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Women Survivors, Lost Children and Traumatized Masculinities

The Phenomena of Rape and War in Eastern Democratic Republic of Congo

JILL TRENHOLM

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Abstract

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This thesis aims to investigate the phenomenon of war rape in Eastern Democratic Republic of Congo (DRC) in order to understand the dynamics, contextual realities and consequences of its perpetration. Practical and theoretical knowledge is generated which is relevant for health care interventions, humanitarian assistance and peace initiatives, that are cognizant of the actual needs of the affected populations.

The study employed ethnographic methodology involving prolonged engagement with the field, participant observation, formal and informal interviews, keeping of field notes and the continuous practice of reflexivity. The four papers in this thesis represent formal interviews with participants from three distinct groups: local leaders (Paper I), ex-child soldier boys (Paper II) and women survivors of sexual violence (Paper III & IV).

Qualitative Content Analysis was used for the interview study with local leaders (Paper I). Findings from this study reveal how mass rape and the methods of perpetration create a chaos effectively destroying communities. The leaders draw attention to the fact that an exclusive focus on raped women misses other structural factors that contribute to war and sexual violence, factors such as the global political economy, international apathy, the stance of the church, effects of militarization, inappropriate aid and interpretations of gender roles.

Through the theoretical lenses of militarised masculinity and gender based violence, interviews with ex-child soldier boys, seen as both victims of war as well as proxy perpetrators of sexual violence, were analyzed using thematic analysis. Findings revealed the systematic and violent construction of children into soldiers, inculcating a rigid set of stereotypical hypermasculine behaviors promoting dominance by violating the subordinate "other". These findings argue for a more complex, contextualized view of the perpetrator resulting from the ways society has (re)constructed gender, ethnicity and class.

Papers III and IV reflect the interviews and narratives provided by women survivors. Guided by thematic analysis and a matrix of theories: Structural violence, Intersectionality and "new wars"; Paper III bears witness to the women's expressions of their profound losses and dispossession as they struggle to survive stigmatization in the impoverished margins of the warzone, along with children born of rape. The perpetrator is cited here as well as by the leaders as predominantly Interhamwe. Payne's Sites of Resilience model used in Paper IV situates stigmatized women survivors suffering in a global context as they navigate survival, demonstrating resilience in the margins through support from their faith in God, scarce health services, indigenous healing and strategic alliances. Findings suggest that collaborations of existing strengthened networks, ie: the church, healthcare and indigenous healers, could extend the reach of sustainable and holistic support services, positively effecting already identified sites of resilience.

Findings draw attention to the challenges faced by public health in addressing mass trauma. Women's raped bodies represent tangible material damage, embedded in a matrix of globalization processes and structural violence involving gender, ethnicity and class. This requires serious reflection.

Keywords: Democratic Republic of Congo, war-rape, sexual violence, ethnography, child soldiers, gender, resilience, marginalisation, structural violence, intersectionality, new wars, militarised masculinity, Africa, globalisation

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Cover design creatively assisted by Göran Wallby. Cover drawing courtesy of one of the young women study participants who permitted its use.

This thesis is dedicated to the women of eastern Democratic Republic of Congo; to your indomitable spirit and your incredible strength, against all odds.

List of Papers

This thesis is based on the following papers, which are referred to in the text by their Roman numerals.

I. Trenholm, J. E., Olsson, P. and Ahlberg, B. M. (2009) Battles on women's bodies: War, rape and traumatisation in eastern Democratic Republic of Congo, *Global Public Health*, 99999:1 pp1-14

II. Trenholm, J. E., Olsson, P., Blomqvist, M. and Ahlberg, B. M. (2013) Constructing Soldiers from Boys in Eastern Democratic of Congo, *Men and Masculinities*, 16:2 pp 202-226

III. Trenholm, J. E., Olsson, P., Blomqvist, M. and Ahlberg, B. M. (2013) The Global, the Ethnic and the Gendered War: Women, rape and dispossession in eastern Democratic Republic of Congo. Manuscript submitted for publication.

IV. Trenholm, J. E., Olsson, P., Blomqvist, M., Bitenga A. and Ahlberg, B. M. (2013) Against All Odds: Women Survivors of Sexual Violence in the War in Eastern Democratic Republic of Congo Manuscript submitted for publication.

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Map No. 4007 Rev. 8 UNITED NATIONS
January 2004

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Cartographic Section

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Abbreviations

DDR	Disarmament, Demobilization and Reintegration
DRC	Democratic Republic of Congo
EFT	Emotional Freedom Technique
FGD	Focus Group Discussion
G&L	Graneheim and Lundman
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
IMAGES	International Men and Gender Equality Survey
MDG	Millennium Development Goal
NGO	Non-Governmental Organization
QCA	Qualitative Content Analysis
REV	Rape with Extreme Violence
STI	Sexually Transmitted Infection
TTT	Trauma Tapping Technique
UN	United Nations

Preface

I am inquisitive, intrigued by our human behavior, sensitive to injustices and passionate in challenging them (my poor mother). Working as a registered nurse was my first foray into the work world of a health care professional and served me well for many years as a suitable outlet for who I was. I thrived on the front lines of nursing duty and spent most of my hospital-based nursing career working in Trauma; the years in the intensive care unit (ICU) were the pinnacle of that career.

In those days, many of my same-aged nursing colleagues mature and seasoned after a decade or more of hospital work were returning to school in order to secure higher level nursing positions which would liberate them from shift work. After many years in ICU, I, too, longed for a change but did not feel the pull towards administrative duties. I took the road less travelled by my colleagues and enrolled in humanities, part-time, driven more by curiosity than assurance of another job. I eventually gravitated towards peace and conflict courses. I felt like I had crawled out from under a rock, the world became more multi-dimensional, our discussions were rich and satisfying; I had crossed disciplinary boundaries and there was so much to learn.

During the early child rearing years (another life course), I found a new job at a sexual assault/domestic violence clinic: taking call together with a social worker, providing victim support, collecting evidence as well as assisting in establishing the new initiatives for domestic violence interventions introduced at that time. It was amazing to me then, that in a high income country like Canada, with availability of resources for sexual and domestic violence follow-up and after-care, not all victims came forward and still so few perpetrators were brought to justice.

In peace and conflict studies when I learnt how many women were raped in war (20,000-50,000 in the former Yugoslavian crisis for example) I was blown away by these estimates. I could not help but compare these masses of violated women to the deeply affected individuals I had encountered in my work in Canada. Yes, the context was different but these questions haunted me nonetheless. How did these women manage, particularly in the face of failed infrastructures, sustained violence(s) and profound losses associated with warscapes? My interests and experiences culminated with my master's thesis work, an investigation into the rape of women in war. Upon completing the master degree, I was invited to continue with PhD studies. The rest is history or should I say her-story.

This thesis is based on ethnographic design which means drawing information from all aspects of fieldwork, observations, participation in activities, informal conversations and formal interviews. Moreover, relevant information has continued to flow even after my leaving the field through contacts I established while at the research sites. Since such recently acquired information does not appear anywhere in the four papers comprising the thesis and was not captured through the formal interviews, I have included it in the section describing the research context for better comprehension of the changing context. Current news reports, for example, those reporting increased rape with extreme violence of very young children could be suggesting yet another turning point in the level of violence and needs to be illuminated as one such new piece of information. The emerging categorization of children according to the constructed ethnicity of the perpetrator is another example.

Introduction

The role of women in times of war has been referred to as the second front (Seifert 1996). Declarations of war, command positions, issuing orders or wielding weapons on the front lines of battle has been dominated by men. Women have historically not been part of official and unofficial military establishments but for few exceptions. However, women have been deeply implicated in conflicts in ways that up to very recently received very little recognition. Sexual violence has unequivocally affected more women than men and its perpetration upon the woman's body has been theorised to have multiple meanings. The raping of women in conflict situations dates back to ancient Babylon (Brownmiller, 1975). It has been asserted that a woman's body comprises part of the battlefield and is included in the cultural construct of war (Seifert, 2002). Soldiers were given license to rape as reward for victory (Brownmiller, 1975, Richters, 1998); ethnic cleansing, besmirching of bloodlines and sullying of a woman's honor (Makiya, 1993, Fisher, 1996) are but a few examples of actions inflicted on women seen as allegorical of the nation and or property of the social group (Seifert, 2002). These acts of violence and power exacted on the female masses were and are generally brutal, traumatic and life changing events for the individual and not without residual mental and/or physical consequences (Brownmiller, 1975, Isaksson, 2002). Although women and girls have most often been the victims, men and boys have also been affected by war rape and there is an increase in reports and scholarly work reflecting this (Wikstol, 2012, Skjelsbaek, 2001). Sexual violence perpetrated in war affects its victims in deeply personal, traumatic and debilitating ways which becomes compounded in the unstable and chaotic environments of the warscape. This thesis addresses the affected women's experiences in eastern Democratic Republic of Congo (DRC).

Rape is the most intimate of assaults. It transgresses both physical and psychological boundaries through forced penetration via the penis, an object or other body part. It constitutes an intrusion into the body's interior and sacred spaces. The forcible commandeering of another's body in this way is equivalent to torture.

Considering war rape is as old as war itself, little research has been done, particularly on the effects in the aftermath in the African context of conflict (see: Liebling-Kalifani et al., 2011, Coulter, 2006, HHI, 2010). With the recent international attention in the 1990's where rape was employed as a

weapon/strategy of war in both the former Yugoslavian conflict and the Rwandan genocide most of the recent research has emanated from these events.

Wars are strong determinants of health and pose enormous challenges for attaining the millennium health goals in countries in Africa, the continent by far the most affected by collective violence (Harbom, 2004). Ever-changing methods and modes of warring, have changed yet again in certain geographical spaces, from a twentieth century western perspective, with combat limited to a battle front to the current mode of warfare, comprised of overall chaos. This transition has lead to the definition of "new wars" (Kaldor, 2006, Munkler, 2004). It could be argued that old-style warfare of rape-loot-pillage practiced in ancient times has re-emerged (Kaldor, 2006). New wars are defined by the implication of transnational actors with vested interests presiding over a combat arena dominated by groups warring over identity politics and enacted through the violent trilogy of rape, loot and pillage directly targeting civilians (Kaldor, 2006). Global structures, regional and local levels are all entangled in war. Sexual violence used randomly or systematically is a cheap, available and potent weapon by which to destroy the enemy, intimidate its victims into submission and increase the perpetrator's perceived sense of power. Women and children make up the bulk of displaced people fleeing war zones (Isaksson, 2002). Completely out of their elements and without resources, including their male "protectors", this group is at very high risk for exploitation, sexually or otherwise. Humanitarian workers (Ferris, 2007) and peace keepers (Higate, 2007) have also been implicated in the sexual exploitation of those they are supposedly in service to.

From a public health perspective, the mental and physical health status of the individual is of utmost concern. But there are also other consequences of these violations as (post) war societies incur a loss of untold human capital as large and vital sectors of the population are rendered disabled (Ellsberg and Heise, 2005, UN, 2006). Furthermore in a context where women are the primary care givers, as in most African cultures, the devastation reverberates exponentially. This area of gender violence, particularly in combination with war, has far reaching and deleterious effects.

There is an urgent need for contextual research into the factors that condone, enable and maintain the current perpetration of rape in war and its impact on the well-being of individuals, entire families and the larger communities in eastern DRC. Research is required in order to increase the visibility of mass rape in conflict and illuminate the prevailing dynamics in order to create a sustainable environment for prevention and healing.

The knowledge generated from this study can serve to inform both practical and theoretical understandings relevant for effective interventions including health care and humanitarian assistance which are cognisant of the actual needs of those directly and indirectly affected, individuals, families and communities. Moreover, this project is expected to enhance the understand-

ing of the processes through which gender ideologies of masculinity and femininity evolve and acquire the meanings they assume in the conflict context of DRC. This study aspires to address this by illuminating how global and local structures, gender, ethnicity and class intersect with war and sexual violence and its consequences in the conflict context of the DRC. Finally the study is expected to suggest possibilities for implementable and sustainable approaches to healing in a society challenged with such deeply entrenched mass traumatization.

Research Study Context

The Democratic Republic of Congo is a vast country of diverse landscape set in the heart of the African continent. It is renowned for its wealth of natural resources which have very much shaped its history of over sixty years of Belgian colonialism followed by the 30 year dictatorship under Mobutu, a former cold war puppet (Turner, 2007, Hochschild, 1998, Mealer, 2008). The DR Congo's natural resources, particularly the sought after minerals used in electronic devices, continue to be a source of contention.

Despite democratic elections in 2006 and 2011, Joseph Kabila has maintained his presidential power and there has been little improvement in the quality of life for the inhabitants, particularly in the resource rich east (Autesserre, 2010). The DRC continues to be seen as a "failed state" due to the government's fragile hold on power and the lack of functioning infrastructure (Brinkerhoff, 2007).

The Christian church plays a very powerful role as a functioning infrastructure in Africa and DRC is no exception (Gifford, 1995). Ninety-five percent of the DRC population are Christians (Pew Forum Research Centre, 2011) and churches are everywhere, even in very remote areas. Christian churches have had a long history of providing humanitarian assistance to populations in need and constitute a powerful platform for advocacy and awareness raising considering the size and reach of their constituencies, from local communities to global institutions (Ferris, 2005). Many people believe in the church's capacity to address sexual violence and its consequences at the global leadership level as well as at the local church level (Fiddian-Qasmiyeh and Ager, 2013, le Roux, 2010). However there has also been criticism concerning its hesitation in speaking out against sexual violence (le Roux, 2011).

The DRC's protracted conflict, ongoing since 1998 with a reported death toll in excess of 5 million, has been deemed the largest war in African history on account of the number of countries involved in the conflict (Global Security.org, 2011). The corruption and chaos in DRC involves actors worldwide, some driven by an insatiable appetite for gold, diamonds and other mineral components used in electronic gadgetry (Harmon-Snow and Barouski, 2006). Countries, corporations and individuals involved in this exploitation have been implicated in fueling the unrest through partnering with the various militias perpetrating human rights violations (Human RightsWatch, 2005). Tempting as it may be to see Congo's natural resource

"curse" and associated discourses as the basis of these wars in DRC, one must be leery of a reductionist analysis which arrests casting a wider net in addressing the multiple other factors implicated in Congo's ills (Autesserre, 2012). Factors such as the history of imperialism, international politics, manipulated inter-ethnic tensions, international apathy, pervasive poverty and attendant corruption are also embroiled in what Prunier (2009) describes as "the making of a continental catastrophe".

Rape associated with "new wars" is used as a weapon in DRC. Whether it is planned or ad hoc, as a war strategy or individually as an intimidation tactic to secure survival basics or for military "recreation", sexual violation of women in eastern DRC has resulted in an unprecedented number of reported cases. The experiences in DRC have in turn prompted a new definition, that of rape with extreme violence (REV) incurring physical damage that results in permanent impairments and attendant suffering (Mukwege and Nangini, 2009). For women, obstetrical fistula and /or infertility may follow. This phenomena as well as the use of children as soldiers have become part of the signature of this ongoing complex emergency. The country and the people there continue to pay a high price.

A decade and a half of war has destroyed much of the national infrastructure such as health facilities, social networks, roads and transport of all kinds. Available health care is delivered predominantly by non-governmental organizations (NGO). The maternal mortality ratio is 670 deaths/ 100,000 live births; lifetime risk of maternal death is 1 in 24 (UNFPA, 2011). Displacement, which has been estimated to affect over 2 million people, largely women and children, severely affects access to health facilities (UNHCR, 2013). These facilities, when available, often lack basic supplies. In the state of the World's Midwifery Report from 2011, DRC was investigated but findings were inconclusive due to insufficient available data (UNFPA, 2011). The Human Development Index ranks the DRC as the last of 187 countries despite its abundance of natural resources (UNDP, 2011). It is also among the largest recipients of foreign aid (GHA TEAM, 2010). National Human Immunodeficiency Virus (HIV) prevalence rate stands at 1.8 (USAID, 2009). A rate of 4.2 percent was reported among pregnant women attending antenatal clinics (WHO, 2007b) but overall rates in the east are estimated to be much higher resulting from the epidemic of sexual violence, up to 25 percent infection rate among affected women (USAID, 2009). One source estimated as high as a forty percent HIV infection rate among the perpetrating rebel soldiers in the east (Yeager, 2003). Pregnant women tested for HIV at sentinel surveillance sites throughout DRC had a 10- 24 % HIV infection rate during the period 2002-2006 (WHO, 2007a).

Precise statistics for the general population are difficult to obtain due to sensitive and stigmatizing issues surrounding reporting and impunity as well as inadequate monitoring. Peterman et al (2011) in their data driven estimate study in eastern DRC indicated that sexual violence was more generalized

than earlier assumed and the numbers for intimate partner or domestic violence were found to exceed the numbers for those sexually violated. The International Men and Gender Equality Survey (IMAGES) carried out in Goma, in the neighboring province of North Kivu in 2012 revealed that 78% of men reported shame and anguish due to economic stress and that one in three men had committed rape, 60% affirmed the statement that women sometimes deserve to be beaten and 75% affirmed that women who dress indecently want to be raped (Slegh et al., 2012). The Human Security Report claimed sexual violence is not on the rise *globally* and re-iterated that pervasive domestic violence actually outweighed sexual violence perpetrated in war (2012). Such high levels of sexual and domestic gender-based violence do not bode well for women's health.

The UN emergency relief reported 30,000 cases of sexual violence had been registered in South Kivu in 2006 and that the Panzi Hospital which specialises in obstetrical fistula repair and served as the original institution for this research, had treated 15,000 female patients, one third of them minors, since its inception in 1999 (Panzi Hospital, 2006). These figures however do not account for affected women who do not seek hospital care. More than ten thousand women had been victims of sexual violence in South Kivu between 2004 and 2006 (UNFPA, 2007). The DRC conflict situation was instrumental in creating the post and a mandate for the UN Secretary-General's Special Representative on Sexual Violence in Conflict. This position, initially held by Margot Wahlstrom was created out of a recognized need for global attention in this matter (UN, 2010a). In her two year term she prioritized, among many things dealing with impunity, seen as a driving force. Under her leadership, Resolution 1960 was created which calls for the naming and shaming of perpetrators and improved monitoring (UN, 2010b). Eastern DRC has also been termed "the worst place in the world to be a woman" (Shannon, 2010). Regardless of these commentaries and resolutions, the consequences suffered by women from this act in war in the DRC context have been dire and continue to be so.

According to the local inhabitants in eastern DRC, rape is and has been used as a cheap and effective means to destroy Congolese communities. Congolese women, seen as the life blood of their social groups, birthing and raising future generations and purveyors of culture, are the targets for destruction in arresting future progeny and their existence.

Following rape, women are often blamed, shunned and stigmatized by their families and communities (Trenholm et al., 2009). This seriously affects their ability to manage basic survival. Many become pregnant; others are infected with HIV and other sexually transmitted infections (STIs). Many suffer from permanent incontinence of urine and/or stool as a result of fistula and are extremely traumatized (Onsrud et al., 2008). The husbands' rejection is influenced by among other things, the fear of HIV and guilt over fleeing for their own lives instead of protecting the family, seen as an expec-

tation of masculinity in this context. There is also societal pressures to reject victims/survivors of rape as well as a fear that the militia may return to "reclaim" the woman (Trenholm et al., 2009, Barker and Ricardo, 2005).

Men have also been traumatized by the brutal manner in which the rapes are perpetrated. Raping of women is often gang-style associated with penetration with objects as the terrorized husband and children often are forced to watch and/or participate in the raping of their own mothers, daughters and sisters (Barker and Ricardo, 2005, Trenholm et al., 2009). There however appears to be little recognition of the trauma that partnered men endure as an indirect result of witnessing war-rape (Trenholm et al., 2009, Walterzon, 2009). Local leaders as well, articulated the view that the humanitarian aid given did not always take into account the actual needs of the local people (Trenholm et al., 2009). This raises the question whether this phenomenon is understood well enough to provide assistance that addresses the emerging needs of a traumatized population. It also prompts the necessity to explore existing indigenous knowledge, resources and structures in providing relevant and sustainable care for a population enveloped in the chaos of war.

Neither are children spared traumatization indirect or otherwise. Rape in the DRC context as elsewhere, inevitably destroys the family unit and the community in which children are cared for. Research underscores the necessity for a functioning "family" unit (parents or caregivers who themselves are able to manage stress), a stable social environment and cultural values in providing a platform for the healing of the traumatized child (Elbedour et al., 1993, Betancourt and Khan, 2008). Should these aspects of the social environment be absent, the results are potentially disastrous. There is increased evidence that children subjected to living with war develop aberrant adaptations that preclude a functional social development (Gabarino et al., 1991, Macksoud and Aber, 1996). Programs that support mothers have been shown to have ripple effects for their children's health and welfare (Dybdahl, 2001). In eastern DRC the children born of rape whether kept, abandoned or given away are a living reminder of the trauma and inherit the stigma of being fathered by the "enemy" (Panpineni, 2003). The unknown fate of these children makes them the least visible of vulnerable children in war zones (Carpenter, 2007). It was reported that such children are regularly dropped off at the Congo-Rwandan border in somewhat of a retaliatory gesture as Rwandan militias are said to be responsible of many of the rapes (Trenholm, 2008). After 15 years of war, these "lost" children would make ideal potential candidates for child soldier recruitment.

The emerging categorization of children according to the rapist responsible for the assault became evident from informal conversations with people in Bukavu and is significant to the context. Children born of rape especially those fathered by the Interhamwes are referred to as "nyoka" which is Swahili for snake. It is a derogatory name and according to some is meant to denote how bad, dangerous and merciless their fathers are. Those children

fathered by Congolese nationals are often referred to as "mukoshi" which means misfortune or bad luck. The identity of the father matters in the acceptance or rejection of the child. I am told it is better to be a "mukoshi" than a "nyoka" although mothers who accept their child born of rape may still blurt out the label "mukoshi" when angered by their misbehavior (Personal communication). One can only wonder how this stigmatization affects the developing child.

Another large category of lost and violated children are child soldiers whose childhood and life course have been severely interrupted. They have been described as having the dubious distinction of being both victims and perpetrators of violence, including sexual violence (Honwana, 2006). It is estimated that there are 250,000 active child soldiers in the world ((UNICEF, 2009) and that 30,000 are in the DRC (War Child, 2011). There are several organizations working with disarmament, demobilization and reintegration of child soldiers but the question begs: what is the ability of these organizations to address the serious psychological suffering of these children? Ex-child soldier girls, used as sex slaves who have often sustained months to years of abuse during their sensitive and formative developmental periods of childhood/adolescence will require very different types of rehabilitation. The end goal of most reintegration units is to ideally, reunite these children with their families and/or communities. What then follows when these relatives have all been killed and their villages razed? Who, then is family and where is home?

After so many years of war, collapsed infrastructure, degradation of the social fabric and increasing lack of basics, eastern DRC is a place of uncertainty and instability, a place treading water in limbo. Banditry thrives in the urban areas and civilians perpetrate rape. The state army has recently been documented as they admitted to going on a rampage sexually violating more than one hundred residents in Minova following a resounding defeat by the M23 rebels (Nicholson, 2013). Apparently when the women of Minova saw that it was the state army that was approaching their village, they felt relieved; that is, until the rampage began. Since the beginning of May, the Panzi Hospital has reported receiving nine children, aged one and one half to twelve years of age, raped with extreme violence by unknown perpetrators from the rural areas of Mwenga and Kabare in South Kivu (Ephraim, 2013).

I would be remiss not to mention that in the midst of incidents of extreme violence and all the chaos of conflict, there are plenty of "ordinary" people working towards peace, seeking some sense of normalcy and trying to improve the situation. Like the couple I was introduced to, who house, feed and clothe orphans, along with their own children, in their home and are dedicated to building a large school which in its half-finished state, houses even more children orphaned by war. And the man, wrongly accused of murder who was incarcerated for eight years before being released under Mobutu from a prison condemned by Amnesty International. He continues to this

day, visiting the prison several times per week offering encouragement to the inmates. What about the university students who have managed to pay their tuition and take their studies very seriously prompting them to demonstrate for a day and demand sufficient and continuous electricity at the university to complete their daily studies. Or, the young courting couple saving for over 5 years to pay for "la dot" (money or cows given to the bride's family by the groom) and wedding expenses, now undergoing obligatory HIV and pregnancy testing in order for their church to perform the marriage ceremony. I could go on. There are also countless, mostly Christian organizations (but other religious organizations and secular, as well) who offer relief from the burdens of poverty, homelessness and injustices. If you have ever attended a church service in eastern DRC, you can witness first hand the overwhelming engagement of people as they sing, chant and pray, relieving the tensions/anxiety of the insecure terrain they inhabit, if only for a short time. It is sometimes surprising that things can function at all but in the urban setting where I was, children do go to school, people work, buses run, shops/markets sell and everybody is there to help when a vehicle gets stuck in the mud or someone gets hit by a car.

Eastern Congo is a place of contradictions. One can find random acts of kindness at the same time volatility brews, waxing and waning in the streets, like a moving air of distrust awaiting a spark. Without functioning security and justice systems, vigilante justice fills the void. Ideas like "gri gri" or witchcraft are used to both restore control and make sense of things. People are traumatized directly and indirectly living with extreme violence. On top of that there is a fear instilled by increased prevalence of HIV and daily experiences that underscore the fragility of life. This constant distress can lead to experiences of apathy as one's fight or flight system shuts down or conversely, provokes individuals into an aroused state of hyper-vigilance (Ogden et al., 2006, Ruden, 2011).

Aim of the Thesis

The overall aim of this thesis was to investigate the phenomenon of war rape in eastern Democratic Republic of Congo in order to add to current understanding of the dynamics, contextual realities and consequences of its perpetration and thereby generate both practical and theoretical knowledge relevant for health care interventions, humanitarian assistance and endeavors towards peace that are cognizant of the actual needs of the affected populations.

Specific Objectives

1. To explore local leaders perceptions and attitudes towards rape and raped women. (Study 1)
2. To explore the experiences of male ex-child soldiers seen both as victims of warfare and proxy perpetrators of sexual violence, with particular attention to their thoughts on war, gender constructions and the perpetration of sexual violence. (Study II)
3. To investigate the experiences of women who have been sexually violated, in the aftermath. (Study III)
4. To explore how affected women manage survival after sexual violation and its attendant marginalisation in a country at war. (Study IV)

Research questions

1. How do leaders understand and rationalise around rape and raped women in their communities? 2. What are the experiences of male ex-child soldiers? 3. How are they socialised and exposed to sexual atrocities in the making of soldiers by the militias? 4. What are the affected women's experiences after violations? 5. How do women deal and cope with these traumatic experiences of sex slavery and/or rape and the consequences? 6. What are the effects on the family unit and community?

Theoretical Perspectives

Human problems do not occur neatly within disciplinary boundaries and thus is the case with sexual violence. This PhD project is interdisciplinary in that it attempts to combine social and cultural contexts with certain public health issues and potential health services.

Gender analysis or a gender perspective is increasingly used as an analytical tool in research and is foundational to knowledge making and seeking (Coen and Banister, 2012). One can hardly understand an emerging phenomenon from a social context without a proper assessment of the fertile ground that spawned it. A gender perspective is a way of talking about power relations, those who exercise power and those who do not or cannot (Connell, 1987). Power cannot be surgically excised from any social analysis as it is enmeshed in a network of circulation and vital structures that help compose its very existence. Ignoring a gender perspective is akin to ignoring the power dynamics that make up the very currency that animates our behaviors and our thoughts, how we operate, how we see and are seen in the world. An analysis that studies the body and envisions the skeleton but leaves out the dynamics of the circulatory system feeding the flesh of the matter misses vital details. That said, although the phenomenon of war rape has an important gendered dimension, it should not be essentialised to only a matter of gender oppression.

In an attempt to explain the phenomenon of mass rape of women in the context of war, its consequences and the health care interventions required, the theoretical perspectives embedded in the emerging body of cross-disciplinary knowledge on mass rape are most relevant. Mass rape is described as a manifestation of prevailing gender ideologies and related power disparities embedded within gender constructions (Mama and Okazawa-Rey, 2008) and how they shape the experiences and practices of men and women. Feminist writers argue that sexual assault in war is an exacerbation of the politics of gender present in the absence of armed conflict (Farwell and Cole, 2002). In a similar fashion, the war theorist Clausewitz's defines war as politics by other means (Clausewitz, 2008). According to the Bejing Platform "while entire communities suffer the consequences of armed conflict and terrorism, women and girls are particularly affected because of their status in society and their sex" (UN, 1995: 57). Brownmiller similarly argues that rape is more or less a conscious process of intimidation by which men keep women in a state of fear during both peace and war situations (Brownmiller, 1975).

Women are seen as the cultural glue in the community's most basic unit, the family (Richters, 1998). Their ability to give birth to subsequent generations is akin to being the source of life of the nation (Holst-Roness, 2006). Those at war seek to bring about disintegration of the enemy's culture and halt their existence by raping "their" women (Seifert, 1996). Ethnic cleansing represents this idea and rape camps were established in the former Yugoslavian conflict, to this end (Snyder et al., 2006) while in Rwanda, rape and HIV infection were according to Hentz (2005) part of the genocide campaign. Where a woman's body is viewed as the property of the nation or social group, to seize her body as in rape, is to claim victory over the enemy's territory (Seifert, 2002). It also serves as a message to the patriarchal protectors that they have been defeated or emasculated as they failed to defend her or prevent this very personal invasion. Mass war rapes serves in this way as a mode of communication (Snyder et al., 2006).

This PhD project employs not just gender construction (Burr, 1995) but also how gender intersects with war and violence, cultural attitudes and beliefs. Structural and cultural violence are the unseen roots that nourish direct violence (Galtung, 1990). Direct violence is defined as a threat of, or actual avertable minimising of the ability to meet basic needs or achieve full potential, as witnessed in the war context (Galtung, 1990). More specifically, Paper II critically looks at what is increasingly referred to as 'militarized masculinity' (Enloe, 2000, Leatherman, 2005) which not only fights the battle on women's bodies, but also actively emasculates "other" men, those within the military as well as those conceptualized as the "enemy". In the same vein that war amplifies the politics of gender (Farwell, 2004) the military culture personifies masculinity embodied in the image of male warrior (Yurval-Davis, 2004). The attendant exclusive male bonding (Yurval-Davis, 2004) and rape as reward (Brownmiller, 1975, Richters, 1998) are other facets enabled by this structure.

Gang rape, commonly experienced by women in the DRC context, is theorized to hold special significance for homo-social bonding (Flood, 2008, Sanday, 2007). Militarized or armed groups trained in the use of violence can exert a depraved peer pressure which lowers the group's individual's moral codes in favor of group bonding seen as crucial to survival. Performing atrocities/committing brutality is often part of initiation rites and can take the form of pleasing those senior to the individual, described as a type of "father to son approval" (Morrow, 1993). This symbolic bond constituted over breaking taboos establishes or cements "the brotherhood of guilt" (Diken and Laustsen, 2005) .

In some contexts, the seat of male honor is found in the sexual purity of their female relations, namely her virginity and chaste comportment (Kirkaldy, 2005). It therefore follows that to rape a woman of this cultural belief would incur more long-lasting damage not only to her but more importantly in the enemy's view, to her relations. This ideology also contributes to the decomposition of the culture itself. In this case, a raped woman becomes "damaged goods" and is of little value to her cultural group (Makiya, 1993). It would thus be in her best interest

to remain silent. The stigma experienced by women after sexual violation in eastern DRC speaks to this dynamic.

From a practical point of view, an understanding of the way gender ideologies manifest in war situations constitute part of the social ecology within which health care interventions are called to address the needs of not only directly affected women, men and children, but how family units have been implicated and subsequently entire communities. Considering that the individual and the community reactions to trauma and the modes of healing are heavily embedded in the cultural beliefs and practices and/or social ecological context, any intervention models must take these frames of references into account (Summerfield, 2002). Masculinities/Femininities and other individual gendered ex(o)pression, are naturally embedded in structures at multiple levels. For the DRC there has been little research into these aspects and this project attempts to address this gap.

Employing a matrix of theories captures a broader picture and reveals the wider complicity. Theories of structural violence (Farmer, 2004, Galtung, 1971) enable a view of how global structures are implicated and related to activities at the village level. A focus on problems in a micro context or the reality "on the ground" often acquiesce to a belief that multilevel implications of structures are there but not there, often seen as invisible. The concept of "new wars" demonstrates how structural violence is implicated in the violent activities taking place in eastern DRC by drawing attention to the roles played by institutions, organizations and international actors (Munkler, 2004).

Despite sexual violence is nothing new, it has become more visible with the advent of "new wars" (Kaldor, 2006), which is how the majority of conflicts are currently played out. Although transnational actors are implicated, these conflicts, are fought locally as inter or intrastate conflict as is the case in DRC. These battles are often in contestation of nation state and/or ethnic identities rather than territorial issues though that can be the case as well. They are characterized as low-intensity conflicts using rape, loot and massacre tactics as opposed to tanks and more sophisticated weaponry. Low intensity is a relative term. Mass terror targeting civilians is an explicit goal of the ambiguous and changing warring factions and their associated ideologies. The manipulation of different ethnicities into warring partners, the resultant lack of infrastructure leading to shortages of resources to ensure basic survival, the breakdown of social order all contribute to the daily experiences of insecurity and violence. Farmer's "anthropology of suffering" points directly to structures, both global, regional and local that prevent equal access to basic healthcare (2004).

Socially constructed gendered identities are exacerbated in war as men generally become more militant/violent and women are often further reduced to their sexualized bodies. Intersectionality informs how different individual features such as economic status, gender, ethnicity, religion, politics etc. intersect to reveal very different experiences of individual oppression. McClintock in the classic "Imperial Leather" (1995: 5) described how race (ethnicity), gender and

class are not separate entities but "come into existence *in and through* each other--if in contradictory and conflictual ways". Masculinity, poverty, age and, militarization intersect in ways that facilitate the construction of a child soldier. For women in the margins, they have a very different experience. Some women alternatively choose to become soldiers blurring what would be dichotomous boundaries.

Payne in his reconceptualisation of resilience notes that "Traditional models of resilience are steeped in assumptions that are too value-laden, place much of the onus on individuals to determine their resilience, and allow only the "expert" to deem the person as resilient or non-resilient." (2011: 445) Payne's sites of resilience model was chosen for the women's study because it recognizes the marginalized person's subjective lived experience and examines it in relation to other influential factors (2011). Social phenomena do not occur within a vacuum. Research or knowledge making that ignores the wisdom of the participants, risks being part of the larger structures guilty of structural violence. The sites of resilience model captures the complexity of marginalization by taking into account these structures, the individuals' unique intersecting features, historicity and social justice, sites of resilience and the limited worlds that marginalized people are then forced to inhabit.

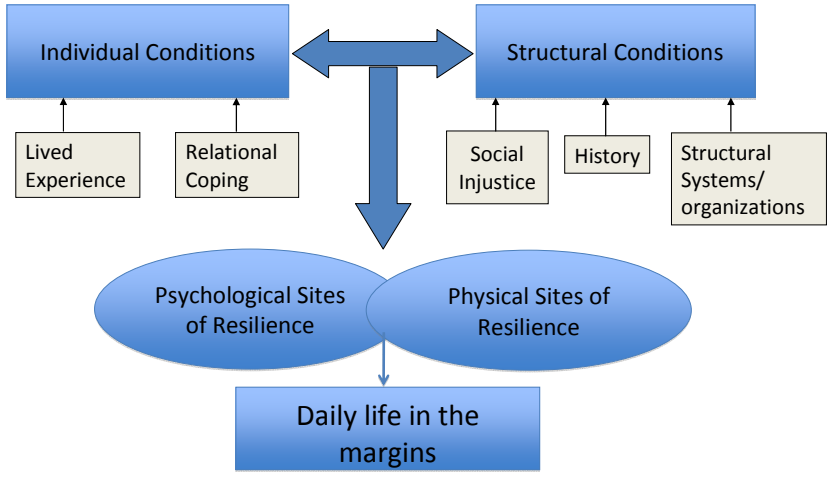


Figure 1. Payne's Sites of Resilience adapted for Paper IV (Payne, 2011)

Methodology

Research design

An ethnographic design has been used for its ability to provide a rich description of the context as well as the phenomena under study (Agar, 2008, Hammersley and Atkinson, 2003, Ivarro et al., 2009). The "funnel approach" of ethnography begins with a broad overall view, in this case, the context of war rape and narrows in on a more focused in-depth look at the problem (Agar, 2008). Ethnography moreover allows the researcher to interact with a variety of participants thus providing access to different perspectives of the research question, a built in form of triangulation. Everything is data (Agar, 2008); the context unfolds and connections emerge through the practice of reflexivity. Leaders, ex-child soldiers and women all offered their own unique perspectives adding richness to the data and context.

Ethnography, as an overall method operates in the naturalistic paradigm and has been used extensively in investigating social groups and social processes in situ. Its ability to combine formal and informal research methods makes it flexible and can reveal otherwise unseen connections, capitalising on the inherent inductive nature of qualitative methodology. Agar underscores the strength of a flexible method when dealing with the unpredictability or "non-algorithmic nature" of human behaviours in his paper entitled: "We have met the other and we are all non-linear" (2004). The ethnographic framework allows for the possibility of combining different research strategies including interviews both individually and in groups, the use of key informants, participant observation and the recording of field notes (Adler and Adler, 1994).

This project began while studying for a master's degree where I met two fellow students who were Swedish midwives with previous experience working in eastern DRC and many years in Tanzania. We were all interested in looking at the phenomena of war rape and so we did our first field study together. We collected data from focus group discussions (FGDs) with affected women at the local hospital, interviews with men who reconciled with their raped wives rather than rejected them (seen as norm breakers) and interviews with a variety of local leaders. So while we were all involved in the initial planning and rotated participation in leading the different groups, we were also all involved in the data collection processes. For the write-up and analysis we each took responsibility for one of the three different groups and

then went our separate ways. It was natural for me to work with the study concerning the leaders as I had done the interviews in French.

That said analysis and reflexivity are continuous through out the entire research process. For example, in preparing the research protocol and interview questions, I underestimated the pervasiveness and importance of religion with my initial participants. After the first two interviews with local leaders, the potent role of the church emerged and was then integrated into the subsequent interviews.

The initial study with leaders exposed a complicity composed of a myriad of factors both embedded and imposed, directly and indirectly related to rape perpetration which influenced the current phenomena of war rape. Military culture, mass trauma, impunity and global political economies were just a few of these factors. The eventual publication of the investigation into war rape in the context of the DRC through the eyes of local leaders (Trenholm et al., 2009) constitutes Paper I and commenced my PhD journey.

Through this process of increasing awareness afforded by ethnographic methodology and supported by the analysis of the leader study, not addressing the perpetrator was unfathomable. An investigation of the perpetrator using male ex-child soldiers as accessible proxy-perpetrators was undertaken (Paper II). Interviews with affected women were of equal importance but because we had developed some base knowledge through the original FGDs, in depth interviews with women were planned to follow after the boy soldiers. This turned out to be a good plan as the ex-child soldier boys' reintegration unit led me to female ex-child soldier living with unaccompanied minors in a combined residential unit. Paper III and IV results from the interviews with women study featuring several of the female ex-child soldier participants as well as women at the local hospital and women from an occupational training centre. This added diversity to the participant sampling in the women's study. Although, the findings may appear to evolve from the formal interviews, there is also a wealth of ethnographic data accumulated which is interwoven and inseparable, serving as ballast in substantiating the findings.

One of the distinguishing features of ethnography is a prolonged engagement with the research site. As the principal researcher, I spent seven months on-site divided into four separate journeys over a six year period with continuous regular contact with local informants residing at the research site. For the first trip to Bukavu we stayed at a Catholic guesthouse with other patrons, mostly business men and travelling missionaries. We witnessed several Catholic conferences on site there during our stay. For the subsequent trips I resided at a guest house on a Christian mission compound. This setting provided a sense of security and community but more importantly a chance to get to know the missionaries, observe their work (one missionary has been in Congo for 50 years) and hear their experiences. They graciously assisted me when required and included me in their social activities, prayer

meetings etc…Through networks facilitated by the people at the mission, I was, for example, able to travel with 15 pastors and a project manager out to rural districts where I had a chance to learn about their development projects such as health clinics, a hydro dam, a nutritional feeding centre, a housing project for resettled refugees and also how they provided support to outlying churches, schools and their associated staff. Travelling on dirt roads washed out by rain or pitted with potholes perched at the edge of cliffs, through river beds and over homemade bridges, one becomes acutely aware of the vulnerabilities experienced by people living in these rural areas plagued by rebel activity and insecurity.

Two members of the research team also paid short visits to the city of Bukavu.

Research setting

The project was based in Bukavu, the capital of South Kivu province in eastern DRC, a resource rich province bordering Rwanda. It has an urban population of 226,000 people with another 250,000 of its inhabitants living on the outskirts. It is a well-known hub for a variety of humanitarian organizations and was one of the provinces with the highest rates of rape according to the previously mentioned study by Peterman et al (2011). Bukavu, itself, has seen a relative calm in recent years and was last directly occupied by military groups in the summer of 2004 when it was reported that Rwandan backed rebels perpetrated mass raping over a three day period (Schwabe, 2006).

Bukavu is the home to the Panzi Hospital, a referral hospital specializing in obstetrical fistula repair. The Panzi also coordinates a program for sexually violated women and served as an initial base institution for the project. The epidemic of reported rape incidents has continued unabated in eastern DRC. Recently in August 2010, a major incident was reported in North Kivu where 235 women, 52 girls, 13 men and 3 boys were raped over a period of four days (Tedesco, 2010). In November 2012, the war re-ignited in a major way in Goma, North Kivu where the inhabitants were under siege by the M23, a group known to be Rwandan backed Tutsi militants (Besseling, 2012). There was a planned assault on Bukavu which is approximately 220 kilometres by land south of Goma but was abandoned for other target towns in the area (Besseling, 2012). The people residing in Goma bore witness to the largest battle since the 2003 fragile peace accord, reportedly an embarrassment to UN peacekeepers and the state army who were unable to stem the immediate attack (Hogg and Biryabarema, 2013).

Bukavu also is the home to an organization dedicated to disarmament, demobilisation and reintegration (DDR) where the ex-child soldiers for Paper II were recruited. This DDR unit was founded in the nineties in response

to the needs of children fleeing the Rwandan genocide. Its mission is that of advocacy; promoting, protecting and defending the rights of children and coordinating programs in support of children's health, education and protection. Among its many activities, the staff negotiates with and educates the various military factions (official and unofficial) to release child soldiers. This unit also operates other residential programs for demobilized child soldiers transitioning from illegal military service back to civilian life in eastern Congo. The unit provides paperwork i.e. identification, exemption from military service because of age etc, as part of their interventions. The 3 month minimum stay at the unit is intended to be a transition from the battlefield to the ex-child soldier's pre-enlistment situations, provided there is an existing home as well as living relatives with a known address. During their stay at the unit, they experience a stable home, regular food, education, health care, social support and psychological care as required. Social workers and other para-professionals oversee the daily care.

Participants, recruitment and sampling

The studies combine snow-ball (Miles and Huberman, 1994) and purposive (Denzin and Lincoln, 2005) sampling strategies. This implies tapping into the social networks of knowledgeable insiders as gatekeepers to the relevant population groups and individuals (Agar, 2008). A key informant, well-versed in the local community and working with an NGO not involved in the PhD research project, has been employed since 2007. It was this key informant who assisted with the selection of 10 community leaders in Study 1. There, the guiding criterion was such that these selected "leaders" and/or their organizations wielded the ability to impact in the structuring and/or influencing of their local constituencies. It was this key informant who also guided me to the DDR facility where ex-child soldiers were recruited. Twelve male ex-child soldiers between the ages of 14-18 were interviewed (Study II). The criteria for selection of these participants were that their length of stay at the centre should be varied, their military affiliations diverse in order to generate different perspectives as well as that the chosen boys were willing and able to be interviewed. The participants for Study III and IV were young women, ex-child-soldiers (some had been used as sex slaves). They were also recruited from the residential re-integration unit. The remainder came from an occupational training centre and the local hospital. All the female participants were of reproductive age, originally from rural settings in North or South Kivu province in DRC or Rwanda and of a variety of ethnicities. Most of the women subsisted upon and supported their families by cultivating and/or small business ventures. Younger participants had been enrolled in school. All had accessed some form of support after sexual violation and it is at this point they were recruited.

Data generating methods

1. Participant observation

Agar argues "Ethnography offers a social science metaphor within which the richness and variety of group life can be expressed as it is learned from direct involvement with the group itself"(Agar, 2008). During the time spent at the research site, an "insider/outsider"(Agar, 2008) position was assumed. This involved observing and participating in daily life, building relationships with local people and organizations and interviewing both formally and informally, the variety of contacts that were made.

Here, I shall recount some stories afforded by "direct involvement with the group itself"(Agar, 2008) also known as participant observation which are not captured in the findings based on the formal interviews. Some of the people I encountered daily in eastern DRC, I got to know much better than those I met in passing. Through these contacts I gained a deeper understanding of some aspects of their worlds. One such occurrence was the use of the Swahili word "muzungu" for white person or European, nuanced as derogatory, I was reticently told by several of the people close to me. Its origins come from colonial times and to this day muzungus are equated to those with money indicating how local people express economic inequalities. In the market, there are muzungu prices and then there are other prices. There is a rhyme recited by Congolese children, I came to know at the mission where I stayed that goes "Muzungu anapenda mayai" which means "Muzungu love eggs". Eggs were and are a dear commodity and the fact that muzungu could be set apart as those who could have and love eggs, speaks to a continued perception of their privileged existence. During a soccer game I played with the ex-child soldier boys, the players got in a verbal tussle as some of them insisted they should pass the ball to the muzungu even when it was not the wisest move. One can hear "muzungu" shouted out in the street or mumbled as one passes through the market. These labels evolve from a context, come with assumptions and undoubtedly have an effect on relations in this setting.

Through the multiple visits, I had developed a more long-term connection with several local NGO's. I was struck by the reaction of the people I had come to know at these organizations when I brought my supervisor Professor Beth Maina Ahlberg, a Swahili speaking African, originally from Kenya, for a visit. There was a look of astonishment and/or destabilization as I introduced Professor Beth Maina Ahlberg to my initial contact who later admitted he was surprised to see an African as my supervisor. As Beth was introduced by the initial contact person to others in the organization, the puzzled look and raised eyebrows persisted, accompanied by my supervisor's new title: the supervisor of the muzungu. In other situations in DRC my supervisor's African identity and/or fluent Swahili was an asset that engendered a change in the reception to the project for those who met with her and me together. There was one situation where an important gatekeeper suddenly denied me

access to follow-up some of the participants as a result of a misunderstanding that I had completed my work there. He refused to meet with me so I could explain, but after a phone call from my supervisor, we were on track again.

Participant observation is an invaluable strategy for deepening an understanding of the context. Through my longer term engagement I became acutely aware of a persistent tension that existed in this milieu. At first I perceived this uneasiness as my own manifestation of being in a new and potentially dangerous environment. However, over time I witnessed other incidences that made me aware of a certain uneasiness (understandable in such insecurity) that existed amongst the people in general. One day there was an incident where the road to the hospital was not accessible. People had blocked the road and were burning tires. The story I came to learn was of two friends who both drove taxis but had become rivals as one had been more successful and had acquired a new vehicle. This became too much for the friend left with his old car and he allegedly killed his rival in a fit of jealousy. In the absence of a functioning legal justice system, the local people were on the hunt for the offender and were not permitting movement in the search area. In discussing this incident with my Congolese informants and friends, a flurry of similar stories were unleashed and an acknowledged widespread fear of being poisoned or having a spell set upon you as a result of another's jealousy was made known. This has prompted some people to carry an antidote for poison with them at all times as well as to refuse food at public events. One well-educated man with a good job that I had known for years recounted how one day his left leg had swollen up after walking over a stick allegedly placed at his front door. He was quite convinced that it was the result of a spell and consulted an indigenous herbalist who prepared an antidote for him. I challenged his conclusion saying that sticks could be found everywhere and that he may have had an insect bite or a circulation problem, for example. However, his leg healed and he remained adamant that it resulted from the actions of a jealous person and the antidote had been effective. An ex-child soldier told a similar story where both his parents died after attending a village banquet. When asked how this happened, he explained it was as a result of his family doing well economically and therefore had become the target of "gri gri" (local word for casting a spell).

I would lastly like to recount observations made while accompanying a Swedish therapist of alternative medicine using a technique called trauma tapping technique (TTT) (www.peacefulheart.se), whom I met in Bukavu. She travels around Africa, teaching, free of charge, TTT which is very similar to what is known as Emotional Freedom Technique (EFT) (Ruden, 2011). She first introduced this technique in Rwanda with genocide survivors. The technique consists of a series of tapping using the fingertips on certain parts of the face and body or so-called meridians accompanied by deep breathing while thinking about the traumatic event. It is believed that it disarms the

body's stress response originating from the amygdala thereby relieving symptoms of post traumatic stress (Ruden, 2011). It is unique in that it requires no equipment or medications, is easy to learn with minimal verbal communication and can be self administered as well as be performed on another person making it always accessible, once learnt. I accompanied her and several local people trained to teach TTT to several of their teaching sessions amongst diverse groups. I witnessed the ease at which the technique was learnt. I also returned to some of the groups to see, for example, the boy ex-child soldiers' use of the technique independently. Women affected by violence claimed they slept well for the first time following a tapping treatment. There are other variables that could have influenced their relief notwithstanding human attention and touch. However with increasing anecdotal evidence of its positive effects on well-being, it seemed to be something worth further investigation in settings suffering from mass traumatization.

2. Field notes

Field notes were kept to document: activities, information gathered, contacts, decision making trails, a forum for reflexivity and to account for emerging synthesis of the material. Field notes became the basis for capturing the observations recounted above.

On the first trip to Congo, I had decided to keep two journals, one for personal reflections (what I then thought of as non-research material) and one for official research notes. After several days I became very confused as to what notes belonged where but endeavored to keep them separate until I realized I was writing the same entry twice, once in each notebook. Reflecting upon this struggle between the two journal styles made manifest the essence of a belief that I could actually separate subjectivity and objectivity or myself from the context. After this constructive confusion I settled on keeping one journal encompassing all the notes from the field.

3. Semi-structured Interviews

Semi-structured interviews were chosen for their focused yet fluid nature in discussing highly sensitive, emotive and intensely personal topics such as sexual violence (Kvale, 2008). Interviews require at least two people and are considered non-neutral sites of co-created and situated understandings involving trust, listening and questioning techniques (Denzin and Lincoln, 2005).

The interviews were conducted with ten local leaders (Paper I), Twelve ex-child soldiers (Paper II) and eleven women affected by sexual violence (Pa-

per III & IV). Semi-structured interview guides consisting of open-ended questions which were prepared in advance yet as mentioned earlier, the structure and flow of the interview was purposely flexible. The interview guide was similar for the various formally interviewed groups, beginning with broad questions such as what has been the impact of the war in DRC to more focused questions such as thoughts on rationales surrounding perpetration of sexual violence. Some participants, especially the women, required encouragement to speak up and several of the young ex-soldier boys were quite fidgety but in general, most spoke freely and a variety of information was forthcoming. Participants were routinely asked "Is there anything else you would like to share concerning these issues?" The leaders, at that point, appealed to the international community for more meaningful engagement. The ex-child soldiers took that opportunity to ask for things such as school fees or assistance in getting back to their original homes. One ex-child soldier asked if I could help him work with children's rights. The women participants as well asked for financial help to pay school fees but also to secure basics such as food and shelter.

The leader interviews (Paper I) were conducted in French by myself and took place at the participants' workplaces where privacy was ensured. They were held at mutually convenient times over a period of 4 weeks. For the ex-child soldiers interviews (Paper II), an embedded translator who was on staff at the facility was employed as the participants were most comfortable in Swahili and/or their local language. These interviews took place on site at the residential unit in a secluded office. An embedded caretaker was also used for the women's interviews (Paper III & IV) as the women also preferred to speak Swahili or Mashi. These interviews took place in a private office at the three different facilities except for two interviews which were done in a secluded area on the grounds of the hospital when a room was not available. All interviews were audio-recorded with the participants' permission as per oral and written informed consent. Consent forms were provided in Swahili. The recordings were then downloaded immediately onto a PC for safe keeping.

4. Narratives

Narrative inquiry was introduced after the semi-structured interviews were completed. A narrative is a linguistic exercise in which events/human actions are recounted; by doing so the author of the narrative revisits the events often generating explanatory stories as a result of narrative reasoning (Denzin and Lincoln, 2005, Polkinghorne, 1995). During interviews with the young women at the DDR facility, it was noted that they exhibited shy and/or withdrawn behavior despite volunteering to participate. Of course this could be due to a multitude of reasons notwithstanding their traumatic experiences. It was reasoned that a narrative methodology could provide a more comfort-

able experience for a new group of participants and thus yield different information. After discussing the possibility of narratives with the facility authorities concerning such things as sufficient literacy, cultural appropriateness, materials, safety etc, it was deemed a viable idea. The narrative exercise was explained and the now, new group of residents were asked if they would like to participate. Nine young women agreed and provided both written text and drawings inspired by questions similar to the interview guide questions.

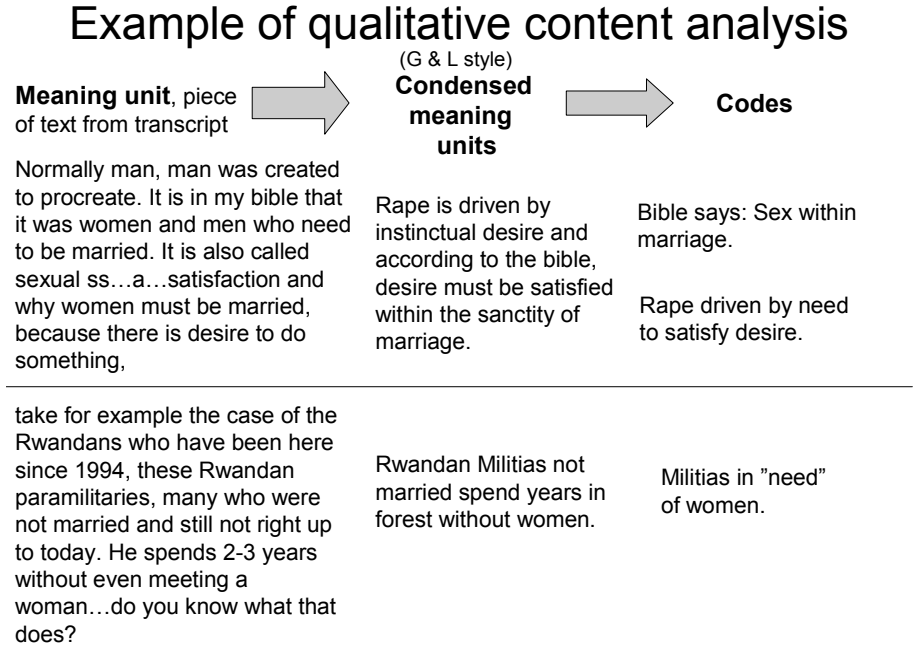
Data analysis

By employing ethnography, it is understood that analysis is a continuous process. Field notes provide a forum for recording participant observations, informal conversations, decision making in the field, mapping out of relationships and noting "aha" moments or what Agar would call "rich points" (Agar, 2008), among other things (Patton, 2002). These notes, an intricate part of the data set, aid in reflexivity and informing analysis. Finally, all of the formal audio-taped interviews were transcribed and translated from the French and/or local languages into English. All the transcripts have been subject to a qualitative analyses method which best suited the needs of the particular study. Qualitative analyses can best be described as reflective or analytical and rigorous, as well as systematic in that the focus is on a specific line of inquiry. Qualitative analysis is neither a quick-fix nor anecdotal but rather time-consuming, focused and labour intensive.

Paper I Analysis

Study I concerning Leader's perspectives was largely a descriptive interview study that employed qualitative content analysis (QCA) Graneheim and Lundman's (G & L) (2004). The QCA is seen as less theoretical than other methods, adhering close to the actual written text although G & L do advocate for manifest content expressed through categories and latent content expressed as themes. "Condensed meaning units" or portions of the text are condensed and coded for a specific meaning. These meanings are then grouped in various ways connected to a central significance resulting in a category. This is an iterative process of categorising ideas carried out by the research group who have also thoroughly read the materials. Group discussions aim for consensus as to the salient meanings, from codes to subcategories to categories. In QCA the categories arrived at are aimed to be mutually exclusive but G & L acknowledge that is not always possible (2004).

Although the reader is not privy to the entire transcript, the following example is an excerpt from a leader's transcript where he was asked about his thoughts on what motivates men to rape.



Paper II, III, IV Analysis

Data transcripts and narratives in Papers II, III, IV were analysed using thematic analysis (Braun and Clarke, 2006) as it permits a deeper analysis that is more explanatory and interpretive than QCA's descriptive strength. Morse (2008), a qualitative methods journal editor attempts to quell the confusion between categories and themes by distinguishing them in response to certain questions; categories result from asking: what is in the data? While themes are a response to the inquiry: what is this data about?

Thematic analysis, like QCA also involves group participation and a discussion dynamic but the emphasis is on revealing themes concerning ex-child-soldiers experiences (Paper II) and affected women's experiences (Paper III, IV). Thematic analysis places a great emphasis on parallel researching and focused reading during the analysis, theorising and building conceptual frameworks. Themes are then arrived at through a process referred to as mapping, refining and defining the themes (Braun and Clarke, 2006). The themes are distinctive but not mutually exclusive. Findings are confirmed

grounded or based in the data through constant comparison back to the original materials.

As mentioned previously the thematic analysis method encourages theorizing and the building of conceptual frameworks. For the ex-child soldier study (Paper II) the theoretical frameworks of militarized masculinity (Enloe, 2000) and gender based violence (Brownmiller, 1975, Davies, 1994, Kelly, 2000) were found useful in informing the analysis. Two themes were generated: *Constructing Soldiers* and *Reconstituting Identities*. Paper II looks at the first theme.

The women's interview study (Paper III & IV) themes were initially developed through the theoretical lenses of Structural Violence (Farmer, 2004, Galtung, 1971) and Intersectionality (Crenshaw, 1991). The concept of "new wars" (Kaldor, 2006), seen as a manifestation of structural violence of global proportions provided a frame or backdrop, by which to connect the daily violence experienced by the local inhabitants in eastern DRC to larger structures.

The overarching theme of *Insecurity* defined as uncertainty, instability and utter lack of safety presided over the following four subthemes: 1. *Profound Dispossession: multiple losses, multiple burdens* 2. *Impregnated by rape: stigma magnified* 3. *Making Sense of Perpetrators* 4. *Persevering/Survival Strategies.* Paper III discusses the first three subthemes. Paper IV addresses the last subtheme concerning *Persevering/Survival strategies*. Payne's site of resilience model was added to the theoretical line-up for Paper IV for its ability to capture complexity; structural and individual, historical, spatial, and contextual qualities that frame marginalistion and the associated survival "choices".

Ethical considerations

Investigating sexual violence in a conflict zone in a foreign country is extremely sensitive and difficult subject matter. The researcher must be vigilant concerning the overall safety while interviewing of participants who have potentially suffered trauma and may be predisposed to suffering further emotional distress stimulated by the research process and moving around in insecurity. Care has been taken throughout this project to secure backup from the associated health institutions/professionals should the need for additional psychological or social support arise. The ethical treatment of human subjects guided the research (NIH, 2004, WMI, 1964).

All participants provided oral consent as well as a signed written consent form that was prepared for them explaining pertinent information concerning the study at hand. The form was written in Swahili and time was spent at the beginning of each interview explaining the consent form. Information was also provided in their language of choice: Swahili, French or Mashi. Questions concerning the study and participation were invited and were answered at that time but also throughout the research process. One example is when participants asked how the research could help them. This provided another opportunity to make clear that there were no immediate rewards per se but that the information would be used to raise awareness concerning their situations. The director of the ex-child-soldier integration unit who was the formal guardian of the younger participants requested information in advance and reviewed the study protocol, the interview questions and the researcher's credentials before authorizing the research activities. In only one other case a government leader requested a written review of the questions to be posed, several days in advance before committing to the interview. These requests were of course obliged. Participation in the studies was completely voluntary without remuneration except for transport and/or refreshments. Participants were informed that they could freely withdraw at any time. It was, however my experience conducting interviews in private settings that participants appreciated the interest and the opportunity to speak about their experiences. One leader expressed that an interest in his point of view from an outsider provided him with encouragement to continue.

The overall research project was ethically reviewed at the Regional Ethical Review Board at Uppsala University as well as in the eastern DRC study site at the institutions concerned.

Summary of the Findings

"The bomb that continues to explode": Leaders' reasoning around the current state of rape and war in DRC (Paper I)

Rape was described as "the bomb that continues to explode" in that the subsequent children born of rape and the associated stigmatisation of both child and mother results in a social death which adds to the destruction of the larger social fabric. Moreover, the leaders in this study pointed to an assemblage of a multitude of factors that resulted in the use of rape in the conflict in DRC. They described the total chaos that results from a collapse of infrastructure due to long-term war and weak governance. Many expressed discouragement and frustration at the lack of any official recourse for justice, security, and the rampant impunity. They explained how rape was a cheap and accessible weapon for not only disenfranchised rebels but had spread to poorly paid state soldiers and civilians who also employed sexual violence as an intimidation technique to secure basic needs such as food. They pointed out the Interhamwe, a group of Hutu rebels hailing from Rwanda, as the major perpetrators in this area. They claimed this level of sexual violence began with the Interhamwes arrival in Congo after the Rwandan genocide and that their goal to destroy the Congolese people was slowly being realised as evidenced by the masses suffering from exposure to trauma, direct and otherwise witnessed. In their opinions, if the Interhamwe were expelled from the country, the situation would ameliorate.

The church was described as the only functioning infrastructure and was invaluable as a purveyor of hope, a domain of reconciliation and God's intermediary for the faithful. In areas where it was working the church was a leader in providing rape survivors with spiritual and emotional as well as material support or life's basics. It was said to fight against stigma by offering sensitivity training and promoting reconciliation not only within the marital union but community wide understanding as well as providing information about HIV. The leaders in this study cited that women were often understood by others to be "contaminated" by sexually transmitted infections after sexual violation.

Church leadership was praised for moving in the right direction when it came to elevating the status of women but lacked sufficient impetus to overcome traditionally embedded gender roles. Some of the leaders spoke about

an early age inculcation of the higher value placed upon being a male as part of the cultural legacy. Women were said to not only lack a voice but tended to carry a heavier burden in society, particularly rural and/or illiterate women. Violence against women appeared to be tacitly condoned by institutionalised male dominance and husbands cited as frequent perpetrators.

That said there was also a critique of the church that their doctrines were not in line with the reality of sexual violence, often reinforcing the guilt of the victim through accusations of adultery rather than relieving the burden of traumatisation and stigma. The critique was extended by some leaders to the church world-wide in its inability to address issues of human sexuality, its promotion of women as subordinate and its misunderstanding of the emotional needs of traumatised victims of war. Pastors were said to lack training in counselling and support but many leaders defended the pastors' shortcoming in this area as not part of their theological training. Pastoral care and psychological care were noted to be different but essential approaches to healing. The leaders called for interdenominational training in dealing with traumatised congregations.

Leaders denounced the international community as apathetic; that many countries were capable of assisting in the restoration of order yet were driven by ulterior motives or competing agendas involving harvesting inexpensively, natural resources and the maintaining of unrest was therefore preferable. There was disdain voiced that raped women were a solitary focus at the expense of an entirely traumatised community.

The leaders were also critical of foreign aid that they saw as not in line with the needs of the local people. Prioritising food aid was questioned by the leaders in a country rich in natural resources with fertile and arable land while peace and infrastructure were more pressing needs. They raised the paradox of international donors bringing simple things like basics at the same time providing arms to the rebels. The leaders also spoke of the lack of accountability and follow-up leaving the door wide-open to corruption which resulted in individuals profiting and not the entire communities.

When leaders were asked what motivated perpetrators of sexual violence, the most common answer was that of men satisfying a basic need, a natural desire for sex. They then added that men too, were victims of rape. They claimed rape was evident throughout history and was possible because men were stronger than women. Men who raped with a heinous brutality involving physical destruction were explained as lacking education, discipline and God. Closely linked to the lack of God, sexual violence was averred to be the work of the devil.

Many of the leaders expressed a deep sense of responsibility as purveyors of hope and change and were rejuvenated by outside interest, such as this interview study. However, they also acknowledged with despair that their best efforts were just not enough.

The contextual complexity of the violent perpetrator (Paper II)

Ex-child soldiers are a distinct group chosen to serve as proxy perpetrators of sexual violence as they are often seen as victims of war as well as perpetrators of violence. By exploring the ex-child soldiers' perceptions of war, militarization and sexual violence through in-depth interviewing, this paper attempts to create a more nuanced and multi-dimensional picture of the violent perpetrator of sexual violence in this context, lying to rest a common discourse of perpetrators as simply "evil". The theme of *Constructing Soldiers* is explored in this paper.

Through the boys' utterances, a systematic and violent construction of children into soldiers was revealed. This involved an inculcation of a rigid hyper-masculinised comportment cultivating dominance over the inferior "other" through sexual, physical and psychological violations.

For these young participants, the decision to go to war was made in the context of abject poverty in a militarized setting. Hopeful of a paycheck or even a uniform that would command respect, many of the ex-child soldiers said they joined voluntarily. Others were abducted while on their way to or from school. One young soldier managed to be released from his rebel unit when visited by DDR negotiators calling for the release of children (those under 18). On his way home, he was re-abducted by another military faction and had in total, spent five years as a child soldier.

Once in the ranks, ex-child soldiers related how they were manipulated by the fear of severe beatings, being hit with sticks or whips while bound. Beatings were said to take place regularly when child soldiers did not comply, fell asleep on watch or attempted to escape. Sometimes when the boys' behavior was out of line, the commander would threaten to harm their parents.

Fearlessness was demanded and instilled by the use of not only threats but the use of herbal mixtures. They were often carried in a seed pod worn around the neck, taken orally, topically or inserted just under the skin. These were prepared by a "muganga", a word the boys used to describe an indigenous healer. The healer was said to predict outcomes of the fate of the boys and even prepared a special mixture of blood, flesh of the enemy and other herbs to alleviate the symptoms of one boy's post traumatic stress reaction.

The ex-child soldiers acknowledged substance abuse as a normal activity which helped to disconnect from reality, whether to boost courage, enable destructive behavior or escape torturous feelings. Conversely, some commanders disproved of excessive drinking and the resultant unruly behavior. The boys told of how they denied many of their emotions so as not to appear vulnerable, in favor of a belligerent façade of bravado which enabled the domination and destruction of the enemy constructed as the non-human "other". Sexually violating was thus enabled.

Sexual violence was mainly described as what soldiers normally do in order to satisfy their sexual desires. The boys also related how violating women served other purposes: to bolster flailing confidence, ease anxiety, exact revenge, relieve anger, intimidate others and restore a sense of personal power. Extreme sexual violence where the reproductive organs are further destroyed using objects like sticks, guns or glass shards were said to result from the soldier's use of intoxicating substances, an extreme sense of humiliation and/or hostility, a tenuous sense of survival with no hope for a future.

Rape was actually forbidden by some commanders, according to some of the young ex-child soldiers; commanders motivated in this way were those who abided by Christian principles or those who had been sensitized to the risks of HIV transmission and its eventual fatal outcome. On the other hand, some soldiers who were HIV positive were said to react to their terminal fate with a desire to continue raping in order to spread the virus and not die alone.

Most ex-child soldiers, when asked about their knowledge of children born through rape had no idea of the consequences and said they were not really interested. They gave responses ranging from soldiers can't care even if they wanted to, to soldiers don't care, expressing that the onus is on the woman and her family to deal with the pregnancy and/or child born of rape. Soldiers were described as a type of moving agent, here today, on the move and perhaps killed tomorrow. The job of soldiering was expressed as the job of killing or be killed, leaving no space for acknowledging children born of their violent actions.

Women's profound losses and resiliencies in the margins (Paper III & IV)

Collective mass trauma in Congo is a continuous reality that seems to escape the radar of international journalism. Paper III brings to the forefront the reflections of those most affected by sexual violence, women who have suffered violation at the hands of militarized groups in the DRC conflict. A certain discourse concerning the labels of victim and survivor has evolved over time and its use questioned in gender based violence writings. The label "survivors" is encouraged when referring to women affected by violence in order not to paint them as one dimensional "victims", non-agential passive recipients. Labeling them "survivors" honors their innate resourcefulness and is nuanced with hope and strength. While this is an important distinction and worthy of lifting, it must not be forgotten that survivors began as those who were victimized. Their voices deserve to be heard and their stories of suffering can serve to further illuminate the intricate dynamics of violent human relationships rather than glossing over to their survival story. This

paper bears witness to the suffering inflicted upon women in eastern DRC by soldiers/militia who perpetrate rape and the devastation of the warscape.

Women in this study described a life of profound dispossession marked by multiple burdens and multiple losses to such an extent that their former identities related to mind, body and place were obliterated and/or deeply disturbed. There were multiple losses acknowledged by the women; losses of bodily integrity, a sense of health and well being, social status, existing family, possibilities of marriage and child bearing, economic sustenance and a loss of geographic space. A new identity was that of a woman stigmatized by rape. These losses left women unanchored, floating in a sea of uncertainty and insecurity with no safe haven, a marginalized life in an already impoverished society. Damaged reputations and stigmatization were embodied by some women to such an extent that they admitted they did not identify as "human beings" and/or felt they had no value.

Being impregnated by rape was expressed by the participants as the traumatic event made manifest and further magnified the already weighty burden of violation. Many women told of how they were repulsed by their child born of rape, seen as representative of the perpetrator and the trauma endured. Those participants who became pregnant related how they were encouraged by the support services they attended, to accept and not blame the child. Over time women admitted to some level of acceptance but others experienced it as an uneasy truce. The stigmatized women in this study claimed the pregnancy and subsequent child born were additional burdens to their already marginalized existence. Not only was the affected woman struggling for basic survival herself but now she felt compelled to support the child also stigmatized by extension. The identity of mother with its attendant responsibility to and for the child was a compelling force for the affected woman to survive.

Perpetrators were named as predominantly Interhamwe (Hutu rebels from the Rwandan genocide) and were considered to have introduced the epidemic of sexual violence into Congo. The women were adamant in their interviews that the Interhamwe were bent on the destruction of the Congolese people by traumatizing women in particular, seen as the foundational to continued progeny and community survival, through sexually violating and the intentional spreading of sexually transmitted diseases especially HIV. In fact, women shared a common belief that HIV positive soldiers believed that they could rid themselves of the virus by raping another person.

Women in this study also made suggestions regarding how the perpetrator could turn from his deviant ways through being educated about violence, abstaining from intoxicants, receiving forgiveness or in the case of Interhamwes, being properly integrated into the community by the state. The study participants also suggested disarming rebels because they rationalised that rebels did what they did because they had guns. Although the women knew these perpetrators collectively as Interhamwe, they lamented that as

individuals, they were unknown and difficult or impossible to identify. One woman said quite simply that perpetrators should be killed.

Paper III addresses how sexual violence affected its victims and Paper IV's ambition was to recognize the survivor's strengths and resiliencies, how women navigated and negotiated their stigmatization in the margins of an impoverished existence. The ideas for Paper IV emerged as a result of a desire to balance the discursive conundrum of "victim" and "survivor".

A verbalized faith in an omnipotent and forgiving God permeated the interviews and was cited as a source of enduring hope for the women survivors in this study. They prayed among other things that their worries and distress would be relieved, that they could return to their families, accept their babies, have the strength to survive and even that God would address the perpetrator and turn him from his violent ways. The hospital endorsed these Christian values in the promotion of hope but also in the encouragement of mother-child bonding in the case of rejection of the child born of rape. In the hospital context children born of rape were underscored as innocent and gifts from God. According to the women, this approach appeared to have some effect in overcoming the mother's initial rejection.

Although abortion is illegal in DRC, women expressed that community members and/or husbands have been known to demand a woman to abort a pregnancy resulting from rape. Other women said they would have an abortion if it were available in order to escape stigma and the burden of an unwanted child. They also cited the fear of the child turning out to be like his/her father.

Married women told of how their husbands rejected them and the younger unmarried women were concerned that their stigmatization would render them unmarriageable. Infertility and STI's, in particular HIV were said to be feared as they result in a type of social death where one's normal life course of marriage and children is denied. Fertility is revered in this context and HIV dreaded. The importance of health care, particularly getting tested for STI's was underscored by the participants; a negative result or no infections could mean acceptance by their social group. Those who were suffering either from physical or mental disturbances were grateful for any care they managed to get. There was some confusion however about what "psychosocial" care actually was.

Some survivors were lucky enough to have a living family to return to that accepted them. Others, whose villages were destroyed and their family killed, fled or were unaccounted for, wondered where they would go once released from the hospital after care program. All participants were recruited from support facilities so in effect they were already in the "system". One cannot therefore comment on affected women who for whatever reason did not seek or manage to get help.

Economic survival was described as tenuous. Those with any access to land continued to cultivate but less so due to insecurity. They then traded

what they had with others to provide other basics. Some women were said to make strategic alliances with soldiers who had money or NGO's who offered respite for affected women in order to survive. Participants asked outright during the interviews for shelter and school fees for their children. Prostitution was denounced as a viable option by the participants of this study but they did recount how other women turned to this option. Participants noted that any approach to their assistance must include survival basics.

Discussion

Reflections on Methods

Ethnography is a flexible method of reflexive investigation that questions its own authority, addresses how we come to know what we know by challenging interpretations (Denzin and Lincoln, 2005). It served as a suitable choice for exploring phenomena of war rape that is embedded in social and cultural practices. Ethnographic immersion into the study site provides a more in-depth investigation in which to both substantiate and buttress the findings. Interviews with the leaders brought me to a deeper understanding of the context, the chaos and subsequent mass traumatisation. The ex-child soldier boys illuminated the socialisation processes they experienced which reflected the militarised masculinity theorised by Enloe (2000). The women participants underscored the idea of mass traumatisation and described their own experiences of profound loss and dispossession and how the motherhood identity endured. These various perspectives prompted the use of an explanatory model (Payne, 2011) that accounted for subjective experiences of marginalistion and resilience. Interviews tell the researcher what people say they do and ethnographic input provides a multi-dimensional view of the worlds they live in. Further analysis through the multidisciplinary lenses of diversely trained researchers encourages a wider scope.

Ethnography considers theoretical distinctions between you and me, inside and outside and some even speak of the space between (Dwyer and Buckle, 2009). The actual boundaries of these concepts are virtually impossible to map but the theoretical separation serves to aid in understanding. The fluidity of the insider-outsider position coupled with reflexivity constitutes an important dialectic. Involvement and detachment are consistent tensions that must be negotiated. In the interview studies in this project, I was the researcher seen as an "outsider". This position of "outsider" appeared to permit the participants to speak freely without the constraints of their own cultural interpretations. For example, the leaders in Paper I spoke about sexuality and some of the boys in Paper II admitted freely to perpetrating sexual violence despite the cultural taboos they voiced surrounding this information. As a "white outsider" or Muzungu I was an interloper but also perceived as resource rich which comes with another set of antagonisms. As I gained the position of an "insider", local people seemed to become more comfortable with my presence and as I elaborated in the methodology sec-

tion, I became a privileged visitor to their private spheres and got to experience other aspects of their lives such as church services, school classes, a wedding, defence of a master's degree, individual's concert performances, prayer sessions, dinners/parties etc. This spatial expansion into the other spheres inhabited by the participants and the multiple return visits to Bukavu built a certain amount of trust connoting a deeper or longer term investment in the work setting one apart from the drop-in and dash off visitors from outside Congo who are never seen again. I continue to receive information from my colleagues in Congo via email that continues to enlighten me and will be a subject of further writing.

Reflections on Findings

This thesis highlights different experiences of the chaos and instability that has come to define the conflict region of eastern DRC. A war zone is undoubtedly a forbidding place but at the same time life is eked out by civilians as best as they can in pockets of resistance, parallel to the active fighting, unrest and chaos. The participants in these studies offered their particular views or perspectives on their lives in this warscape.

The leaders in Paper I expressed how a solitary focus on women who have been violated ignores a host of other influential factors not accounted for that contribute to the perpetration of sexual violence in war. The leaders acknowledged the dire circumstances women in eastern DRC face in conflict yet their point made, that of rape as a solitary focus, resonates. In this way, the leaders make visible for me their depth of awareness of the chaos in Congo but also how these multiple other contributing factors do not seem to garner comparable interest from the outside or international community. The idea that high income countries give aid with one hand yet with the other hand display apathy or participate in fueling the war is a powerful disconnect (Abbas and Niyiragira, 2009, Harmon-Snow and Barouski,2006) worth further investigation. In their role as leaders, they expressed the enormous burden of responsibility yet a sense of impotency in improving the situation because of the multiple other actors operating which results in mass sexual violation of women and others.

The diagram (Figure 2) below was conceptualized and evolved from the responses from local leaders concerning rape and war in eastern DRC. The multiple layers listed within the triangle should not be seen as listed hierarchically nor occurring as separate entities but as larger structures or effects of larger structures, that are overlapping and interwoven as the theory of Intersectionality, discussed in the theoretical section of this thesis, so aptly addresses. The spiral arrows on the right indicate this interconnectivity. The arrows on the left indicate how any interventions at any of the multiple levels featured on the base of the iceberg could feed back to the top or tip of the

iceberg, affecting or influencing the problem of women suffering from sexual violation. On inversion of this triangle, one can visually note the top down weight of oppressions and burdens experienced by the violated woman in this context. The leaders in this study are drawing attention to structural violence as described by Farmer (2004). The qualitative content analysis used in the leaders paper would describe this as a latent theme (Graneheim and Lundman, 2004) or meaning. This invisibility of enabling structures when dealing with public health problems in the micro-context becomes evident here. The leaders also seemed to see the researcher as a potential messenger to the larger international context.

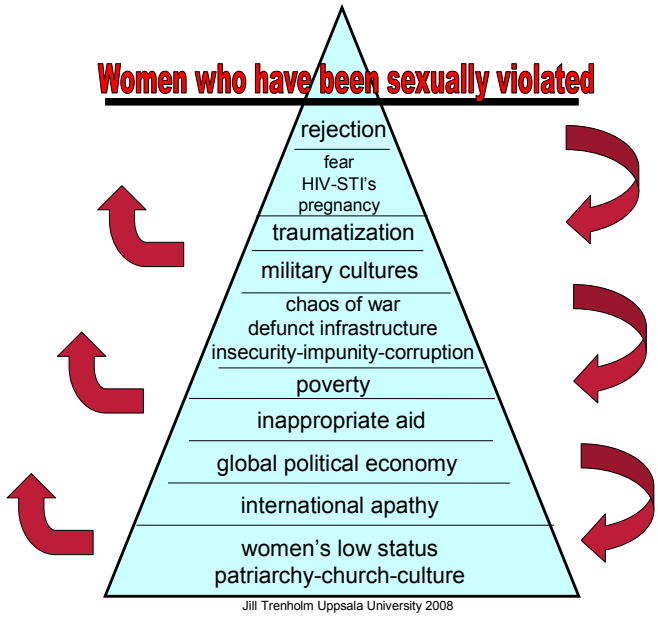


Figure 2. Conceptual Framework that evolved from the Leaders Interview study

Mass traumatisation was a salient feature throughout the formal interviews of the various participant groups. The leaders initially informed me of the mass traumatisation of the entire population, both directly and indirectly (Paper I). Women participants articulated quite clearly their profound losses and dispossession of their identities as a result of direct traumatisation and the subsequent anguish of not being able to meet basic needs (Paper III). There is increasing evidence that cites war's "daily stressors" (indirect social and material conditions) are a profound source of distress with subsequent

mental health implications (Miller and Rasmussen, 2009) These stressors deserve attention as possible conciliators in allaying psychological morbidity associated with direct traumatic exposure to armed conflict (Miller and Rasmussen, 2009). The women participants made clear that provision of basic needs must be addressed in tandem with any mental health intervention. The ex-child soldiers underscored this expanded experience of trauma (the inclusion of direct and indirect daily stressors) and the double bind of marginalization and their recruitment as soldiers. Whether their recruitment was voluntary or forced, it came down to survival needs. The ex-child soldiers furthermore described a drastic socialization process that takes children during a sensitive developmental stage, interrupting not only what would be considered their childhood but the culturally defined passage from child to man as well, replaced by an extreme gendered construction of male sexuality which permits a very narrow repertoire of behaviors based on violence (Paper II).

The child soldier mantra of "kill or be killed" sets a very low standard and is rivaled only by the soldier and civilian mantra of "rape" and survival looting. Violence becomes (il)legal tender and unarmed civilians, the majority already living in the margins, function as a supply chain for growing militarized populations. Rape and the concomitant levels of violence as described by Mukwege and Nangini (2009), are often extreme. Even if a woman survives the rape, a resultant pregnancy prolongs the perpetrator's intrusion often causing great anguish and shame to the victim who agonizes over the fetus as material representation of the trauma and other questions perceived as irresolvable concerning sanctity of life, the constructions of motherhood and her own self-abjection. The child born of rape perpetuates the abjection. In the child's subsequent search for identity and/or belonging, these "lost" children could potentially be enticed into child soldiering. The destruction of society the leaders spoke of along with its attendant norms and values, increasing numbers of internally displaced people and rising levels of poverty leads to further increased marginalization. The human development index has chronicled DRC's descent from among the bottom 10 countries in 2007 to rock bottom, the absolute last in 2011 (UNDP, 2007, UNDP, 2011). An increasing militarization of a society tends to drive a polarization of gendered identities where violence against women is far higher than in non-militarized societies (Sreekala et al., 2005). Militarized violence meets marginalization in a vicious circle for survival with drastic consequences. A noxious mélange of war, violence, poverty and lawlessness prevails in eastern DRC but at the same time the resilience of the people and the sites of resilience discussed further below can provide important insights for policy development.

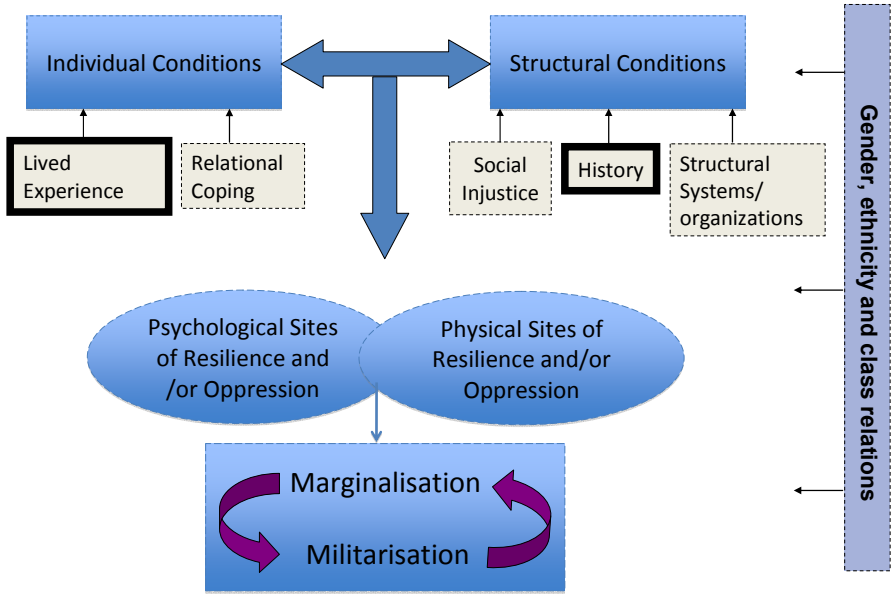


Figure 3. Adapted Sites of Resilience model (Payne, 2011)

The Sites of Resilience model was chosen because it makes manifest the multiple contributing factors the leaders elaborated upon which define the spaces that the marginalized and the militarized are forced to inhabit. This model conceptualizes resiliency as a process and resilience as a fluid construct rather than a fixed outcome of which all humans have the potential capacity for (Payne, 2011). Therefore identifying sites of resilience or creating sites of resilience are important contact points for humanitarian and public health interventions. Marginalization experiences can be similar or varied based on gender, ethnicity and/or class and combinations thereof. Payne conceptualized this model for the ethnicity of black male populations in the US. The actual experiences of street oriented black men in Payne's study are in no way comparable to the lived experiences of the participants in this study; however the model itself was useful in visualizing how marginalistion is a result of a multitude of factors and therefore relevant for the Congo context. Resilience is observed as non-linear and process oriented, drawing on unique culturally/ethnically based psychological and physical elements occurring in the shadow of structural conditions. The intersecting ovals in the centre of the diagram represent Payne's sites of resilience. These sites could also be potential sites for further oppression. In the diagram (Figure 3)

"Lived experience" and "History" are marked by solid lines indicating their more fixed nature. Of course one can always re-think or reframe retrospectively one's experiences but they cannot be relived. History has a fixed nature for the individual and even the group that lives it, however this does warrant further investigation in light of the fact that indigenous historical perspectives have most often been dismissed in favor of a universal history as defined by the Western academy that viewed indigenous people most often as "other" (Tuhiwai-Smith, 2012). The dotted lines framing all the other features indicate potential fluidity. The bar on the right indicating gender, ethnicity, and class was added to make manifest the influence of these intersecting features that permeate all aspects throughout the model. Payne used the concepts of gender, ethnicity and class as foundational in his theorizing yet he did not identify them in the model. Assuming gender, class and ethnicity without noting them in the conceptual model renders them invisible and therefore they may be missed under the radar of theoretical critique.

Payne's *Sites of Resilience model* provides a more complex and nuanced view of the context of not only women's resiliencies within the margins of an already impoverished existence. Child soldiers with limited choices who chose to join the army or rebel groups are also exhibiting resilience. This model can provide a picture of other factors that bear and thus define the state of life for many in the war zone. The local church, a descendant of global structures can be considered to be a psychological and a physical site of resilience as it gives people a physical place to go, that is the church building, but also supports the population's material and spiritual longings as the different participants indicated. If the church supports rejection of the violated woman despite its role in providing spiritual nourishment to all, the negative consequences become amplified. If the stigmatized woman rejected from her place of worship, has a strong faith and believes in a benevolent God but has no physical site or community to support this, having her faith only, may not be sustainable. The hospital after-care program for women is a physical site of resilience as it gives women shelter in a relative "safe" space but it also gives vital psychological support as it invests in the individual. Different economic generating skills, literacy etc offered in order to rebuild their lives, assumes a continued life. Unfortunately, these women must eventually return to their homes in the region's insecure spaces. Occupational training gives young ex-child soldiers a chance to develop a marketable skill thereby giving their days purpose but also meaning (you are not just a soldier) and hope, particularly for future employment. They too must navigate the unstable and volatile warscape once training is completed. Psychological and physical sites of resilience are enmeshed, the theoretical boundaries are blurred.

Sites of resilience are influenced by structures and structural violence. They sometimes offer fragile holds on survival thereby strengthening marginalization, potentially reinforcing oppressions something Payne did not

elaborate upon in his paper (Payne, 2011). A sexually violated woman who is stigmatized and rejected by community who uses transactional sex with paid military, for example, peacekeepers, to feed her child born of rape calls into question: What is choice? She demonstrates resilience in the face of adversity working within a small repertoire of possible choices. The sex market is, in one sense, a site where her resilience is demonstrated. However, prostitution puts her at risk for exposure to violence especially in the face of an increasing militarized society; she may suffer ill health or death from HIV, unwanted pregnancies and further stigma as she is viewed as a deviant.

Churches have been discussed here as one type of refuge in the existing social infrastructure and indigenous healing as discussed in Paper IV is another example. Granted many indigenous practices must be treated with skepticism, the ex-child soldier's experience of trauma healing involving flesh and blood of the enemy (Trenholm et al., 2013) differs from the success of purification ceremonies aiding in reconciliation and healing experienced by others (Stark, 2006). However if science is the empirical search for truth, can we really afford to ignore the potency of this existing cultural network. Indigenous knowledge is just one such example of ancient wisdom (Blanchard, 2011) and is an under-explored resource which has the potential to be instrumental in addressing traumatized individuals and communities in poor resource setting as well as contributing to sustainable reconciliation and healing processes within their cultural frames. Davis in his plea as to why ancient wisdom matters, noted: "The point is not to deny access but to ensure all peoples are able to benefit from the genius of modernity on their own terms, without that engagement demanding the death of their ethnicity…culture is not trivial. It is a blanket of comfort that gives meaning to lives."(2009). Trauma tapping is another example of alternative treatment and is an option that has been embraced by the local people that requires further investigation and a much deeper understanding. The observations in this thesis drive home the idea that the goal for effective healthcare should be an approach that acknowledges input from the grassroots, is culturally appropriate and sustainable at the village level. For, if and when, people such as the ex-child soldiers and affected women in this study will be able to return to their places of origin, appropriate support should be available, should it be required. Particularly for mental health care defined as non-psychotic such as mild or moderate depressive states characterized by loss after traumatization, understanding the context, strengthening social cohesion and encouraging self-help through existing functional networks should be a major goal (Ventevogel et al., 2013).

Reflexivity: the art of self-critique and the facilitation of "other" voices.

All research is biased and so goes the post-modernist claim (Potter, 1996). What we choose to study, how we study it, our theoretical frames, our disciplinary origins etc are all loaded with assumptions and contingent upon text, language, discourses and the powers therein that privilege the author/researcher as an authority or knowledge maker (Alvesson and Sköldberg, 2009). Reflexivity is fundamental in qualitative health research. It calls for a modicum of self knowledge and a conscious capacity to not only think but re-think (Doyle, 2012). Yet, on the other hand, over-emphasis on reflexivity can render social research impossible (Davies, 2008). Heavy philosophical questions come to mind, like; how can we know anything? Particularly from an ethnographic interpretive point of view, historically accused of a colonialist gaze, how are representations of others constituted (Scholte, 1969, Geertz, 1988)?

In this work, there was a heavy reliance on the co-construction of the data collected and findings arrived at. Participants, translators/interpreters along with the researchers were all part of this team. The inevitable conundrum of "one" reality must be acknowledged and leads to the acceptance that research will yield multiple truths or realities. Each perspective or epistemic installment offered and scrutinized can be seen as other dimensions of the issue under study, serving to confirm its rootedness in a realist ontology (Davies, 2008). It follows suit then that research must be content with pluralism, multiple voices/realities and ambiguity. Findings are contextual and emergent. Ongoing self-reflection and critical reading of results represents a form of rigor. Findings should expect or rather invite to be the object of further scrutiny, initially by the researchers, local colleagues and participants, and subsequently when disseminated to the research community and beyond.

It is therefore of utmost importance for researchers to be reflexive through out the process, to consider the "double hermeneutic" when working with human subjects (Davies, 2008). What effect do you have on your participants and what effect do they have on you? Being a "white, western, middle-aged, female, nurse" or "muzungu" interviewing "Congolese black leaders" (most were men), "young black men" and "black women of reproductive age" (just to name a few, albeit imprecise, qualifiers) in a "poor" African country at war opens the possibility of perceived power dynamics which

exerts influence on the interview situation and the information generated. The participants might tell you "what they think you want to hear" or react to the perceived power differential with, for example apprehension, nervousness or aggression etc.

On the other hand, as a researcher (and a human being), I have felt moments of intimidation when encircled by angry child soldiers with their "in your face" accusations; fear, as an angry crowd gathers around suspecting you of wrong-doing; sadness at the suffering needlessly endured had the resources been available and joy when a child is born and survives. These realities have been filtered through my repertoire of life experiences, adding to my personal archive, colouring my perceptions and leaving me and my eyes on the world, forever changed. How does that then affect the research and the participants? Thorne et al (2004:17) writes about the danger of "lachrymal validity" in research involving human suffering, that to be human is to react to other humans in difficult circumstances. She makes the point that in doing this research, it is not to be mired in the telling of a sad story but to move beyond journalism to the "thoughtful clinicians test", to confirm, weaken or refute existing theory or reveal new connections. This was my goal. Privileged as I am, I had somewhere to turn for debriefing when disheartened by the overwhelming suffering while war-affected individuals in Congo who suffer so much more, may not. Reflexivity is not a call to self-absorption but an exercise in self-knowledge (Davies, 2008). Researchers are the instruments interested in knowing others. Knowledge of the instrument/s we use is required.

Many participants asked for help with the basics, school fees, medications etc…Others asked for their voices to be heard internationally, that the researcher be a messenger concerning the multiple facets of the conflict situation in Congo, children's rights and the reality of their suffering, just to name a few. It was hard to hear such pleas, to imagine doing justice to these multiple requests but even more difficult to be aware of one's privileged circumstances when the participants' needs are so great. This led to my own guilt about privilege and shame, about the ambivalence of recognising these ideological or existential problems as "my" (the egg eating muzungu) problems, in the face of the local people's overwhelming marginalisation in a dangerous and impoverished war zone. How could I? Who am I, to be here researching the suffering of others, asking about their life stories when basics were an immediate need? It was fortunate that the participants in the interview studies were already receiving some form of support. In one case, where I met with a woman from a village who was quite distressed because she had seven children she could not feed, we gave her some food and I then contacted an NGO to follow up her situation. They subsequently added her to their list for care.

Enabled by my privileged circumstances, I was driven by a passion for justice. I have a deep admiration for the participants' courage and envied

others for their enduring sense of community. I was both intrigued and troubled by a tacit acceptance of things the way they were and an unwavering faith displayed by many, in the face of continued adversity. If research was done by independent robots (could there be such a thing?), perhaps we could avoid these tormenting arguments and pitfalls to knowledge making? The point made here is that in researching "others" we re-search ourselves (Davies, 2008). We cannot avoid our inter-subjectivity, everything is relational and knowledge is situated. The African philosophical expression "I am because you are." (Tutu, 1999) captures this idea. Ethnographic methodologies deal best with inter-subjectivity by accepting it. Reflexivity becomes a way to manage (not cure) contradictions, thinking through these tensions or un-ease has the potential to take one deeper into a proper analysis of the materials.

Certain aspects concerning the limitations of the researcher as an "outsider" could also, in effect, work to enhance the richness of the data collected as opposed to constrain it. There is some value to naivety. It can offer a perspective unbounded by cultural or contextual boundaries. (Think: the emperor has no clothes.)

Cross-cultural research insists upon reflexivity and an openness or sensitivity to alter concepts familiar to one setting which may not be the case in other settings (Liamputtong, 2010). The notion of what constitutes "a child" was a case in point for the ex-child soldier study. The western humanitarian rights based discourse that conceptualizes a child as one under 18 years of age and therefore not eligible for military participation does not necessarily capture how an under 18 year old is perceived in all societies (Lee, 2009) despite its ratification in nearly all countries.

Then there is the problem of representation closely linked to whose voice is privileged (Reyes Cruz, 2008). I have queried in Paper III the problem of representing another's suffering (Scarry, 1985) thereby touching on modes of expression but also subjective and objective inquiry, something that as a nurse dealing daily with people in pain I have also faced. As a researcher whether an outsider, insider or in-betweener, I am part of the context. Inter-subjectivity is more complex than just a two way street between you and me. It is very much a presence, a gaze (Foucault, 1975) and its multifarious ripple effects on the context are worthy of acknowledging. The presence of foreign aid in Africa and how it has affected people and their context is just one such example under scrutiny (Abbas and Niyiragira, 2009). Cross-cultural research is another illustration whereby the researcher has an impact on the context and is essential to acknowledge (Tuhiwai-Smith, 2012). Just imagine if a hoard of "outsiders" descended upon your workplace, your home or your stomping grounds, asking questions (some ludicrous) and collecting information about you and your environs. Would you recognise yourself in the final write-up? Would you see certain dynamics noted in the stranger's analysis you had hitherto fore taken for granted? How would you

comport yourself knowing you were the object of a researcher's gaze? These are some of the issues in representation and why authority of voice creates challenging dilemmas. Co-constructing the findings with members of the context constitutes a compromise that permits both the official insider and official outsider a contribution or point of view at the same time acknowledging the multiple realities. The analysis, writing up, dissemination etc are as well, situated and distinct but not immutable.

When I returned to Congo after my initial trip, I returned to the leader study participants and gave each of them a copy of the published paper from the first study. I did so with bated breath. How would they react? Had I captured their perspectives? Had I done justice to their words? Most of the leaders were content just to receive a copy of the article; two, whom I met later at a wedding, voiced their approval of the analysis and the rest I never heard from, despite an invitation to email their comments. Does their silence speak? Had they time to read? Do they have the language?

My last point of discussion is concerning multi/interdisciplinary work. I have been extraordinarily privileged to be part of both a medical faculty focused on international maternal and child health and a centre for gender research which more aptly describes itself as a disciplinary crossroads for gender studies. As I physically climbed the hill from the International Maternal and Child Health unit to the Centre for Gender Research, I straddled a cultural chasm. From theorising the body as porous materiality and representational, to the ideas concerning evidence based medicine and best practices in addressing the symptoms of diseases that burden the developing world, it is challenging yet necessary to find inroads, build bridges and meaningful connections. Each discipline seems to have its own culture regarding theories, language use, traditions etc, from methodologies to writing up styles. The multiple and varied disciplinary bound perspectives concerning the single entity of the human body seemed light years apart yet valid and vital in their own right. Cross-cultural meetings of all sorts are inevitable in a world of diversity. In crossing disciplinary boundaries, one further stretches the learning potential, inviting in an increased complexity indicative of the reality that knowledge making should reflect; recognising that in destabilising discursive boundaries we continually construct new ones. This is not a futile exercise but the essence of inquiry.

On one occasion, a social science journal lamented how it was a shame that I had to write in such a "straight jacket" as I wrote the boy soldier article conforming to the standards of writing papers in natural science. This incident has resulted in a kappa that resembles more of a hybrid text. Although the findings of the formal interview studies are confined to the "findings" section, other ethnographic findings have been interspersed throughout.

My own supervisory team had diverse disciplinary backgrounds and they often differed substantially on how to carry out and/or represent my work. Through these many interdisciplinary struggles, constructed boundaries are

transgressed and connective pathways generated. It is my belief that the PhD work has been enriched by this process.

In the final analysis (relative to this thesis), interpersonal interactions in particular and the research process in general is susceptible to a range of influences of which the researchers and/or the participants cannot anticipate all eventualities, this in of itself becomes data through the reflexive process. The practice of reflexivity still remains the researcher's strongest ally.

Concluding Thoughts

This thesis aimed to illuminate the phenomena of war rape in the eastern Democratic Republic of Congo. Through an analysis of the voices of the participants a major finding is that there is a great danger in viewing war rape as an isolated phenomenon. It is embedded in both a local context and that of global proportions. Rape in war cannot be addressed in isolation.

In practical terms this implies investigating further into a number of areas. Ethnicity, gender and class are important units of analyses at all levels in the global hierarchy as well as at the interpersonal. From the perpetration of rape, to the use of children constructed as soldiers to the dispossession of women and their enduring mother identities, intersectionality reveals a far deeper complexity of the inter-subjectivity of the individuals involved and they too are a reflection of the greater context. Inequities are rife and play an important role in the presence of the phenomena. Further investigation of perpetrators of sexual violence and their motivations is urgently needed. Impunity must end, holding perpetrators accountable, an immediate priority. On a larger scale, over the long term, gender and cultural sensitivity along with critical thinking around diversity requires integration into education systems accessible by all, whereby the value of all human beings is underscored.

It is imperative that those who live the realities of life in the warzone have opportunities to give voice in order to create an effective survivor-centered health approach that resists top-down, "west knows best" or "one size fits all" ideologies. Context-cognizant actions are required to meet the psychological and physical needs of mass traumatized populations who have endured such high levels of violence, with particular attention to the family unit and/or domestic sphere. These actions should build upon existing and trusted networks, such as the use of indigenous approaches to healing. Research into alternative therapies for mental health care that are practical and sustainable at the village level, is urgently needed. Spirituality must be integrated into health care at the same time Churches require serious reflection and training on how to address sexual violence and the potential consequences of HIV, and how to holistically care for their traumatized congregations. In other words there is a great need to rethink the standard of individual care in contexts of mass traumatization. As well, local understandings of mental health, the stigmatizing consequences of sexual violence and children

born of rape must be further examined, in part to identify ways of minimizing the consequences.

It goes without saying that any efforts addressing health issues are cold comfort if they do not occur in tandem with endeavors towards ending poverty and building a sustainable peace. Health initiatives can provide a platform for Peace as they can serve as a common uniting factor for all factions: soldiers, rebels and civilians. Countries in privileged positions, involved in the DRC must critically analyze their actions, both humanitarian driven as well as economical and political. Why after so many UN resolutions dedicated to women and peace, does life on the ground in Congo not reflect this? The health of the global village is the responsibility of all its members and no action or inaction is benign. It is commonly acknowledged that we live in uncertain times; however uncertainty need not be reason for pessimism. It may be time to prescribe to what Howard Zinn refers to as the optimism of uncertainty, whereby the ground shaking under our feet may serve as an awakening that indicates ripeness for new and positive changes for humanity.

Conflict minerals have been shown to clearly be part of the problem driving rape in eastern Congo. This means that each individual with a cell phone and/or other technological devices is not only implicated in the exploitation of resources but has the possibility and privilege to react with their buying power (Prendergast, 2013).

Sexual violence is not exclusively a Congo problem. It is evident the world over. Every five seconds a person in the world is fleeing, 1.6 billion live in multidimensional poverty, violence against women is a global health issue and the problem of war persists. Rape in war is embedded in structural and cultural practices and is heightened in impoverished and chaotic environments.

Spivak's classic paper asks; Can the Subaltern Speak (Spivak, 1988)? It is my hope that some of the voices in eastern DRC can be heard, if only but a fraction of them, facilitated through this thesis. Many others are still screaming.

Summary

This thesis explores the phenomena of war rape in the eastern part of the Democratic Republic of Congo (DRC) in order to understand the contextual complexity and the consequences suffered by individuals affected by rape as well as the effects on entire communities. Deepening our understanding of sexual violence in war and attendant dynamics in the DRC context can generate both practical and theoretical knowledge relevant for health care interventions, humanitarian assistance and endeavors towards peace that serve the actual needs of the affected populations.

This PhD project uses an ethnographic approach which involves participant observation, prolonged engagement with the research site (7 months on-site over a 6 year period where contact with local activities and people was maintained), the recording of field notes and the practice of reflexivity. Moreover, formal interviews with diverse groups were conducted. Through combining various ethnographic data and formal interview materials, the four papers in this thesis were written. Two research assistants who worked continuously over the course of the project and were also native to the context served as cultural competent insiders and guides.

Paper I resulted from interviews done with ten local leaders in South Kivu, chosen for their ability to both reflect and influence their constituencies. Findings revealed how mass raping and the methods of perpetration created a chaos effectively destroying communities and entire societies. Furthermore an exclusive focus on raped women not only missed the extent of traumatization that entire communities suffered but also other factors contributing to the phenomenon of war rape. Significant factors were effects of the global political economy, the lack of international political will, the stance of the church, the effects of militarization, cultural interpretations of gender roles and inappropriate aid that created a tangled web that only serve to intensify the war played out on women's bodies.

Twelve ex-child soldier boys were interviewed for Paper II. They were seen as both victims of war and proxy perpetrators of sexual violence. Perpetrators are difficult to access, often demonized and not seen as requiring the same attention as the victims/survivors of sexual violence. Therefore there is very little research available, particularly in the conflict setting of DRC. Results revealed the systematic and violent construction of children into soldiers, inculcating a "militarized masculinity"; a rigid set of stereotypical hyper-masculine behaviors promoting dominance by violating, sexually and

otherwise, the subordinate "other". This was achieved through terrorizing, coercing, use of indigenous preparations, substance abuse and forbidding reflection. Findings here argue for a more complex contextualized view of the violent perpetrator resulting from the ways in which society has (re)constructed gender, ethnicity and class and the power relations therein.

Papers III and IV evolved from data collected from interviews with eleven women and narratives from four women all of reproductive age. The women were recruited from organizations in South Kivu which provide support after sexual violation. In Paper III, women expressed total insecurity along with multiple and profound losses: from bodily integrity, health, family, life course possibilities such as marriage and livelihoods, to a sense of belonging. They, along with their children born of rape, suffered stigmatization that challenged their survival in a setting that thrives on community. They cited the perpetrator as predominantly the Rwandan Hutu rebels whose goal was to spread HIV, impregnate Congolese women and thereby destroy Congolese families and society. The changing nature of warfare and the rise of "new wars" based on targeting civilians for raping, looting and pillaging, often involving ethnicity questions and driven by transnational actors, is addressed. Sexually violated women in DRC experience profound losses and immense suffering. Their bodies constitute the tangible material damage which is embedded in a matrix of globalization processes and structural violence, requiring serious reflection.

Findings from Paper IV illuminate how women survivors of sexual violence navigate and negotiate "survive-ing" in the stigmatized margins of an already impoverished existence. Results revealed how women exhibit agency and resilience within compromised environments. They sought support from their faith in God, the scarce health services available, indigenous healers, and made strategic alliances with organizations and individuals. Their survival strategies are identified as sites of resilience and highlight areas where interventions could be implemented or strengthened. As for example, the church was identified as one of the only functioning infrastructures and a provider of spiritual support yet remains silent concerning questions surrounding sexuality and sexual violence. Embedded and trusted community indigenous healers are potential partners for health services and would expand the reach of healing complex. Affected women underscored the need for basics, such as a means of economic survival and shelter as well as accessible health care after violation.

This project's findings draw attention to the mass trauma and devastation of sexual violence perpetrated in war, not just for the individual but for entire communities. It provides a more in-depth look on how constructions of gender, ethnicity and class in the (post)colonial, structural violences and globalization all contribute to the "anthropology of suffering" on the ground. Mass traumatisation challenges the existing public health care focus on affected individuals. There is an urgent need for innovative mental health care

approaches that are tailored to the cultural context and address entire communities. This project points to creative solutions to caring for entire traumatized populations by strengthening the use of already in place networks such as church organizations and indigenous healers in partnership with health services. Local understandings of mental health, the consequences of sexual violence and children born of rape as well as stigmatization must be examined and challenged. Needless to say, Peace should be the ultimate goal.

Jill Trenholm

Summary in Swedish
Sammanfattning på svenska

Föreliggande avhandling undersöker fenomenet krigsvåldtäkter i den östra delen av Demokratiska Republiken Kongo (DRC), i syfte att förstå dess sammanhang och konsekvenser för individ och samhälle. Genom att fördjupa förståelsen av sexuellt våld i krig och de rådande förhållandena i DRC genereras både praktisk och teoretisk kunskap av relevans för hälsoinsatser, humanitärt stöd och arbetet för en fred som svarar mot befolkningens faktiska behov.

I avhandlingen används en etnografisk ansats som inkluderar deltagande observationer, långvarig samband med forskningsområdet (sju månader på plats över en sexårsperiod, under vilken kontakter upprätthölls med lokala händelser och lokalbefolkning), fältanteckningar och utövande av reflexivitet. Dessutom gjordes formella intervjuer med olika grupper. De fyra artiklar som denna avhandling består av har således tillkommit genom en kombination av mångsidiga etnografisk data och material från formella intervjuer. En inhemsk forskningsassistent som kontinuerligt arbetade med projektet har fungerat som en kompetent guide för bättre förståelse av det kulturella sammanhanget.

Artikel I är resultatet av intervjuer gjorda med tio lokala ledare i södra Kivu, vilka valdes utifrån sina respektive förmågor till reflektion samt inflytande över sina valkretsar. Undersökningsresultaten visar hur massvåldtäkter och olika metoder för utförande av våld har skapat ett kaos som effektivt förstört gemenskaper och hela samhällen. Dessutom framgor det, hur exklusiva fokusering av våldtagna kvinnor inte bara missar omfattningen av den traumatisering som hela samhällen drabbats av, utan även andra faktorer som bidrar till fenomenet krigsvåldtäkter. Viktiga sådana faktorer är effekten av den globala politiska ekonomin, bristen på internationell politisk vilja, kyrkans inställning, effekten av militarisering, kulturella tolkningar av könsroller och olämpliga bistånd som skapar en trassliga nät som bara tjänar till att intensifiera ett krig som utspelas på kvinnors kroppar.

För artikel II intervjuades tolv pojkar som är före detta barnsoldater. De kan ses som både offer för kriget, och som representanter för förövare av sexuellt våld. Det är svårt att få tillgång till förövarna, eftersom de ofta demoniseras och inte anses behöva samma uppmärksamhet som de of-

fer/överlevande som utsatts för sexuellt våld. Därför finns det sparsamt med forskning tillgänglig, speciellt kring konfliktsituationen i DRC. Intervjuerna avslöjade en systematisk och våldsam konstruktion med syfte att göra barn till soldater. Denna innehåller en ”militariserad maskulinitet”; ett strikt inlärande av stereotypiska hypermanliga beteenden som uppmuntrar till att våldföra sig på andra, både sexuellt och på andra sätt, för att dominera den underordnade eller ”de andra’. Detta uppnåddes genom terror, tvång, intagandet av traditionella inhemska preparat (indigenous preparations), drogmissbruk och genom att förbjuda reflektion och eftertanke. Resultaten argumenterar för en kontextualiserad och mer komplex syn på den våldsamma gärningsmannen, baserad på samhällets (re)konstruktion av genus, etnicitet, klass och tillhörande maktstrukturer.

Artikel III och IV växte fram ur information från intervjuer gjorda med elva kvinnor och berättelser från fyra kvinnor, alla i fertil ålder. Kvinnorna rekryterades från olika organisationer i södra Kivu som ger stöd efter sexuellt våld. Kvinnorna i artikel III gav uttryck för fullständig otrygghet samt mångsidiga och djupgående förluster: av kroppslig integritet, hälsa, familj, valmöjligheter i livet såsom äktenskap och levnadssätt samt en känsla av tillhörighet. Tillsammans med sina barn avlade genom våldtäkt, drabbades de av stigmatisering som försvårade deras chans till överlevnad inom en kontext som bygger på gemenskap. De utpekade förövarna som övervägande rwandiska Hutu-rebeller vars mål var att sprida HIV och göra kongolesiska kvinnor gravida, och därigenom destruera både kongolesiska familjer och samhällen. I artikeln diskuteras vidare att krigsföringens förändrade karaktär och uppkomsten av "nya krig" som går ut på att våldta, plundra och röva bort civila ofta innehåller en etnisk problematik och drivs av transnationella aktörer. Sexuellt våldsutsatta kvinnor i DRC erfar djupa förluster och enormt lidande. Deras kroppar utgör den materiella skada som är inbäddad i en matris av globaliseringsprocesser och strukturellt våld, vilket kräver allvarlig reflektion.

Resultaten från artikel IV belyser hur kvinnor som överlevt sexuellt våld navigerar och förhandlar kring "överlevnad" i stigmatiserade marginaler i en redan utarmad tillvaro. Resultaten visar hur kvinnor uppvisar makt och motståndskraft i dessa utsatta miljöer. De sökte stöd i sin tro på Gud, den knapphändiga hälsovård som fanns tillgänglig, ”traditional healers”, och skapade strategiska allianser med organisationer och individer. Deras överlevnadsstrategier identifieras som plattformar för motstånd och lyfter fram områden där hjälpinsatser kan genomföras eller stärkas. Till exempel identifierades kyrkan som en av få fungerande infrastrukturer, och som en institution som gav andligt stöd. Ändå är kyrkan tyst om frågor kring sexualitet och sexuellt våld. ”Traditional healers” som är accepterade i lokalsamhället och åtnjuter stor respekt bland befolkningen skulle kunna fungera som potentiella partners för hälsovården och utöka räckvidden för omhandertagande/läkning. De drabbade kvinnorna underströk behovet av grundläggande hjälp, såsom me-

del för ekonomisk överlevnad och husrum samt tillgänglig sjukvård efter det våld de utsatts för.

Avhandlingens resultat drar uppmärksamhet till det massiva trauma och den förödelse som sexuellt våld i krig leder till, inte bara för individen utan även för hela samhällen. De ger djupgående insikter om hur konstruktioner som genus, etnicitet och klass i (post) kolonialismen, strukturellt våld och globalisering tillsammans bidrar till en "lidandets antropologi". Masstraumatiseringen utmanar den existerande hälsovårdens fokus på de drabbade individerna. Det finns ett akut behov av innovativa metoder för den psykiatriska vården som är anpassade till den kulturella kontexten och vänder sig till hela samhällen. Detta projekt har tagit fram kreativa lösningar för att rehabilitera hela traumatiserade befolkningar genom att stärka användningen av redan existerande nätverk såsom kyrkliga organisationer och ”traditional healers”, som kan samarbeta med sjukvården. Lokala uppfattningar om psykisk hälsa, konsekvenserna av sexuellt våld och barn avlade genom våldtäkt samt den stigmatisering som följer måste både granskas och utmanas. Tveklöst är dock fred det ultimata målet.

Jill Trenholm

Summary in French
Résumé en français

Cette thèse explore les phénomènes de viols liés aux guerres à l'Est de la République Démocratique du Congo (RDC) dans le but de comprendre la complexité contextuelle et les conséquences dont souffrent aussi bien les personnes affectées que toutes leurs communautés. Approfondir notre connaissance en violence sexuelle pendant la guerre et les dynamiques qui en découlent dans le contexte de la RDC peut générer à la fois des connaissances pratiques et théoriques utiles pour des interventions sanitaires, de l'assistance humanitaire et des efforts vers la paix qui répondent aux besoins des populations affectées.

Ce projet de doctorat fait usage d'une approche ethnographique impliquant une observation participative, un long engagement avec le site de recherche (7 mois sur le site pendant une période de 6 ans où le contact avec les populations locales et leurs activités a été maintenu), l'enregistrement des résultats d'enquêtes du terrain et la pratique de réflexivité. En effet, des interviews formelles avec des différents groupes ont été conduites. Il sied de signaler que les quatre articles dans la présente thèse ont été écrits grâce à la combinaison de diverses données ethnographiques et des matériels d'interviews formelles. Pour ce faire, un assistant de recherche, natif par rapport au contexte de l'étude, a continuellement travaillé durant toute la période de ce projet comme informateur et guide compétent culturel.

Le premier article est issu des interviews menées avec dix chefs locaux au Sud-Kivu, choisis en lumière de leur habileté culturelle et l'influence qu'ils ont dans leurs entités respectives. Les constats révèlent comment la violence collective et les méthodes de perpétration ont créé un véritable chaos détruisant les communautés et les sociétés entières. En outre, l'attention particulière à l'égard des femmes violées était non seulement insignifiante face à la spirale de traumatisme dont les communautés entières ont souffert, mais aussi n'a pas empêché d'autres facteurs contribuant au phénomène de viol pendant la guerre. Bon de facteurs sont liés à une économie politique globale, le manque d'une bonne volonté politique internationale, la position de l'église, les effets militaires, les interprétations culturelles des rôles liés au genre et une assistance inappropriée débouchant à un imbroglio intensifiant les guerres faites sur les corps des femmes.

Douze petits garçons, ex-soldats, avaient été interviewés dans le cadre du deuxième article. Ils étaient vus à la fois comme victimes de guerre et enfants utilisés comme acteurs de violence sexuelle. Ces auteurs sont difficiles à repérer étant donné qu'ils sont démoralisés par leurs bourreaux au point qu'ils ne partagent plus le même avis avec les victimes /survivantes de violence sexuelle. C'est ce fait même qui justifie la quasi-absence de recherches possibles plus particulièrement dans le cadre de conflit en RDC. Les résultats ont montré l'enrôlement systématique et forcé des enfants au sein de l'armée, inculquant à ces derniers un ensemble des comportements stéréotypes militaires hyper masculin selon lesquels un enfant garçon doit être militaire car c'est le seul moyen qui lui permet d'avoir une suprématie sur les autres en appliquant toute forme de violence telle que le harcèlement sexuel et autre. Ceci est fait par la prise de substances , la pratique de terreur, contrainte, menace et autres pratiques indigènes impitoyables. Les présents constats expliquent l'avis plus complexe et contextuel d'auteurs violents résultant de l'avis de la société par rapport au genre, ethnicité, classes sociales et les relations intercommunautaires**.**

Les articles III and IV sont des produits des données issues des interviews avec onze femmes et des narratifs avec quatre autres femmes toutes de l'âge reproductif. Ces femmes étaient recrutées à partir des organisations qui assistent les victimes de violence sexuelle au Sud-Kivu. Dans l'article III, elles ont dénoncé l'insécurité totale débouchant à des graves pertes : l'intégrité corporel, la santé, la famille, le sens d'appartenance et autres étapes de la vie telle que le mariage. Ensemble avec leurs enfants issus de viol, ces femmes souffrent de stigmates qui malheureusement affectent le reste de leur vie. Elles ont cité comme auteurs principaux les rebelles Hutu Rwandais dont l'objectif ultime était de propager le VIH, engrosser les femmes congolaises afin de détruire leurs familles ainsi que la société entière. La nature changeante de la guerre et la montée de "nouvelles guerres "visant les populations civiles pour les violer et les piller, est aussi mise en relief. Ceci implique souvent des problèmes ethniques soutenus par des acteurs internationaux. En RDC, les femmes sexuellement violées connaissent beaucoup de difficultés et d'immense souffrances. Leurs corps constituent un grand dommage matériel se trouvant dans un système de processus de globalisation et des violences structurelles demandant une réflexion sérieuse.

Dans le quatrième article, les constats montrent comment les femmes survivantes de violence sexuelle s'efforcent à survivre dans les marges stigmatisées de l'existence déjà affaiblie. Ces résultats ont révélé comment ces femmes tentent de chercher la résilience dans ces environnements à risque. Elles cherchent le réconfort en leur foi en Dieu, dans le peu de services sanitaires disponibles, chez les guérisseurs traditionnels et ont fait des alliances stratégiques avec les organisations et les individus. Leurs stratégies de survie sont identifiées comme des sites de résilience et mettent en exergue les endroits où les interventions peuvent être exécutées ou renforcées. A titre

d'exemple, l'Eglise a été identifiée comme la seule structure opérationnelle et source de soutient spirituel bien qu'elle passe sous silence les questions relatives à la sexualité et à la violence sexuelle. Les guérisseurs traditionnels disponibles et dont la population fait confiance, sont des partenaires potentiels pour les services sanitaires qui peuvent servir à l'expansion de la procédure de guérison. Les femmes affectées éprouvent des besoins élémentaires entre autres les moyens économiques de survie, le logement et aussi l'accès aux soins de santé après le viol.

Les constats de ce projet portent une attention particulière aux traumatismes de masse et les conséquences de la violence sexuelle perpétrée pendant la guerre, pas seulement contre les individus, mais contre la communauté dans sa globalité. Ce projet porte une réflexion profonde sur la considération de genre, ethnicité, et classes dans les violences structurelles et globalisantes (post)coloniales qui se passent sur terrain. Le traumatisme massif challenge les structures sanitaires publiques focalisant sur les individus affectés. Pour ce faire, il y a un besoin urgent d'une approche de santé mentale innovatrice taillée sur mesure de contexte culturel et à l'adresse de la communauté dans son ensemble. Ce projet met en relief des solutions créatives pour le traitement des populations traumatisées en renforçant les structures existantes telles que les organisations religieuses et les guérisseurs traditionnels en collaboration avec les services de santé. La compréhension locale de la santé mentale, des conséquences fâcheuses de la violence sexuelle et des enfants issus de viol aussi bien que la stigmatisation doit être examinée et combattue. Inutile de dire, la paix doit être l'objectif ultime.

Jill Trenholm

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I take full responsibility for this work and any errors or omissions are entirely my own.

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Jill Trenholm
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