"When a man is raped, his family is also raped"

Sexual violence against men in Eastern Democratic Republic of Congo: Effect on survivors, their families and the community

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Sexual and gender based violence

- GBV is “violence that is targeted at women or men because of their sex and/or their socially constructed gender roles” (Carpenter, 2006)
- Term GBV is used interchangeably for violence against women
- Recent increase in reports of SGBV perpetrated against men in armed conflicts, however these reports have not received adequate attention
In a recent population based study by Lawry and colleagues (Johnson et.al 2010), investigators reported that 64.5% (n=88/107) of men reported to have been exposed to conflict related sexual violence of which 20.2% (n=18/88) reported rape.

Another study in southern Sudan and Northern Uganda found that “ever witnessing or experiencing rape or sexual abuse by a man” was commonly reported by male refugees (30.4%) and non-refugees (46.9%) (Nagai et al., 2008).
Psychological trauma that male survivors of sexual violence face is in some form similar to women survivors such as loss of appetite, sleeplessness, shame, guilt, anger among others.

Sexual violence against men is less likely to be reported due to strong patriarchal values, fear of discrimination, fear of being ostracized, taint of homosexuality among other reasons.
Aim

- Our study aims to contribute to the evidence of SGBV perpetrated against men, understand the complex dynamics and describe the health, social and economic impact on the male survivor, his family and community.
Study background

- Study conducted in Eastern Democratic Republic of Congo, Bukavu. Territory Walungu, village groups Ikoma, Mwirama and Kaniola
- Sampling – Purposive
- Interviews conducted – 27, Focus Groups –03
- Survivors identified – 15, interviewed – 7, as 8 survivors did not want to be interviewed
- Other stakeholders - Wives of survivors, Community members and service providers
Findings - Incidents

- Most of the survivors were abducted and taken into forest. A couple were raped in their houses in front of their family members.
- Reported being abducted from a couple months to 3 years.
- They were tortured and raped both orally and anally.
- Survivors mentioned that many men with them were killed after being raped.
- They were raped by a group of men ranging from 5 – 30.
“I was on the route to Walikale (an area in Eastern DRC), when the Interhamwe (Hutu Rebel Group) attacked and abducted us. They were 10 men. We were 30 men who were abducted and raped. Then they killed 15 of us and took the rest of us in the forest…I was abducted for 2 months and raped multiple times”

-Male Survivor

“I was raped along with my wife and daughter. There were many men and I had lost sense. I was not able to count how many men raped me or my wife and daughter as my face was towards the ground.”

- Male Survivor
Motive for SGBV against men

- There were no women, so used them as women.
- To exert their power and control and communicate to the survivors that they were as “weak” as women.

“They rape men to humiliate us, show power that they have captured everything and everybody, destroy men, masculinity and our culture, destroy families, show men that they are weak and don’t have any power to protect themselves and their families”

- Service Providers
Sexual Violence Against Men

- Having sex (oral and anal) with force or without consent. Most survivors cannot identify beyond this and this may lead to lack of identification and reporting. Other stake holders identify as:
  - Beating and torturing
  - To be forced to have sex with your child
  - To be forced to witness rape of your own child/family member
  - To be forced to have sex with the ground
  - To be castrated
Defining Sexual Violence Against Men

- Genital torture (ex. Beating of the penis, Tying brick to the penis, tying the penis to a tree and beating it)
- Genital mutilation
- Forcing to have sex with objects
- Forcing objects into your anus
Effect on survivors and their families

- Survivors are affected both mentally and physically.
- Most survivors don’t return to the villages and those who do most of the times leave the village due to the stigma and discrimination and feeling of shame and humiliation.
- Most men stop working and this drives the family into further poverty (lack of food, education).
- Survivors report that they remain in hiding and do household chores which traditionally are not roles of men.
- Survivors received care but not immediately. The duration that victims have been hospitalized is between 01-14 months and none of them except for one survivor have received follow up care.
“A man was raped by six Interhamwe rebels and he had trauma to the anus. He was not able to control passing stool (fecal incontinence) at his house. Later he was sent to Maltesar (International NGO) and they took him to the Panzi hospital for care. He received care there but he never returned to the village”

- Community Health Worker

“He has nightmares and finds it difficult to sleep. He has headaches when he thinks about it…He is also afraid and cries out in his sleep”

-Wife of male survivor
Effect on survivors and their families

- The survivors mention that they are no longer men and have been turned into women.
- The survivors are ashamed, humiliated, fearful of the community’s stigmatization and keep themselves isolated.
- Survivors and families are often stigmatized and made fun of.
- The families are also looked down upon by the community. The women whose husband is raped is also not respected.
Effect on community

- Rape of men is regarded as a great shock to their culture
- Fear within the community that the survivors are now a part of the rebels and they might bring the rebels back into the village
- There is also fear in the community that if this is known people in the community might imitate such behavior
- Stigma and discrimination towards survivors and their families
- Consider men who are raped as women or lower than women
- Children mock other children “Your father is a woman”
Priority Needs

- Economic
  “It’s a risk to go out and sell things as I might have to face the Interhamwe (rebels) again and that I might be killed. But then staying at home without food and dying is the other option. So we have to risk our lives.”
  - Male survivor

- Loss of livelihood, need to reestablish economic security
- Extreme poverty
- Loss of education for children
- Cannot afford medical services
Priority Needs

- Health

“I knew of three cases of male rape that had come for treatment but we were not able to do follow up as we do not have enough resources.”

- Health care provider

- Survivors and other stakeholders report lack of access and availability of health care services

- Require access to free and quality health care services as they do not have money to travel and avail health services

- Counseling and family mediation as it was reported that they do not come forward to receive services due to fear of stigma and discrimination

- Capacity building for health and social service providers
Priority Needs

- Community Mobilization
  “We need to also talk to the people who are making fun of the victims and make them understand that the same thing can happen to them.”
  - Community health worker

- Community sensitization strongly advocated
- Building social support for male survivors and their families
- Messages suggested “rape is not the fault of the victim” and “rape can happen to anyone”.

Challenges

- Major challenge is to identify survivors as they are hiding due to the stigma and discrimination and the community too doesn’t want to talk about it.
Recommendations/Way forward

- Research
- Programs to support men
  - Clinical care
  - Counseling and Mediation
  - Reintegration in the community
  - Economic and social support
- Sensitization of community
- Capacity building of health personnel
Thank You!

- All the study participants, especially the survivors and their family members
- Foundation Rama-Levina, Bukavu, Democratic Republic of Congo
- Johns Hopkins Bloomberg School of Public Health Center for Refugee and Disaster Response
- Johns Hopkins University School of Nursing
“Men in our culture, is the chief of the family, when he is raped, he cannot accept it since he was not made to be that way. Women are raped and it’s acceptable as they are meant to have sex with men, but men are not meant to have sex with men. This happens most of the time in villages. This they cannot share with others... They leave their house and go into the bushes... They will have to stay there with another group as they will not have any friends in the community. They will be poor, isolated and humiliated”

- Local NGO representative
Interview with wife of a survivor
“The community does not understand how a man can be raped only a woman can be raped. They say to their children ‘Your father has become a woman’ and they say the same to their wife.”

- Community health worker

“My husband has shared this with me (that he is a survivor of sexual violence) as I am his wife….We have not told the community about what has happened…It’s our family’s secret…For those who are raped, the community mocks them and calls them the wife of the Hutus.”

- Wife of a survivor
“I have 13 children, before all my children used to go to school because we could easily afford it as my husband used to do a small business. Today my children don’t study anymore”

- Wife of a survivor
Interview with a Community Health worker
“Today is the first time I have heard that someone knows about this issue and is doing something.”

- Community Member

“Men usually do not come forward, until they are ill or forced by the family members. There must be around 200 male victims or more here (in Ikoma group), but only 40 have come for treatment.”

- Health service provider
“There are people who understand the situation of such men, but they are less the number of people who mock them and make fun are more”

– Community Health worker

“We know it’s happening but we don’t want to talk about it and it is better that it stays with the family. They are no longer men, they are the wives of the Hutus. We chase those people away from the community. We have nothing to do with them, give them and we avoid them.”

- Community leader
FGD with health care workers