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Characteristics and Impacts of Conflict-Related Sexual Violence against Men in the DRC: A Phenomenological Research Design

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Abstract: There is increased evidence of the existence of sexual violence against men and boys in many war-stricken areas. Yet, there are still discrepancies in understanding male victims' experience in depth. Furthermore, limited research on sexual violence against men in the context of the war in the Eastern Region of the Congo has been undertaken to date. As part of addressing this knowledge gap, a phenomenological study was conducted to shed light and understand the experience of male survivors of sexual violence. The participants were males who experienced sexual violence in the war. Individual semi-structured interviews were conducted. The findings show that participants experienced a wide range of psychological and physical wounds other than rape. Their experience during the event (s) falls under the umbrella term gender-based violence (GBV) which encompasses other forms of harmful acts against one's will including sexual assault, genital mutilation, acts of penetration with different objects, and cultural inappropriate actions with intention to sexually harass and humiliate. The results show a wide and complex range of short and long-term impact on multiple levels. The findings add clarification and understanding to the controversial and taboo subject around conflict-related sexual violence against men in the Congo. They shed light on how the understanding of gender impacts participants' masculine identity, their sexual victimization experience, and healing journey.

Keywords: masculinity; conflict-related sexual violence; gender; male victims; consequences



Citation: Yagi, Ines, Judith Malette, Timothee Mwindo, and Buuma Maisha. 2022. Characteristics and Impacts of Conflict-Related Sexual Violence against Men in the DRC: A Phenomenological Research Design. *Social Sciences* 11: 34. <https://doi.org/10.3390/socsci11020034>

Academic Editors: Pam Alldred and Vanita Sundaram

Received: 7 September 2021

Accepted: 21 December 2021

Published: 20 January 2022

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1. Introduction

Although sexual violence against men and boys have been severely underestimated, the horrendous stories of gang rape, sexual assault, and sexual mutilation, among other instances, have been documented in most war-stricken countries (Chynoweth et al. 2021; Sivakumaran 2007; Chynoweth 2017; Ferrales et al. 2016; Christian et al. 2011). Indeed, sexual violence against men is more frequent than is commonly thought. For example, a Congolese woman in the eastern region of the Congo stated, "it is common for men and boys to be raped . . . They rape all of us, even the men" (Chynoweth et al. 2021, p. 10). This atrocity is not limited to adult males. For example, sex-selective killing is one of the key mechanisms of gender-based violence against men and boys in Darfur (Ferrales et al. 2016). An illustration of sex-selective killing is the targeting of young boys and male fetus because "puppy can become a dog" (Ferrales et al. 2016, p. 579).

The knowledge gap about different forms and impacts of sexual violence against men and boys limits the development of effective prevention programs, mitigation, and response efforts at the national (e.g., health providers) and international (e.g., humanitarian actors) levels, leaving victims without support (Chynoweth et al. 2021). Without proper education on the traditional male code as it intersects with male sexual victimization and sufficient understanding of gender sexual violence, the endorsement of homophobic

attitudes, misconceptions about male rape and cultural dilutions will continue to manifest on the individual, institutional, and social level. The traditional male code makes reference to “the historical rules or standards about the socially approved ways of being male” (Fisher et al. 2008, p. 17). The socially approved ‘ways of being’ are also well defined in Congolese society where men are expected to be strong, protectors and providers, and figures of safety and power for women and children; they cannot show weakness or fail to protect (Maisha et al. 2017a; Le Pape 2013; Lwambo 2013). Echoing previous research on male rape and male code, the results of this research show that the participants are not only victims of rape but also victims of male stereotypes. For them, being known as a victim of rape is a source of humiliation, it deconstructs their social identity as men.

For centuries, the male code equated masculinity with non-feminine attributes such as emotional stoicism, virility, strengths, invulnerability, impenetrability, power and aggression. Anything outside of the natural and expected model of hegemonic masculinity and heterosexuality is stigmatized and considered deviant by the society and male victims (Hlavka 2017). Based on the dominant discourse of masculinity, male rape is considered a threat to masculinity (Hlavka 2017). This belief is reinforced by culture through the male code emphasis on invulnerability/penetrator and cultural delusions regarding male rape such as “real men can’t be raped” or “real men should defend themselves against sexual assault or rape”. These negative attitudes regarding male sexual victimization experience can potentially create undetected issues with invisible victims; those whose male gender does not fit with the social perception of a victim. Yet, the consequences of rape do not look better on a person based on their gender. Indeed, in addition to challenges such as the absence or scarcity of victim services related to social expectations of men, participants reported other consequences (financial, psychological, somatic, relational) similar to those documented in the literature on rape against women (Maisha et al. 2017b) in the same region.

As it will be shown in the result section, the short- and long-term consequences of these horrendous crimes impact male victims directly and hurt their families and communities as a whole. Therefore, we argue that the impacts of conflict-related sexual violence against men and boys are profound, widespread, and reach far beyond the victims themselves. There is a ripple effect of the repercussions of male sexual violence on the familial, societal, economic, and communal levels (Chynoweth et al. 2021); it is indeed a public safety concern that cannot be kept secret and must be reacted to as such.

2. Materials and Methods

2.1. Study Design, Setting, and Participants

The study explored the intersection between men’s sexual victimization experience with the valued ideals of masculinity and the traditional male code. Data were collected from a non-probability sampling method: A purposive sampling technique was used in targeted villages around Bukavu in the Eastern Region of the Congo to identify eligible participants, males who experienced sexual violence in the Congolese war. Snowballing sampling techniques to identify potential Participants was used. A total of 14 Participants took part in the study. Participation in this study was voluntary and involved no cost to Participants. The study setting was chosen because the Eastern Region of the Congo has been greatly affected by war, which has caused the loss of 5 million lives between 1998 to 2003. Various rebels and other militia groups continue to operate in these regions. Consequently, there is the highest rates of conflict-related sexual violence.

Based on the research objectives and questions, a phenomenological study design was deemed to be the best approach that allowed the researcher to collect data from males who have experienced sexual violence in the eastern region of the Congo and develop combined descriptions capturing the essence of the survivors’ experiences. There are different types of phenomenology study. The research incorporated Moustaka’s (1994) transcendental or psychological phenomenology, which focuses “less on the interpretations of the researcher and more on a description of the experiences of the participants (Creswell and Poth 2017,

p. 78) and pays particular attention to the concepts of epoch, or bracketing (Creswell and Poth 2017). Given the sensitive nature of the topic, it was important to be aware of one's biases as much as possible to prevent the potential deleterious effect on the collected data.

2.2. Data Collection, Analysis, and Validity

Data collection was conducted within a few weeks by a trained and skilled Congolese research assistant with significant clinical experience working with male and female victims of sexual violence. The research assistant was aware of the existence of male sexual victimization experience and the lack of resources for male victims. The benefits of working with a trained male research assistant included that he had rural life experience and a strong understanding of the traditional male code within targeted regions. He worked along with a colleague to assist him in a number of tasks that supported the interview process such as the audio-recording of the interviews and for emotional support for participants.

Methods included 14 semi-structured interviews completed in Swahili. The main researcher had the opportunity to participate in some of the interviews (2 interviews) as an observer noticing Participants' behavior throughout the process. Before starting the interview process, eligible Participants were provided with informed consent information describing the purpose of the study, risks, and benefits of the research, voluntary participation, confidentiality, and the right to withdraw from the study at any time. Most of the interviews (12) took place in confidential settings in Participants' hometown. Some (2) were conducted in a private setting at SOSAME hospital where Participants were comfortable sharing and their confidentiality was guaranteed. SOSAME hospital is a mental health hospital established in 1994 by the Brothers of Charity in Buvaku. Each interview lasted between 45 min to 1 h. Most of the questions were open-ended and addressed 5 themes: (1) What was the experience of male victims of conflict-related sexual violence in the DRC¹, before the experience?; (2) What was the experience of male victims of conflict-related sexual violence in the DRC, at the time of their sexual victimization experience; (3) What is their experience nowadays, as male victims and male survivors?; (4) How does the understanding of gender impact victims of sexual violence?; (5) How does the gender-based violence experience affect culturally informed self-perception among male survivors in the DRC?; and (6) How do the cultural taboos and myths surrounding the phenomenon of sexual violence against men impact male victims in the DRC?

Audio-recorded interviews were first transcribed in Swahili and then were translated from Swahili into English. To avoid discrepancy, a back-to-back translation was conducted to compare translated versions of the interviews with the original content for quality and accuracy (Hsiao-Yu and Boore 2009). Once all the research interviews were transcribed and back-to-back translation completed, to ensure the most absolute quality and accuracy of the participants' experience, the main research assistant completed follow up interviews over the phone to clarify themes that emerged during the process of data analysis. The purpose of the follow-up probe interviews was to help the participants expand the answers shared during the first interviews. The reliability of the coding process of the emergent themes was established using the following steps: (1) Inter-coding was performed by the main researcher and one doctoral student, and (2) inter-coding was performed on 10% of the transcripts. The doctorate student was chosen as a text evaluator based on her experience as a researcher skilled in qualitative analysis. The first inter-coder reliability index was 82%. The minimum of 70% recommended by Lombard et al. (2002). After the text evaluation and negotiation among the researcher and colleagues, the inter-coder reliability reached 100%.

2.3. Bracketing Assumptions

Bracketing is a key part of a phenomenological research design (Creswell and Poth 2017). The bracketing process' objective aims at developing a non-judgmental attitude about Participants and their stories without obstructing the phenomenon at the center of the study (Creswell and Poth 2017). The researcher bracketed personal experiences, assumptions, cultural factors, and vested interest. Bracketing was particularly important in this study

given the main researcher's cultural background as a Congolese woman. Assumptions included: (a) taboo around sex and sexual violence against men in the Congo silence male victims; (b) male victims are less likely to come forward to share their experience; (c) in comparison to women, they are more likely to share their experience with reservation; (d) they may feel more comfortable talking to a female research assistant than male; and (e) hot water being used to relieve muscle pain and discomfort as a child.

3. Results

3.1. *Forms of Conflict-Related Sexual Violence Perpetrated against Men*

As victims of masculine stereotypes, male survivors of sexual violence often lack proper words to express themselves (Sivakumaran 2007). They generally describe their experience as beaten, hit, tortured, humiliated, and injured rather than with words describing sexual violence. Gender-based violence encompass a wide range of psychological and physical actions not limited to rape, including sexual assault, acts of penetration, genital mutilation, cultural inappropriate actions with intention to sexually harass and humiliate, and non-sexual acts committed on the basis of gender (Ferrales et al. 2016). Consistent with previous studies, Participants shared the experience of being beaten close to death, tortured, anally penetrated, undressed, humiliated in public, and forced to witness violence perpetrated against others.

In regard to the experience of being beaten and hit, except for Participants 9 and 10, all Participants used the word beat and hit interchangeably to narrate their experience. Participants described multiple horrors, including (a) being beaten close to death, (b) being "hit like an animal", (c) being hit unconscious and enduring permanent wounds on the body, and (d) beating directed at the genitals or other sensitive body parts. For example, Participant 1 described his experience of being beaten close to death and the extensive bruises and injuries endured on his body as a result of the beating. He even volunteered to show the research assistant permanent physical marks on his body. He stated: "Some of them proposed to kill me, but for others, they suggested to hit me half dead . . . directly, they caught me, tied me up and began to beat me. Besides, I still have a whip here of the stick they used. I was hit up till the blood covered my whole face. And if I show you all my back, you will see the signs of these strikes."

Three Participants described the experience of being anally penetrated with different objects without using the word rape. Participants were anally penetrated with sticks, bamboo, and inserted with soap and pepper in their anus. Participant 2 noted, "I was living in Kinyoma. Then the Mai-Mai² came and found us at Nyamoma and began to ask if I can join them. When I refused, they began to hit me and put sticks in my ass". Participant 13 broke his silence and refused to let shame qualify his experience: "Well, please, I will not be ashamed, even to speak. They took the bamboo and introduced it in my ass."

About torture, participant 7 reported: "We were caught and tortured by the FDLR³ and Mai-Mai in this village, and we had no way to escape." Similarly, Participant 2 recounts his re-victimization experience while attempting to escape the dangerous and unstable environment. He notes: "After that, we moved to another place, we crossed the river, unfortunately we met the Hutus who occupied and were looting the village. They took me and tortured me until close to death."

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

Participant 4 notes:

At that time, I was with my mother-in-law, so they asked me to undress. I refused and told them that I could not do it in front of my mother-in-law. Then they undressed all women and men. They ordered them to look at each other. As I refused, they beat and undressed me. Then they took me to the room in the house. They removed the bedding and put me under the bed so that I would be a support to this bed. They took my mother-in-law

and started to rape her in front of me. When they are done, they took us to the forest carrying their burdens. Once there, they still violated the women and hit all the men.

In the initial interview, except for Participant 2, all Participants used words other than rape to describe their sexual victimization experience. However, during the follow up interview, all Participants (1, 5, 9, 13, and 14) used the word rape to describe their experience. When asked specifically if his experience is considered rape, Participant 1 responded: “Yes, it was rape. Eeh . . . truly a rape, it is rape.” Likewise, Participant 5 reported: “Yes, it is rape, something happened to my body, that I never thought will happen to me one day.” Along the same line, participant 9 reported, “It was rape, what that rebel did to me.” Finally, Participant 14 stated: “It is rape, it is rape.” The frequency at which Participants repeated the word rape sounded like shock that comes with the acceptance of the word rape as an accurate description of what happened to them. Initially, rape seemed to be a forbidden word. Consequently, Participants did not use the word rape to describe their sexual victimization during the initial interview. When asked directly, they did not question the word rape. In fact, they accepted it with strong conviction, emphasizing the word multiple times in a sentence.

3.2. Short- and Long-Term Consequences

Studies have shown a wide and complex range of short- and long-term negative effects of conflict-related gender-based violence on multiple levels, including: psychological functioning (e.g., depression, anxiety, post-traumatic stress disorder, stigma, guilt, shame, self-blame, anger, etc.); behavioral level (e.g., unemployment, substance abuse, self-blame, etc.); relational level (e.g., trust related issues, intimacy issue, sexual dysfunction, attachment difficulties, difficulties creating and maintaining relationships, etc.); and self-image (e.g., low self-worth, low self-esteem, low self-confidence, gender identity issues, issues with masculinity, etc.) (Purnell 2019; Lowe and Rogers 2017; Wilson and Scarpa 2016; Ferrales et al. 2016; Forde and Duvvury 2016; Christian et al. 2011). Sivakumaran 2007). Consistent with past research, participants recounted the “shocking” transformation linked to the financial, physical, sexual, marital, and psychological impacts of the rape. Participants described the short- and long-term sequelae of the trauma in multiple areas of their current lives.

3.2.1. Financial Consequences

Participants shared realities linked to lack of employment, which interferes with their ability to fulfill their roles and responsibilities as providers for their family and household. They also talked about not being able to educate their children. Participants are not able to resume with work due to “ongoing pain”, “lack of strength”, “vulnerability”, and “weaknesses”. They also shared the experience of being paralyzed by the fear of revictimization. The fear of revictimization is more poignant for participants who were victimized on their way to and from work. Participant 7 summarized the suffering and ongoing struggle linked to lack of employment in his current life by stating: “my secret in life is to struggle for me to eat and live”. Most participants’ sense of individual and social identity are linked to their ability to live up to societal expectation of producing, providing, protecting, and procreating. This social expectation is connected to the male code, which appears to be incongruent with men’s experiences of sexual victimization.

As Participants transition from the previous way of structuring their identity to a new way forced by the sexual trauma, they are faced with tremendous loss and grief. The transition is so traumatic that they are struggling to redefine themselves and re-discover meaning after trauma. The trauma is affecting their beliefs about the future via hopelessness and the feeling of being stuck in a pain and hurt. According to Frankl, “as soon as a painful fate cannot be changed, it not only must be accepted but may be transmuted into something meaningful, into an achievement” (Frankl 1970, p. 51). Participant 7’s current state of despair prevents him from visualizing a different future where life is meaningful. His statement reflects a lack of hope, hope being an important ingredient for living a fulfilled

life. Consequently, he uses the same lenses of despair to project into a hopeless future. From that hopeless future projection, he develops the belief that his secret in life is to struggle to meet his basic needs. Acceptance of a painful fate through the lenses of despair keeps this individual stuck. It also interferes with the human motivation to discover the meaning of suffering and the potential of transmuting painful fate into achievement. Participant 7's experience is shared among other participants.

3.2.2. Psychological Consequences

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

Participants also shared the psychological consequences linked to not fulfilling obligations as providers. [Muldoon et al. \(2019\)](#) reviewed the literature on social identity approach to understand how social factors such as group life and social categories determine outcomes following the trauma. In accordance with Participants' experiences, [Muldoon et al. \(2019\)](#) showed that: "(a) negative responses to trauma are more apparent where trauma serves to undermine valued social identity; (b) people prove more resilient in the face of trauma when valued social identities can be maintained or new social identities developed; and (c) where old or new positive identities are reinvigorated or extend the self, this can be a basis for post-traumatic growth" (p. 311). Participants emphasize their individual identity as men, social identity, group memberships, and the ability to live up to the masculine ideology as a source of pride, meaning in life, and psychological resilience. According to [Muldoon et al. \(2019\)](#), self-categorization and group membership influence how an individual appraises and interprets their experiences, including trauma. The participants are experiencing severe psychological consequences of the sexual trauma due to loss of masculinity, loss of social status, and role reversal within the family system. The participants used different expressions to convey the psychological impact linked to a sense of failure as providers including feeling "crazy", "mindless", disbelief ("how come I can be like this after being in good health, because of others" (Participant 1)), and "mind not working well". Not being able to provide for their family and household changes the whole family system dynamic. For example, they mentioned having to depend on their wives for survival. Participant 4 illustrates this new reality by stating: "Now she is everything. So, she is starting to take care of us because I do not have any strength anymore". He goes on to say: "today, my hope is my wife because she is everything now." They emphasize the role reversal from being a provider, protector, and procreator, essential aspects of masculinity in the context of the DRC ([Le Pape 2013](#)), to vulnerable and dependent, all attributes linked to feminine qualities, according to the male code. They shared the frustration, devastation, and ongoing suffering linked to the new reality as vulnerable dependents. The participants also shared the psychological consequences linked to lack of "sexual force". The participants described the shift from being able to sexually perform a few times a day to once in a blue moon when their body cooperates. Participant 1 expresses shame for his inability to fulfill his duty to sexually perform by stating, "First of all, I am no longer able to walk in the house". He uses the word "torturous" to describe his wife's experience of the lack of a fulfilling sexual life.

3.2.3. Physical Consequences/Medical Problems (and Changes)

Participants shared persistent suffering linked to physical health. They described headaches, back pain, body aches, and ongoing pain, weakness, loss of balance, loss of strength, bloody noses, sensitive stomach, loss of appetite, incontinence of urine, blood

in urine, hemorrhoid, reduced strength for sexual activities with their wives, genital mutilation, and more.

Participants described this experience with different statements: “Til now, my body is in pain” (Participant 2); “my body and ribs are still in pain . . . at the beginning of each month, I begin to feel pain; the wounds begin to hurt” (Participant 2); and “the wound that was not well cared for inside. It’s like a vein that is torn apart. So far, the pain persists” (Participant 13). The trauma redefined the Participants’ relationship with their bodies. They seem stuck in their body like prisoners with no permanent solution other than perpetual suffering. One of the assumptions of logotherapy is the description of human beings as entities consisting of body (physical dimension), mind (mental dimension), and spirit (spiritual dimension) (Frankl 1970). Although the different entities are separated, they function in unity. The experience of being stuck in one’s body prevents Participants from rising above the physical dimension to a level that will allow them to redefine the self. The ongoing pain and bruises on the body are constant reminders of trauma and the physical impacts of it.

3.2.4. Marital Consequences and Sexual Consequences

Participants shared the ongoing impact of the trauma on their marital life including unhappy spouses, trust-related issues, dissolution of marriage, relocation, physical abuse, role reversal, and infertility. Participants reported feeling unhappy, sad, humiliated, ashamed, grieving, and powerless with their having been victims of sexual violence and impacting on their marriage. Participant 4 described the marital consequences as “suffering again”. The Participants’ experiences continue to emphasize the ongoing suffering linked to their trauma and the impacts on their current life.

Along with the marital consequences, participants also shared sexual consequences. Participants identified ongoing pain, weakness, and genital mutilation as barriers interfering with regular and healthy sexual life. The inability to conform to the notions of masculine sexuality impacts their healing journey and destroys family. Participant 7 identified the lack of fulfilling sexual life as the main issue that led to the dissolution of his marriage.

3.2.5. Treatment Received since the Event (s) Experienced

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

Some Participants mentioned having to resort to hot water as treatment to address ongoing symptoms after the event and in their current life. For example, Participant 2 mentioned using hot water treatment to massage the body, reduce inflammation, relax muscles, and temporarily relieve physical-health-related symptoms. Participant 2 illustrated the use of hot water in his current life by stating:

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

Participants described the lack of medical services as a multilayer issue with different dynamics at play, including inaccessible medical services immediately following the event (s), accessed medical services when symptoms got worse, initially accessed medical

services until it became inaccessible, and received medical services but symptoms persist. Participants mentioned multiple barriers linked to the lack of and limited services to proper medical care in their new life including lack of money, poverty, lack of services, “not able to find help”, “insufficient help”, “where could I find it”, dislocation, and “hiding in bushes.” Participant 3 described the lack of available services as follows: “we tried to get help from the hospital, we did not find it.”

4. Discussion

Participants used the concept of time to compare their old life versus new life, with the sexual trauma/rape as the turning point. Participants describe their new life as a completely different life, and “there is nothing worse than this life” (Participant 4). They talk about not having the power to change the past and feeling stuck in their new life, new body, and suffering linked to their new reality. Participants were initially traumatized by the sexual victimization experience. Now, they are re-traumatized by the ongoing symptoms of the sexual trauma and suffering linked to it.

To better understand the male sexual victimization experience, it is critical to first grasp traditional male code. As stated in the introduction, the traditional male code makes reference to “the historical rules or standards about the socially approved ways of being male” (Fisher et al. 2008, p. 17). The realities of men’s lives in Eastern Congo exist at the intersections between male power and the challenges of social inequality, unstable employment, poverty, war, and insecurity (Lwambo 2013). The author presents main themes observed through a qualitative study carried out by Heal Africa (2010) on the topic of men and masculinity in urban, semi-urban, and rural districts across the North Kivu province. The study shows the discrepancy between the culturally idealized hegemonic masculinities and men’s actual realities. In a traditional sense, a “real man” must live up to certain expectations, namely: producing, providing, and protecting (Lwambo 2013). These internalized masculine ideologies appear to be unquestionably accepted by both genders within this particular region of Congo. Despite the unfavorable realities linked to war, militarization, and displacement, men are expected to live up to their gender roles and responsibilities.

Participants to this research came from different tribes, but shared similar beliefs about what it means to be a “real man”. These beliefs shape their individuals’ identity and dictate the description of psychopathology and normality. The unquestionable internalization of the traditional masculine norms places Congolese men at the top of the social hierarchy.

Male victims’ experience of sexual violence and torture unmake and shatter their view of self and the world in the aftermath of sexual victimization (Gray et al. 2020). According to Maisha et al. (2017a), a raped man is a dethroned prince in the Congo. Maisha’s research participants reported that women, children, land, and livestock are at the service of men who must protect them. Women who were raped while alone in the fields regretted not having their husbands present to protect them: “the rapists operated in an open field, there were no men to stop them; women were not protected” (Maisha et al. 2017a).

After the sexual trauma, most participants shared the experience of emasculation through decreased and/or lost masculinity. They shared the devastation linked to the feeling of being destroyed, damaged, broken, and reduced to a ‘de facto female’. The male body that once represented virility, strength, force, and self-sufficiency has been rendered weak and helpless. The Participants’ experiences are consistent with past studies that describe the impact of sexual violence against men using common terminologies such as emasculation, feminization, and homosexuality (Sivakumaran 2007; Chynoweth 2017; Christian et al. 2011). Yet the process of how this unfolds has received minimal attention. Schulz (2018) challenged the concept of ‘emasculation’/‘feminization’ by introducing the idea of ‘displacement from gendered personhood’ using a context specific of the war-time rape of Acholi men in northern Uganda. In the specific context of the Ugandan socio-political system where heterosexual men have authority over women and people with other sexual orientations, penetrative anal rape challenges the foundation of their

masculine identity. In this context, soldiers deliberately and systematically used sexual violence as a weapon of war to destroy the Acholi because of their ethnocentric views and stereotypical ideals of masculinity. The aftermath is that the victim and their community experienced anal penetrative rape as a deprivation of a men's status. Raped men were rendered weak, unable to live up to their duty to provide, protect, and procreate. The tribes in the eastern region of the Congo seem to endorse similar values of masculinity and the male code. The term 'displacement from gendered personhood' is used to describe the literal, spiritual, psychological, or symbolic absence of men as the aftermath of war, as described by participants.

The Participants struggle to find stability in their new status and new life. Transition requires the ability to redefine one's situation and develop a new self. Redefinition comes with changes to personal relationships with self, others, and one's environment. Accompanying this is the potential to discover new sources of meaning and purpose in life. In the Participants' case, the new life and new body are a source of so much suffering and a form of trauma that overwhelms their ability to cope and triggers a feeling of hopelessness.

To overcome this horrendous reality, the Participants shared a multiplicity of needs in their new life in comparison to their old life. These needs include psychological needs, physical needs/medical needs, and financial needs. Participants' psychological needs are linked to their desire to reclaim their manly position as provider, protector, and procreator. As mentioned earlier, the participants' sense of self and source of meaning in life are linked to their ability to fully live up to the male code. The loss of masculinity triggers internal conflict, or the experience when life's suffering and uncertainties become too much to bear (Frankl 1970). Existential crisis can manifest through psychological distress. Participants also shared the need to feel heard and supported. They shared the psychological impact of either having to suffer alone in isolation or having to depend on loved ones for support. While reflecting on their physical needs/medical needs, the Participants mentioned the lack of appropriate medical treatment to address physical-health-related symptoms. Regaining physical strength is a key component linked to reclaiming their individual and social identity by living up to their masculine potential. The lack of appropriate physical and medical treatment is a struggle with a lot at stake, and the stakes increase as the struggle continues. Participants described physical strength and healthy bodies as imperative instruments for survival. Participants described their psychological, physical/medical, and financial needs as interconnected. As mentioned earlier, they described proper medical treatment to address physical-health-related symptoms as antecedent to financial independence and psychological improvement.

According to Touquet and Schulz (2021), male victims' experiences are mostly analyzed in terms of vulnerabilities. The generalization of male experiences does not do justice to the complexity of male victims' experiences. Through their narratives, and statements, male victims explicitly or implicitly remake a self that has worth. For example, after nearly 10 years of living in silence, Participant 1 broke the silence by recounting his experience of what and how it happened. Most Participants were forced to live in silence until the researcher took on the subject matter and together with her research team gave participants the opportunity to share their stories through interviews. In the context of the interview space, Participant 1 remade a self whose story was worth telling by challenging the heteronormative social norms.

5. Limitations

The findings from a small sample size using qualitative interviews cannot be generalized to all male victims of conflict-related gender-based violence. Nevertheless, the study provides a detailed and unique description of the phenomenon being studied. There is also an increased probability of researcher-induced bias influencing the studies, especially with a phenomenological research design. To address this limitation, bracketing processes were used to mitigate potential damaging impact of preconceptions that may influence the research process. The interviews being conducted in local language may lead to a loss

of information during transcription and translation from Swahili to English. However, to mitigate this concern, a back-to-back transition process was used to compare the two versions for accuracy. Finally, the nature of a retrospective study where participants are asked to recall important events from the past might encounter forgetting. As part of seeking clarity, follow-up interviews were completed with a few participants.

6. Conclusions

First, the increased attention and evidence of sexual violence against men and boys over the past decade has also led to an abundance of myths and misconceptions about the subject matter (Touquet et al. 2020). The most common form of misconception about conflict-related sexual violence against men and boys among health providers and humanitarian workers is limiting their experience to anal rape (Touquet et al. 2020). Limiting the term gender-based violence to rape (oral or anal penetration with body parts or objects) does not capture the full picture, nor does it do justice to victims' experience. As described in the text, male victims of conflict-related sexual violence experience a wide range of experiences that fall under the umbrella term gender-based violence.

Another common misconception is that sexual violence services and resources are readily available for women and girls, but not for male victims (Touquet et al. 2020). Unfortunately, resources are limited for both genders (Chynoweth et al. 2021). Nevertheless, the terrific nature of the sexual trauma, persisting symptoms, and limited resources keeps participants stuck in a state of despair. For example, the ongoing symptoms of the trauma prevent participants from reclaiming their old status as men the provider, protector, producer, and procreator. Consequently, they are stuck in a cycle of hopelessness where there is no healing or recovery, a stuck place where they struggle to make meaning of the traumatic experiences and ongoing suffering linked to their new life.

Finally, research shows that there is potential for positive psychological growth after enduring a traumatic experience (Muldoon et al. 2019). There are certain protective factors that promote resilience and post-traumatic growth such as the ability to maintain or develop a new personal and social identity after the trauma (Muldoon et al. 2019). Healing can potentially come from re-discovering meaning and purpose in a creative way, beyond the traditional masculine norms. The new discovery can potentially lead to a development of a new personal and social identity in their new life.

7. Recommendations

It is important to note that many villages in targeted areas in the DRC have physicians, nurses, and community health workers trained on gender-based violence by local and international NGO's to specifically meet the clinical care for women and girls (Christian et al. 2011). Historically, counselling for sexual-abuse-related issues has been aimed at meeting the needs of women and girls using models originating out of structural feminist theories. Healthcare providers play an important role in male victims' healing and recovery process. It is important to educate key players (e.g., healthcare providers, aid workers, gender-based violence workers, doctors, nurses, physicians, etc.) to eliminate ignorance, negative attitudes, cultural delusions, and myths about male rape that can cause additional harm and discourage survivors from engaging in help-seeking behavior. A follow up study aimed at learning more from healthcare providers and aid workers about their understanding of the male sexual victimization experience and how the issue is addressed (e.g., communication materials, protocols, assessment, and treatment) is an important step towards developing and testing clinical care training tools tailored to specifically address male survivors' needs.

Author Contributions: This article is based on Ines Yagi's doctoral thesis. Her contribution includes designing and conducting the research project. All two authors have agreed on co-publishing this article. 1. I.Y. participated in all experiments, designed the research plan and organized the study, coordinated the data analysis, and contributed to the writing of the manuscript. 2. J.M. provided intellectual and emotional support to Ines Yagi. She also participated in designing the research plan, organizing the study, and coordinated the data analysis. 3. T.M. Kibukila contributed participant recruitment, data collection, and interview transcription. 4. B.M. contributed translated data verification and validation, guidance on cultural context-specific factors for consideration throughout the research, as well as text editing. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki, and approved by The Saint Paul University Research Ethics and Board (REB). Approval date 16 May 2018.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data presented in this study are available on request from the corresponding author. The data are not publicly available due to restrictions mandated by the University's research ethics board.

Acknowledgments: Thank you to Saint Paul University and members of the graduate program for making this meaningful project come to life.

Conflicts of Interest: The authors declare no conflict of interest.

Notes

- ¹ DRC stands for the Democratic Republic of Congo.
- ² Mai-Mai: Refers to a militia group active in the DRC, initially developed to defend local territories against rebels and other armed groups. Some of them are exploiting the war for their individual gain by looting, banditry.
- ³ FDLR stands for "Forces Démocratiques pour la Libération du Rwanda", a rebel group of Rwandan nationals operating in the Congo following the 1994 genocide in Rwanda.

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