, p. 49). Participants used the encounter and the platform to break the silence, overcome shame, challenge stigma and taboo by sharing their stories. Before sharing details about the rape, participant 13 gave himself permission to break the silence and challenge the stigma by stating: "Well, please, I will not be ashamed, even to speak." The intervention process and story telling created

visibility for participants. From a clinical perspective, storytelling is an essential step in the healing journey because stories allow victims a sense of life and suffering.

The final component is "responding" which is similar to taking actions in response to the sufferer's pain with the intention to alleviate their distress. Similar to Kano et al. (2004), Gilbert (2010) defines compassion as "a deep awareness of the suffering of another with the wish to relive it" (p. 13). According Gorris (2015), conflict related sexual violence against men is "slowly becoming a little less invisible" (p. 422) as a result of a combined effort from scholars and activists fighting for inclusivity and efforts from the international women's right advocates. Yet again, there is still a lot of work that needs to be done to defeat gender stereotypes and biases around sexual violence (Gorris & Touquet, 2016). In summary, the different definitions of compassion entail noticing the plight of another, being moved and taking actions toward helping the sufferer. The current study is a way of taking action by moving towards participants, hearing their stories, ongoing challenges and needs with the hope of working collaboratively to alleviate their distress. Participants trusted the main researcher and accepted her unconditionally regardless of her gender. Feeling heard came as the outcome of their trust and openness to share their stories. Participant 8's final words were the following: "I thank you for coming and talking with us. May God continue to mobilize you to see the result one day". Some Participants mentioned earlier that God works in mysterious way through others to bring hope and meaning in everyday life. Participant 8 established a similar link in his relationship between God and human beings (the main researcher and her team). It can be inferred that there is a spiritual dimension of

the encounter between the main researcher, her team and participant 8; God using others as tools to intervene in his life.

Participants' narrative displays a lack of compassion or the desire to suffer with the sufferer. While describing community perceptions following the event (s) experienced, participants mentioned the lack of criticism, the presence of criticism, and victim blaming. A few Participants reported no criticism or ill comments from community members. Other Participants shared the experienced linked to victim blaming, judgment, and criticism. For example, Participant 7 shared victim blaming by stating: "Some people say I did this". As mentioned earlier in the literature review section, rape myths or false beliefs about male sexual violence encourages victim blaming (Turchik & Edwards, 2012). According to gender role socialization process, a 'real man' should be able to defend himself against sexual victimization (Turchik & Edwards, 2012) and there are consequences for not living up to gender expectations. The consequences manifest through victim blaming, criticism, judgments, and lack of compassion. Participants also shared suffering linked to lack of support and compassion from spouses. For example, Participant 4 described the dissolution of his marriage by stating, "Really, it's suffering again." Participants described the ongoing suffering linked to lack of support and compassion from close others as a form of re-traumatization. Consistent with one recent study, unsupportive responses such as victim blaming, dismissive attitude, judgment, and minimizing leads to secondary victimization experience by adding to the sexual trauma in a way that interferes with recovery (Jackson, Valentine, Woodward & Pantalone, 2016). The reactions of others makes male victims of sexual violence suffer more.

VII. 7. Final discussion and therapeutic implication

V11. 7. 1. Final discussion.

This study aims to investigate the intersection between conflict-related sexual violence against men in the DRC and the male code. The study offered an in-depth understanding of male victims narrative with the hope of understanding the essence of male victims experience. The data collection was completed in the Eastern Provinces of the Congo because the regions have been affected by political violence and social instability for over 20 years. Conflict-related sexual violence against men is still considered a taboo and controversial subject creating invisible victims. The heart of the study reflected on six points:

1) What was the experience of male victims of conflict-related sexual violence in the DRC, before the experience?

2) What was the experience of male victims of conflict-related sexual violence in the DRC, at the time they were raped?

3) What is their experience nowadays, as male victims, and male survivors?

4) How does the understanding of gender impact victims of sexual violence?

5) How does rape affect culturally informed self-perception among male survivors in the DRC?

6) How do the cultural taboos and myths surrounding the phenomenon of sexual violence against men impact male victims in the DRC?

The research hypothesis was to verify whether social stigma and lack of awareness regarding male sexual assault and rape likely function as barriers to male rape

victims from disclosing their experience, seeking appropriate medical and psychological care (Turchik & Edwards, 2012). The study also wanted to verify whether these obstacles could interfere with trauma processing and the journey towards healing and recovery. Based on the data analysis and result of participants' narrative, masculine norms influence the way the trauma is processed and expressed, which has a global impact on male victims' journey towards healing and recovery. Participants' identity, sense of meaning and purpose in life are connected to the male code or culturally appropriate ways of being male. In the Eastern region of the Congo, a "real man" must live up to expectations linked with their ability to provide, produce, protect and procreate. The masculine discourse consistently link male identity and sexuality with power, virility, and dominance. The male code insists on invulnerability and impenetrability but the reality of living in a war affected zone exposes the fragility of masculinity. The study confirms that conflict-related sexual violence against men is problematic in itself. As highlighted throughout the study, the interception between conflict-related sexual violence against men and the traditional masculine ideology makes the problem worse for male victims. In the Eastern region of the Congo, victimhood is associated with females. Local and international organizations in these regions are aware of the existence of male victims (Christian, et al., 2011), but they are not included in awareness campaigns and the fight to end rape and other forms of gender-based violence in the Congo. Male victims are left out because of their gender. Resources, funding, and attention are focused on the disproportionate majority (women and girls) while discriminating against male victims. Consequently, there is a lack of visibility for male victims; which creates an out of sight and out of mind phenomenon.

The study supports that the sexual victimization experience itself is not a secret as initially thought because participants were publicly assaulted in front of witnesses and found by community members or family after the event (s). The essence of the Participants experience reveals disclosure despite self. The taboo, stigma and lack of awareness around the subject create and maintain invisible victims. Male victims are neglected, overlooked and receive minimal funding because of their gender. Participants are stuck having to deal with internalized shame, isolation, and lack of compassion. There is suffering linked to the initial sexual trauma. There is also suffering linked to the aftermath of the trauma such as ongoing impacts of it, victim blaming, criticism and lack of compassion from others, which is a form of re-traumatization. The study confirms that the social stigma, internalized shame and lack of awareness prevent male victims from sharing their stories. Consequently, they are doomed to suffer in silence.

Contrary to the hypotheses, social stigma and lack of awareness do not interfere with help seeking behaviour. Consistent with previous research (Groth, 2011), male victims of gender-based violence do not have inherent male aversion to seeking and accepting help. However, they often encounter environmental, social and systemic barriers that function as obstacles to getting medical and psychological help after the event. The lack of medical services is a multilayer issue with different dynamics at play including: not knowing where to look for help, inaccessible help from local hospitals, financial barriers/poverty, dislocation, and more. The lack of accessible medical services is a common experience for male victims in the DRC because the spotlight continues to be on women and girl victims of sexual violence. As mentioned earlier, local and international organizations developed and tested clinical care training tools implemented

by nurses, physicians and community heath workers to specifically address the needs of women and girls (Christian et al., 2011). Male victims are excluded from the treatment model and left to fend for themselves. Participants emphasized the lack of and limited access to heath care services immediately after the event. They mentioned having to resort to local medicine and traditional healers to address ongoing symptoms of the trauma. They described traditional medicine such as hot water to address physical impacts of the assault as symptomatic temporary relief. Participants are stuck in a dire situation with ongoing suffering. Participants associate healing and recovering with regaining their full status as men. Unfortunately, persistent symptoms of the trauma, lack of proper medical care, and fear prevents them from regaining what they qualify as their "manhood".

In their "old life", before the sexual trauma, participants' ability to live up to the male code was a source of pride and meaning in life. Participants described masculinity as synonymous to being alive. In their "new life", after the sexual trauma, participants described the feeling of being emasculated, and reduced to a "de facto female" (Manivannan, 2014, p. 646), and no longer meeting the criteria as a "real man". After being stripped of their full status as men and being forsaken by the system, participants learned to surrender to a higher power. They mentioned God, spirituality, belief, faith or Jesus as a great source of strength, support, help, and hope. As participant 9 mentioned, "that's why I can say yes, life has meaning, but it's only God." In similar way, participant 3 finds meaning and purpose through the unconditional acceptance and love received from church as a great source of help and comfort. He compared this special love as similar to the unconditional love of a parent. Participants described the sexual trauma as a

turning point. Previously, they went from relying on their own physical strength, virility, and power to having to depend on others (e.g., family, friends, and community members) and surrendering to a higher power.

The majority of Participants strongly believe in the rigid traits of what is male and what is not. Consequently, they mentioned feeling "less than", and "decreased masculinity". Participant 12 summarized this reality by stating: "Today, we don't meet the criteria for being called men". While most Participants are stuck feeling "less than", some Participants developed strategies to protect a part of their identities as men by redefining masculinity. According to Hlavka (2017), stigmas are characteristics that spoil identities. Therefore, individuals must develop strategies to protect their sense of self and identities. For example, Participant 9 challenged the limited definition of masculinity by expanding the notion of maleness to include his "weaknesses". He redefined masculinity by stating: "I am fully a man with little strength." This inclusive and powerful statement highlights the fact that there is more to a man than physical strength. Participant 6 also found a way to preserve his masculinity by redefining the male code. He defines his masculinity not based on his current condition of weakness and inability to contribute. He focused on past actions of bravery and strength while defending the community against rebels. He stated:

> "Although I die today, I am a man, I suffered for people and they know I am a man. When the soldiers surrounded me, I stood up, and they saw that I was a man. So really it's showing your bravery by your actions."

Regardless of current conditions and limitations, his past actions define who he is today as a man. He goes on to redefine a man by stating: "it's showing your bravery by

your actions", and past deeds are never forgotten. Even though participant 6 is struggling with physical (lack of strength), emotional (survivor guilt, and suffering) and psychological (e.g., PTSD related symptoms) impact of the trauma, he found a way to anchor himself in good deeds committed in the past. Participant 6 shared his journey towards redefining his identity. In his previous life (before the sexual trauma), Participant 6 individual and social identity was linked to his gender, and the ability to live up to the masculine expectations of his given society. He found a way to redefine his individual and social identity by holding on to past act of bravery and self-sacrifice for the greater good of the community.

VII. 8. Therapeutic implications

Certain important concepts must be taken into account while studying and working with male victims of sexual trauma. According to Groth (2011), "The concepts of gender, masculinity and manhood are an essential keys to understanding male experience and psychology, the place and role that men occupy in culture and society, and what is demanded of them by society" (p. 23). The conceptualized therapeutic process based on masculinity and related construct has been criticized for lacking empirical evidence to support the theory of change (Addis, Mansfield, & Syzdek, 2010; Vearnals & Campbell, 2001). Despite the shortcomings of the social construction of masculinity and gender, "masculinity" is a vital construct with enormous benefits for treating men in therapy (Brooks, 2010; Forde & Duvvur, 2016).

A. Therapy for male survivors of sexual trauma

The healing or integration of male sexual trauma requires a male centred approach that: 1) challenges the 'myths' or 'cultural delusions' about male sexual victimization, 2)

counters the shame beliefs about male sexual violence found in a larger society, 3) provide a welcoming space for male victims to express themselves, 4) give male victims permission to discuss a variety of difficult issues and experiences, 5) identify unhelpful defenses, etc. To create a safe and welcoming space requires non-judgemental acceptance/unconditional positive regard, support, empathetic understanding, genuineness and general knowledge about the population being served. The journey towards healing and recovery can be accomplished within individual and/or group setting.

One of the recommendations that emerged from the findings of the study on sexual and gender based violence against men in the DRC (Christian, et al., 2011) is to adapt current tools to the context and further develop it to meet the clinical needs of male survivors. This suggested framework is similar to the Irish Rape Crisis Centres (RCCs) inclusive of the concept of victimization. The Irish RCCs approach is one of a kind in the world where services are tailored to meet the needs of victims of sexual trauma despite one's gender. The Irish RCCs were established by women within the feminist movement between the late 1970s and mid 1980s (Ford & Duvvury, 2016). In the 1990's, they began offering services to men. Initially, the majority of the centres resisted this integration due to struggles reconciling their fundamental feminist identity and for victims' emotional safety (Ford & Duvvury, 2016). The Irish RCCs have been running a successful inclusive program for slightly over 20 years. In order to successfully integrate male victims; counsellors were trained on the gendered nature of healing and recovery. The Irish RCCs framework views the counselling relationship as the focal point of the recovery and healing journey where self-worth, trust and boundaries can be relearned

(Ford & Duvvury, 2016). Most importantly, survivors are considered as the active agents in their own healing and recovery process (Ford & Duvvury, 2016). The Irish RCCs therapeutic sessions are compromised of three stages (Ford & Duvvury, 2016):

Stage 1: Establishing safety, which involves "Building the deep, transformative work to come on the solid foundations of the humanistic principles" (p. 3).

Stage 2: "Accessing the deepening to get in touch with the experience beneath the story" (p. 3). This process involves working with the body (e.g., feelings, sensations, and emotions).

Stage 3: "Integration and completion, building resources that survivors can transfer into their daily life" (p. 3).

The Irish RCCs training manuals emphasize on the gendered nature of healing (Ford & Duvvury, 2016). Unfortunately, inclusive treatment models and bridges for solidarity and compassion such as the Irish RCCs are one of a kind. Instead, the movement for the recognition of male victims of sexual violence and the women's movement are seen as competitors fighting for limited resources (Gorris, 2015). Most of the therapeutic work in the Irish RCCs is accomplished within the individual and group context.

Male survivors benefit most from a complementary treatment that integrates individual and group therapy (Fisher, Goodwin, & Patton, 2008). Individual therapy focuses specifically on the client's needs. Psychotherapy as a treatment of mental disorder is a western concept that isn't fully integrated within African cultures. The medical model is still considered the dominant treatment approach. To be effective, the psychotherapeutic approach must adapt to different aspects of the African culture (Okpalaenwe, 2017). According to Okpalaenwe (2017), "The wisdom and knowledge of

our African native land were transferred through folklore, storytelling and verbal skillful sharing from one generation to the next ." (p.1) These natural methods of healing occur collectively as opposed to individually between a therapist and a client. Group therapy can be a way of bridging the gap between the western concept of psychotherapy and traditional African ways of healing.

Men generally benefit from group therapy because "Men learn to be men in front of other men. Therefore, it is in front of other men that men can unlearn some of the more unproductive lessons about manhood and relearn and reinforce some of the more positive lessons" (Brooks, 1998, P. 104). In a sense, group therapy for men fosters a safe and non-judgemental environment that counters the negative impacts of male socialization through the felt experience of intimacy and connection with other men. "Survivor groups for men create a micro-society that counters the shaming beliefs about male sexual abuse found in larger society" (Fisher, Goodwin, and Patton, 2008, p. 190). Inspired by Irvin Yalow (2005) empirically validated classic text on the therapeutic value of groups, Fisher, Goodwin, and Patton (2008) identified various therapeutic factors pertinent to male survivor groups.

1. Universality: The factor of universality counters the experience of shame and isolation by offering a sense of intimacy and connection, validating survivor's experience while honouring their stories and acknowledging their humanity.

2. Group cohesiveness**:** Yalom (1995) described group cohesiveness as the "condition of members feeling warmth and comfort in the group, feeling they belong, valuing the group and feeling, in turn, that they are valued and unconditionally accepted and supported by other members."

3. Family re-enactment: The group fosters an environment where clients can gain awareness of their dysfunctional childhood dynamics and offered the opportunity to replace them with emotionally appropriate experiences.

4. Vicarious Learning: Group creates an opportunity for learning and gaining insight from witnessing other group member's experiences, which is an effective strategy for dissolving repression and denial. Growth is also experienced through observing group facilitator's interventions.

5. Imparting information: The benefits of providing psychoeducation regarding the impacts of trauma and the healing process.

6. Emotional expression: The group creates a powerful environment where clients learn emotional literacy and emotional expression in a safe and non-judgemental setting.

7. Instillation of hope: The group offers hope and the prospect of change.

Other factors that need to be taken into account when working effectively with male victims in psychotherapy are;

1. Gender role differences between male and female. According to Groth (2011), "Sex-specific biological differences have undoubtedly influenced (and continue to influence) the kind of roles that men and women generally gravitate towards at home and in society: women favouring roles that are concerned with relationships, nurturing, family, and social bonds; and men favouring roles more concerned with material production, provision, protection-roles that are predominantly task and action oriented and extra-familial (focused outside the family)"(Groth, 2011, P. 51). As one might predict, "men and women sometimes exhibit significantly divergent ways of thinking,

experiencing and processing emotions, coping, seeking and experiencing support, and communicating" (Groth, 2011, p. 51).

2. Treatment models must also include an educational piece on the physiology of male sexual response. For example, involuntary erections or/and ejaculations during the sexual assault is often incorrectly understood by the victim, the perpetrator, the medical community and the justice system as evidence representing consent by the victim (Bullock & Beckson, 2011). Misconceptions regarding penile physiologic response can potentially interfere with trauma processing and recovery. The reality is that ejaculations and erections can occur during times of extreme distress even in the absence of any sexual pleasure because they are partially involuntary (Bullock & Beckson, 2011). Understanding this reality can potentially lead to justice for male victims in legal settings and proper services within the community. Knowledge can potentially lead to the development of a more sensitive approach to delivering services tailored specifically to meet the needs of men.

The result of the present study and evidence-based knowledge on men, masculinity, sexual trauma and gendered nature of healing suggest that an integrative approach that takes into account all the different aspects of healing mentioned above can have a positive impact on male victims' path to recovery. The current study suggests a culture sensitive psycho-educational group model for male victims of conflict-related sexual trauma in the Congo. The psycho-education program can cover specific factors including:

1. Confidentiality, safety, and paths to recovery.
2. Trauma and male centered approach to specifically address the male code, rape myths, and impact of sexual trauma on men's identity and relationships.

3. Emotions triggered by trauma which specifically address shame, guilt, hopelessness, meaninglessness, suffering, self-compassion, etc.
4. Coping with trauma that explores the impact of past trauma on current behaviour and coping strategies.
5. Meaning-making to explore the role of Spirituality/Religion/God/Jesus/Faith/Belief. Meaning-making components can also focus on reconstructing masculinity.
6. Exploring different resources within the community.

The growing area of research that exists on male victims of sexual violence tends to focus on acknowledging the existence of invisible victims, discussing the prevalence and effects of their victimization experiences (Christian et al., 2012; Gorris, 2015; Touquet & Gorris, 2016). Although this has helped to highlight the existence and challenges faced by male victims, there is currently no general agreement or best practice guideline for agencies that deliver services to this population. A follow up study to test the proposed psycho-education program is envisioned in the near future.

The result section also highlights the multiple and persistent physical health-related issues experienced by male victims. Through the current research, most Participants mentioned inaccessible medical services immediately following the event (s) without specifying details. They also described the ongoing impacts of the short and long term consequences as a form of re-victimization. The issues around the lack of accessible medical services to address physical injuries are also present in other war-affected areas. Despite the widespread recognition of the presenting issues, health care providers and aid workers are unsure on how to address the current problem (Chynoweth,

Freccero, & Touque, 2017). Chynoweth, Freccero and Touque (2017) shared an example where a gender-based violence programme manager in Iraq raised the issue during training on post-rape care, doctors and nurses started laughing, "How can a man be raped." Unfortunately, this attitude is common among healthcare professionals, mental health providers and gender-based violence workers. Sensitive health care services for men and boy survivors of sexual violence are limited.

As mentioned earlier, many villages in targeted areas in the DRC have physicians, nurses and community health workers trained on SGBV by local and international NGO's to specifically meet the clinical care for women and girls (Christian et al., 2012). Historically, counselling for sexual abuse related issues has been aimed at meeting the needs of women and girls using models originated out of structural feminist theories. Heath care providers play an important role in male victims healing and recovery process. It is important to educate key players (e.g., health care providers, aid workers, gender-based violence workers, doctors, nurses, physicians, etc.) to eliminate ignorance, negative attitudes, cultural delusions, and myths about male rape that can cause additional harm and discourage survivors from engaging in help seeking behaviour. The writer also envisions a follow up study to educate health care providers and gain a better understanding on current protocols, assessment tools and communication materials. This envisioned study will add to the literature towards the goal of developing and testing a clinical care training tools tailored to specifically address male survivors' needs. It is to learn more from health care providers and aid workers about their understanding of male sexual victimization experience, and how the issue is addressed (e.g., communication materials, protocols, assessment, and treatment.)

Last but not least is to get the community involved in the process with the hope of raising awareness and developing compassion for male victims.

VI. 9. CONCLUSION

The development of this project met the research objectives by raising awareness about sexual violence against men and the potential negative impact of gender role socialization on the path to healing and recovery. As demonstrated throughout the thesis, the profound consequences of rape and other forms of gender-based violence are common to all survivors regardless of gender. Understanding trauma through a gender lens is crucial because gender influences the way the trauma is processed, expressed and the journey towards healing and recovery. A male-centered approach is crucial to conceptualizing and treating male victims According to Fisher, Goodwin, and Patton (2008), "It is time for us as a society to evolve past narrow interests and gender stereotypes and embrace the fact that unless all victims are welcome at the table then nothing will substantially change in our quest for real and inclusive social justice and peace" (p. 35). This research project was a major step towards welcoming men to the table by countering the negative impacts of male socialization, the feelings of shame and stigma about male sexual abuse commonly shared in society. The current research fulfilled the objective of understanding men's experiences of sexual victimization as it intersects with valued ideals of masculinity and the traditional male code, as elaborated in the discussion and final discussion section. The research challenged the taboo by breaking the silence and lack of visibility against male victims. The study's final results offered an in-depth understanding of the short and long term consequences of conflict-related sexual violence against men, identified male victims' needs, and highlighted

current obstacles interfering with the journey towards healing and recovery. From this foundational work, further research is needed to develop and test clinical care training tools tailored to address male survivors' needs specifically. A follow-up study is needed towards the goal of developing the best practice guideline for agencies that deliver services to all victims of gender-based violence. Currently, there are none for male victims. A better understanding of conflict related sexual violence against men would potentially advance clinical and research initiatives. Grey & Shepherd (2012) discuss a different way of conceptualizing responsibility by going beyond the legal/practical concepts of responsibility linked to war crimes and moral responsibility associated with human rights violations. The authors propose a relational concept of responsibility that goes beyond labels (e.g., males as perpetrators and females as victims) and beyond the idea of involving men (perpetrators) in the fight to end rape and other forms of violence against women (victims). In accordance with Grey & Shepherd, 2012), all actors (e.g., researchers, activists, academics, advocates, practitioners, and policy makers) must proceed from, "An understanding of gender violence, and responsibility that neither distinguishes victims and perpetrators a priori nor separates responsibility from action, because the taking of responsibility, as we see it, is action". The ability to connect on a human level is the best tool for developing and including all victims in the discussion to stop rape.

VII. 10. A statement of acknowledged limitations of my research

Limitations and challenges

The findings from a small sample size using qualitative interviews cannot be generalized to all male victims in the Congo. The study is retrospective; details related to

participants' victimization experience might have been forgotten for reasons linked to the trauma and/or passage of time. The interviews were conducted in Swahili; thus, it is likely that there might be some loss of information during the process of transcription and translation of local languages to English. To avoid inconsistencies in translation, a back-to-back translation technique was used to ensure the quality and accuracy of Participants' life experiences. As mentioned earlier, gender-based violence in the Eastern region of the Congo is synonymous to sexual violence committed against men. Participants struggled using proper terminology to describe their sexual victimization experience. Follow up interviews were conducted with a few participants to clarify details and address language related issues. Finally, to detect and prevent researcher-induced bias, bracketing of assumptions was done to mitigate the potential deleterious effects of preconceived ideas that could have tainted the research process.

REFERENCES

Addis, M. E. (2010). Response to commentaries on the problem of masculinity. *Psychology of Men & Masculinity, 11*(2), 109-112.

Addis, M., & Mahalik, J. (2003). Men, masculinity, and the contexts of help seeking. *The American psychologist*, 58 (1), 5-14.

AllAfrica (2017). Sexual violence in the DRC: NGOs involved in the fighting testify to the progress achieved in three years. Available at: http://allafrica.com/stories/201703140878.html

Artime, M. T., McCallum, B. E., & Peterson, D. Z. (2014). Men's acknowledgement of their sexual victimization experiences. *Psychology of Men & Masculinity*, 14, 313-323

Bartoli, E. (2007). Religious and spiritual issues in psychotherapy practice: Training the trainer. *Psychotherapy: Theory, Research, Practice, and Training*, 44, 54-65.

Bohan, J. S. (1997). Regarding Gender: Essentialism, Constructionism, and Feminist Psychology. In M. M. Gergen & S. N. Davis (Eds.), *Toward a New Psychology of Gender*. (pp. 31-47). New York: Routledge.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77-101.

Brooks, G.R. (1998). A New Psychotherapy for Traditional Men. San Francisco: Jossey-Bass. Brooks, G.R. (1998b). Group therapy for traditional men. In Pollack, W.S. and Levant, R.F. (Ed.), *New Psychotherapy for Men* (pp. 83-96). New York: John Wiley & Sons.

Brooks, G.R. (2010). Despite Problems, "Masculinity" is a Vital Construct. *Psychology of Men & Masculinity, 11* (2), 107-108.

Bullock, C. M., & Beckson, M. (2011). Male victims of sexual assault: phenomenology, psychology, physiology. *Journal of the American Academy of Psychiatry and the Law, 39*, 197-205.

Carpenter, L., & Conrad, J. (2012). Conflict Minerals in The Congo: Blood Minerals and Africa's Under-Reported First World War. *Suffolk University Working Paper*, pp. 1-25.

Hsiao-Yu, C., & Boore, RB, J. (2009). Translation and back-translation in qualitative nursing research: methodological review, Journal of Clinical Nursing, 19 (1-2), p. 234-239.

Christian, M., Safari, O., Ramazani, P., Burnham, G., & Glass, G. (2011). Sexual and gender based violence against men in the Democratic Republic of Congo: effects on survivors, their families and the community. *Medicine, Conflict and Survival,* 27, 227-246.

Chynoweth, S. (2017). "We keep it in our heart"-Sexual violence against men and boys in the Syria Crisis. UN High Commissioner for Refugees (UNHCR).

Creswell, W. J., & Poth, N. C. (2017). *Qualitative Inquiry & Research Design: Choosing Among Five Approaches* (4th ed.) Thousand Oaks, CA: Sage.

David, D., & Brannon, R. (Eds.). (1976). *The forty-nine percent majority: The male sex role*. Reading, MA: Addison-Wesley.

Donnelly, C., Letts, L., Klinger, D., & Shulha, L. (2014). Supporting knowledge translation through evaluation: Evaluator as a knowledge broker.

Canadian *Journal of Program Evaluation, 29*, 6–61. doi: 10.3138/cjpe.29.1.36

Ferrales, G., Brehm, N. H., & Mcelrath, S. (2016). Gender-based violence against men and boys in Darfur: The Gender-genocide nexus. *Gender and Society*, 4, 565-589.

Fisher, A., Goodwin, R., & Patton, M. (2008). *Men & Healing: Theory, research and practice in working with male survivors of childhood sexual abuse*. Toronto, Canada: Prepared for the Cornwall Public Inquiry.

Forde, C., & Duvvury, N. (2016). Sexual violence, masculinity, and the journey of recovery. *Psychology of Men & Masculinity*. Advanced online publication. http:// dx.doi.org/10.1037/men0000054

Frankl, V. E. (1970). *The will to meaning: Foundations and applications of logotherapy*. New York: New American Library.

Frankl, V. E. (1949). Man's search for meaning. Boston: Beacon Press.

Fukuyama, M. A., & Sevig, T. D. (1999). *Integrating Spirituality into Multicultural Counseling.* California, London: Sage Publications.

Geller, D. J. (2006). Pity, Suffering, and Psychotherapy. *American Journal of Psychotherapy*, 60, 187-205.

Gilbert, P. (2010). The compassionate mind. London: Constable & Robinson Ltd.

Gilmore. D.D. (1990). *Manhood in the Making: Cultural Concepts of Masculinity*. New Haven & London: Yale University Press.

Goetz, L. J., Keltner, D., & Simon-Thomas, E. (2010). Compassion: evolutionary analysis and empirical review. *Psychological Bulleting,* 136, 351-374.

Gorris, E. 2015. Invisible victims? Where are male victims of conflict-related sexual

violence in international law and policy? *European Journal of Women's Studies,* 22, 412-427.

Groth, M. (2011). *Doing psychotherapy with men: Practicing ethical psychotherapy and counseling with men.* Adelaide, South Australia: The Australia Institute of Male Health and Studies:

Haring, U, Sorin, R, & Caltabiano, N. (2020). Exploring the transformative effects of flow on children's liminality and trauma. Art/Research International: A Transdisciplinary Journal; 20 (1), 16-46.

Hlavka, R. H. (2017). Speaking of stigma and the silence of shame: young men and sexual victimization. *Men and Masculinities*; 20 (4), 482-505.

Jackson, L. 2007. *The greatest silence: Rape in Congo*. United States of America, Women Make Movies.

Jackson, M. A., Valentine, S. E., Woodward, E. N., & Pantalone, D. W. (2017). Secondary victimization of sexual minority men following disclosure of sexual assault: "victimizing me all over again…". *Sexuality Research & Social Policy: A Journal of the NSRC, 14*(3), 275–288. https://doi.org/10.1007/s13178-016-0249-6

Javaid, A. (2015). The dark side of men: the nature of masculinity and its uneasy relationship with male rape. *Journal of men's studies*, 23(3), 271-292.

Karbo, T. and Mutisi, M. 2012. Ethnic conflict in the Democratic Republic of Congo. In: Landis, D. and Albert, R.D. eds. Handbook of ethnic conflict: International perspectives. New York, Springer, pp. 381–402

Kalra, G., & Bhugra, D. (2013). Sexual violence against women: understanding

cross-cultural intersections. *Indian Journal of Psychiatry,* 55, 244-249.

Kanov, M. J., Maitlis, S., Worline, C. M., Dutton, E. J., Frost. J. P., & Lilius, M.J. (2004). Compassion in Organizational Life. *American Behavioural Scientist,* 47, 808-827.

Kisangani, E. (2012). *Civil Wars in the Democratic Republic of Congo, 1960-2010*. Boulder: Lynne Rienner Publishers.

Levant, F. R. (1996). The new psychology of men. *Professional Psychology: Research and Practice*, 27, 259-265.

Licata, L., & Klein, O. (2005). Regards croisés sur un passé commun: anciens colonisés et anciens coloniaux face à l'action belge au Congo. *L'Autre: regards psychosociaux*, P. 241-278.

Lombard, M., Snyder-Dutch, J., & Bracken, C. C. (2002). Content analysis in mass communication assessment and reporting of intercoder reliability. *Human Communication Research, 28*(4), 587-604.

Low, M., & Rogers, P. (2017). The scope of male rape: A selective review of research, policy and practice. Aggression and Violent Behavior, 35, 38-43.

Lwambo, D. (2013). "Before the war, I was a man": Men and masculinities in Eastern DR Congo. Heal Africa, Goma, DRC.

Manivannan, A. (2014). Seeking justice for male victims of sexual violence in armed conflict. *Journal of Internal Law and Politics*, P. 636-670.

Masho, S., & Alvanzo, A. (20100. Help-seeking behaviours of men sexual assault survivors. *American Journal of Men's Health*, 4, 237-242.

Miller, M., A. (2004). Sexuality, violence against women, and human rights: women make demands and ladies get protection. Health and Human Rights, 7, 16-47

Monbourquette, J. (2000). *How to Forgive, a Step-by-Step Guide*. Toronto: Novalis Publishing Inc.

Moustakas, C. (1994). Phenomenological research methods. Thousand Oaks, CA: Sage.

Meger, S. (2010). Rape of the Congo: Understanding sexual violence in the conflict in the Democratic Republic of Congo. *Journal of Contemporary African Studies,* 28, 119-135.

Muldoon, T. O., Haslam, S. A., Haslam, C., Cruwys, T., Kearns, M., & Jetten, J. (2019). The social psychology of responses to trauma: social identity pathways associated with divergent traumatic responses. European Review of Social Psychology, 30 (1), 311-348.

Navarro, N, J., & Clevenger, S. (2017). Calling attention to the importance of assisting male survivors of sexual victimization. *Journal of School Violence. 16*, 222-235.

Patton, M. Q. (1990). *Qualitative evaluation and research methods.* Newbury Park, CA: Sage.

Pleck, J. H. (1981). *The myth of masculinity*. Cambridge, MA: MIT Press.

Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 11-32). New York: Basic Books.

Purnell, D. (2019). #Me (n) Too: Storying a Male-on-Male Sexual Assault. *Journal of Loss and Trauma*, 3, 226-237.

Qureshi, S. (2013). The recognition of violence against women as a violation of human rights in the United Nations system. *South Asian Studies*, 28, 187-198.

Rowbottom, S., Brown, D., & Cachia, P. (2012). The male gender role and men's psychological distress: a review. *Social psychological review*, 14(1), 16-27.

Rumney, P. (2008). Policing male rape and sexual assault. *Journal of Criminal Law*, 7 2(1), 67-86.

Schmitt, C., & Dobbs, L. (2013). UNHCR statistics show alarming rise in rape and violence against women in North Kivu. Available at: http://www.unhcr.org/news/latest/2013/7/51f7ae846/unhcr-statistics-show-alarming-rise-rape-violence-against-women-north-kivu.html

Schwartz, S. H. (1999). A Theory of Cultural Values and Some Implications for Work. *Applied Psychology*, 48, 23-47.

Schermer, W, T., & Holmes, N, C. (2018). Will to masculinity: an existential examination of the men's issues. *Journal of Humanistic Counselling*, 57, 191-207.

Seidman, I. E. (1991). Interviewing as qualitative research: A guide for researchers in education and the social sciences. New York: Teachers College Press.

Sheridan, M. J. (2004). Predictors of use of spiritually-derived interventions in social work practice: A survey of practitioners. Journal of Spirituality and Religion in Social Work: Social Thought, 23(4), 5-25

Shepherd. J. L., & Grey, R. (2012). "Stop Rape Now?" Masculinity responsibility, and conflict-related sexual violence. *Men and Masculinities*, 16 (1): 115-135.

Silberschmidt, M. (2001). "Disempowerment of Men in Rural and Urban East Africa: Implications for Male Identity and Sexual Behavior." In: World Development 29(4): pp. 657–671.

Sivakumaran, S. (2007). Sexual Violence Against Men in Armed Conflict. *The European Journal of International Law*, *18* (2), 253-276.

Stemple, L. (2009) Male rape and human rights. *Hastings Law Journal, 60* (2): 605–645.

Storr, W. (2011). The rape of men: the darkest secret of war. The Guardian.

Straus, C., Taylor, L. B., Gu, J., Kuyken, W., Baer, R., Jones, F., & Cavanagh, K. (2016). What is compassion and how can we measure it? A review of definitions and measures. *Clinical Psychology Review*, 47, 15-27.

Touquet, H., & Gorris, E. (2016). Out of the shadows? The inclusion of men and boys in conceptualizations of wartime sexual violence. *Reproductive Health Matters, 24*, 36-46.

Turchik, A.J., & Edwards, M. K. (2012). Myths about male rape: a literature review. *Psychology of Men & Masculinity, 13*, 211-226.

Uneca (2015). *Conflicts in the Democratic Republic of Congo: causes, impact and implications for the Great Lakes region*. United Nations Economic Commission for Africa. https://www.uneca.org/publications/conflicts-democratic-republic-congo-causes-impact-and-implications-great-lakes-region

Vearnals, S., & Campbell, T. (2001). Male victims of male sexual assault: A review of psychological consequences and treatment. *Sexual and Relationship Therapy, 16,* 279-286.

Wilson, P. (2014). What are the causes of enduring civil war in the Democratic Republic of Congo (DRC)? *Department of politics, history and international relations,* p.

1-45.

Wilson, C. L., & Scarpa, A. (2016). A pilot study of the impact of sexist attitudes on male survivors of Rape. *Psychology of Men & Masculinity*, Advance online publication. http:// dx.doi.org/10.1037/men0000059

Wong, P. T. P. (2010). Positive existential psychology. In Encyclopedia of positive psychology. Oxford Backwell.

Yalom, I. (1995). *The Theory and Practice of Group Psychotherapy* (4th Edition). New York: Basic Books.

Yalom, I. & Leszcz, M. (2005). The Theory and Practice of Group Psychotherapy (5th Edition). New York: Basic Books.

Notes

1. The UN Charter of 1945

2. The Universal Declaration of Human Rights 1948

3. The first UN World Conference of the International Women, Held in (19 June-2 July 1975) Mexico City.

4. World Conference of the United Nations Decade for Women: Equality, Development, and Peace, Held in (14-30 July 1980) Copenhagen.

5. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1981.

6. World conference to review and appraise the achievements of the United Nations Decade of Women: Equality, Development, and Peace, Held (15-26 July 1985) in Nairobi.

7. CEDAW General Recommendations. Available at: (http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm).

8. World Conference on Human Rights, Held in (14-25 June 1993) Vienna, Austria.

9. Declaration on Elimination of Violence Against Women (DEVAW), Held in December 1993.

10. UN Women, Peace and Security. Available at: (http://www.un.org/en/peacekeeping/issues/women/wps.shtml).

11. G8 (2013) Declaration to End Sexual Violence. Available at: https://www.un.org/ruleoflaw/files/G8%20Declaration%20Sexual%20Violence%20in%20Conflict%20-%20April%202013.pdf

12. UN News Centre. UN forum highlights plights of male victims of sexual violence in conflict. http://www.un.org/ apps/news/story.asp?NewsID=45532#.VjDbMqKGsbs. 30 July 2013.

13. United Nations General Assembly, Declaration of Commitment to End Sexual Violence in Conflict, 24 September 2013. Available at: www.gov.uk/government/uploads/system/uploads/attach-ment_data/file/244849/A_DECLARATION_OF_COMMITMENT_TO_END_SEXUAL_ VIOLENCE_IN_CONFLICT__TO_PRINT….pdf.

APPENDIX A : RECRUITMENT DOCUMENTATION

Participant Recruitment Form

Objective: Invitation to a voluntary participation on a research study.

I am writing to invite you to participate in my research study about conflict-related sexual violence against men and boys in the DRC. Your participation in this study will contribute to a noble cause toward raising awareness and potentially improving treatments and mental health services for male victims in the future.

If you decide to Participate in this study, the researcher and her assistants will be conducting interviews in a safe and confidential space at the SOSAME Hospital. Your identification will be protected through a coding system and only the researcher and her assistants will have access to this information. The initial interview process will take approximately 45-90 minutes. Follow up interviews will be conducted over the phone to clarify certain information.

The interview process can be difficult and potentially trigger physical and emotional discomfort. Counseling will be provided should a participant experience any discomfort during or immediately after the interview. Additionally, research assistants will also engage in follow up care with participants as needed after the telephone interviews.

I would like to re-emphasize that your participation is completely voluntary. As a token of our appreciation for your commitment and voluntary participation, Participants will receive 30$.

If you have any questions about the study, please email or contact me at:

Name of researcher: Ines Yagi, MA, RP, PhD (Cand).

Name of supervisor: Judith Malette, Ph.D., C. Psych.

Please Mark your name, signature and date below if you choose to participate.

First and Last name: Signature: Date:

APPENDIX B: CONSENT FORM

Consent Form

Title of the study: Conflict-Related Sexual Violence Against Men in the Democratic Republic of Congo (DRC): Lifting the Veil of Secrecy Around a Controversial and Taboo Subject.

Name of researcher: Ines Yagi, MA, RP, PhD (Cand).

Name of supervisor: Judith Malette, Ph.D., C. Psych.

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Ines Yagi under the supervision of Judith Malette.

The purpose of the study is to investigate war-related sexual violence against men and boys in the DRC as a means of contributing to the literature on sexual and gender-based violence against men and raise awareness about this issue, with the intention of providing guidelines for services to help male victims start their healing journey.

Participation:

My participation will consist essentially of answering a series of open-ended questions through individual interviews with either a male or female Congolese research assistant. You will have the freedom to choose whom you feel more comfortable working with. The interview will be conducted in local languages determined by your request, namely Swahili and/or other native languages. The researcher will be present during the interview process taking field notes. The field notes will permit the researcher to comment on the situational context such as environmental context, behaviours, impressions, and nonverbal cues. The individual interview questions will be guided by the study's objectives. The duration of the interview will vary from one individual to another; the session may last between 45-90 minutes. The researcher will rent a safe and secure location to conduct interviews without jeopardizing your right for privacy and confidentiality. A few months after the initial interview, you will be asked for a follow up interview over the phone to validate and clarify concerns that rose during the first set of interviews. All interviews will be audio recorded to help the researcher accurately capture insights in your own words. Given the sensitive, personal and confidential nature of our discussions, you will be guaranteed anonymity and confidentiality. A detailed explanation of how the research team will maintain the confidentiality of data with respect to any identifiable information and information shared during discussions will be discussed in-depth on the section titled confidentiality and anonymity.

Risks:

My participation in this study will entail discussing traumatic events and their meanings in detail. Sharing detailed information on such a sensitive subject matter can

be re-traumatizing for some individuals. I have received assurance from the researcher that every effort will be made to minimize these risks. For example, counselling will be provided should I experience any traumatic reactions during or immediately after the interview. Given the traumatic nature of the subject, the research will also put preventative measures in place to further assist you if needed to avoid re-traumatization upon her return to Canada. Specifically, research assistants will engage in follow up care if needed.

Benefits:

My participation in this study will personally benefit me, the society and scientific community as a whole by: a) offering you a platform to talk about your experience, b) challenging social stigma and shame, c) increasing Congolese male survivors' visibility and acceptance, d) increasing awareness and educating community members and leaders as a way of building social support, e) contributing to the advancement of our understanding of this phenomenon while offering an in-depth examination of the victims 'regarding the forms of violence experienced by male victims, its effects and specific mental health needs of victims, f) Raising awareness about this issue, with the intention of providing guidelines for services to help victims start their healing journey, g) Offering hope to men and boys victims of conflict-related sexual violence in the DRC.

Confidentiality and anonymity:

> I have received assurance from the researcher that the information I share will remain strictly confidential. I understand that the contents will be used only for the purpose of this research study and that my confidentiality will be protected. We will not be sharing identifiable information about you to anyone outside of the research team. All identifiable information collected will be kept private. Any identifiable information will have a number on it instead of your name. Only the researcher and her two assistants will know what your number is.

Furthermore, as part of knowledge translation, the current study will include a short documentary as a tool for challenging stigma by increasing community awareness. To ensure your confidentiality and privacy, the documentary will be developed from the audio record and the use of shadow actors (where you can't see your face) moving along to audio soundtrack. Additionally, your voice will be garbled to protect your privacy and maintain confidentiality.

Anonymity:

Information submitted will be published, as a report, confidentiality and anonymity will be maintained through the removal of identifiers as described in the section above.

Conservation of data:

The data collected (both hard copy and electronic data) will be stored in a password-protected file on the study computer as well as a secure cabinet at the local office. Only the researcher will have the key to access the secure cabinet. Once in Canada, a copy of all research files will be transferred to the researcher's password protected computer. A duplicate copy of the research files will be created to safeguard it and enable recovery in case of a loss, corruption or infection by malware. Non-personal research data may be used for future research. I am assured that the confidentiality of my personal data will be upheld through the removal of identifiers.

Compensation:

My participation in this study will involve no cost to me. I will be paid 30$ as a token of appreciation for voluntarily choosing to participate in the research project, and for travel cost and time lost.

Voluntary Participation:

I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal (including tapes) will be destroyed and omitted from the final paper.

Acceptance: I, _____, agree to participate in the above research study conducted by Ines Yagi of the Human Science Department, School of Counselling, Psychotherapy and Spirituality, Saint Paul University, which research is under the supervision of Judith Malette.

Using current data in future research studies:

We would like to inform you that data collected from the present study might be used anonymously to support future research.

____Yes, I consent for my personal information to be used in future research studies.

____No, I do not consent for my personal information to be used in future research studies.

If I have any questions about the study, I may contact the researcher or her supervisor.

If I have any questions regarding the ethical conduct of this study, I may contact the Office of Research and Ethics, Saint Paul University, 223 Main Street, Ottawa, ON K1S 1C4
Tel.: (613) 236-1393

There are two copies of the consent form, one of which is mine to keep.

Participant's signature: _____ *Date*: _____

Researcher's signature: _____ Date: _____

APPENDIX C : SOCIO DEMOGRAPHIC QUESTIONNAIRE

Socio-Demographic Questionnaire

Sociodemographic Questionnaire

These questions help us to get to know you better but in no way identify you. Please mark X and/or answer the questions where appropriate.

1. **Gender:** Male_____ Female_____ Other _____ (please specify :_____)

2. **Age**: _____ years

3. **Maternal language:** French___ English ___ Other ___ (Please specify:_____)

4. **Language of use (most frequently used language)**: French___ English___ Other __ (Please specify: _____)

5. **Where have you lived most of your life?**
City or town:
_____
Province: _____ Country:
_____

6. **Marital status: Are you?...**
_____ Single
_____ Married
_____ Divorced/ Separated
_____ Common law (Living with your girlfriend or boyfriend, but not married)
_____ Widow or Widower
_____ Other; Please specify: _____

7. **Level of education:**
_____ Elementary School
_____ High School
_____ College Degree
_____ University Degree – undergraduate (baccalaureate)
_____ University Degree – Masters
_____ University Degree - Ph.D. (doctorate)
Other, please specify : _____

8. **Annual income: _____**

9. **Ethnocultural origin: _____**

10. **What is your religious denomination?**

Catholicism____; Christian ____; Judaism _____; Islam _____
Other: _____, please specify _____

11. **Do you practice your religion? (For example, attend Mass, or other religious rites):**

_____ Very frequently (every day)
_____ Frequently (once/week.)
_____ At least once a month
_____ A few times a year
_____ Once a year
_____ Rarely

12. **Do you define yourself as a spiritual person?**

_____ Yes: Specify which of the following areas you identify with the most:
- _____ To the religious (identified religion or identified tradition)
- _____ To the cosmos (scientific or fictional)
- _____ To the sum of life experiences
- _____ To the social aspect of life (humanitarian values)

_____ No

Thank you for your valuable collaboration!

APPENDIX D: QUESTIONS FOR INTERVIEW

D1. Interview questions for male victims

Before starting, we want to express gratitude to all participants for accepting our invitation to partake in this study. Within the next hour, we will discuss the issue of sexual violence against men and boys and its impacts. We will ask you a few questions and we invite you to answer with as much detail as possible.

1. First, I would like to know more about your sexual violence experience, Can you please share what happened?
2. Based on your opinion, what do you think caused the sexual violence?
3. How do you make sense of it?
4. What happened after the incident?

   a) Did you seek help/assistance?

   b) If yes, where/from whom did you seek help/assistance? Describe the outcome result?

   c) If no, how do you explain that?
5. Do you consider yourself the same person that you were before the incident?

   a) How was life before?

   b) How is life now?
6. Have you heard people make comments about male sexual victimization (e.g. family, friends and community as a whole), How do you describe their reactions?
7. What are your reactions to those comments?
8. In a traditional sense, what does it mean for you to be 'a real man'? What is your definition of masculinity?

9. How do you see yourself today in relation to that definition of masculinity?
10. What are your current needs?
    a) Describe current challenges and obstacles?
    b) How would life be different if those needs were met?

APPENDIX E: QUESTIONS FOR FOLLOW-UP INTERVIEWS

Follow up interview questions.
The research assistant followed up with 2, 5, 13, and 14

Question 1: for participants 2, 5, and 14

-Would you describe your experience as rape?

Question 2: For participant 2, 5, 13 and 14.

-Were some of the needs listed in the interview also present before the attack?
-Are current needs directly linked to the assault or exacerbated by it?

Question 3: For Participant 2, 5

-What are your hopes and future outlook?

Question 4: For participant 2, 5, and 14

After everything you experienced, what brings meaning/purpose in your life today?

Question 5: For participant 5, 13

What does it mean to be a man in your culture?
Do you still consider yourself as men?

Question 6: For Participant 2

You mentioned hot water was used to help you, what does hot water represent to you?
What was hot water associated with before the rape?

Question 8: For Participant: 2, 5, 13, and 14

What type of help do you need?

APPENDIX F: TRANSLATION VERIFICATION REPORT

Back-to-back translation verification report for Mrs. Ines Yagi's thesis on "Conflict-Related Sexual Violence Against Men in the Democratic Republic of Congo (DRC): Lifting the Veil of Secrecy Around a Controversial and Taboo Subject"

On December 28, 2018, I received two versions of texts written in Swahili: the first was presented as an original transcript from audio to text; while the second was the Swahili version of a translated original text from Swahili to English. Swahili is my first language.

The two texts are similar in meaning, despite the use of different synonymous words in one or the other. Below are a few recommended corrections:

Page 1: "Nilipowapata katika njia nilikuwa na mtoto wa rafiki pamoja name" should read "Nilipowapata katika njia nilikuwa na mtoto, na mwenzangu"

Page 2: The sentence "Nilikutana nyumba zote zimeporwa", which means "All the houses were looted by the time we got home" is missing in the second translation version

Page 4: "sijisikie kama mutu tena" - I had to correct this to match the original meaning; the second translation was suggesting exactly the opposite of the original text. The text in English should read something like ''I no longer feel like a human being...''

Page 5:

- - "Na kilimo cha mke wangu kinanisaidia pia" -I did a slight change here as well to match the original meaning, the participant is suggesting that the field work of his wife is helpful for him -among his sources of support...please check the meaning in the English version.
- - Replace "Hapana, hawana chochote" by Hapana, hawaseme chochote" in the second translation version to match what is meant by the question asked. For any questions, I can be reached at the number below. Report submitted on January 2nd 2019.

- Buuma Maisha Buuma M. Maisha, PhD, RP, CCC, Professeur Adjoint|Assistant Professor Université Saint Paul|Saint Paul University Faculté des sciences humaines|Faculty of human sciences Counselling et Spiritualité|Counselling and

spirituality Bureau|Office : GIG 340 A Téléphone|Phone: 613-236-1393, ext.|Poste: 2461

APPENDIX G: PARTICIPANTS' BIOGRAPHY

The study consisted of 14 Participant male victims of conflict-related sexual violence in the Eastern Region of the Congo who lived most of their lives in the province of Mwenga, in DRC.

At the time of the interview, Participant 1 was 55 years old. He is married, has a high school education and is unemployed. He described himself as a spiritual person, and identified an affiliation with the New Apostolic Church.

At the time of the interview, Participant 2 was 37 years old. He is married, has a high school education and he did not clarify his employment service. He described himself as a religious person, and identified an affiliation with the Catholic Church.

At the time of the interview, Participant 3 was 52 years old. He is married, has a primary level of education and he did not clarify his employment status. He described himself as a spiritual person, and identified an affiliation with the Protestant Church.

At the time of the interview, Participant 4 was 50 years old. He is married, has a high school level education and he did not clarify his employment status. He described himself as a religious person, and identified an affiliation with the Catholic Church.

At the time of the interview, Participant 5 was 46 years old. He is married, has a high school education and he did not clarify his employment status. He described himself as a spiritual person, and identified an affiliation with the Protestant Church.

At the time of the interview, Participant 6 was 60 years old. He is married, has a high school education and he did not clarify his employment status. He described himself as a spiritual person, and identified an affiliation with the Protestant Church.

At the time of the interview, Participant 7 was 48 years old. He is married, has a high school of education and he did not clarify his employment status. He described himself as a spiritual person, and identified an affiliation with Jehovah's Witness.

At the time of the interview, Participant 8 was 45 years old. He is married, has a high school education and he did not clarify his employment status. He described himself as a spiritual person, and identified an affiliation with the Protestant Church.

At the time of the interview, Participant 9 was 31 years old. He is married, has a primary level of education and he did not clarify his employment status. He described himself as a spiritual person, and identified an affiliation with the Protestant Church.

At the time of the interview, Participant 10 was 44 years old. He is married, has a high school education and he did not clarify his employment status. He described himself as a spiritual person, and identified an affiliation with the Protestant Church.

At the time of the interview, Participant 11 was 56 years old. He is married, has a high school education and he didn't clarify his employment status. He described himself as a spiritual person, and identified an affiliation with the Protestant Church.

At the time of the interview, Participant 12 was 63 years old. He is married, has a high school education and he didn't clarify his employment status. He described himself as a spiritual person, and identified an affiliation with the Protestant Church.

At the time of the interview, Participant 13 was 41 years old. He is married, has a high school education and he did not clarify his employment status. He described himself as a religious person, and identified an affiliation with the Protestant Church.

At the time of the interview, Participant 14 was 50 years old. He is married, has a high school education and he did not clarify his employment status. He described

himself as a spiritual person, and identified an affiliation with the Protestant Church. He lived most of his life in the city of Iganda, Province of Mwenga in DRC.

APPENDIX H: Copyright

June 16th, 2020

Ines Yagi

Saint Paul University

223 Main St

Ottawa, ON K1S 1C4

Canada

Re: Thesis: Two Images from The Will to Meaning by Viktor E Frankl

Dear Ms. Yagi,

This letter shall serve to inform you that we have no objection to your use of the above-referenced material in your dissertation/thesis as described in your recent request, subject to the following conditions:

1. Such material must be reproduced exactly as it appears in our publication.

2. Full credit is given to the title, author, copyright notice, and publisher.

3. If you ever have your dissertation published, you must reapply for permission.

4. Storage and publication by the ProQuest Digital Vault (formerly, University Microfilms, Inc.) is herewith granted.

5. This agreement is not transferable and is not to be construed as granting or conveying to you any rights or interests other than those specifically set forth herein. All rights not specifically granted herein are reserved by Penguin Random House LLC.

Best wishes for the success of your paper.

Sincerely,

Chris

Christopher Aguirre
Permissions Associate

Permissions Dept.
Penguin Random House LLC

1745 Broadway, New York, NY 10019
P 212 366 2067
F 212 366 2943
caguirre@penguinrandomhouse.com

Last name Name

Yagi Ines, Malette Judith

Type of project Doctoral Thesis

Affiliation Role

Faculty of Human Sciences Student-Principal Investigator Faculty of Human Sciences Thesis Supervisor

16-05-2018

dd-mm-yyyy

Bureau de la recherche et de la déontologie Office of Research and Ethics

Ethics Certificate Research Ethics Board (REB)

REB File Number Principal Investigator / Thesis supervisor / Co-investigators / Student

1360.16/17

_____ ___ _____ ___

Title

Conflict-Related Sexual Violence Against Men in the Democratic Republic of Congo (DRC): Lifting the Veil of Secrecy Around a Controversial and Taboo Subject.

Approval date 16-05-2018

(dd-mm-yyyy)

Expiry Date Decision 15-05-2019 1 (approved)

(dd-mm-yyyy)

_____ _____ _____

Committee comments:

The Saint Paul University Research Ethics Board (REB) approved the project.

The researcher is invited to use the reference number 1360.16/17 when recruiting participants.

In accordance with the Tri-Council Policy Statement (TCPS): Ethical Conduct for Research Involving Humans, the Saint Paul University Research Ethics Board has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.

The research protocol may not be modified without prior written approval from the REB. This includes, among others, the extension of the research, additional recruitment for the inclusion of new participants, changes in location of the fieldwork, any stage where a research permit is required, such as work in schools. Minor administrative changes are allowed.

The REB must be notified of all changes or unanticipated circumstances that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety. Modifications to the project, information, consent and recruitment documentation must be submitted to the Office of Research and Ethics for approval by the REB.

The investigator must submit a report four weeks prior to the expiry date of the certificate stated above requesting an extension or that the file be closed.

Documents relating to publicity, recruitment and consent of participants should bear the file number of the certificate. They must also indicate the coordinates of the investigator should participants have questions related to the research project. In which case, the documents will refer to the Chair of the REB and provide the coordinates of the Office of Research and Ethics.

_____

Signature

Louis Perron Chair Research Ethics Board (REB)

1/1

Université Saint Paul University | 223, Main Ottawa (Ontario) Canada K1S 1C4☏613 236-1393 Télécopie / Fax 613 782-3005