

**EFFECTS OF SEXUAL VIOLENCE ON THE PSYCHOSOCIAL WELLBEING
OF MALE REFUGEE SURVIVORS IN KYEGEGWA DISTRICT: A CASE OF
KYAKA II REFUGEE SETTLEMENT, UGANDA**

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DECLARATION

I declare that this document and the research that it describes are my original work and that they have not been presented in any other university for academic work.

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DEDICATION

I dedicate this work to my spouse, Mrs. Sophie Awuor Nganyi, for her unwavering faith in me and incessantly encouraging me to pursue this course. Her patience and support have been invaluable. To my children, Lorna and Shana, thank you for your comic relief whenever I felt overwhelmed.

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ABSTRACT

While sexual violence disproportionately affects women and girls during armed conflicts, the plights of male survivors are always at the interventions' periphery. This study aimed at examining the effects of sexual violence on the psychosocial wellbeing of male survivors who fled DRC to Uganda. The specific objectives were to explore the emotional, psychological, and relational effects of sexual violence on the survivors' psychosocial wellbeing, and to examine how they cope with the victimhood. This study is significant because it will help bring out the survivors' specific needs so that the protection services, governments, and NGO frontline workers can be sensitive to their psychosocial requirements. The research used a descriptive research design while collecting both qualitative and quantitative data. A census method was used where the researcher obtained information from all the 107 survivors of sexual violence who had disclosed their victimhood to OPM and registered at the Kyaka II Refugee Settlement. The study also interviewed three key informants, i.e., a USRAP resettlement expert, a protection specialist, and the settlement commandant. The study instruments were; questionnaires administered to the survivors and interview schedules to the key informants. The research utilized both hegemonic masculinity and radical feminism theories. The key findings were analyzed through univariate, content, and bivariate analysis using tables and graphs. Out of all the 107 respondents, 106 fled between 2016 and 2020. More than 80% of them were aged between 21 to 30 years. The results indicate that a majority, 78.5% underwent forceful masturbation while 18.69% were raped. The survivors revealed that they experience emotional and psychological effects like anger, fear, stress, sleep disorders, panic attacks, attempted suicide, and crying. 99% were either single, divorced, or separated. Four re-victimization cases emerged, and a few respondents lost sexual desires or lived with male partners in the settlement. Regarding relational effects, 91.57% mentioned that they chose solitude lives because of damaged relationships with family and community who abused, ridiculed, and abandoned them. Their primary coping mechanism was isolation or avoidance, spiritual interventions through religious engagements, and a few got involved in community projects or victim-focused support groups. This study recommends a range of measures. It asks both the Uganda and DRC governments to provide psychotherapists at transit centers and settlements. They should also set up SGBV working groups to identify and advocate for victims' needs. The liaison between the governments and NGOs should foster community awareness and capacity-building programs and screen all the male survivors and their needs. This study also proposes that the protection service providers should identify safe spaces at the border points, train the protection officers, community mobilizers, and society to care for and note the at-risk survivors to target resources towards their recovery, among other suggestions. Lastly, this study identifies specific themes for future research. These include; investigating existing programs' effectiveness in managing male victims' needs, impacts of male victimization on their families' economic, social, psychological wellbeing, and evaluating if sexual violations against males change their gender identities.

OPERATIONALIZATION OF TERMS

Conflicts Related Sexual Violence (CRSV): For the purpose of this study, this refers to the patterns of sexual violence that include but are not limited to sexual slavery, forced masturbation, rape, forced incest, genital mutilation, among others. These are also crimes against humanity as outlined in Article 7 of the Rome Statute, and they occur during and post-conflict recovery phases.

LGBTIQ: Operationally defined, this is a particular group of people with different gender identities and sexual orientations. This study recognizes a wider variety of gender identities.

Male survivors of sexual violence: Operationally defined, these are both men and boys who have been sexually victimized in armed conflict situations. They must have undergone any of the expanded forms of sexual violence explained in the literature review.

Psychosocial wellbeing: For the purpose of this study, psychosocial wellbeing includes both mental stability (psychological) and social health (inclusion in community activities, family, and other societal programs) without judgment, discrimination, or any negativity.

Re-Victimization: Operationally, re-victimization refers to a state where a sexual violence victim suffers similar physical, emotional, or mental harm.

Settlement Commandant: For the purpose of this study, the settlement commandant is the head government representative who manages the operational activities at the refugee settlements.

Sexual abuse: Operationally, this term defines the threat or actual use of coercive force to intrude sexually or physically penetrate a person's sexual organs, anus, mouth, or any bodily openings.

Sexual and Gender-Based Violence (SGBV): Operationally, this term adopts the UNHCR usage where SGBV is noted as a criminal act that affects the victims and their families. It demands urgent prevention, protection, and response interventions.

Sexual assault: For the purpose of this study, this term explains unwanted non-contact and non-penetration in a sexual nature that includes touching of the sexual organs or buttocks.

Sexual torture: Operationally, sexual torture uses both physical or mental torture of sexual nature. These acts include forced masturbation, insertion of foreign objects in the anus and other genitalia, rape, forced incest, witnessing of forced sexual acts like masturbation and sodomy, etc.

Victimhood: Operationally, this term relates to the state of being a victim of sexual violence.

Victimization: For the purpose of this research, victimization refers to the act of being singled out for cruel sexual assault or abuse.

ABBREVIATIONS AND ACRONYMS

AHA: Africa Humanitarian Action

AIRD: Africa Initiative for Relief and Development

APA: American Psychological Association

ARDU: Africa Regional Deployment Unit

AU: African Union

CAR: Central Africa Republic

COA: Country of Asylum

COO: Country of Origin

CRSV: Conflict-Related Sexual Violence

DMS-IV: Diagnostic Manual of Mental Disorders

DRC: The Democratic Republic of Congo

E.g., For example

Etc.: And other similar things/items

EHAGL: East and Horn of Africa and Great Lakes region

EU: The European Union

HIV/AIDS: Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

ICC: International Criminal Court

ICRC: International Committee of the Red-Cross

ICTR: International Criminal Tribunal for Rwanda

ICTY: International Criminal Tribunal for the former Yugoslavia

IHL: International Humanitarian Law

ISIS: Islamic State of Iraq and Syria

LRA: Lord's Resistance Army

MOHRAU: Men of Hope Refugee Association of Uganda

NGO: Non-Governmental Organization

OPM: Office of the Prime Minister

PTSD: Post-traumatic Stress Disorder

SCR: United Nations Security Council Resolution

SDG: Sustainable Development Goals

SGBV: Sexual and Gender-Based Violence

SVAC: Sexual Violence in Armed Conflicts

UK: United Kingdom

UN: United Nations

UNHCR: United Nations High Commissioner for Refugees

UNSC: United Nations Security Council

USA: The United States of America

USRAP: United States Refugee Admissions Program

WHO: World Health Organization

CHAPTER ONE

INTRODUCTION AND BACKGROUND INFORMATION

1.1 Introduction

The first section of this research study evaluates the target population's general view, a short history of sexual violence in the global, regional, and country context (DRC). The second part states the problem of the research before revealing the purpose and objectives of the study. It further asks the research questions as displayed in its goals and states the hypothesis before explaining the significance of the study. Furthermore, this study delves into the scope, limitations, and delimitations of the study. Finally, the last sections elaborate on the study's assumptions, theoretical and conceptual frameworks before moving into the next chapter.

1.2 Background Information

Sexual violence has been in the public discourse since time immemorial. The vice has existed both during periods of peace and war. In armed violence situations, it can occur before and during peoples' flight and sometimes in the country of asylum. In reality, women and girls have disproportionately been affected by CRSV; their plight continues to receive international attention. Both the UN Security Council resolutions 1325 and 1820 call on all parties to protect women and girls during armed conflicts against instances of rape and other vices of sexual violence (UN Resolutions, 2021). The knowledge of disproportionality leads to an understanding of why most CRSV programs are female-oriented. That makes this study more imperative. Men and boys have undergone harmful

cases of sexual violence in various conflicts. However, the data depicting the extent of the problem are underwhelming due to underreporting and lack of focus on male victimhood.

In most cases, the issue is relegated to footnotes in the distinct academic material, national and international reports about sexual violence. Banwell (2020) states that the effects facing the male survivors of the vice are similar to that which confronts the female victims. He further notes that the male victims of CRSV are still at the periphery of intervention programs (Banwell, 2020). To prove this, the author notes that it was not until the UNSC resolution 2106 was passed in 2013 that a significant international body recognized the sexual victimhood of men and boys. Even with this resolution, the matter is not presented as an issue of common interest but an anecdotal proposition.

The above endeavors portray that although there have been steps forward in recognizing CRSV in general, the specific focus of policies, legislation, and funding programs targets female victims. Banwell's assessment was confirmed by Holmes (2020), who evaluated the United Kingdom's (UK) support programs for the African Union in Somalia, South Sudan, Somalia, Libya, and Nigeria. The author notes that almost all the UK's targeted resources under the Prevention of Sexual Violence in Conflict Initiative (PSVI) focus on the SGC Resolution 1325, i.e., specifically on Women, Peace, and Security. The male victims are only mentioned as "also on the issue agenda" (Holmes, 2020).

Notably, the 2020 UN report on CRSV indicated that male victimization is rife across the world. However, there is a research gap in data and evaluation of its effects on the psychosocial welfare of male victims. The consequences of failing to address this are highlighted in a 2017 comprehensive research conducted on behalf of UNHCR on "Sexual

Violence Against Men and Boys in Syria" (Chynoweth, 2017). The report indicated that male survivors of CRSV suffered various harms like physical, social, and psychological impacts in the Syrian conflict. These survivors lacked viable mitigation options due to the silence that accompanies the violence.

Even with the limited amount of evidence and data, sexual violence against men and boys has been documented in different armed conflicts. In the past, the cases were reported in Ancient Persia. More documentation of the same existed in the Chechnya conflicts, Chinese, Amalekite, and Norse armies (DelZotto & Jones, 2002). In contemporary settings, Iraq, Chile, Turkey, Liberia, CAR, and DRC are just a few examples of the many conflicts in which males are reported to have been sexually victimized. These cases are traditionally recorded in the medical literature because medics are the first line of the report when the men and boys become victims (DelZotto & Jones, 2002). That means that the field workers only record the events or recount what happened without getting much involved. Unfortunately, this aggravates the limits to obtaining academic knowledge on CRSV.

Presently, reports of CRSV against men and boys continue emerging, especially in protracted conflicts. The 2020 UN Secretary-General's report on CRSV, among other documents, outlines the extent of the problem and redefines the distinct features of sexual violence against men. The UNHCR report of 2019 revealed that men and boys had been sexually abused in Iraq, especially by the Shiite militia and other rebel forces like ISIS. The report noted that the atrocity was committed for political purposes and not sexual gratification. The militia commits this vice because raping the men passes a message to the Iraqi community that their male members cannot protect them (UNHCR, 2019). Due to the

feeling of lost "manhood," feminized victimhood, and in some cases, the victims' families resort to killing their victimized relatives, the reports about male sexual violence in Iraq society are low (UNHCR, 2019).

Peyton (2018) illustrates the extent of male sexual violence in the Central African Republic's ongoing conflict. According to research conducted by the "All Survivors Project," the ongoing rape of men and boys in the country is an ignored crime (Peyton, 2018). The referenced research mentioned that the duty bearers concerned with the violence solely focus on female victims. From the study findings, armed groups rape men and boys if they refuse to join the warring factions, for instance, the anti-Balaka and Seleka rebel groups. Some are captured and turned into sex slaves. These tactics of sexual violence against the male population are triggered by a motivation to emasculate and humiliate them (Peyton, 2018). Due to fear of societal discrimination and stigmatization, the study recorded that male survivors fail to report their ordeals and continue suffering in silence through psychological and physical harm.

More reports from DRC indicate that men and boys are increasingly targeted for sexual violence, including rape, insertion of objects in their private parts, forced masturbation, and mutilation. For example, an interview derived from a DRC victim illustrated how the Twa militia coerced him to strip naked and raped him before forcing him to have sexual intercourse with his mother (UN, 2020). The stated evidence represents three different forms of sexual violence committed at once against one person, i.e., forced nudity, forced incest, and genital mutilation.

Amnesty International (2020) elaborates that these cases are hugely under-reported because of the fears and lack of precise reporting or functional state mechanisms to handle

the same. The Human Rights Watch (2020) also illustrates that more men and boys continue reporting that they have been victims of sexual assault in the DRC. These reports are confirmed by the Medicines sans Frontieres records about atrocities in the Eastern DRC, stating that both women and several men continue seeking medical help after experiencing sexual assault committed by the rebels and sometimes government soldiers.

Based on the above information and the fact that these armed conflicts lead to refugee situations worldwide, this research aims to use the peacebuilding dimension of internalized armed conflicts to understand why there is a huge refugee situation in the first place in Africa. It aims at collecting data from the refugees at the identified refugee settlement. According to UNHCR (2021, the Africa regional refugee and asylum seekers' data for the year ended 31 Dec 2020 depicted the following numbers for the East and Horn of Africa and Great Lakes region (EHAGL): Uganda (1.4 million), Sudan (1.05 million), Ethiopia (802,821) and Kenya (506, 670) respectively (UNHCR, 2021). This data indicates that Uganda accommodates the highest number of refugees and asylum seekers in Africa as it also takes the fifth position in refugee-hosting in the world.

Research findings conducted by the Refugee Law Project in collaboration with John Hopkins University showed that more than one in three adult males had experienced sexual abuse from their countries of origin in some refugee settlements in Uganda (Dolan, 2014). The majority of the victims are from Eastern DRC. This is just one of a few studies conducted worldwide about the issue, and this research will form and an additional source of data and fill the information gap that is so much needed to tackle the problem.

1.3 Statement of the Problem

Sexual violence against men and boys is a vice that affects the psychosocial wellbeing of the victims and their families. In armed conflict situations, male victims experience various forms of sexual violence like rape, genital mutilation, forced incest, and forced circumcision (UN, 2021). These consequences impact their psychological and social wellbeing. Psychologically, they become withdrawn, depressed, anxious, and some develop post-traumatic stress disorders, among others. Many victims suffer from societal discrimination, ostracization, humiliation, family rejections, and stigmatization (Chynoweth et al., 2020).

The issue of sexual violence in armed conflicts has increasingly received mitigation from national instruments, e.g., constitutions and international legal mechanisms like the UN Security Council resolutions (e.g., SCR 1325 and SCR 1820), the Rome Statute and UN annual reports on sexual violence, all of which shape policymaking. While these national and international efforts are essential, they primarily target the experiences of women and girls and leave the plights of male victims of sexual violence out of the policy and legal scopes. Therefore, there is a need to conduct extensive research on the issue so that both data and policy recommendations can be established to shape the existing policies to cater to male victims' specific needs.

Regarding the existing gaps in research, this study notes that the primary deficiencies of evidence for this problem include; inefficient data on the psychological and social effects, missing information regarding the prevention and protection mechanisms, and recognizing survivors' coping mechanisms.

Notably, addressing these gaps will be imperative to various groups of people. The study will help policymakers link empirical research to policies and inform donors to expand service delivery models that include male victims' social and psychological needs. It will also help the researchers to use the findings for further studies. Also, this study will be critical in its proposal for solutions that will target societal awareness and acceptance towards male victims of sexual violence.

1.4 Purpose of the Study

This study sought to determine the effects of sexual violence on the psychosocial wellbeing of the male survivors in Kyaka II Refugee Settlement, Uganda.

1.5 Objectives of the Study

This section defines the general and specific objectives of the study.

1.5.1 General Objective

The main objective of this study was to examine the effects of sexual violence on the psychosocial wellbeing of male victims who reside in the Kyaka II Refugee Settlement in Uganda.

1.5.2 Specific Objectives

The specific objectives of this study were;

1. To investigate the emotional effects of sexual violence on the psychosocial wellbeing of male survivors of CRSV living in Kyaka II Refugee Settlement, Uganda.

2. To explore the psychological effects of sexual violence on the psychosocial wellbeing of male survivors of CRSV in Kyaka II Refugee Settlement, Uganda.
3. To examine the relational repercussion of CRSV on male victims' psychosocial wellbeing in Kyaka II Refugee Settlement, Uganda.
4. To evaluate the coping mechanisms of male survivors of sexual violence on their psychosocial wellbeing.

1.6 Research Questions

In general, this research asks; What are the effects of sexual violence on the psychosocial wellbeing of male survivors of CRSV who reside at the Kyaka II Refugee Settlement in Uganda? In particular, the study asks the following questions.

1. What are the emotional effects of sexual violence on the psychosocial wellbeing of male survivors of CRSV living in Kyaka II Refugee Settlement, Uganda?
2. Which psychological effects of sexual violence have affected the psychosocial wellbeing of male survivors of CRSV in Kyaka II Refugee Settlement, Uganda?
3. How has sexual violence affected the male survivors' social relationships in Kyaka II Refugee Settlement, Uganda?
4. Have the male survivors of sexual violence in Kyaka II Refugee Settlement developed any coping mechanisms to live with their situation?

1.7 Significance of the Study

Available literature indicates that men and boys rarely report being sexually victimized (UN, 2020). Those who disclose are presented to medical officers guided by confidentiality hence do not reveal the problem's extent. Very few studies have been

conducted on the effects of CRSV on the psychosocial wellbeing of male survivors. While enough data and evidence continue lacking, this research will be significant in filling in the gap for academic purposes, government and non-governmental policies, and targeted resources to mitigate the situation. These will positively impact the vice's silent sufferers across the country and other parts of the world. This research intends to inform other researchers and policymakers about the survivor's and perpetrator characteristics, various forms of contemporary sexual violence against males, and the social, emotional, and psychological harms that the victims undergo.

This study is critical because the effects of sexual violence on male victims' psychosocial welfare remain an under-researched issue. Failure to investigate these effects and find mitigation measures means that the victims will continue suffering in silence because they lack a platform to state their plights. The study will benefit the victims because it will allow them to narrate their challenges as survivors. Therefore, the policymakers will be adequately informed about the distinct effects of sexual violence on the survivors' psychosocial wellbeing. During policy formulation, they will be well guided to establish policies that include this group of victims in various psychosocial programs. The donors will have actionable information and data to enable them to direct resources to male victims.

Additionally, this research is imperative for the support systems like the community and refugee caseworkers who will be made more aware of the men and boys' specific needs. The knowledge will help guide their work, especially when they offer protection and resettlement services. The academic core will be fed with pertinent information regarding the issue. They will have reliable data for reference and also find other research gaps to

fill. Lastly, this study will help national and international legal professionals develop the most effective clauses that include men and boys' experiences within domestic and international laws.

1.8 Scope of the Study

Based on the 2020 UN and other NGO reports on sexual violence, the scourge of sexual violence against females and males is rampant in Eastern DRC. Kyaka II Refugee Settlement hosts several refugees from the North Kivu, South Kivu, and Ituri Provinces, all in the Eastern DRC. The geographical focal point of this study targeted male refugees from the mentioned regions who were sexually victimized in the DRC before they sought refuge in Uganda. In terms of content, this study's subject matter mainly focused on the relational, emotional, psychological, and social needs of the male victims of CRSV. The required data cover the period between a victim's sexual assault when they cross to the country of asylum (COA). Therefore, it examined qualitative and quantitative data to meet the study's objectives through questionnaires for the refugee respondents and interview schedules for the key informants.

1.9 Delimitations of the Study

This study recognizes that CRSV impacts both men and women. It only considers the male victims who fled the DRC conflict and found refuge at the Kyaka II Refugee Settlement in Uganda to meet its objectives. That means that since the study seeks to determine the effects of sexual violence specific to the psychosocial wellbeing of male victims, it did not gather data from the female survivors.

1.10 Limitations of the Study

This study recognized that it would not be easy to get the male respondents who have suffered sexual violence in the DRC because most fear coming out to recount their victimhood. Also, due to budgetary constraints, the research was only limited to respondents who had disclosed their victimhood to the government and resided in Kyaka II Refugee Settlement. However, to mitigate the confidentiality limitations, the researcher sought OPM protection officers and community mobilizers to gather the required information. These individuals are the points of contact through which the victims receive their support in the settlement, and hence they effortlessly obtained consent from the respondents. Even though the data was eventually gathered, the research assistants also faced huddles because some village elders demanded money to access the households. These were mitigated by the presence of government officers and the OPM permission letter.

1.11 Assumptions of the Study

The researcher assumed that all respondents would be willing to engage in the various survey questions or interviews, considering its sensitivity. The study also assumed that all the respondents were honest during the data collection. Also, the study assumed study that there are male survivors of sexual violence in Kyaka II Refugee Settlement.

1.12 Theoretical Framework

This study applied two theories as the basis for explaining the interaction of the variables. One will be the radical feminism theory concept elaborated by Susan Brownmiller and started in 1968, and Raewyne W. Connell's hegemonic masculinity was proposed and developed between late 1980 and early 1990.

1.12.1 Radical Feminism Theory

Radical feminism theory was founded in 1968 by several feminists like Susan Brownmiller, Kate Millet, Ellen Willis, and Andrea Dworkin, among others. In 1968, the first significant protest by over 200 radical feminists was held to protest the American Beauty pageant to objectify women's bodies over their brains.

The original argument for this movement was that all the inequalities experienced by women emanate from the patriarchal culture of the society and male supremacy, i.e., male domination over women. These feminists argued that patriarchy determined privileges, social rights, and power along the lines of the sexes hence oppressing women and privileging men (Vukoičić, 2017). One of their key points was to educate society that rape was an expression of patriarchal power and not sexual feelings. Therefore, they targeted to eventually evaluate and break down traditional gender roles in both public and private spheres for equality.

The primary criticism for the theory is that; women simplify their ordeals as the designated victims while the men are the perpetrators. This notion comes from the radical feminists' single-line perspective that they live in a patriarchal world that fails to consider different women's distinct experiences. The mentioned standpoint, as critics say, meant that these groups of feminists ignored the intricacies of class, race, and sexual orientation as factors contributing to different experiences for different women. This study demystifies the idea that only women are victims by representing the experiences of male victims of CRSV.

Despite these criticisms, this theory is relevant to the study variables based on its explanations regarding rape, patriarchy, power, and dominance. According to Brownmiller

(1993), she notes in her book: " Against Our Will. Men, Women, and Rape," that rape is used as a tool to elicit dominance and power rather than desire and lust. In agreement, Dolan (2014) explains that gender logic used to subordinate women through sexual violence is the same tactic applied by perpetrators to feminize the male victim. Dolan further states that this attack on gender identity can sometimes "compromise the victim's sexual identity" where society begins viewing them as gays (Dolan, 2014). According to Sivakumaran (2007), the end goal for using sexual violence against men is to use patriarchy's power and dominance prism to feminize, perpetrate group emasculation, and "homosexualize" the male victims.

1.12.2 Hegemonic Masculinity Theory

While radical feminism helps this study understand the gender relations between males and females in terms of power, dominance, and reasons for rape in armed conflicts, this study recognizes that the referenced perspective alone cannot fill the gap in explaining sexual violence against men. Therefore, it applies Connell's hegemonic masculinity concept to bridge the missing link, i.e., to highlight the interrelationships between males and oppression, dominance, and power. This theory was founded in the early 1990s by Raewyn W. Connell. Its original tenets were recognizing multiple masculinities in different cultural and individual contexts, legitimizing male dominance and subordination of women, or "less masculine men" in society.

Therefore, the term "hegemonic masculinity" refers to the strategies that men use to continue their dominance over women and any other masculinities or gender identities that seem "feminine" (Connell, 1990). The author notes that masculinities are not inherited but socially constructed. This social construction of manhood and toughness shall help

guide this study's perspectives, especially regarding why men sexually abuse fellow men in armed conflicts. Critics state that this theory is overly rigid on the male traits and hierarchy as a one-dimensional concept.

Due to the criticism, Connell and Messerschmidt (2005) restructured the concept to further elaborate on the theory through additional perspectives. They added the faculty of multimodal gender hierarchy and multiple dynamics of masculinities, among others. The reformulation explains men's aggressive, violent, unemotional, sexually virile, and risk-taking natures (Connell & Messerschmidt, 2005). As opined by the researchers, the use of sexual violence against men and boys in conflict is an effective way of exploiting the "hierarchical gender order." According to them, the motivations of the CRSV against men and boys are exacerbated by hegemonic masculinity.

Hence, by applying this concept, the perpetrators of sexual violence against males in conflicts use the idea of power and dominance over the victims to humiliate, dominate and emasculate them. That means creating the idea that the man (as traditionally expected) is incapable of protecting his family (Connell & Messerschmidt, 2005). In the same breath, other findings support the notion that the males are sexually victimized to tamper with their masculine ego and diminish their power as "men" (Chynoweth, 2017).

Notably, the intersection between Brownmiller and Connell's work is summarized under Dowd's research (2010). Through his publication "Asking the Man Question: Masculinities Analysis and Feminist Theory," the author navigates feminist theory and the scholarship of masculinities that explain why men would sexually assault other men (Dowd, 2010). He confirms Connell's assertion that masculinities are not a biological issue but a social construction. Further, he states that "the two most common pieces defining

masculinity are, at all costs, to not be like a woman and not be gay" (Dowd, 2010). This excerpt summarizes the reasons why male survivors of sexual violence keep their victimhood a secret. It also explains why the male perpetrators commit the crime and why sexual violence involving a male against a male is an "embarrassing" act. Further, while evaluating Connell's theory of masculinity, Wedgewood (2009) agrees with Dowd (2010) that, indeed, one masculinity norm dominates any other masculinities.

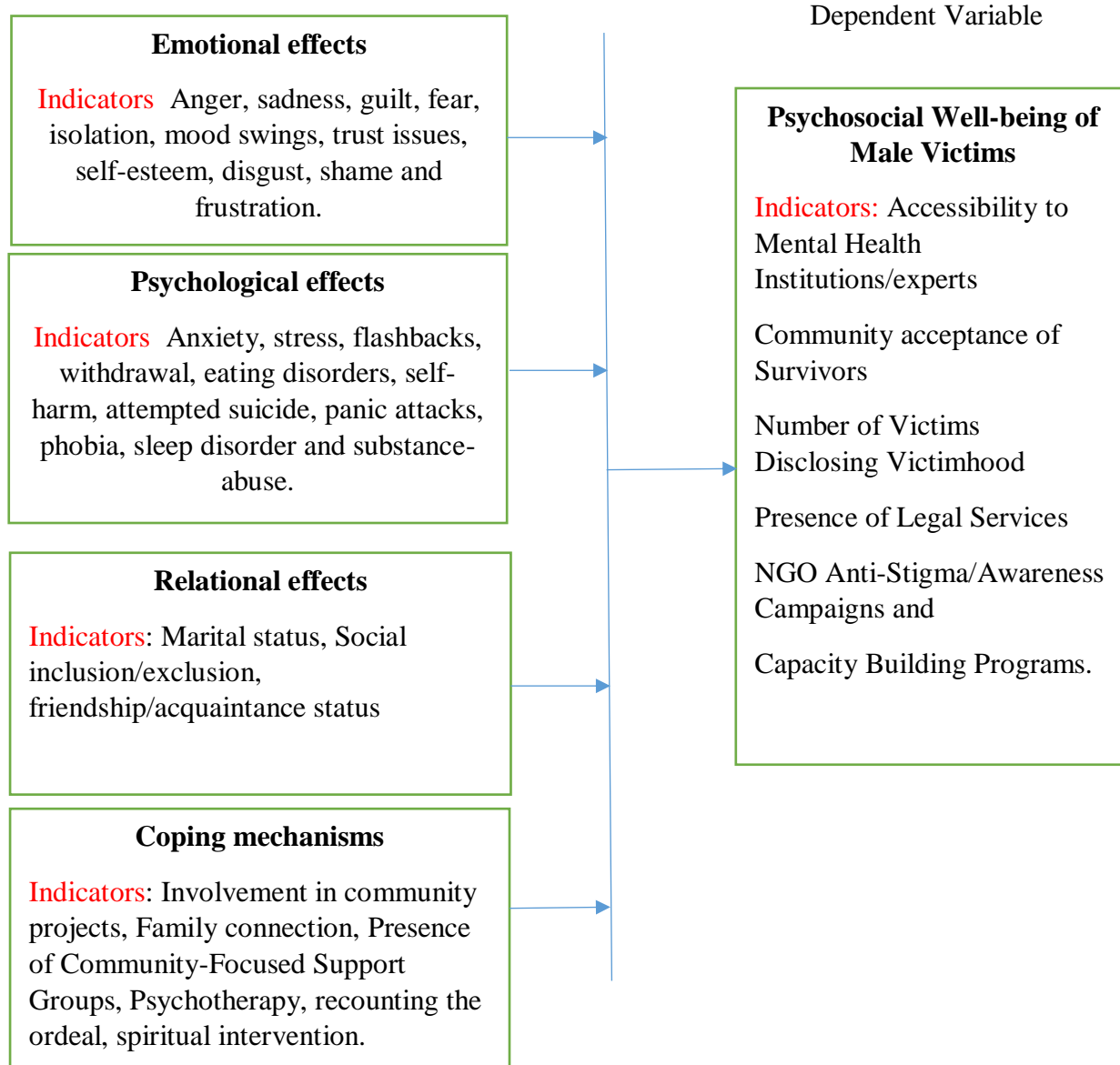
In summary, the above perspectives on feminism and masculinities form the bedrock towards understanding and evaluating this study. While feminism focuses on collective power, equality, and justice of the sexes, male perpetrators use the same femininity plus hegemonic masculinity frameworks to humiliate their fellow men and relegate them into feelings of "being a woman," powerlessness, and subjugation (Dowd, 2010). These well-constructed perspectives aim to explain various myths and reasons for non-reporting in the academic disposition of CRSV against men and boys. The two theories will provide a structure for discussing the literature and, ultimately, the discussion chapters during the data analysis stages. Therefore, through the referenced concepts, this paper shall explore the intricacies of CRSV through the lenses of emasculation, power and dominance dynamics, socio-cultural and gender norms, and sexual orientation paradigms.

1.13 Conceptual Framework

Obwatho (2014) notes that the formulation of theories depends on the "individual concepts and ideas" that ultimately form an entire idea. The author indicates that once an independent variable is broken down into more minor themes, the researcher can pick critical underlying factors that affect the dependent variable (Obwatho, 2014). In this study, the independent variable is sexual violence, while the dependent variable is the

psychosocial wellbeing of the male victims of armed conflict. Therefore, the research breaks down sexual violence during armed conflicts into various features, e.g., the emotional, psychological, and relational effects of the scourge on the psychosocial wellbeing of the male victims, and evaluates their coping mechanisms. These key concepts, mainly derived from the study's objectives, formed the basis for the analysis of CRSV on male survivors through which interventions were suggested.

Independent Variables



Chynoweth (2017) mentions that the CRSV on male victims in the Syrian conflict resulted in distinct effects. These include; societal discrimination (relational); some suffered anal fistulae (physical effects) and others from post-traumatic stress disorders (psychological effects), while some hid inside their houses (social/relational effects) due to fear of public ridicule (Chynoweth, 2017).

Additionally, Wells, Wells, and Lawsin (2015) indicate the importance of having a valid instrument to measure psychological response to trauma in conflict situations to avoid the invalidity of the measurement tool. They state that appropriate culture-specific measurement tools for psychological effects are missing. Sharma (2018) also confirms that there is little consensus on what war trauma and measurement tools are appropriate for a particular culture.

Because of the lack of locally derived instruments individual country contexts, Weaver and Kaiser (2014) mention that the reliance on western tools of measurement like the American Psychological Association's DMS-IV does not provide a reliable and valid outlook on cross-cultural experiences. While victims in the USA may experience specific stressors relevant to their individualistic cultures, those in China and Africa may have different psychological effects because of their collectivist culture Weaver and Kaiser (2014). Because of this, the psychological effects of sexual violence on male survivors in this research used general indicators as described in the following paragraph.

Based on the above information, the operationalization of the dependent and independent variables was navigated through the following indicators. The consequences of CRSV on male survivors' psychological health were analyzed through indicators such as stress, anxiety, fear, depression, and withdrawal. The relational repercussions were

examined through indicators such as; the community perceptions of the victims (discrimination, inclusion/exclusion, abuse) and emotional effects via anger, self-esteem, guilt, shame, etc.

The study also identified the survivors' coping mechanisms by finding out whether or not they had enrolled in any recovery programs if the duty bearers, like government and NGOs, have mental health, social awareness, capacity building programs, and these entities' speedy response to the victimhood.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter analyzes the various literature and study points regarding sexual violence, its history in the context of armed conflicts, and various legislations established in both national and international systems to tackle the issue. The following section reviews information related to the targeted objectives. Finally, the summary restates the distinct and pertinent data concerning sexual violence and its effects on the psychosocial wellbeing of male victims. These have been discussed under the emotional reactions, relational repercussions, data on prevalence, reasons why the survivors fail to report, and the available prevention and protection measures provided by governments and NGOs.

2.2 Review of the Literature

Theoretical literature

The WHO defines sexual violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (WHO n.d). The Rome Statute expands this definition to include practical examples of sexual violence like rape, forced prostitution, forced sterilization, and pregnancies. Other international and national bodies further list different dynamics of sexual violence, e.g., penetration of body organs by objects, genital mutilation, and sodomy, proxy sexual coercion where people are forced to have sexual intercourse with their relatives, castration, forced masturbation,

among others (Gettleman, 2009; UN, 2020 and ICRC, 2020). Conflict-related sexual violence occurs during times of war, like armed conflicts. In general, sexual violence is a vicious concept of both national and international concern.

Radical feminism and hegemonic masculinity theories are the two most relevant perspectives for understanding the issues surrounding the sexual victimization of men. Connell & Messerschmidt (2005) mention that men usually want to dominate even within their masculine groups. This zeal for hierarchy describes why the Syrian detainees were sexually molested and forced to have sexual intercourse amongst themselves as the military got entertained (Chynoweth, 2017). According to Schulz (2018), the concept of male hierarchy also indicates why in Northern Uganda, the men who were raped during the Joseph Kony rebellion fear coming out to indicate their victimhood. The perpetration of sexual violence in conflicts denotes the need for power, dominance, and feminization as espoused by radical feminists. The men who get raped are made to feel like "women" and weak, as Brownmiller (1993) mentioned. This feeling that men should protect and be masculine also explains why in Kenya, men and boys came out from Kibera slums in Nairobi to fight, sexually abuse, and kill the people they considered "aggressors" during Kenya's post-election violence (Kihato, 2015). Therefore, this research is convinced that both the notion of internal gendered hierarchy within the male population and the feminization of victims, hegemonic masculinity, and radical feminism is the most viable concepts that explain why men are sexually violated during conflicts.

Moreover, the prevalence and consequences of sexual violence take many shapes. Globally, conflicts in Syria, Turkey, and Afghanistan, among other conflicted nations, are prevalent on distinct scales. The perpetrators include the IS in Syria, senior military people

and politicians in Afghanistan, and militia in Turkey. The estimation of the number of male victims is only found in anecdotal pieces of evidence. However, Chynoweth (2017) found out that between 30-40 percent of Jordanian male youth had been sexually assaulted in Syria. The statistics vary by the number of victims, prevalence, ethnicity, and ideologies because the Syrian conflict indicates that the Shiite militia targets people who do not subscribe to their ideologies (UNHCR, 2019).

Globally, regionally and in the local contexts, sexual violence takes different forms. Some of these forms are; emotional, psychological, physical, and harmful practices. The emotional forms include psychologically torturous actions like abuse. Physical forms include rape, castration, genital mutilation, and forced masturbation, and incest. The notable harmful practices include forced marriages and the Bacha Bazi practice in Afghanistan, where young boys are forced to have sexual intercourse with the military and senior government officials (UNHCR, 2019).

The reasons for the lack of reporting stretch around the fear created by both the perpetrators and the judgmental societies worldwide (UNHCR, 2020). These are compounded even more by the international laws that fail to recognize the atrocities committed against the male victims. The various security council resolutions like SCR 1320 and 1825 only talk about female victims and interventions that target them (SCR 1320 & 1825). In Turkey, for instance, the Criminal Code defines rape as the penetration of a "vagina with a penis or of the man's anus with a penis" (Kandiyoti, 2016). Even though this code recognizes male rape, it fails to identify the other forms of sexual violence, like, genital mutilation, forced masturbation, insertion of objects in the anus, etc. It further relaxed the severity of the offense if the raped victim was non-virgin (Kandiyoti, 2016).

Within the global context, UNHCR (2019) report mentions that the Syrian captives in Lebanon and Jordan continually cited the abuses committed to them in detention by the military and police officers. Some of the intricacies of the violence included forcing the men to rape their fellow detainees while the military watched in amusement. Additionally, recent regional studies conducted by (Koos & Traummuller, 2021) indicates that the law enforcement agencies that should protect the citizens are sometimes the perpetrators of sexual violence. The research data confirmed that in DRC, Sierra Leon, and Liberia, the guardians of the citizens, like police and military, committed sexual atrocities against the civilian population (Koos & Traummuller, 2021).

These difficulties are compounded by the lack of policies that can guide practice in the face of the trauma, lack of prosecution of the perpetrators, and inadequate government and NGO programs to counter the same. For instance, in the CAR, the AU mobilized and deployed medical experts, trained community workers, and provided psychosocial support to the sexually abused men and women in Bangui and Kaga Bandoro, but this is not enough to cater for the multiple victims in the region (AU, 2015). The DRC Panzi hospital flocks with the victims of sexual violence, but the establishment was built to cater for maternal health; hence male victims still lack specialized care (Gettleman, 2009). Therefore, this evidence points out that structural, legal, and political solutions for mitigation lack in these conflicted regions, states, and localities.

In the local context, the refugee CRSV victims in Uganda mentioned that DRC rebels create many fears. Due to the lack of government protection, the victimized people cannot report or even receive protection. Dolan (2014) noted that the male refugee victims feared that the community would reject them because of the continuous ostracization. The

lack of legal protection in their country of asylum, Uganda, means that they are not protected even through legal mechanisms. Neither is the situation better for sexual violence victims in Kenya. More than ten years after the post-election violence, men and women who were raped during the period continue lacking care and government support. Krause (2020) records that male victims suffer more than just the physical impacts of the vice. Some other impacts included psychological illnesses, guilt, fear, anger, and trauma, among others. This gap in targeted support indicates how far governments and organizations need to identify intervention mechanisms.

Historically, Wood (2010) records that during World War II, the cases of sexual violence began emerging as an issue of international concern where the victimization was executed due to different reasons. In some cases, the German soldier used it against all ethnicities, especially the Jews, as a form of gratification or a weapon of retaliation. In 1945, the Soviet army occupied Berlin and committed mass rape of women and girls to retaliate against the Germans. The author states, "The sexual violence by Soviet troops appeared to be an exercise in collective punishment and perhaps the taking of the victor's spoils" (Wood, 2010). This confirms that sexual violence has been used as a weapon of war since world war eras.

Further, the author notes the 1937 extensive rape of between 20,000 and 80,000 women and girls in Nanjing, China, by the Japanese troops. In the same period, the men were also raped, forced to commit incest or sleep with the dead, and even the celibate men coerced to have sexual intercourse (Wood, 2010). The soldiers committed these atrocities before killing their victims.

In Bosnia and Herzegovina, an investigation by the European Union noted that in 1992 alone in the former Yugoslavia, around 20,000 women were raped, especially those who were detained (Wood, 2010). The perpetrators were the Bosnian-Serbs, with the majority of the victims being Muslims. Notably, the EU recorded that sexual violence was distinct and included the sexual assault of men and boys. The commission of these acts' main objective was for humiliation and shame because they were perpetrated in front of family members and publicly. These acts are believed to have been part of a pattern for ethnic cleansing (Wood, 2010).

However, while sexual violence may appear to be an inevitable accompaniment of war and violence, some are asymmetrical. For instance, in 1948, in Israel and Palestinian conflict, the vice's circumstances were limited. Even in the current situation, records do not show any cases of sexual violence despite this being an ethnic and religious war (Wood, 2010). The Human Rights Watch report of 2004 indicated that the acts of sexual violence were highly asymmetric in the Sri Lanka conflict. The government soldiers and police, in low numbers, committed such crimes against women believed to be associated with the Tamil forces. However, Tamil soldiers did not commit any sexual abuse. This variation was also noted in the Truth Commission report of the 1981 El Salvadorian conflict. Its official report only notes one case of sexual abuse by the El Salvador government forces, although the unofficial annexes mention other issues. The rebel groups in the conflict did not commit any acts of sexual violence.

Therefore, it is essential to note that sexual violence is not necessarily a by-product of violence. In some cases, the relationship is either non-existent (Israel/Palestinian conflict) or asymmetrical, as witnessed in El Salvador and Sri Lanka (Wood, 2010). This

information could be imperative in benchmarking how war and armed conflict are conducted in such scenarios to exclude or limit sexual assault as one of its tactics.

Before the 1990s, sexual violence during the war had limited data and legal repercussions. This reduced the capacity of academics to analyze the extent of the problem. The Additional Protocol II of the Geneva Convention, Article 4 (2)(e), only mentioned rape as a by-product of humanitarian crises in war impinging upon human dignity. Still, no legislation had given it credence as a criminal act.

However, following the establishment of the International Criminal Tribunals of Rwanda and former Yugoslavia (ICTR and ICTY), acts of sexual violence were primarily recognized in the prosecutions. For instance, in charging the crimes against humanity in Bosnia, out of the 162 charges prosecuted through it, the ICTY determined a total of 58 cases of sexual violence (ICC). In the ICTR, out of almost 70 cases, more than half of them were issues of sexual violence. From these tribunals, the definition of the vice also evolved with the subject of Prosecutor v. Anto Furundžija's judgment listing some tactics of sexual violence. The case mentioned that "the penetration of vagina, mouth or anus by the penis of the perpetrator or using an object" represents sexual violence(ICC). Other judicial precedents and examples are included in specific cases in the new charges against the same crime.

After forming the Rome Statute of the International Criminal Court (ICC) as an international instrument of law, sexual violence and its various forms continued to receive more international attention through the legislated rules. The document lists sexual violence and its various forms under crimes against humanity in Article 7 (Rome Statute, 2002). Further, Article 28 of the Statute assigns the responsibility of crimes to

commanders, and this saw the first prosecution of a non-direct perpetrator, i.e., Jean-Pierre Bemba, a Congolese commander. The judgment confirmed that he ordered rapes in the Central African Republic (Amnesty International, 2011). This prosecution confirmed the UN assertion that rape and sexual violence are usually used as weapons of war, recognizing that the direct perpetrators are not always driven by sexual urge but sometimes by power and dominance over their victims as commanded by their superiors. Moreover, the International Humanitarian Law (IHL) criminalizes all forms of sexual violence while also assigning governments' responsibilities to prosecute the perpetrators. These mandates for protection complement the International Human Rights Laws, which state that human beings are entitled to physical and mental integrity (Amnesty International, 2011).

2.2.1 Emotional Effects of Sexual Violence on the Male Victims

Cases of sexual violence, especially against men and boys, continue emerging in various conflicts (UN, 2019). The cases are even worse in the resource-rich countries like Afghanistan and Syria in Asia and Libya, South Sudan, and DRC in Africa. The resource curse theory states that many resource-rich countries seem cursed because of their vast natural resources that exacerbate their vulnerability to conflicts. They fight to control these resources (Murrey & Jackson, 2019). For example, the DRC is known to have coltan, diamond, timber, and gold, all of which are significant reasons for their protracted internal wars. As a result of the conflicts, people get killed, women are kidnapped and forced to marry the rebels like the Mai Mai, while boys are forcefully conscripted into the militia. While this is happening, the men also become casualties of the war. This victimization leads to emotional, psychological, and relational effects on the victims afterward.

Globally, the UN Secretary General's 2020 "Report On Sexual Violence in Conflict-Affected Settings" disclosed that in 2019, Afghanistan military forces and some militia groups were implicated for orchestrating the "bacha bazi" practice (UN, 2020). Through this practice, young boys are forcefully taken by the men in power for sexual gratifications. They are used as "wives" of the powerful men who sexually molest them, and those who refuse are killed. Norman (2016) states that the effects are that the young boys remain emotionally affected because of the anguish that neither they nor their parents could do anything to protect them. They feel angry and disappointed with how they have been mistreated; hence, some resort to suicide.

The WHO (2020) mentions in their clinical management handbook of handling sexual violence victims that sometimes the men may feel ashamed and stigmatized because, in the process of their victimization, they may ejaculate, their penis may erect, and they might even orgasm. The handbook advises that the humanitarian aid provider must inform them that physiological reactions are beyond their control (WHO, 2020). Therefore, the described emotional effects, i.e., shame and embarrassment, are some of the emotional effects of CRSV on male survivors. Ultimately, it would be hard to help the male victims heal without proper psychological support if they could have controlled their emotional reaction (self-blame) or biological response during the ordeal.

Another emotional effect is the decision by the male victims to isolate themselves due to feelings of guilt and shame. Chynoweth (2017) states that the fighting forces in Syria systematically use sexual torture against men and boys. The author confirms this information through her work on "Sexual Violence against Men and Boys in the Syrian Crisis" (Chynoweth, 2017). In her research, the author exposed that her respondents were

aware of the sexual violence against men and boys in Syria. They described it as a crime that was "happening all the time."

Further, she determined that between 30% and 40% of all males in the Jordanian community had been sexually victimized in Syria. In Lebanon, 5% of the males had been sexually assaulted in Syria (Chynoweth, 2017). The results of this sexual abuse have relegated the men into hiding in their homes because they fear that the community will judge them. Their decision is because of guilt, sadness, and self-blame about the whole incident hence the need for care providers to be gentle and assure them that it is normal to have these emotional reactions (WHO, 2020).

To support the above information, the New York Times' "Symbols of Unhealed Congo: Male Rape Victims," Gettleman (2009) reported that men continue being raped, but no one knows the number, indicating the lack of data. In an interview with the paper, a respondent paints a clear picture of one reason for non-reporting.

"I'm laughed at," Mr. Mukuli said. "The people in my village say: 'You're no longer a man. Those men in the bush made you their wife.'" (Gettleman, 2009, n.p).

This statement reveals several reasons why the men and boys who fall prey to the CRSV fail to report their victimization. Apart from the community ridicule and derogatory names like "bush wife," they are emotionally too humiliated to seek help. In the DRC, homosexuality is taboo, and hence, for a man to report their victimization, it carries an extra suitcase of shame (Gettleman, 2009).

Additionally, even if one wanted to report, they would have no legal protection. The Times noted that the lack of law and order helped the violators take advantage of the situation to openly commit the crimes, knowing that their victims would fear retaliation if they sought justice. Under the same revelation, a UN peacekeeper was reported to have raped a 12-year-old boy (Gettleman, 2009). Such cases indicate that even those bestowed with the responsibility to protect become predators. In the two cases, the emotional effects of fear, shame, self-blame, and anguish influence the male victims to keep quiet about their victimization rather than share. Therefore, the issue remains unreported, justifying the reason behind the insufficient data on the vice.

Lund (2019) confirms that the emotional effects of sexual violence on males are similar to the female experiences. One of the emotional effects identified in the Syrian conflict is the anguish and anger that follows. Mohammadi (2016) illustrated that one 16-year-old Yazidi girl in an Iraqi refugee camp doused herself in petrol out of anguish and fear. In the process, she suffered 80% burns because she did not want to be re-victimized by the Islamic State militia. The author provided different examples of similar incidents where survivors let out their anger into self-harm. Such incidents ascertain how the emotional effects of sexual violence can affect the victims. Lund (2019) reminds his readership that no survivor of sexual violence should be left in the periphery; it is imperative to note and restate that it is vital to counter emotional feelings for both men and women after victimization. These emotional effects can translate to physical and mental harms like suicide or depression, respectively. Handling them as different, i.e., men are strong, and women are weak, makes it impossible to establish and mitigate against the anguish that encounters the male victims.

Regional reports in the African continent suggest that as recent as 2021, various countries like the CAR, DRC, Ethiopia, and South Sudan continue witnessing various humanitarian crises (Amnesty International, 2021). In CAR, cases of sexual assault against both males and females are continuously reported. During this crisis, men have been forced to commit incest at gunpoint, and, in some cases, they are forced to have sex with female combatants (UN, 2020). These acts of coercion result in emotional reactions like fear which make the male victims remain in hiding. They report that their humiliation has shocked them, and they can no longer trust people. In some of the most recent reports about sexual violence, many researchers and news reports paint the grim picture about the CRSV against men and boys in the country (Gerretsen, 2018; Peyton, 2018; Mbiko, 2018; Medecins Sans Frontieres, 2018 and UN, 2020). These publications portray CAR as a "blind spot" because of the underreporting and lack of investigations on the issue. Some of the dynamics of sexual violence in the country include coerced sexual intercourse with the government soldiers and militia, genital mutilation, gang rapes, and forced incest.

Further, these revelations suggest that the warring groups use rape to humiliate and dehumanize the men, especially those who refuse to join them or are believed to support the rival factions. Therefore, in a conflict situation like CAR, the government soldiers supposed to protect the citizens are the same people attacking them (Amnesty International, 2021). The situation makes the victims afraid and lacks trust in the NGOs that get dispatched to assist them. In short, sexual violence results in trust issues, fear, and numbness of the victims, as witnessed in the CAR situation.

One of the most recent regional studies was conducted by Koos and Traunmuller (2021) about the political and social consequences of CRSV. The case studies were carried

out in North Africa (Liberia), Central Africa (DRC), and West Africa (Sierra Leon). In their report, the authors exposed the prevalence of the CRSV in the three different countries with their findings indicating that 12% (+/-7), 14% (+/-2), and 13% (+/-3) people confirmed that they had been sexual violence victims in the DRC, Liberia and Sierra Leon conflicts respectively (Koos & Traunmuller, 2021). This data shows that even regionally, be it West, North, or Central Africa, the cases of sexual violence are prevalent during conflicts. Unfortunately, the fear associated with the traumatic events makes the survivors afraid to report or speak out.

The East African Region has not experienced many armed conflicts as the West, North, and Central Africa regions (Koos & Traunmuller, 2021). However, the Kenyan post-election violence, cattle rustling, and Uganda's political violence under the rebel leadership of Joseph Kony are some of the highlights of armed violence that have confronted the region in recent times (Schulz, 2018 and Kihato, 2015). The violence perpetrated by the Joseph Kony rebels resulted in lasting impacts on both men and women with children forcefully conscripted in the rebel group of the Lord Resistance Army (LRA) (Schulz, 2018). The rebellion in Northern Uganda caused massive harm, including sexual violence against men and women. Even though data suggest that more than 1.7 million people in the region were forced to IDP camps after the violence, the lack of actionable data on the number of violated males or females is a gap that needs to be resolved (Action Against Hunger, n.d). However, Schulz (2018) conducted a qualitative study in Northern Uganda and found out that the emotional feelings of guilt explained why most men failed to report their victimization. The reason for non-disclosure is because hegemonic

masculinities demand that a man should be strong to protect his family and against adversity from anyone (Connell & Messerschmidt, 2005).

In Kenya, the emotional effects of sexual violence explain why such cases are not in the public debate after the 2007/2008 general election post-election violence. This is because the victims (specifically the male survivors) felt emotionally helpless, weak, and numb (Krause, 2020). The author reports that since post-election violence polarizes the existing tribal and communal conflicts, one of the outcomes of the skirmishes included sexual violence. His study found out that in only two months, Rift Valley and Nairobi provinces' clashes had resulted in a loss of more than 1,300 people, with 900 of the citizens raped. A majority of them were females, but the conflict also exposed male victimization through gang rapes and genital mutilation (Krause, 2020). This research indicated that males were raped as a target for emasculation and feminization. That is the exact reason for male rape indicated by Schulz (2018). As confirmed by Kihato (2015), one reason that explains why the prevalence of sexual violence occurred during the post-election skirmishes in Kibera, Kenya, is due to the notion of masculinity and femininity. That is, the men went to war to show their power and dominance over opposing groups. In the process, some people were raped, and others were forcefully circumcised to annihilate the other political groups. However, Krause (2020) also noted that for fear of counter-attack, sexual violence might be restrained in political conflicts in specific contexts where the violence has not become as protracted as the DRC situation.

In the DRC, men and boys are currently undergoing sexual victimization by the rebel groups like the Mai Mai militia and others (UN, 2021). A practical example is when the Twa militia coerced a boy to rape his mother. Another case reported by Aljazeera's

Estey (2020) recounts the story of a young man whose sisters and mothers were raped in a separate room while the soldiers took turns to rape him, telling him that he "was not a man." While at the hospital, the local pastor told the victim that he would "no longer be considered a man" (Estey, 2020). The victims in both episodes displayed emotional effects like anger, helplessness, loss of control, and disorientation following the incidents (Estey, 2020 and UN, 2020). Although the evidence shows that society is unaware of the rate of the scourge, the victims get affected in immeasurable ways. They undergo emotional torment, societal discrimination, and psychological impacts.

2.2.2 Relational Effects of Sexual Violence on the Male Victims

While emotional effects of sexual violence on male victims of CRSV may exist as a stand-alone concept in examining how victims react to the traumatic episode afterward, Bows (2018) connects it to the ensuing relational effects. He mentions that the survivors decide to disengage from social networks like family, friends, and the community (Bows, 2018). The author states that such incidents make the survivor choose a different lifestyle due to the social stigma associated with sexual violence. To a greater extent, the fact that the victim is male makes the matter worse because of the myths and perceptions of masculinity. The patriarchal society has treated the males as an entirely different species of humans unable to feel pain, and instead, they are viewed as persevering beings (Ribeiro & Ponthoz, 2017). These myths and perceptions make the men and boys who have undergone the violence choose to suffer in silence. Some of these misconceptions are described below.

Ribeiro and Ponthoz (2017) reflect upon the myths and stereotypes of sexual violence against men and boys. Some of these stereotypes are significant causes of why

male victims fall into relational problems after their victimhood. The authors list some of them as follows; a) that men have natural aggression, are strong, violent, and invulnerable while women are weak and peaceful b) that men who have been sexually victimized are gay, c) sexual desires culminate into sexual violence d) men should not cry and must be aggressive at all times, i.e., should be the protectors and providers of their families (Ribeiro & Ponthoz (2017).

Edstrom et al. (2016) researched the tactics used by a non-governmental organization, "Men of Hope Refugee Association of Uganda" (MOHRAU), which accommodates the membership of male survivors of CRSV to cope with the aftermath of their victimization. One of the results of the study depicts an example of the societal perceptions of male survivors. Through multiple interviews with the members, the consistent theme was that the society in the general and local community, in particular, discriminate against them and marginalize them. During the mentioned research, one member stated that many people in the local community recognized him as gay because he would give talks on national television about establishing the group and its activities (Edstrom et al., 2016). Despite explaining that his situation was different, the respondent portrayed a societal perception that male survivors of sexual violence belong to the gay community. With the strict and repressive laws regarding freedom of sexual orientation in the country, the respondent reported that male survivors' lives are made more difficult by such discriminative laws and exacerbated by untrue societal views of the victims (Edstrom et al., 2016).

Apart from the confusion regarding the question of gender identity that is usually misconceived when the male survivors open up about their ordeal, the society also assigns

the survivors different derogatory terms as "bush women," or they are considered as no "longer men" (Gettleman, 2009). Many people who deride the victims allude that they should have been "men" enough to prevent their victimhood. Through various research studies, the community stigmatization and marginalization of the male survivors demonstrate that the society is quite patriarchal and assumes that men should never be victims of such crimes (Edstrom et al., 2016, Christian et al., 2012, Gettleman, 2009 and The UN Report on CRSV, 2020). This lack of understanding means that society is quick to judge, assign blame to the survivors, and understand what the survivors undergo. Such a situation calls for community mobilization, empowerment, capacity building, awareness, or sensitization campaigns to recognize the matter's gravity.

Since male concepts of masculinity bar them from reporting their victimization and the community is usually judgmental and unsupportive of the victims believing that they could have prevented the victimization, this affects the relationship between the victims and their immediate community (Dolan, 2014). Indeed, based on the Ribeiro and Ponthoz (2017) research, it is evident that statistics show that men are not always the automatic perpetrators but can also become victims. Recent studies indicate that at least 1 in 6 men have been sexually assaulted either in their childhood or during armed conflicts (Frunse, Tobi & Mohamed, n.d). These authors further note that studies conducted by the Refugee Law Project in Uganda in collaboration with the John Hopkins University indicated that out of the 447 male refugees interviewed in a refugee settlement in the country, 13.4% of the men had been raped during the conflict (Frunse, Tobi & Mohamed, n.d). These studies dispel the myths that blind the reality and assign the males the perpetrator role while equally victimized. These gendered assumptions are deeply rooted in both the old and

contemporary society. Therefore, there is a need for capacity building, awareness campaigns, and programs to change the community misconceptions so that society is more sensitive to the male victims' experiences. This could as well lead to the social inclusion of the victims.

Christian et al. (2012) carried out a study in the South Kivu Province, one of the regions where rates of sexual violence are exponentially high in DRC. They found out that as providers, men's capacity is reduced when they suffer physical and psychological harm resulting from CRSV. The authors note that men cannot provide for their families as they used to because of the resultant effects. Similar conclusions are made by the Gettleman (2009) article that illustrated how male survivors suffered harms that placed them in conditions that disabled their typical working capacities. Chynoweth (2017) confirms the male survivors' psychosocial difficulties due to compromised mental and physical health conditions and marginalization by the community. Ideally, the survivors suffer from these physical, social, and psychological effects that would make anyone unable to work and provide for themselves and their families as before.

Therefore, based on the traditional gender role beliefs that men should be the providers, their reduced capacity to provide due to the physical and mental harm they have undergone under sexual violence also negatively impacts their relationships with their families (Chynoweth, 2017). Relationally, the victims could feel incapacitated and may decide to run away from their families since they are no longer able to provide and be seen as "men." In other situations, they may be derided by their families, who are supposed to provide them with emotional support. As a result, they are faced with two complex options, i.e., to stay in the family or seek refuge. In the family, they would have to persevere abuses

within the home and outside (the community). At the same time, in refugee camps, they will live solitary lives among people who do not know their afflictions.

Apart from the family and community abuses and derision, stigma, humiliation, rejection, and abandonment are some of the vice's social impacts against men and boys (Lund, 2019). These impacts are primarily based on the myths of sexual violence against men, which underscore the masculinity and emasculation debates. Due to the societal misconceptions that men are strong and would withstand any adversities, the community tends to discriminate against the male survivors believing that they could have prevented the ordeal but failed to (Lund, 2019). They are wrongfully grouped as gays or "women." According to society, it seems like the act of penetration into a man's body is translated to be a feminine attribute and weakness (Lund, 2019). Because of this social impact, the male survivors rarely report their victimhood, which leads to more harm like deterioration in medical health and sometimes suicidal deaths.

2.2.3 Psychological Effects of Sexual Violence on the Male Victims

Male victims of sexual violence in armed conflicts suffer different psychological effects. These effects are related to the masculinity perspectives that bestow credence to male strength and their assumed inability to become victims. Also, these psychological effects are exacerbated by the forms of violence, the emotional and relational effects. Rivara et al. (2019) researched the multiple effects of sexual violence on the mental health of victims. Their study found out that some of the effects include depression, substance abuse, panic attacks, PTSD, anxiety, and increased risks of suicide. These results are similar to the various findings indicated in different research studies conducted to determine the impacts of sexual violence on male victims.

Apperley (2015) notes that various forms of CRSV are executed to repress the enemy, punish those in opposition, or for ethnic cleansing. The exemplified forms of sexual violence are female-centered and borrowed from literature like the “UN Action against Sexual Violence” (Apperley, 2015). Also, only a few research studies look at the intricacies of this vice against men and boys. Since most healthcare workers and humanitarian personnel erroneously liken sexual violence to rape against women and girls, the assumption is that even males undergo similar ordeals (Apperley, 2015). This wrongful assumption means that the male survivors and the forms of their victimization remain unaddressed and hence the impacts on their psychological wellbeing remain unaccounted. This research intends to fill the gap by examining the specific forms of sexual violence against males in the study context and suggest the relevant psychological interventions.

Globally, there is little evidence about male victimhood, leading to the lack of data on the psychological effects of sexual violence on males. Despite this gap, Apperley (2015) mentions that more than one-fifth of Tamil Tigers men in the Sri Lankan war were detained and sexually molested. They underwent various forms of sexual abuse, including being forced to rape one another to entertain the soldiers. Another record shows that during the genocide in Rwanda, Hutu men applied physical trauma on the genitals of the young Tutsi men to feminize them, never to be reproductive. Also, another form of sexual violence was the castration of men of a particular ethnic group by the enemy rebel groups. In El Salvador, 76% of men in the war reported that they were raped, with more than five thousand outside the Sarajevo camp reporting similar victimization. These examples, as evidenced in different conflict situations, resulted in distinct psychological effects. For instance, the

male victims of CRSV in El Salvador developed PTSD, anxiety attacks, and depression, among others (Apperley, 2015).

Unfortunately, these forms of sexual violence are not limited to these old-time wars. In Guantanamo Naval Base, Iraq, and Afghanistan armed conflicts, the Human Rights Watch reported that the US military forced prisoners to be nude during their interrogation (Apperley, 2015). The Rome statute lists forced nudity as a form of sexual violence; hence the US military committed a crime against humanity. Another form of the vice is illustrated by the US military's role in forcing prisoners in the Abu Ghraib prison to masturbate, besides forcing them to rape each other and filming for fun (Human Rights Watch, 2004). Even as new forms of sexual violence continue to emerge, the resultant effects on their psychological well-being also vary across age and sex (Rivara et al., 2019). That is why it is imperative to target specific mitigation measures on the psychological effects confronting the males without generalizing their needs as similar to the female victims.

The primary reason behind targeting male people for sexual violence in Syria, DRC, and South Sudan is that in these societies, same-sex relationships, especially men to men, are taboos (UN, 2020). Psychotherapists believe that the militia target men during such conflicts to mentally torture the victims to remember that they have been humiliated by a fellow man (Rivara et al., 2019). As the hegemonic masculinity perspective suggests, some men believe that they are in a higher hierarchy of men and want to show that some other men are weak (Connell & Messerschmidt, 2005). These humiliations and psychologically torturous ordeals lower their self-esteem, they develop depression and PTSD, among other effects. Therefore, there is an increasing need to target these effects to help the victims overcome their victimhood.

The forms of violence exacerbate other effects on the male victims' psychological well-being. In addition to the above types of sexual violence, Chynoweth (2017) listed other forms of sexual violence that faced male victims in Syria. The respondents noted that they would be forced to have sexual intercourse with corpses, forced sterilization, and forced nudity. In short, the men and boys face every imagined form of sexual violence against them, leading to psychological illnesses. Revkin and Wood (2021) found out that between 2014 and 2017, the ISIS that controlled a vast geographical area in Syria and Iraq perpetrated distinct forms of sexual violence against the civilian population. The researchers note that these forms varied in their study, but their targeting was specific to particular social groups, especially those that did not subscribe to their ideologies. Some of the various forms of violence include sexual slavery, forced child marriages, and gang rapes.

Contrary to popular beliefs that ISIS indiscriminately performed the mentioned acts, the research revealed that these acts were committed systematically and planned. This study is an eye-opener to the gap that exists in linking policy and research. For instance, previous policies could have based their assumptions on the indiscriminate targeting of the IS hence directed resources for intervention without proper evidence. The critical part played by such recent research motivates this particular study as well. It suggests that this study should strive to understand the particular forms of sexual violence committed against males in the DRC conflict, evaluate the actors and their motives before suggesting relevant policy interventions that will positively impact the response to the victims and aid their recovery.

Indeed, most of the perpetrators are the militia, armed rebel groups, sometimes government military, and intervening forces like the UN (Chynoweth, 2017). These are experiences that are grave enough to cause a psychological breakdown in the victims. In an exemplified case, a sixteen-year-old female rape victim in Syria set herself on fire just so that ISIS could not get to her ever again (Mohammadi, 2016). Her case may be an experience of different gender, but the fact is that she suffered depression and seriously relapsed mentally, a situation that affects men too.

Despite the listed facts, these cases still go unprosecuted, and the survivors' mental health is also at risk. This indicates that there is a gap in both health and legal mitigation strategies for such effects. The evidence also suggests that both the mental health institutions and the criminal justice systems of the individual states and the international community are ineffective and inefficient in responding to the intricate forms of sexual violence against the male survivors. More effective policy recommendations that capture these gaps shall be addressed as comprehensively as possible through this research.

Regional evidence for the various forms of CRSV is aptly recorded in the Sexual Violence in Armed Conflict (SVAC) dataset. This tool records all the sexual violence tactics in terms of the actors (militia, government groups, and rebels), victims' profiles, prevalence, and forms of the violence (Cohen & Nordas, 2014). The data provides different data sets (including forms of violence) from 129 active conflicts globally and 625 armed groups involved in the said conflicts. This database shows that the government actors are more likely to be reported than non-state actors (Cohen & Nordas, 2014).

From the country of origin for the respondents (DRC), some forms of sexual violence against men are genital mutilation, castration, and rape. These cases have also led

to psychological effects on the male victims. Gettleman (2009) reports the case of two victims whose penises were tied with a rope but eventually died because they were too ashamed to seek medical help. Additionally, some of the victimized males in the DRC suffer from anal fistulae and diseases like HIV/AIDS, while others commit suicide because they were depressed with their situation. These consequences depend on the forms of sexual violence committed against them.

Through their interviews with refugees in Uganda, Dolan, Fletcher, and Oola (2013) noted that male victims experienced both "anal and oral rapes" in the DRC. Additionally, the researchers indicated that the detainees would be forced to have sexual intercourse with their fellow captives or the armed gang (similar to the Afghanistan, Iraq, and Sri Lankan conflicts). Some other forms include electric shocks on the genitals and forcing them to watch as their relatives are raped. Yet, in other forms, they are coerced to commit incest. At times, the captives could be forced to masturbate or mutilate the genitals belonging to fellow victims (Dolan, Fletcher & Oola, 2013). From these research studies, it is clear that the various forms of sexual violence and perpetration dynamics increase the possibility of psychological effects on male victims. At the same time, these groups lack a viable psychosocial and mental health support system; hence they are at risk of deteriorating their conditions (Ezard & Van Ommeren, 2019).

All the mentioned forms of sexual violence and the lack of psychosocial, legal, and monetary support reveal the gap in both policies and applicable service provisions to help these victims. Both political and policy discourses deny male victims the possibility of assistance and aid because of the over-concentration of female experiences. The various literature, as referenced, disclose the undeniable need for more research and

recommendations to specifically cater to the needs of survivors who have suffered distinct forms of the vice. Therefore, this study shall come in handy in providing empirical evidence in terms of forms of violence and suggest specific measures to help the refugees who have been sexually victimized under armed conflict situations. The research looks at the problem as a human rights issue and no longer a male versus female item.

2.2.4 Prevention and Protection Measures

Apparent gaps exist in recognition of males as victims of sexual violence. The recent security council resolutions 1325 and 1820 specifically target female experiences. Both suggest the increase of women's participation at all levels in crucial decision-making processes (SCR.1325) and recognizes sexual violence as a weapon of war, calling for an increase in the number of women deployed in peace operations (SCR. 1820). The apparent gap in these international and significant resolutions is their failure to recognize that males are equally victimized in armed conflicts. This fact presents an urgent need to reformulate these resolutions and international laws to recognize male experiences.

Globally, the International Protocol On the Documentation and Investigation of Sexual Violence in Conflict provides the best practices for NGOs and civil society organizations, national and international authorities in documenting the crime in national and international conflicts. The “Stop Rape Initiative” coordinates the UN efforts known as UN Action Against Sexual Violence in Conflict. The legal framework for prosecution against the crimes is provided under Articles 7 and 28 of the Rome Statute. Even with such legal and policy initiatives, a substantial effort to assist the males who have been experienced CRSV is still missing. As stated earlier, these documents' language is either

too general or focused on women and girls, meaning that the men and boys' issues are non-primary.

Another global study by Dolan (2014) found that out of 189 countries globally, male victims of sexual violence lack legal protection against rape. Through his research, Dolan noted that the domestic legal codes do not protect 90% of male victims in conflicts. Additionally, 62 countries in the study representing almost 67% of the total global population only recognize rape against females. For example, the domestic laws of Bangladesh define rape under section 375 of their penal code as “a man is said to commit rape who except in the case hereinafter excepted, has sexual intercourse with a woman under the circumstances falling under of the five following description...” (Frunse, Tobi & Mohammad, n.d). This description shifts the blame to men and systematically excludes them from legal recourse. Such laws bar the recognition of men and boys as potential victims and eliminate their chances of legal reprieve through the outdated and gender-insensitive penal codes. In short, a gap exists in the various national constitutions to recognize male victims of sexual violence or at least establish gender-neutral criminal codes.

A study conducted by Frunse, Tobi, and Mohammad (n.d) comparing the legal and protective systems of two countries, Bangladesh and Nigeria, further revealed exciting gaps in the protection mechanisms of nations. The previous example of Bangladesh indicates the complete lack of legal protection for male victims of sexual violence. However, a paradigm shift can be witnessed in the Nigerian; Violence Against Person's Act of 2015. This legal mechanism recognizes male victims of sexual violence and offers them legal redress. Unfortunately, it only applies within the federal territory of Abuja hence excluding

all other territories. Again, this means that without comprehensive, all-encompassing, practical, and procedural laws, the gaps that exist even with these limited scopes mean that the rest of the population, outside the protected jurisdictions, remain outside the reach for legal protection.

The recent African regional response to the vice of sexual violence plays a part in revealing the existent gap in recognizing male victimhood. The 2020 “multilateral response to eliminate all forms of violence” is specific to women and girls. This effort indicates that the AU, EU, and UN have partnered and signed a \$40 million contract agreement known as Spotlight Initiative to distribute help among eight African countries to help their efforts of eliminating all forms of violence in their jurisdictions (AU, 2020). While this reflects the positive efforts made by the UN SCR, they are limited in terms of country and gendered scope. The targeted countries are few, and the initiative is not gender-sensitive because it focuses on the female experiences and leaves out the males who undergo similar problems.

Admirably, the African Union's response and support to the CAR indicate essential intervention in the local context through which prevention and protection initiatives can be conducted. In their 2015 report, the AU noted that it had deployed a team of SGBV experts in the protracted conflict of the CAR with accompanying objectives of responding to the urgent needs of the victims, deploying national and international SGBV experts, and building the capacity of the community to prevent and respond to SGBV (AU, 2015). Since CAR is a notoriously dangerous location for both men and women in terms of sexual violations, among other forms of violence, the AU strategically installed a pool of experts in Bangui and Kaga Bandoro. These are the most volatile prefectures for people. The AU's training of community psychosocial support workers, community relay assistants (to report

on the victimizations), legal assistants, and medical doctors illustrate the crucial steps that regional efforts can have on the local situations of sexual violence. These are examples of gender-sensitive responses.

Despite the volatile situation of the DRC, one important organization is recognized worldwide for the part it plays in the treatment of sexually victimized people in the ravaging war of the country. The Panzi Hospital, located in the South Kivu province, has treated over 85,000 women of CRSV, and it treats male survivors too (Panzi Hospital, n.d). Its owner, Dr. Denis Mukwege, is the 2018 Nobel Peace Prize winner for his efforts and determination to helping all survivors of CRSV in the country. This responsive effort is an example that can be emulated across the region and globally to expand protection and prevention efforts across the genders. For instance, with available data, it would be easy to appeal to donors to expand hospitals like Panzi to have departments dedicated to male survivors and hence employ experts specific to the male victims' needs.

In Uganda, civil rights groups and community-based organizations like the MOHRAU seem to be the most dedicated avenues for relieving the male survivors of CRSV. But even these entities and their efforts receive little to no governmental and sponsorship support. MOHRAU complains that some community members view them as gays while others discriminate against their membership based on their condition as survivors of CRSV (Edstrom et al., 2016). The country's laws are also harsh towards the recognition of diverse sexual orientation groups. Hence, MOHRAU and related groups feel unsafe within the confines of the country's legal structures. The referenced program and its challenges mean that even if the local civil groups exist but are not supported by the government or backed by the law, their efforts might be immeasurably curtailed. The

existing gap in the prevention and protection efforts requires an all-around collaboration that does not leave some programs vulnerable to re-victimization.

2.2.5 The Knowledge Gap

A very glaring gap in recognizing male survivors of CRSV exists in both the national and international laws, protocols, and policies (Gorris, 2015) regarding sexual violence. Due to this gap, males are invisible in the countermeasures to assuage the issues of sexual violence. In reality, this is a group of people with genuine humanitarian concern. The lack of heavy focus on their victimhood is based on the concept of "gender identities" or stereotypes described under the myths about male sexual abuse. Dolan (2014) aptly notes that in a survey of the penal code of 189 countries in the world regarding sexual abuse, men are hugely underrepresented by the national laws.

Further, the researcher outlines three reasons why these national and international laws assume men. He mentions that the rape laws assign victimhood to women by suggesting their "ownership" to the men. Secondly, similar laws that depict men as potential perpetrators conclude that women are victims and weak while men are the powerful and dominant inflictors of sexual violence. Lastly, the author notes that in jurisdictions where consensual and non-consensual same-sex acts are not distinguished, the situation leads to the assumption that men are strong enough to withstand hardships. Therefore, these rules indicate that they do not need protective laws against issues of sexual violence (Dolan, 2014).

Regarding the above ideas, the knowledge gap about CRSV against men is exacerbated by the lack of objectivity when establishing national and international laws, protocols, and policies that protect human beings against sexual violence. Sivakumaran

(2010) reminds the readership about the recent Security Council Resolution (SCR) 1820. The author illustrates that the resolution contributes to the relative silence on male survivors' plight from its framework because its language is biased. The framework targets women and girls and fails to pinpoint men and boys' victimhood (Sivakumaran, 2010). Another example is the resolution of the Parliamentary Assembly for the Council of Europe on sexual violence. The council explicitly mentions that "sexual violence against women is a crime against humanity" while omitting that men and boys are equally victims of the brutality (Sivakumaran, 2010). Therefore, by their very language, this lack of consideration of male victims' plight in the rubric of these national and international protocols serves to exclude them from targeted policy and financial strategies to attenuate against the vice.

Aside from the legal paradigm of the issue, a wide gap in societal understanding or identification of male survivors of sexual violence as people of humanitarian concern affects their reintegration into society while at the same time relegating them to silence. This leads to a lack of data that could be used to tackle the problem strategically. Russel (2007) mentions that the entities which operate in the conflict zones should engage in the systematic collection of the data regarding CRSV because of the desperate need for empirical evidence on the issue. These collated data will be imperative in categorizing these vices by gender, age, and victimhood, among other dynamics. For instance, forms of sexual violence like genital mutilations, rapes, etc., can be distinctly grouped to aid a focused target against the mitigation resources.

The 2020 UN report on sexual violence confirms that blaming victims and other harmful social norms like the Bacha Bazi custom in Afghanistan work against sensitization and awareness (UN, 2020). Therefore, a gap exists in dispelling retrogressive customs and

changing societal perceptions regarding the male survivors of CRSV as people in genuine and dire need of societal help.

2.3 Summary of the literature

Within the realm of peace and conflict studies, this research elaborates on one aspect /result of conflicts, i.e., sexual violence against men and boys during armed conflicts. The referenced cases and the available data point out the distinct effects of sexual violence on the psychosocial wellbeing of male victims. The over-emphasis on female experiences clouds the reality that men and boys suffer emotional, relational, and psychological effects on the psychosocial well-being during and after armed conflicts. The literature also confirms that legal protection of sexual violence in conflict times is provided under the different national and international legal mechanisms. However, several countries possess gender-insensitive laws towards protecting male victims because their laws only mention males as perpetrators. Despite these, men and boys continually emerge as subjects of humanitarian concern, as witnessed in Syria, CAR, and DRC (Medicins Sans Frontieres, 2018). Some forms of sexual violence against men and boys include rapes, forced incest, forced masturbation, castration, and genital mutilation, among others (Dolan, 2014). Chynoweth (2017) identified some of the effects of CRSV on the psychosocial wellbeing of male survivors as; psychological, social, and physical consequences. Some barriers to obtaining help are; lawlessness, lack of political will, unavailability of specialized hospitals for male victims, and lack of adequate legal instruments within many national jurisdictions (Dolan, 2014).

Further, the reviewed literature indicates various reasons for non-reporting: fear of reprisal by the community/family, discrimination, and lack of psychological and social

support. However, even in situations where the males are brave enough to seek medical help, the available services primarily focus on maternal health, exacerbating their poor health statuses (Gettleman, 2009). While it is imperative to appreciate institutions like Panzi hospital and organizations like MOHRAU in providing help to survivors of CRSV, a significant knowledge gap exists in the understanding of the psychological and social effects of sexual violence on male victims. Generally, the recovery of male victims of CRSV is impacted by repressive laws, lack of legally sound and protective regulations, and societal barriers caused by misconceptions, all of which shall be elucidated in this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This study applied a descriptive research design by obtaining qualitative and quantitative data to evaluate the effects of CRSV on the psychosocial wellbeing of male victims. It proposes practical solutions to both the social and psychological needs of the male survivors. The sections below describe the research design, which utilizes descriptive design to gauge the psychosocial implications of CRSV on male survivors. The study site was Kyaka II Refugee Settlement in Uganda, with its target population being the male survivors of CRSV in the settlement. The sampling procedure section describes the approach used to evaluate the sample size. The data collection section explains the instruments used to collect the required information and the target groups and defines how the tools were measured for validity and reliability before and after piloting them. The data processing and analysis briefly touch on the researcher's data processing and analysis techniques. Finally, the legal and ethical consideration section evaluates the researcher's ethical dilemmas before providing solutions to mitigate the challenges.

3.2 Research design

A research design refers to the general strategy that a researcher adopts for the study (Obwatho, 2014). This study used a descriptive research design because it is the most appropriate design since it involves observing and describing the phenomenon without interfering with it in any way (Obwatho, 2014). This was done by employing a mixed method of data collection, i.e., quantitative and qualitative, to understand the effects of

CRSV on male survivors' psychosocial wellbeing in the Kyaka II Refugee Settlement. These data sets were gathered through both the key informants and refugee respondents.

3.3 Research Site

A research site is a geographical location where the researcher expects to collect their data (Kothari, 2004). The data was collected from the Kyaka II Refugee Settlement in Uganda. The settlement is managed by the UNHCR, who are the principal donors as mandated by the Office of the Prime Minister (OPM) of Uganda. More NGO partners include Red Cross, AIRD, and AHA, among others. The settlement is located in Kyegegwa District in Western Uganda. It hosts 124,101 refugees across Africa, with more than 95.2% fleeing the DRC conflict (UNHCR, 2021). It is further divided into ten zones, e.g., Sweswe, Kaborogota, and Byabakora, among the rest. The researcher selected this site since it houses many men who were victims of armed conflict in DRC. The population is also composed of male victims of CRSV going through psychosocial support in the Kyaka II Refugee Settlement (OPM, 2021). Therefore, the site provides convenience for the human resource (OPM protection officers and community mobilizers) that the researcher employed to collect the data.

3.4 Target Population

Obwatho (2014) defines a target population as an entire group that the researcher plans to conclude his or her study. The target population is all-male refugees in Uganda who have undergone sexual violence in armed conflicts. According to the Uganda government Settlement Commandant at Kyaka II Refugee Settlement, the total number of male victims of CRSV who have come out to disclose their victimhood is 107 people (OPM, 2021). The study obtained permission for interviewing the respondents through a

formal request to OPM in Kampala, Uganda. Although UNHCR oversees the SGBV offices of the settlement, the Uganda government has the overall mandate for all refugees, and the refugee database is operated in tandem with the UNHCR. Respondents qualified for this study if they are male victims of CRSV who were sexually victimized in DRC but fled and found refuge at the settlement. The key respondents were; the male survivors of sexual violence who fled DRC after the violation and reside at the Kyaka II Refugee Settlement. Secondly, a senior SGBV specialist in the settlement, one resettlement expert, working with USRAP in the Africa Regional Deployment Unit (ARDU), and the Settlement Commandant represent the Office of the Prime Minister (OPM) at the settlement. The study targeted all the 107 respondent victims from this settlement. The site was chosen since most refugees (95.2%) fled from DRC (UNHCR, 2020).

3.5 Study Sample

3.5.1 Study Sample Size

Kothari (2004) states that when all population items are enumerated, it becomes a census inquiry. This study used the census approach. In this case, the researcher chose all the male victims of sexual violence residing in the settlement. These were the only survivors who had disclosed their victimhood to the OPM. Although UNHCR estimated that about 200 male refugees who come to the settlement yearly had undergone sexual violence from their countries of origin, those who disclose their victimization are few. Therefore, with the 107 male victims in the OPM database and three key informants, all the respondents participated in the study.

3.5.2 Sampling Procedure

Malterud, Siersma, and Guassora (2015) state that since determining sample size for qualitative research may run into the problem of saturation (defined as the repetition of similar information despite using a larger sample size), “information power” is more relevant. They propose determining a sample size’s information power by considering the study’s aim, sample specificity, analyzing if an established theory was used, the quality of the data collection tools, and if the analysis strategy is viable. They conclude that qualitative research will require the least amount of participants if its study aim is narrow or supported by an established theory, uses practical data collection tools, or uses in-depth analysis.

Based on the above criteria and the fact that this study also gathered quantitative data, the researcher concludes that the information power is mildly strong as per the referenced researchers’ criteria. Therefore, the researchers collected information from all people in the target population. In essence, the results, as discussed in the following chapters, reveal a range of issues affecting the respondents meaning that the research has not been affected by information saturation. All three key informants were interviewed hence totaling the sample size to 110 people.

3.6 Data Collection

3.6.1 Data Collection Instruments

This research used questionnaires with both open-ended and closed-ended formats. The closed-ended formats asked a range of questions, with some having a range of options that needed to be marked or ticked. The questionnaires were administered to the refugee respondents. The other instrument was the interview schedules which collected data from

the three key informants. These were; one of the settlement's protection specialists, one USRAP senior resettlement expert, and the Settlement Commandant.

3.6.2 Pilot Testing of Research Instruments

The questionnaires were administered to male refugee survivors of sexual violence in Nairobi because they have undergone similar ordeals to the sample population. The critical informant interview schedules were administered to resettlement experts working under the United States Refugee Admissions Program (USRAP) in Nairobi. They are experienced in interviewing male refugee survivors of sexual violence in Sub Sahara, Africa.

3.6.3 Instrument Reliability

The reliability of the data collection instruments went through three times test-retest process. These were conducted at one-week intervals. The researcher administered these instruments to the respondents, i.e., male survivors of sexual violence and critical informants within Nairobi, Kenya. The three-time test was conducted with similar groups of respondents under the same categories, i.e., male survivors and resettlement experts, to determine a variation in responses. The researcher believes that using a statistical test with a correlation not below 0.7 indicates a highly reliable instrument (Hinton et al., 2004).

3.6.4 Instrument Validity

The instruments' validity indicates how accurate they are in measuring their intended targets (Taherdoost, 2016). Since this study intended to gather a lot of qualitative information, it was imperative to ensure that it is dependable, credible, transferable, and confirmable. Therefore, the study determined the validity of the data collection instruments

through a mixture of content, construct, and criterion validity measures. Content validity helped ensure that all relevant material was included in the tool and the invalid information removed. The questionnaire included all the variables and indicators, and the thesis supervisor counter-checked their validity. The researcher also used the Content Validity Ratio (CVR) calculated using Lawshe's (1975) formulae $CVR = [ne - (N/2)] / N/2$. Ne represents the number of people who state that the item is essential, N is the total number of people that the researcher asked to provide feedback on the validity of the questions. Through the said method, the score (indicted in the Lawshe table of minimum value of CRV) indicated that the proportion of panel members who agree that the instrument's content is valid for the intended data was 100%.

Additionally, the study applied the construct validity measure. This was conducted by ensuring that one latent variable was discriminately different from the other regarding its distinctiveness from the conceptual framework. This test ensured that variables that are not related are, in fact, not related. The chosen test for this measure was the principal component analysis (PCA), where items loaded above the minimum acceptable score (0.4) were considered for further research (Soo Wee & Quazi, 2005). Lastly, criterion validity measures the extent to which one measure relates to the results/outcome, i.e., one measurement reflects an effect from another measure. The subset of this criterion that was useful to the research is known as concurrent validity. The previously established measurement was aped to predict the outcomes of this study instruments.

3.6.5 Data Collection Procedure

Data were collected from two groups of people, i.e., key informants and the male survivors of CRSV. The interview schedule gathered data from the critical informants while questionnaires were administered to the refugee respondents. The key informants' responses were collected via phone interviews and recorded in the interview schedules. The refugee respondents' responses were recorded in the questionnaires by ten research assistants. These were; the community mobilizers, settlement interpreters, and the Uganda government's protection officers.

3.7 Data Processing and Analysis

For research to arrive at meaningful conclusions, it needs the data to be analyzed using analytical and logical reasoning (Obwatho, 2014). Qualitative data helps the researcher gain insights regarding the respondents' motivations, feelings, and opinions (Obwatho, 2014). Therefore, the data, especially those obtained from the open-ended questions, were analyzed using content analysis, which focused on the respondents' views, feelings and experiences as they underwent the recovery post their victimization. Some of these findings are presented through quotes from the respondents, while others are presented in histograms or charts. The researcher grouped and coded the closed-ended questions before analyzing them through the univariate analysis technique.

3.8 Legal and Ethical Considerations

The desire for coming up with new knowledge, a principal aim of the research, is that the findings are based on legal and ethical representations by avoiding unnecessary errors (Obwatho, 2014). Based on the researcher's organizational policies, refugee data,

information, and records submitted to the United States Refugee Admissions Program (USRAP), the processing is prohibited. Therefore, this study considered this an ethical issue and only focused on a separate group of respondents who had not been submitted to the mentioned program. Generally, most respondents had fled between 2018 and 2020, and UNHCR had not submitted their cases to be considered for resettlement through USRAP. Also, since UNHCR could not provide access to the survivors' database, the OPM (the principal overseer of refugee affairs) helped the researcher access the database. The process was conducted through strict confidentiality by recruiting the government's protection officers and community mobilizers to collect data on behalf of the researcher. Regarding legality, the study obtained permission for data collection from the Office of the Prime Minister of Uganda.

The authenticity of this work has been pegged on four virtue components. These are; awareness of the respondents' feelings, harms, and motivations; processing data through fair means. That means evaluating only relevant information to avoid survivor re-victimization. The other components are; observing professional behavior open-mindedness during the data collection and ensuring openness and truthfulness, e.g., through self-disclosures.

Additionally, due to the sensitive nature of the information and the respondents' privacy, the study ensured confidentiality, integrity, and objectivity towards its target by seeking their approval before interviews. Although these were essential considerations, their execution did not present unmanageable challenges because the research assistants consisted of professional protection officers who offer support to the victims.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.1 Introduction

This study aimed to arrive at four different objectives, i.e., exploring the emotional, relational, and psychological effects of sexual violence on the psychosocial well-being of the male refugee survivors of sexual violence who fled armed conflicts from DRC Uganda. The fourth objective aimed at evaluating the various coping mechanisms that the survivors have adapted to live with their victimhood. The study purposed to determine the effects of sexual violence on the psychosocial well-being of the male survivors in Kyaka II Refugee Settlement, Uganda, thereby developing a viable intervention strategy. The response rate was 100%, as all the targeted respondents answered the questions. This chapter elaborates on the research findings by first highlighting the respondent characteristics and then presenting the research findings and data within the prism of the four objectives.

4.2 Characteristics of the Respondents

This section describes the profiles of the male survivors. It analyses their ages, flight dates, provinces of flights, marital, education, and employment statuses. Table 1 below represents the survivors' ages.

Table 1*Refugee Respondents Age Distribution Table*

AGE	Respondents Number	Percentage
15-20	5	4.67%
21-25	47	43.93%
26-30	39	36.45%
31-35	14	13.08%
Total	107	100%

Table 1 above reflects that most respondents were between 21 and 25 (43.93%) and 26 to 30 (36.45%). These categories form slightly over 80%. Only five respondents were between 15 and 20 years, with the youngest being 19 years. The rest (13%) were between 31-35 years. All the targeted respondents answered the questionnaires. Table 2 below indicates their flight dates;’

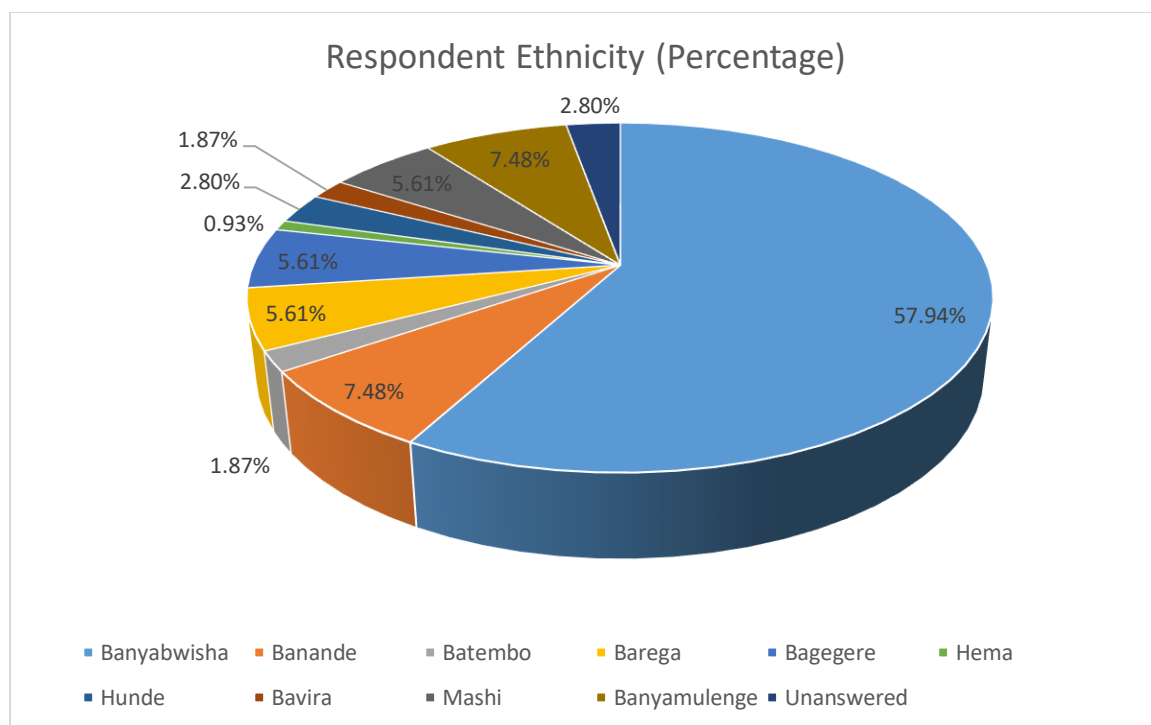
Table 2*Refugee Respondents Flight Dates*

Flight Dates	Respondents Number	Percentages
2010-2015	1	0.93%
2016-2020	106	99.02%
Total	107	100%

As displayed in table 1 above, an overwhelming majority of 99.05% fled between 2016 and 2020 (their flight was almost immediately after the incident). Only one survivor had fled DRC in 2015. Also, Figure 1 shows the respondents' ethnicity.

Figure 1

Refugee Respondents Ethnic Distribution Chart



Among these survivors, most were Banyabwisha (57.94%), while the rest were evenly distributed among the Banande, Batembo, Banyamulenge, Bagegere, and Batembo, among other ethnicities.

Additionally, all the respondents had fled from the North and South Kivu provinces of the Eastern DRC. Table 3 below illustrates their marital statuses.

Table 3*Refugee Respondents Marital Statuses*

Marital Status	Respondent Numbers	Percentages
Married	1	0.93%
Divorced	1	0.93%
Separated	65	60.75%
Single	40	37.38%
Total	107	100%

The above table reflects the survivors in terms of their marital status. Out of the 107, 60.75% were separated either because of the war (49%) or their spouses abandoned them due to the victimization (51%). However, 37.38% were single, with one divorce case resulting from sexual victimization. Only one respondent was married. Table 4 highlights their education levels.

Table 4*Refugee Respondents Education Levels*

Education Level	Respondents Numbers	Percentages
Primary	50	46.73%
Secondary	48	44.86%
University	9	8.41%
Total	107	100%

Overall, 91% had either attained primary (46.73%) or secondary education (44.86%), with 9 of them (8.41%) having reached the university level. All the respondents stated that the armed conflict and their victimization had disrupted their education progress. Table 5 indicates employment statuses.

Table 5

Refugee Respondents Employment Statuses

Employment Status	Respondent Numbers	Percentages
Employed	15	14.02%
Unemployed	79	73.83%
Self-employed	13	12.15%
Total	107	100%

Unfortunately, from the above table, more than 73% of them stated that they are unemployed, 14.02% are employed, and 12.15% self-employed. The respondents associated their employment statuses with the fact that there are few formal opportunities at the settlement. The victimization left many of them with psychological conditions, social disruptions due to discrimination, and physical defects limiting their chances of formal or self-employment.

4.3 Presentation of Research Analysis and Findings

This study revealed different forms of sexual violence that affected the respondents. Most of them revealed that they were forced to masturbate using their hands, soap, water, and sometimes saliva, as represented under objective 1, in figure 2. These were the

overwhelming number followed by those who were raped. One respondent stated that the Mai Mai militia castrated him. He revealed that the rebels did this while telling him that they no longer wanted the Banyamulenge tribe to have more offspring as they were filling their land. The Mai Mai are rebels made up of the Bahunde, Bafulero, and other native Congolese tribes, and they hate the Banyamulenge because they feel that these people fled Rwanda and took over their land. Another respondent mentioned that he was forced to have sexual intercourse with his sister as the Mai Mai rebels looked and made fun of him. The following subheadings elaborate on the key highlights of the findings under each objective by using content analysis, quotes from both key respondents and survivors, and presentations in tables, bar graphs, and histograms.

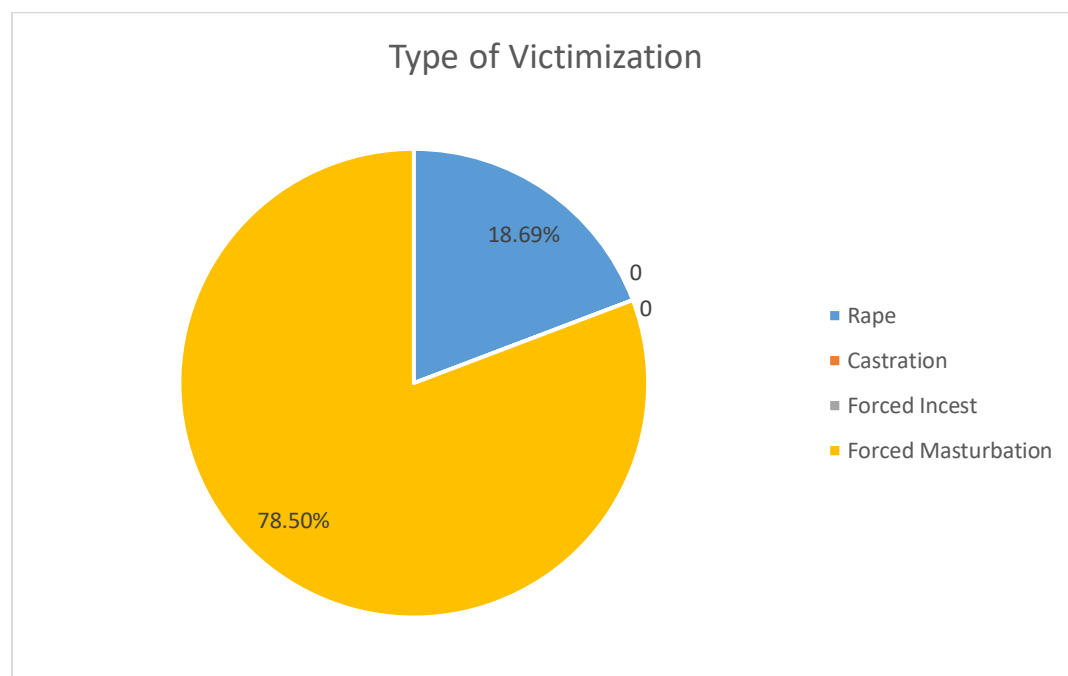
4.3.1 Emotional Effects

The first objective intended to note the emotional effects of sexual violence on the male survivors' psychosocial wellbeing. This section displays the various emotional reactions that affect the respondents as captured under tables and charts. Figure 2 displays the two primary forms of their victimization, which are rape and forced masturbation. Forced incest and castration were only one case each. The different reported reasons for victimization included; general insecurity in DRC due to protracted armed conflicts and land conflicts to force the survivors out of their land as orchestrated by tribal hatred (Bahutu against Bahunde, Bahema against Balendu, government against Mai Mai rebels, etc.). The other reasons include the idea that the rebels force the men to masturbate as they view and have fun while others violate them to dehumanize them. The study found out that forced masturbation was primarily enforced as a matter of entertainment for the rebels. They would film the ordeal, and those who would not ejaculate would be forced to use their

saliva. The use of forced incest was a targeted form of sexual violence to embarrass the victims.

Figure 2

Type of Victimization



Emotionally, all the respondents were inarguably sad and devastated during the interviews. When asked how they emotionally reacted to the incident, most of them were annoyed that nobody has followed up on the promise that they would be offered psychosocial help since they disclosed their situation. In the interview schedules, one of the key informants said,

“We provide protection services at reception point at Nyakabande Transit Centre, but these are not specific. We have so many women coming with SGBV cases, and so when we get a man who has been raped, we simply promise that they will receive help. Imagine

receiving more than 300 arrivals daily, with most of them in dire need of medical attention, and you are just five or six protection officers. It is overwhelming” (Key Respondent I).

Seven respondents stated that they had been re-victimized at the settlement. One of them mentioned that one person in Sweswe Village has repeatedly raped him. The survivors mentioned that his victimizer insists that he would want him to become his wife. In the second case, the respondent revealed that he had been raped nine times in Bukere Village in 2020 by four people. He has not received help from the protection offices or police. The third case mentioned that he was raped once in 2020 by two people. Three of the respondents mentioned that they voluntarily live with their male partners who continually rape them. The last case mentioned that two men had had sexual intercourse with him in the settlement because he wanted monetary assistance from them. These respondents stated that they experienced challenges in obtaining sustainable help from the protection departments because their issues were not taken seriously or resolved.

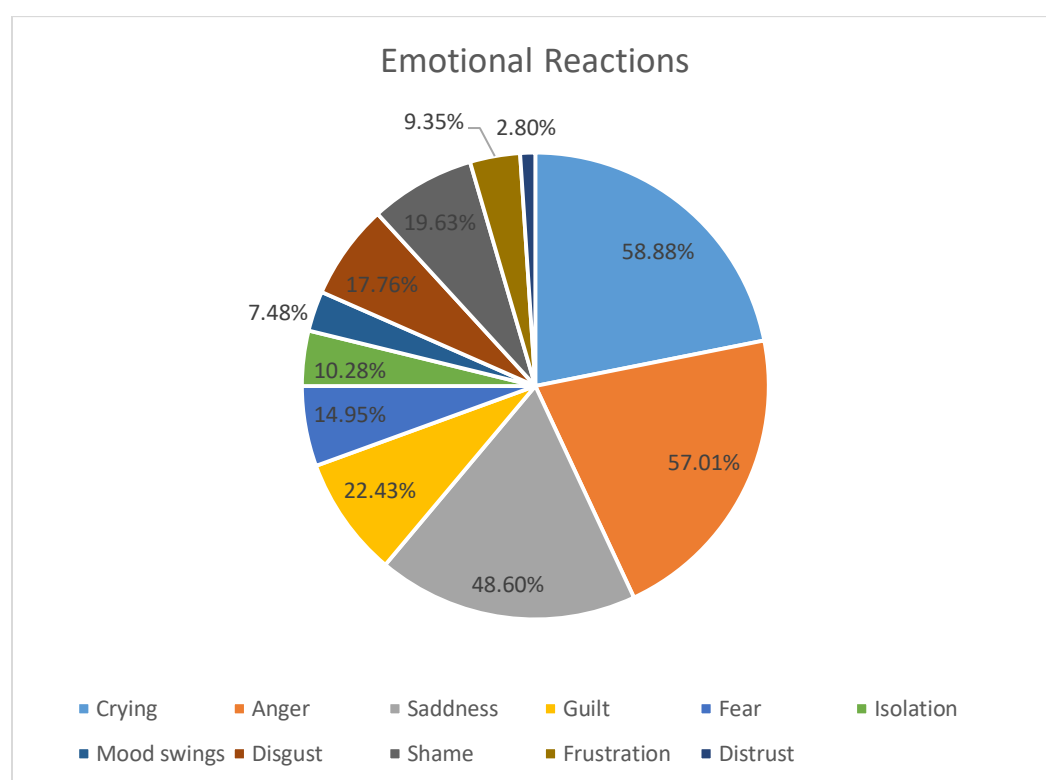
In terms of emotional reactions to the survivors’ victimization, 58.88% mentioned that they usually cry when they remember these incidents, 57.01% relayed their anger, 48.60% indicated sadness, 22.48% mentioned feeling guilty. In comparison, 19.63% stated that they feel ashamed (see figure 3). One survivor stated;

“I feel so frustrated by the lack of help from the settlement management. Due to my victimization, I experience many mood swings; I do not even trust my neighbors because they will ridicule me. I have decided to isolate myself from the community and my family who do not even care!” (Survivor).

Some of their frustrations also come from the fact that some lost their wives to other men. Also, their families rejected them, and the community laughs at them for having been “women” to get raped. The respondents revealed that they would feel much better through love and affection from family, friends, and community. The figure below indicates a pictorial representation of the respondents’ emotional reactions.

Figure 3

Emotional Effects



4.3.2 Psychological Effects

This section highlights the study findings on the psychological issues that affect the survivors. These findings have been captured in both verbatim and a chart in figure 4. Within the psychological realm, fear was the most cited effect at 69.16%, followed by

anxiety (29.87%), substance abuse (26.17%), panic (21.50%), and sleep disorders at 17.76% (See figure 4). Other psychological effects included withdrawal, flashbacks, phobias, self-harm, eating disorder, and 3 cases of attempted suicide. 97% of the respondents mentioned that they would like to have psychological counseling due to the mental trauma based on these feelings. During the interviews, one respondent said, “I would like to relieve this mental guilt by associating with other survivors because I know their experiences will help me go through these challenges better” (survivor). Further, one of those who experienced rectal trauma when sticks and the gun was inserted in his anus said,

“I wish I could receive medical care. The camp management has told me that they don’t offer such surgeries, and I am sure I would benefit from resettlement to another country. I only wish that my case can be considered for expedite processing to go to another country where I could receive help” (Respondent)

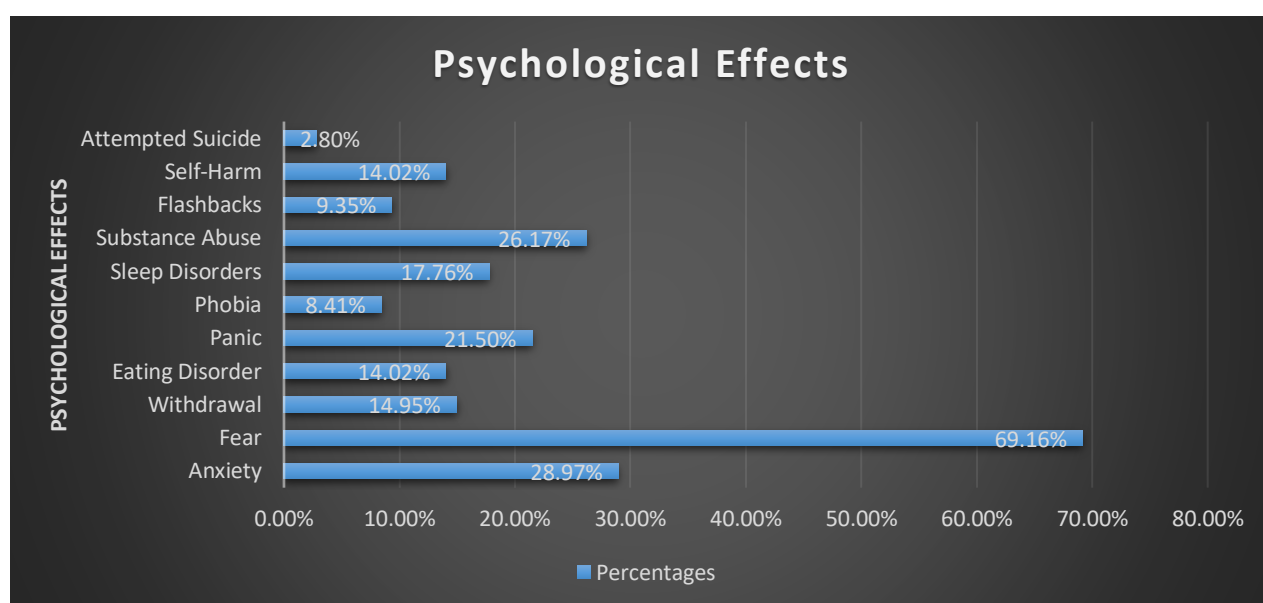
Yet, one of the key respondents stated,

“I have worked across sub-Sahara Africa for around six years now, but never have I met any psychotherapist in the camps. These are quite important personnel to all the traumatized people, not just the CRSV victims. I think the donors and NGOs must seriously look into this, especially since Covid-19 has made their lives even harder. Some refugees commit suicide or develop serious medical mishaps leading to death, especially those who do not disclose their victimization. They say that they would rather die than be seen as women. It is a pity.” (Key Respondent 2)

Figure 4 indicates the questionnaire responses regarding the different psychological effects that the respondents experience after their victimization. The graph replicates the percentage of respondents who associated their psychological statuses to their victimization using different indicators like anxiety, panic, sleep disorders, and substance abuse, among others.

Figure 4

Psychological Effects



While they still have psychological traumas, most of the respondents asked for physical protection, especially those who had been re-victimized in the camp either because the perpetrators are in the camp or the community around them discriminates, abuses, and ridicules them. Generally, those whose victimhood was known in the settlement asked to be recognized as human beings and the community to understand them to attain psychological rehabilitation successfully.

4.3.3 Relational Effects

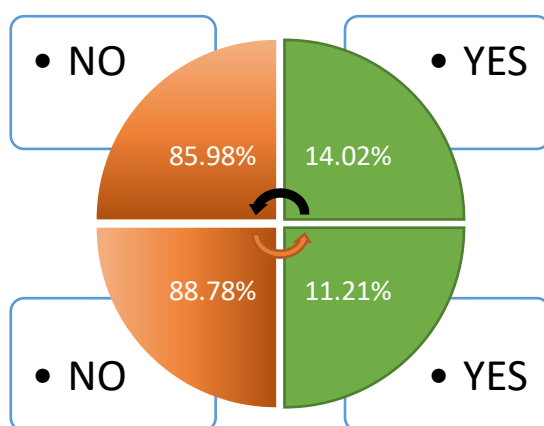
The third objective sought to understand the relational effects of sexual violence on the male survivors' psychosocial wellbeing. This section elaborates on the distinct effects that the respondents stated affected their relationship with their families, friends, and the community around them. The section also highlights whether or not the incidents were reported in DRC and Uganda (through charts) and perpetrator characteristics, affecting the survivors' marital statuses, among other statistics as presented in tables.

In general, after the survivors arrived in Uganda, most of them have experienced relational and social effects due to their victimhood. First, figure 6 reflect if the respondent reported their victimization to relevant authorities in DRC and at the reception center in Uganda. The upper half represents the percentage of the report in DRC, while the lower half indicates the percentage of response in Uganda at the Nyakabande Transit Centre

Figure 5

Report to authorities on Victimization

Reported victimization in DRC



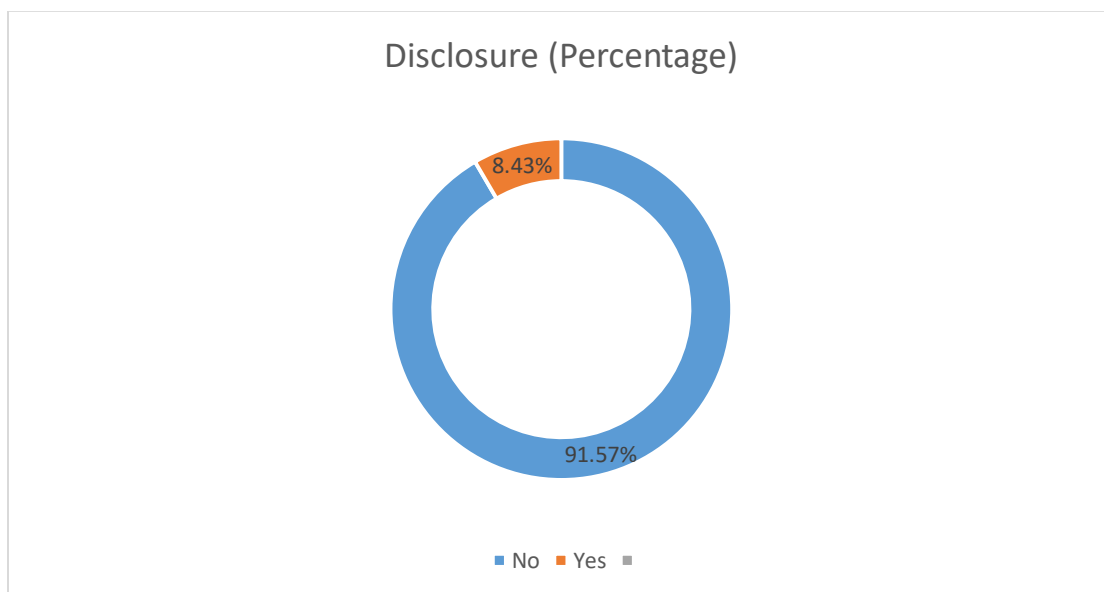
Reported Victimization at Reception Centre in Uganda

The above figure shows that during the registration at the Nyakabande Transit Centre of DRC and Uganda, only 11.21% reported being sexually victimized in DRC. Among this percentage, they observed that some registration officers were rude and demeaning, while most registration officials only cared for their nationality, age, and other profiles. They also felt that they were hastily served and told to wait for follow-up that had never been rendered. The remaining 88.79% who later revealed their situation reported distinct reasons for not reporting their conditions. Some stated that the registration officers at the transit center were female; hence they felt embarrassed revealing the information. Some were afraid of stating what happened because other refugees were present and they needed privacy, yet others did not know whom to approach with such sensitive information. Some also feared that the perpetrators might follow them to Uganda. Still, others cited the language barrier, and one thought that since they were victimized in DRC, they could not seek help in Uganda. That explains why the percentage of reports reduced while they were crossing into Uganda.

Additionally, one of the respondents mentioned that the family feels sad because he can no longer have a child. Others mentioned that they are separated from their families and live in isolation.

Figure 6

Disclosure to family, friends, or community



Based on the above figure, a considerable percentage, 91.57%, answered that they could never reveal the issue to the community because those whose conditions were known were ridiculed, abused, and discriminated. The only respondent who was married mentioned that his wife is not contented with their sexual life since he lost sexual desires. Despite three isolated cases of people who mentioned that their families supported them, the rest mentioned that they either hid the issue from their families or those who knew do not support them at all. Table 6 reflects how the victimization has affected the respondents' marital status.

Table 6*Effects on Marital Statuses*

Marital Status Affected?	Respondent Numbers	Percentages
Yes	25	23.36%
No	82	76.64%
Total	107	100%

Even though only 23.36% mentioned that the incident had affected their marital life, their primary concern was that their wives abandoned them after the incident. Others would no longer have sexual intercourse because of the harmed genitalia, while others lost the appetite for romantic relationships. Only five individuals confirmed the community support, primarily through spiritual connections. However, most respondents stated that they felt abandoned by both the family and community since they are ridiculed, discriminated and abused.

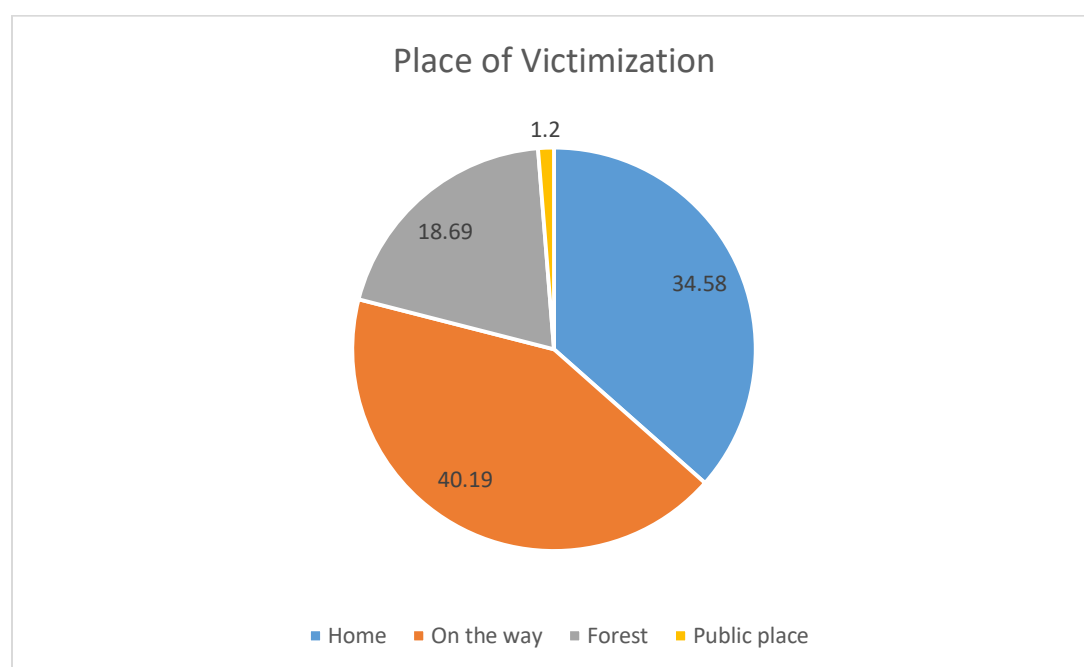
Regarding reporting rates of their victimization in the country of origin, 85.98% stated that they did not report the adversity in DRC because they feared that disclosure would be embarrassing and would affect their social relationships with family, friends, and community. Some feared that they would be killed because there is no proper security system in their country to protect survivors during the armed conflict. Additionally, four survivors mentioned that the perpetrators followed them to the country of asylum, Uganda, and forcefully married them. Two respondents revealed that they were raped by the UN

peacekeepers while working as cleaners in their camps. Others mentioned that they did not wait to report due to guilt, sadness, or immediate instinct to flee DRC.

This paragraph describes the perpetrator characteristics, place of victimization, and period of detention. Several respondents, 72.89% (see table 6), stated that the perpetrators were unknown to them because 81.31% of the attacks happened at night, as the report found out. These were either orchestrated at home (34.89%) or along the way (40.19%). Figure 5 below reflects this finding.

Figure 7

Place of Victimization (in Percentage)



A number were attacked in the forest (18.69%). A high number of respondents observed that they were detained in the forest (34.58) or home (29.91%) during the ordeal, but others were victimized along the roadside or taken to the perpetrators' village camp. One key respondent said,

“Because of the insecurity in DRC now, these militias do not care. They can either attack the victims at their homes or on the way because there is no means of protection. The rebels completely run some districts, and they do whatever they like. The civilians are quite vulnerable in these situations” (Key Respondent I)

During these vicious attacks, the survivors reported that the average time of detention was between one hour to 6 days (94.39% of the respondents), but three mentioned that they were held for more than a month and another three for more than one week.

Tables 7, 8, 9, and 10 describe the perpetrator profiles in terms of perpetrator numbers per ordeal, ethnic groups, group names, and the common time of attacks, respectively.

Table 7

Perpetrator Identities

Perpetrator Individually Known to the Survivors	Respondent Numbers	Percentages
Yes	13	12.14
NO	78	72.89%
Unanswered	16	14.94%
Total	107	100%

Table 8*Perpetrator Ethnicities*

Perpetrator Ethnicity	Respondent Numbers	Percentages
Bangala/Lingala	10	9.35%
Hutu	7	6.54%
Unknown	72	67.29%
Mashi	1	0.93%
Hema	1	0.93%
Barega	1	0.93%
Banande	2	1.86%
Bagegere	4	3.74%
Banyabwisha	9	8.40%
Total	107	100

Table 9*Perpetrator Groups*

Perpetrator Groups	Respondent Numbers	Perpetrators
Mai Mai	75	70.09%
Unknown	11	10.28%
Un Forces	2	1.87%
Government forces	2	1.87%

Individual (unaffiliated)	8	7.46%
Other rebel groups	9	8.41%
Total	107	100%

Table 10*Time of attack*

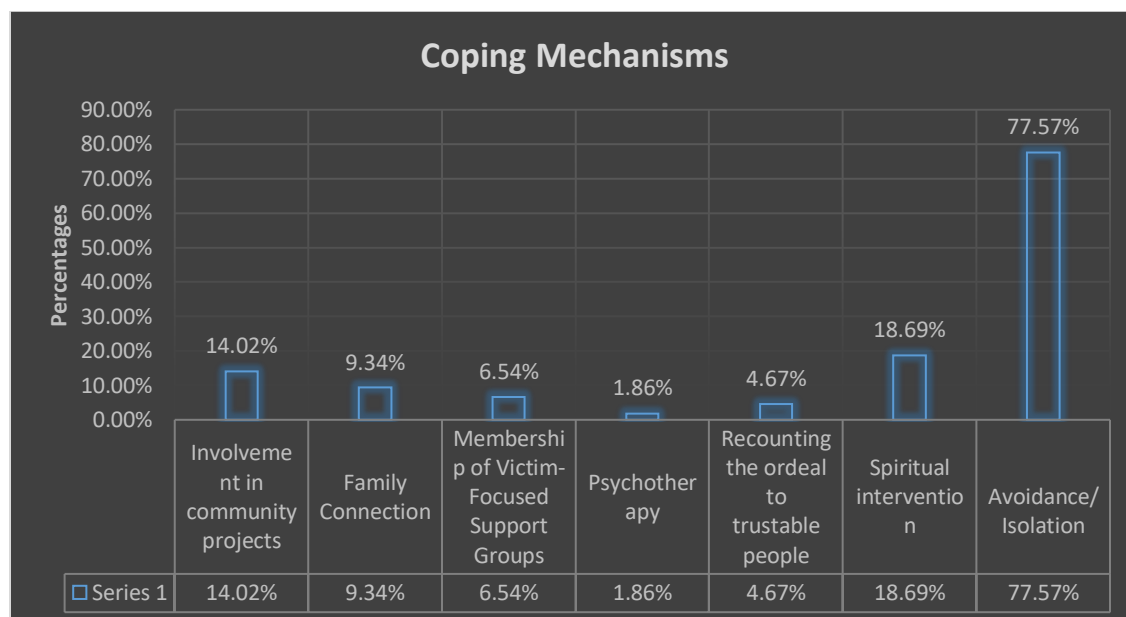
Time of Attack	Respondent Numbers	Percentages
Day	20	18.69%
Night	87	81.31%
Total	107	100%

The above tables show that the number of perpetrators per ordeal ranged between 1 to 5 people (89.72%) and 6 to 10 (10.28%). 67.29% of the survivors also noted that they could not identify the perpetrators' ethnic groups, but the rest identified Bangala/Lingala, Hutu, Banyabwisha, Balendu, and Bagegere attackers. A majority of the attacks occurred at night (81.31%). In general, an overwhelming majority of the respondents stated that the perpetrators were affiliated with the Mai Mai rebel groups (70.09%). Notably, the UN peacekeepers raped two victims while 2 reported their perpetrators as the government forces. Some were either unknown individuals or other unknown rebel groups. Most of the survivors stated that the attackers would either abandon them unconscious or demand money before leaving. Very few managed to escape by themselves. Some escaped when

the rebels took over their homes and land, but the four who stated that they are still undergoing sexual slavery in the settlement are still in dire need of protection.

4.3.4 Coping Mechanisms

This section elaborates the various coping mechanisms that the survivors mentioned they utilize. The findings have been highlighted in a bar graph in figure 8 and through direct quotations of what one key respondent mentioned. Various survivors relayed different means of adapting to life and their situations in the settlement. A few mentioned that after their report in DRC, the police advised them to seek medical care while many were promised an investigation which took a long to conclude. Only two cases proceeded to court, while few were treated and discharged. In Uganda, four respondents mentioned that they joined the Homosexual Informal Group of Sweswe in the settlement where they receive group care. At the same time, three were involved in music and drama groups as a sensitization program by the refugee themselves to the community. Only two respondents were in community self-help groups. Unfortunately, 77.57% mentioned that they practiced avoidance and isolation as coping mechanisms (see figure 8). Around 14% revealed that they were engaged in different community projects to keep busy, while only 9.34% banked family connections for support. A substantial percentage, 18.69%, found refuge in spiritual intervention through church and engaging in other religious activities (see figure 8). A negligible percentage of 1.86% received psychotherapy treatment with similarly few others trusting other people with their adversities and victim-focused support groups. These numbers are presented in the below figure.

Figure 8*Coping Mechanisms*

When asked why the protections database had few numbers of male survivors coming out to reveal their victimhood as part of their coping strategies, one key respondent said,

“In the past, our organization did not have a synchronized database where we could record SGBV cases for both men and women. It should be around 6 years now since we upgraded our system. The data have begun trickling in, and we realize that we can only help those who come out. I think the more aware the community is, the more the male survivors will come out. Otherwise, most of them choose to keep quiet because men are very embarrassed with these kinds of things, as you know. Here in Uganda, they do not like LGBTIQ people, so the community thinks if you are a survivor, you automatically belong to the LGBTIQ. It’s tricky for them because both the law and the community seem to reject them” (Key Respondent III)

The above statement indicates intricate issues ranging from the lack of data, non-disclosure on the survivors, and lack of protection from both the law and community due to misjudgment.

Based on these mechanisms, the respondents admitted that they needed more family and community support to feel loved and included in daily life. They overwhelmingly asked to be considered for jobs, provision of basic needs, and education. Most of the survivors asked for donor groups and UNHCR to establish a community center for victims' socialization, family and community sensitization, and awareness campaigns and punishment to the suspects. Most of the respondents mentioned that their non-disclosure was due to the fear of ridicule and discrimination; hence suggested that they would cope better if the community empathized with their situation and stopped judging them. Generally, almost all the respondents mentioned that they would love to reconnect with their families, friends, and community. However, a few rejected the idea of human interaction or reconnection, stating that they hated people.

In summary, the key findings indicate that the Mai Mai rebel group is the majority of the perpetrators. They majorly attack their victims at night and mostly at home or on the way. Forced masturbation and rape were the primary forms of sexual violence against the respondents. The primary emotional effects of sexual violence against males include anger and frustrations. In contrast, the social effects include societal discrimination, interference of the survivors' marital statuses, and discrimination, leading to isolation. The vice's significant psychological effects include but are not limited to panic attacks, fear, substance abuse, and sleep disorders. The survivors mentioned avoidance and isolation as their

primary coping mechanisms while also mentioning spiritual intervention and involvement in community projects as part of the coping strategies.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introductions

This chapter summarizes the main findings, concludes, and recommends action points for donors, governments, humanitarian aid workers, and policymakers before revealing areas for further research. The discussions elaborate on how the study has answered the research questions connected to the findings and the previous scholarly research studies on similar topics. The summary of findings narrows down to present the most pertinent items of importance to the research and its purpose. The conclusion summarizes the researchers informed scholarly conclusions based on the objectives. Recommendations are addressed to the relevant stakeholder like the government of Uganda, donor groups, and protection officers. The areas for further research outline some research gaps that would benefit from further evaluation.

5.2 Discussions

The literature review covered a wide range of issues of sexual violence. The below sub-categories relate more of the study findings to the specific objectives and previous scholarly work

5.2.1 Emotional Effects

The first research question investigates the emotional effects of sexual violence on the male survivors of the vice in the Kyaka II Refugee Settlement. Based on the findings in section 4.3.1, some of the emotional effects of sexual violence on the respondents emerged from family and community rejection as well as feelings of shame. Various

scholars have outlined some emotional reactions to the survivors' psychological, emotional and social lives throughout the reviewed literature. In her research on the male victims of sexual violence who fled Syria, Chynoweth (2017) found out that most of them felt ashamed due to the victimization. This finding by Amnesty International (2020) noted that in South Sudan, male victims of sexual violence, were so ashamed to come out and seek help because of the myths that follow masculine beliefs that males are strong and can neither be harmed nor should they cry. In congruence to this study's findings, most of the respondents felt shame, sadness, anger at their conditions and the biggest percentage expressed their emotional feelings by crying (see figure 3).

According to Schultz (2018), who studied male sexual survivors in Northern Uganda, fear was one reaction that bared the men from disclosing their victimhood. As shown in figure 3, this study's findings reiterate the fact that fear was one of the issues that confront the respondents. They mentioned that they constantly live in fear that they may be harmed again while others stated that they had been raped again in the camp. Also, 91.57% of the respondents vowed never to disclose the issue to their community or other people. They fear the ridicule and discrimination that others in the same situation undergo. These findings elaborate the need to intervene in their safety so that they do not continue living in fear that affects their emotional and mental state after they have undergone such traumatic events in their lives.

Moreover, the fear is exacerbated by the fact that some underwent the ordeal at the hands of government soldiers, UN peacekeepers, or the rebel groups supported by the government. The low number of reported cases in the DRC (14.08%) and 11.21% in the Uganda border highlight the lack of trust and fear accompanying the ordeal (see figure 5).

Koos and Traunmuller (2021) noted that fear is the main reason why the victims in DRC, Sierra Leon, and Liberia fail to disclose the victimization. The UN (2020) global report on sexual violence also pointed out that fear was one of the reasons why male survivors do not disclose their victimhood hence the lack of enough data on their situation. All these pieces of evidence mean that indeed, as the study indicates, it would be important to provide the survivors with the assurance of safety via the provision of both protection services and counseling to help them quickly reintegrate into society and effectively rehabilitate.

Additionally, crying, anger, sadness, and disappointment accounted for the significant emotional reactions that the respondents displayed. 58.88% mentioned that they usually cry as they remember the incident, with 57.01% relaying their anger. Only 3 cases had reported attempted suicide, but 14.02% had attempted self-harm (see figure 3). The key informants noted that the majority who did not report were the most at risk of attempting self-harm and suicide because of the anger they had kept inside. This confirms Norman (2016), whose research findings indicated that the boys who were forced into the Bacha Bazi practice in Afghanistan were always angry, withdrawn, sad, and disappointed. Their emotional reactions were based on the fact that they could not be helped even by their parents as they were taken by the military and powerful men in sexual slavery.

In their clinical management handbook, WHO (2020) confirms that some men become embarrassed when they ejaculate after being sexually victimized. The respondents mentioned shame and embarrassment as their reaction to the forceful masturbation and rape that they underwent (see section 4.3.1, figure 3). Anger can make people attempt suicide, according to Gettleman (2009), who noted a case of a 12-year old boy who set

himself on fire after having been raped in Syria. This same reaction is noted by Amnesty International (2021) and Mohammadi (2021), who recorded the case of a 16-year old girl who doused herself in petrol in a camp and burnt 80% of her body in the process because she feared being found by the soldiers and re-victimized. Based on these research findings, it is evident that the survivors are suffering from emotional torments such as anger, devastation, crying, disappointment, and anxiety. This situation may lead to other psychological or reactive decisions like self-harm and suicide. 98% of them asked to be shown humanity by family and community, meaning that they would be emotionally relieved when these groups show care. Therefore, it is imperative to immediately tackle emotional reactions and initiate the recovery process to eliminate self-harm, anger, and suicide.

5.2.2 Psychological Effects

According to the study findings, between the time of their victimization in DRC to date, only two victims reported having received psychotherapy treatment. At the same time, one of the key informants stated that in his work across sub-Sahara Africa, he had never met any psychotherapist who assists victims of armed conflicts in the refugee camps or settlement. This indicates a dire need for the provision of immediate care especially by professionals like psychotherapists to help victims in their recovery post-conflict. One of the AU findings in their efforts to assist victims of sexual abuse in CAR indicated that their immediate intervention and training of the community members to accept the victims bore fruits in helping them rehabilitate (AU, 2015). The African Union mobilized medical experts and psychotherapists to intervene in the CAR conflict to provide immediate care to the victims. Although no research has determined the results of their proactive

interventions, the AU noted positive results in their efforts. When they trained community, psychosocial support workers, in Bangui and Kaga Bandoro in CAR, the number of people seeking their help after sexual violence reduced because the community had been mobilized and was more receptive to offering help.

In this study, more than 80% of the respondents never reported their cases at the Nyakabande Transit Centre, and around 75% did not report in DRC (see section 4.3.3, figure 5). Their primary complaints were that the center had female officers whom they felt uncomfortable recording their situation. They also did not know the most appropriate person to approach to report their situation, and the officers were never concerned with any information other than their profiles. According to Chynoweth (2017, this lack of sensitivity leads to psychological effects when left unattended for long. That is why in her research, she lists PTSD as one of the psychological effects that have affected the male survivors of sexual violence who fled armed conflicts in Syria. In short, lack of immediate intervention will lead these survivors to experience more severe psychological issues.

Another finding indicates that the survivors would like victim-centered focus groups which may help them cope with their situation. Some of the survivors stated that they would like to have a formal group where they could have a group kind of therapy or talk to their fellow survivors. In Dolan (2014), the researcher noted that the MOHRAU group in Kampala was very integral to the survivors 'mental wellbeing. They would come together and talk about their victimhood and this helped them have better group psychotherapy among themselves. Apperley (2015) indicated that some male victims who were captured by the Tamil Tigers underwent physical trauma on the genitals, a situation that affected their physical and mental health. This study also recognizes that, apart from

mental health, the survivors' poor physical health also affects their mental health because those who do not receive immediate help like those who suffered rectal traumas will mentally be disturbed.

Concerning the theoretical perspective, the hegemonic masculinity theory advanced by Connell and Messerschmidt (2005) explains that men always want to dominate within their male groups as a form of hierarchy. Chynoweth (2017) explained that the Syrian refugees in Lebanon and Jordan reported that the Syrian soldiers would force them to masturbate or have sexual intercourse among themselves as they got entertained. This was a similar case in this study's findings, as the respondents reported that while they were overwhelmingly forced to masturbate, the rebels would sit back to watch and make fun of them (see section 4.3.1, figure 2). Those who did not ejaculate were either raped or objects like sticks and guns inserted in their anus. This humiliation confirmed the hierarchical reasons why some men force others to do things due to their power or dominance. This also explains why the victims become psychologically tortured and develop stress, fear, anxiety, and other traumas whenever they recall what happened to them.

According to this study's findings, (see figure 4), fear, anxiety, substance abuse, and sleep disorders were some of the psychological effects that they reported. Krause (2020) noted that ten years after the post-election violence in Kenya, male and female victims of sexual violence showcase the psychological effects of the ordeal since they never got timely intervention from psychotherapists or medical care. Chynoweth (2017) also noted that the male survivors displayed certain psychosocial effects due to their compromised mental and physical health, which were never treated in time. Some of these

effects included PTSD, depression, anxiety, fear, and panic attacks, all psychological paradigms which are similar to the findings of this research. Also, based on the scholarly work referenced in section 2.2, scholars point out the importance of immediacy and timeliness in treating victims of sexual violence as mitigation to psychological challenges that face them. However, this lack of timely government and NGO programs in providing psychological care is also complicated by the non-disclosure. More than 90% stated that they could not reveal their situation to family, friends, and the community because of apparent reasons like ridicule and discrimination. While the number of those who tried to commit suicide (2.8%) or self-harm (14.02%) is not as rampant as fear (69.16%) or anxiety (287.97%), they are equally harmful to the psychological wellbeing of the male survivors' psychosocial wellbeing. This is according to Lund (2019), who reported that the male victims choose to keep the victimization to themselves, resulting in anger and harms like suicide. That means that the more these survivors do not receive psychotherapy and mental health interventions, their psychological health may deteriorate to more severe conditions like PTSD or increasing cases of self-harm and suicide.

Unfortunately, as Rivera et al. (2019) noted, the more survivors keep quiet, the more they are likely to develop PTSD. Apperley (2015) reported that a considerable percentage of men who were sexually victimized in El Salvador developed anxiety attacks, PTSD, and depression, while others died because they were not treated or failed to seek help. Most healthcare and humanitarian protection workers fail to notice that male needs are different from females. Dolan, Fletcher, and Oola (2013) confirmed that the male survivors in Uganda were forced to masturbate or mutilate other captives' genitals. This mental trauma is different from the female ordeals hence the need to target the specific

needs of these victims. Like the research has found out, many cases were about forced masturbation, and seven have been re-victimized in the country of asylum. This study concludes that the male survivors of sexual violence in the settlement undergo silent psychological challenges like fear, anxiety, panic attacks, substance abuse, and sleep disorders. They continue remaining unattended in terms of psychological interventions. The research calls for the immediate provision of both protections to those with ongoing persecution and medical needs. Few mentioned that their perpetrators had married them in the settlement. Others appealed for psychotherapy or urgent medical help through third-country resettlement to get rehabilitative interventions like corrective surgeries.

5.2.3 Relational Effects

This study found out that most survivors were attacked at home and on the way hence indicating a lack of protection from the DRC security organs. The research also revealed that the victims would be detained for between 1-6 days meaning that there is a serious lapse in the protection of civilians which is a common theme in armed conflicts. While the perpetrators' identities and ethnicities are mostly unknown (see tables 7 and 8), the survivors mentioned that they attacked under the group name of Mai Mai. This is similar to the Revkin and Wood (2021) findings which noted that ISIS orchestrated lots of sexual violence in Syria. Similar results emerged in Peyton (2018) research which indicated that the Seleka and Anti-Balaka rebels commit a lot of rapes in the CAR. These findings are in congruence with this study's revelation that even though the survivors do not know the identities or ethnicities of their attackers, they are aware of the group names of the militia.

The relational effects of the sexual violence on the male victim's psychosocial well-being are evident in their choice for avoidance and isolation. During the interview, almost all of them mentioned the family, community, and friends had abandoned them due to their status as male victims. Figure 6 in section 4.3.3 indicates that 91.57% of the respondents stated that they had not disclosed their victimhood to the family, community, and friends because they feared ridicule. Gettleman (2009) indicated how the community usually discriminates against male victims of sexual violence. In his findings, he gave an example of a village area chief who told one of the survivors that he would no longer be considered a man. This example indicates that while authorities like the village chiefs should be the ones cultivating the need for understanding and help to the survivors, they are the ones fueling the emasculation paradigm. This study has established that the male survivors fear such derogatory references and hence they choose to stay away from people around them, a situation that affects their relationships with others. This makes their social life difficult and they are at risk of developing despair and stress in the process.

At the same time, the survivors' general feeling was that they had been abandoned by their families and community, all entities, which they stated are essential in their recovery. Ribeiro and Ponthoz (2017) provided a list of myths that confront male sexual violence. They concluded that the society is so patriarchal that the men are made to feel strong; hence any attempt to relay emotional weakness is judged as feminine. That explains why Dolan (2014) reported that the male refugee survivors in Uganda feared coming out because the community would mock and ridicule them.

This study revealed that the survivors chose to avoid the community and family and the avoidance affects their cordial relationship with people. The Settlement Commandant

noted that their database had few survivors because others feared coming out to disclose their situations. He noted that this was due to the ostracization that follows disclosure. As Gettleman (2009) reported, homosexuality is taboo in DRC, and those victimized are known as “Bush wives.” This extra dose of shame bars the victims from reporting, and hence they chose to isolate themselves. Some respondents stated that their families had noted their avoidance and were worried about their mental well-being. Still, they rejected the notion of disclosing the information because, as they said, other families rejected those who had been victimized.

Also, the findings reveal that out of the 107 respondents, only one person was married. The incidents have negatively impacted the rest by losing their families during the flight from DRC, separation, or divorce. Chynoweth (2017) noted that the victims in Lebanon and Jordan only found solace in their numbers as a community because they knew each other’s afflictions. However, she reported that they were usually faced with difficult decisions. These were; they were confronted with the difficult choices of either staying with the family and persevering abuses and ridicule from them and the community or the second choice was to flee and start a new life as a refugee fleeing. In this research, the respondents confirmed that they would hugely benefit from love and affection, community understanding, and awareness of their situation.

Further, the male survivors indicated in the questionnaires appealing for understanding so that the family and community do not judge them harshly. Therefore, this study has established that relationally, the male victims of sexual violence in the Kyaka II Refugee Settlement are marginalized by the community and family; they are discriminated against, abused, ridiculed, and ostracized. This situation has affected their social life, such

that they choose to isolate themselves in their houses and suffer in silence. The fact that they were victimized at home and on the way as indicated in the figure makes them the more afraid to freely walk in the local community.

At the same time, the research noted the poor reception that the respondents got from the Nyakabande Transit Center exacerbates their relational issues because they feel that both the service providers like the reception and protection officers do not care for their specific needs like medical help and physical protection (see figures 5 and 6 which show rates of disclosure in DRC and Uganda). Since some of the officers are female, the survivors avoided disclosing their information and this made some suffer more psychological, emotional, and physical harms which might have been avoided if there could have been specific safe space tents to report their situation. The lack of enough officials to support all the needs is confirmed by one key respondent who stated that there are few registration officers at the border point and they get overwhelmed with the large number of refugees whereby some are in immediate medical needs. The above information is related to the Dolan (2014) findings and UN (2020) global report on sexual violence. Both of these findings indicated that the humanitarian capacity is strained in terms of providing care for all people who need it. The UN (2020) report even states that lack of data makes it difficult to target any budgetary allocations to specific issues like this. Therefore, it is important to note that lack of data, failure to provide gender-sensitive services for the refugees as well as lack of enough protection officers at the border points will continue affecting the important need to mitigate the psychosocial effects of sexual violence on the male survivors.

Chynoweth (2017) found out that between 30% and 40% of male Syrian refugees in the Jordanian community and 5% in Lebanon had been sexually victimized. Within Uganda, where this research was conducted, the Refugee Law Project had conducted a snowball sampling in different refugee settlements. It noted that up to 3 in 5 respondents had experienced sexual violence in their countries of origin in some settlements. The lack of particularity regarding the exact settlements was based on protecting the respondents' identities. Through this study, an anonymous SGBV/protection specialist in the settlement stated that they estimated an average of 200 male sexual survivors per year for the past six years. However, this number does not disclose their victimhood, as confirmed by the Settlement Commandant, who revealed that they only had 107 active cases in their database. The key informants revealed that most of those who disclose only come out when they are in dire need of medical assistance, e.g., those who require urgent surgeries. This lack of disclosure is mainly due to community ridicule and embarrassment.

5.2.4 Coping Mechanisms

Edstrom et al. (2016) researched Uganda to understand how the male refugees in the MOHRAU coped in the aftermath of the victimization. One of their tactics was the foundation of the mentioned organization that is exclusively composed of male survivors. They would meet and talk about their atrocities and invite new members to feel warmth and understanding within their group. In this study, only seven respondents were in such an association, named “Homosexual Informal Group of Sweswe.” Another two were involved in an unnamed SACCO, while generally, 14% were in income-generating activities as a way of coping. 83% asked for protection from the community mockery and ridicule, ease of access to medical care, and counseling as a means to cope easily. These

respondents called for an urgent need for community centers to meet and talk as survivors without society judging them. They asked that if the community and family were educated about their situation, they would heal more quickly.

Regarding the forms of sexual violence, the study noted that most responses pointed towards forced masturbation. This represented 78.54% of the responses, with rape cases at 18.69%. These results revealed that unlike in previous research conducted by UN (2020) and Dolan (2014), which showed that rape was the more rampant form of sexual violence against men, those survivors in Kyaka II Refugee Settlement underwent a different form of the vice. Still, they also mentioned some cases of use of objects like sticks and guns, forced incest, and genital mutilation, which are all dynamics of sexual violence defined in Article 7 of the Rome Statute on crimes against humanity. Unfortunately, the lack of immediate resettlement to a third country and viable medical facilities impacted the survivors' health and social lives. They hence chose to avoid the public because of their vulnerable health and unsupportive community.

Wood (2010) and the UN (2020) identify that the most common reason for victimization is a means or weapon of the conflicts to humiliate and drive away other ethnicities, nationalities or political groups, etc., from their dwellings. This study has revealed that 96% of the cases were orchestrated during tribal and intergroup armed conflict. For example, the Bahema reported that the Balendu attacked and raped the men to humiliate and drive them out of their land because they were prosperous farmers, while the Balendu were cattle keepers with no land to graze their cattle. As revealed during the study, some of the perpetrators or their tribes fled with the survivors, making the male

survivors quite afraid. They choose to avoid the public and isolate themselves because the same people/tribe that persecuted them are still settling with them.

The study also noted that the Mai Mai rebel group, which formed the most significant number of perpetrators, was composed of the Bafulero, the native Congolese, and Bahunde. They targeted people who had initially fled Rwanda during the 1960s and after the 1994 genocide, like the Banyamulenge, Bahutu, and Banyabwisha, to take over their land, claiming that they belonged to Rwanda, not DRC. Therefore, the attack was based on national identity and aimed to take over these victims' land. In the process, the Mai Mai used sexual violence against the men to scare them away to flee and leave their land for the attackers. That explains why some respondents mentioned that they could never report the cases to the government because it supported the rebels. At the same time, the Bafulero and Lingala-speaking people were noted to have been the majority of the perpetrators living in the settlement as refugees. The situation exacerbates non-disclosure because the survivors perceive that the only way they can cope with living peacefully among them is to isolate or keep quiet about it since there is little protection in the settlement.

In the above regard, the study established that 77.57% chose avoidance and isolation as the primary means of coping. It distanced them from their perpetrators and people who usually judged and laugh at them and made them find peace in solace. Also, spiritual intervention (18.69%) emerged as another means of coping and community projects at 14.02%. Others included family connection, membership in a victim-focused support group, and talking about the issue with trustable people. In essence, this study has established that the general coping mechanisms include avoidance and isolation, spiritual

intervention, and concentration on community and self-help projects. The majority of the respondents sought to be considered for jobs, education, and help reconnect with families and community as ways through which they could best cope with their victimhood. Others demanded prosecution of the suspect, treatment to regain their sexual desires, and psychotherapy. Therefore, the study notes the dire need for government and NGO intervention programs that would provide psychotherapy, income-generating programs, capacity building, community awareness campaigns, family education, community-centered counseling, and support groups for the survivors to cope better.

5.3 Summary of Main Findings

In summary, the prevalence rate of sexual violence against male survivors is still a challenge because most of them fail to disclose their victimization to the relevant authorities like governments and UNHCR. This research found out that out of the 107 respondents, more than 91% stated that they would never disclose their situations to family or community. The protection officer noted that those who disclose are usually in dire need of urgent medical attention. However, they estimated that for the past six years, each year witnesses around 200 cases of male survivors of sexual violence across the Nyakabande Transit Centre border to Uganda to the settlement but most of them choose non-disclosure. The majority of the survivors (78.54%) indicated that they were forced to masturbate using water and soap as the perpetrators made fun of them at gunpoint. About 18% were raped. Other dynamics of the violence included forced incest and castration. These forms of violence are defined as crimes against humanity in Article 7 of the Rome Statute.

The common reasons for the male sexual victimization were to force other ethnicities out of the land. The armed conflicts in Eastern DRC include Bahema against

the Balendu and Mai Mai against people of Rwandese origin like Banyamulenge and Bahutu. The respondents noted that rape and sexual violence against the men were used as weapons during these tribal and nationality conflicts. The findings also indicate that sometimes the government-backed militia rebel groups like the Mia Mai hence had no safety or protection for the survivors to report. Only around 14% reported to the police, with 2 cases reaching the courts. Due to the protracted conflicts, lack of security, threats by the orchestrators, the killing of family members, and lack of medical care, the respondents fled to Uganda to seek refuge.

Also, the victimization has affected their psychological and social well-being, with most resorting to solitude and non-disclosure because the community and family deride, ridicule, and abuses them. Most of them revealed that they were furious, disappointed, and stressed because they have never received any psychosocial support despite being promised by the protection department. Some also noted that certain registration officials were rude while others were female, and hence they feared disclosing the issue at the border. Apart from this, many thought they would rather not disclose because of the embarrassment and unsupportive nature of the community and family. Few respondents, 14%, are engaged in the community and income-generating programs to cope with their situation. Ideally, the victimization has isolated them from society; they are anxious, worried, afraid and fearful, distrusting, angry, emotionally unstable, guilty, and ashamed, among all manners of psychosocial effects. They strongly (98%) advocated for community and family reconnection through awareness and capacity-building programs.

5.4 Conclusions

The sexual violence that confronted the male survivors in DRC has negatively affected their psychosocial well-being in their residences and community at the Kyaka II Refugee Settlement, Uganda. Emotionally, the respondents revealed that they wept a lot every time they remembered the incidents. Seven cases of re-victimization emerged, with the respondents stating heightened fear because they lack protection even in the camp. Crying emerged as the most prevalent and emotionally unstable reaction and fear of disclosure, anger, disappointment, shame, guilt, and sadness. The respondents had indicated that most of the protection officers were insensitive to their needs as male survivors. Some of the officers were female whom they did not feel comfortable disclosing their issues. Therefore, this study identified the need for programs that are sensitive to male survivors' experiences.

Psychologically, the majority of the respondents (69.16%) mentioned fear, anxiety (28.98%), and other reactions like sleep disorders, substance abuse, withdrawal, and eating disorders as primary effects. Few cases noted self-harm and attempted suicide. Based on the currency of their attacks (2018 and 2019 were the majority), this study establishes an urgent need for psychotherapy and medical treatments for the survivors. Out of the 107, only two had ever received psychotherapy treatment. 97% stated that they would feel much better if only they received psychotherapy interventions and counseling because they did not have anyone to confide. Scholarly sources confirmed some long-term effects of sexual violence. These include; PTSD, panic attacks, anxiety, and increased suicide rates. Based on these, donors, the governments, and the community must establish programs that can intervene before these present effects become severe.

Regarding the relational effects of the sexual violence on the male survivors' psychosocial well-being, the respondents were at pains recounting how their families and community had abandoned them. Since only one person was married and the rest had either separated or divorced, this means that their romantic relationships were negatively affected by their victimhood. Some of the victimization's physical impacts were the injury caused to genitals and rectum, making some survivors lose interest in sexual desires. They called for family education so that their families can understand and support them through the recovery process. The other relational effect was on the community. 91% of the respondents had rejected the idea of revealing their issues to the community because, as they mentioned, the local community laughed, ridiculed, discriminated against, and abused them. They therefore resorted to solitude and isolation or non-disclosure as they silently suffered other psychological effects like anxiety, stress, and fear, among others. As mentioned earlier, 98% of the respondents appealed for community and family understanding.

This study established that because of the various relational effects like broken families and damaged relationships with the community, stakeholders in humanitarian affairs must target the education of the society at large. They must also confront the immediate community and family, in particular, to make them aware of the issues that face the survivors while also building their capacities to offer care. As previous research has indicated, the immediacy of treatment like the AU intervention in CAR led to reduced stigma and discrimination. The community's caregiving capacity was built through intensive awareness and training programs. Similar tactics can help the survivors' rehabilitation in the settlement.

Lastly, the respondents also revealed a few strategies that they have adopted for coping. Out of the 107 survivors, 77.57% indicated that they avoid people and isolate as a means of coping. Their reason was based on the fact that the community is judgmental, abusive, and discriminative due to their situation. However, as Lund (2019) says, this may not be the best form of coping because it may exacerbate their anger, fear, disappointment and increases their probability of self-harm and suicide. At the same time, others found that the best way to cope was to engage in religious activities; hence around 18% mentioned that their spiritual interventions help them cope. This can be a positive strategy as it makes them feel like they belong to a family of caring and understanding people. The few who reported having strong family connections, membership in the Homosexual Informal Group of Sweswe, and involvement in community projects generally felt that these attachments enabled them to cope better. Ideally, this study points out the need for community, family, and other stakeholders' involvement in showing love, care, belonging, and understanding to the survivors to reintegrate and successfully rehabilitate.

5.5 Recommendations

This study has unearthed several gaps that need to be filled in programming to assist the male survivors of sexual violence in Kyaka II Refugee Settlement, Uganda, to recover through psychosocial interventions. Based on the research findings, this study recommends the following measures to specific groups as effective interventions to target the relational, emotional, and psychological effects of sexual violence on the male survivors' psychosocial well-being and enable better coping mechanisms.

Governments

The study suggests that through the Office of the Prime Minister, which handles refugee affairs in the settlement, the government of Uganda should liaise with UNHCR and other NGOs to provide an adequate number of psychotherapists. Only two survivors reported ever receiving psychotherapy treatments, and the rest were promised help which never came. This provision should also include easy access to medical care and enable the survivors to access speedy third-country resettlement options to undergo specific medical procedures like reconstructive surgeries for those whose conditions cannot be treated in Uganda.

Additionally, the study suggests that both the DRC and Ugandan government establishes an SGBV working group. This task force will be mandated to coordinate, advocate and mainstream the survivors' needs. The task force members shall be tasked with identifying the survivors and mapping services relevant to their needs, e.g., those with psychotherapy, medical, physical, and emotional needs will be assigned the right professionals to handle their needs. This working group shall also be integral in coordinating with the community mobilizers, village elders, and the community to mobilize and sensitize them regarding the male survivors' needs.

Lastly, the security, protection, and legal systems in DRC and Uganda should mobilize their resources towards victim-centered protection services. The study noted that there are narrow pathways to legal services in the settlement. It also noted that only two cases out of the 107 ever went to court, and some of the survivors have continually been re-victimized in the refugee settlement. That means that the survivors' confidence in the service providers is limited. This calls for immediate reaction by the protection department at the settlement to respond to the large percentage of survivors seeking protection from

the community and other sexual predators. The study recommends that the governments recognize and expand the provisions of their penal codes to capture the realities of male victimization and conduct speedy investigations even in the face of armed conflict to bring the perpetrators to justice. It will build the survivors' confidence in seeking help from these service providers.

Non-Governmental Organizations

The existing NGOs in the settlement like AHA, AIRD, UNHCR, and the Danish Refugee Council should roll out community awareness campaigns and capacity-building programs. Through these programs, the families, community, and protection services can be educated about the effects of sexual violence on male survivors and alleviate the erroneous myths about male victimization. Such accountability measures shall be imperative in normalizing disclosure. Among these programs, victim-centered groups can be formed to provide the survivors with platforms to recount their victimhood and find warmth, understanding, and emotional help. The family will also be educated; their capacities will be built, enabling the survivors to reconnect with their families, as they expressed in the interviews. The protection officers will also have a better understanding of the male victims' specific needs.

Moreover, prevention and response should be fostered using specialized screening tools that register all the male survivors, their needs, and specific dynamics of sexual violence categorized. Such a database informs the service providers on what the survivors need and helps gather data that the research community and donor groups can share to find actionable information that they can use to target mitigation responses. They are also mandated to train their frontline staff, border officials, and registration officers to be

sensitive to the survivors, avoid stigmatization and provide care as required. These initiatives would also ensure that the case management programs align with the male survivors' realities and needs while designing clear referral pathways not to leave male survivors out.

Protection Services

There is an apparent limit on the referral pathways for male survivors to access psychosocial interventions like psychotherapy and social inclusion. The exclusion of the victims' immediate needs at the Nyakabande Transit Centre, where the registration officers only target the refugees' profiles or sometimes only female officers handle the male refugees, is insensitive. This is made worse by the limit on the number of skilled staff in this area of intervention. This research recommends that the protection services have safe spaces like private tents where the male survivors can immediately recognize the reporting desks and feel free to disclose their needs. The donors can intervene by providing more financial allocations to employ more skilled staff. This will enable the protection officers to forward the survivors' medical needs to the relevant teams for intervention.

Such a team should be capacitated to train the protection officers, community elders, and mobilizers. These people should be well-equipped to identify the survivors at risk of re-victimization and transfer them to safe shelters. The study exposed that some survivors are still undergoing sexual victimization at the settlement, and the community ridicules others making their life difficult. An improved capacity of the protection services will allow them to hire and train volunteers who will report any cases of harassment, discrimination ostracization to the protection office. Their mandate can extend to monitoring and strengthening confidentiality to encourage more survivors to disclose their

victimization and receive immediate help. This strategy will ensure that men are engaged in developing the prevention strategies because they will be encouraged to disclose their victimization when they feel included in the programs that help their situations. It will also support the survivors' reintegration into the community and reconnection to their families.

Academic Core/Future Researchers

Lastly, this study suggests that future researchers should investigate the best coping mechanisms to enable the male survivors to survive as they recover from their victimhood. The research revealed that most of the survivors chose to isolate and avoid people as a means of coping, a tactic that exacerbates their psychological and emotional effects. The survivors identified the importance of spiritual interventions, community and family understanding, and victim-focused groups as entities to cope with their situation. However, these are just a few, and hence the study challenges other researchers to find out more effective coping mechanisms for the male survivors.

In conclusion, this study suggests various recommendations to distinct groups like the NGOs dealing with the male survivors, the governments, protection services, and other researchers. Due to the psychological effects of sexual violence on the male survivors' psychological wellbeing, this study suggests that the NGOs and government should provide mental health and psychotherapy interventions to mitigate against panic attacks, fear, and sleep disorders. These services will also be beneficial to the emotional effects like anger and frustrations. Additionally, the study suggests that the government should form an SGBV working group that will engage in community education and build settlement coordinators' capacities to help community mobilizers emancipate them about the effects of sexual violence on males. This will intervene on the relational effects like abuse,

ridicule, and discrimination so that the community is aware of these effects and actively engages in the survivors' healing process. Lastly, the study also suggests the establishment of safe space tents, recruitment of more protection officers, training duty bearers like the police and reception officials to be more sensitive to the specific needs of the male survivors. These shall help them come out to report their issues without fear of ostracization.

5.6 Areas of Further Research

While this research has outlined several psychosocial effects of sexual violence on male survivors, it has not exhaustively examined other gaps in the research paradigm that targets this group of armed conflict survivors. Further research can investigate the effectiveness of the existing programs meant to protect and respond to sexual violence against male victims. Secondly, another research gap exists in examining the impacts of sexual victimization of males on the economic, social, and psychological well-being of their families. Lastly, further research should evaluate if sexual violations against males change their gender identities. Some respondents mentioned that they no longer had sexual desires while others lived with other men as husband and wife. Further research could address the intricacies of this finding.

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APPENDICES

Appendix 1: Questionnaire

Statement of Consent

I consent to participate in this activity that forms part of an academic research study. It is meant for submission in partial fulfillment of the requirements for the award of *Master of Governance, Peace, and Security degree* in the Department of Governance, Peace, and Security Studies, School of Humanities and Social Sciences of Africa Nazarene University, Kenya. I understand that this questionnaire has been designed to gather information about the “*Effects of Sexual Violence On the Psychosocial Well-Being of Male Refugee Survivors in Kyegegwa District: A Case of Kyaka II Refugee Settlement, Uganda.*”

I have been equipped with relevant information about this project and understand that the questionnaire will be conducted in person. It will take approximately 20 minutes of my time to complete.

My participation in this project is entirely voluntary, and I am free to decline to participate before or at any point during the activity. I have been assured that any information I provide will be kept confidential and only used to complete this research. It will not be used in any way that can identify me. All responses, notes, and records will be kept in a secured environment.

I consent that this activity's results may be published in a journal or University repository. There are no risks involved in participating in this activity beyond those risks experienced in everyday life. By signing below, I am consenting to participate in this study.

Participant Signature/initial/mark :

Date : _____

QUESTIONNAIRE

Respondent profile

Age.....

Ethnicity.....

Year of Flight from DRC.....

Town of origin.....Province (South/North Kivu/Ituri)

Marital Status: Married ☐ Single ☐ Divorced ☐ Separated ☐

Education: Primary ☐ Secondary ☐ University ☐

Nature of Job: Employed ☐ Unemployed ☐ Self-employed ☐

Year of victimization.....

Types of victimization: Rape ☐ Castration ☐ Forced Incest ☐ Sterilization ☐ Genital
Mutilation ☐ Forced Masturbation ☐ Any other type, please
specify.....

Emotional Effects

Any Known Reason for
victimization.....

After the incident, what were your emotional reactions (please tick all your emotional
feelings) Crying ☐ Anger ☐ Sadness ☐ Guilt ☐ Fear ☐ Isolation ☐ Mood
swings ☐ Distrust ☐ Self-esteem ☐ Disgust ☐ Shame ☐ Frustration ☐

Did you report the crime while in DRC? YES ☐ NO ☐

If **NO**, what is the
barrier/fear.....
.....
.....
.....
.....

If the above answer is yes, to whom.....

What measures were
taken?.....
.....
.....
.....

Have you reported the victimization in Uganda? YES ☐ NO ☐

If **NO** what is the
barrier/fear?.....
.....
.....
.....
.....

If **YES**, to
whom.....

What measures have been
taken?.....
.....
.....
.....

Have you been *re-victimized* in Uganda? Yes ☐ No ☐

If YES, how many times..... When..... Where..... By
Whom.....How.....

Relational Effects

Has the victimization affected your marital status? YES ☐ NO ☐

If YES,

how.....

How has the victimization affected you individually?.....

.....

How has it affected your family/friends or relatives?.....

.....

Has it affected your relationship with the Family ☐ Friends ☐ Community ☐

If YES, how?.....

If NO, why (please indicate how they are supportive)

.....

How does the community treat you? Discrimination ☐ Ridicule ☐ Abuse ☐ Supportive ☐
(specify how it supports you)

Any other.....

.....

Are you in any support group? Yes ☐ No ☐ If yes, please indicate if fellow survivors or NGO formed it (kindly indicate name)

.....

Do you get involved in any On Community self-help Projects? Yes ☐ No ☐ If yes, how.....

Psychological Effects

Have you experienced any of the following after the victimization? (Mark all that apply)

Anxiety ☐ Fear ☐ Withdrawal ☐ Eating disorders ☐ Panic ☐ Phobias ☐ Sleep disorder ☐ Substance-abuse ☐ Flashbacks ☐ Self Harm ☐ Attempted Suicide ☐

Any other?.....

What are your specific needs?

Socially.....

.....

Physically.....

Psychologically/mentally)?.....

Please specify whom you would like to assist and
 how.....

Coping mechanisms

Kindly mark any coping mechanisms you have adopted since the ordeal.

Involvement in community projects ☐ Family Connection ☐ Membership of Victim-
 Focused Support Groups ☐ Psychotherapy ☐ Recounting the ordeal to trustable
 people ☐ Spiritual intervention ☐ Avoidance/Isolation

Perpetrator Characteristic

The number of perpetrators.....

Ethnicity.....

Perpetrator Group Name: If Rebels/militia, name..... Government ☐
 Forces ☐ UN Forces ☐ Individual ☐ Unknown ☐

Was/were the perpetrator(s) known to you? YES ☐ No ☐

Forms of Victimization: Penis ☐ Object ☐ (specify)

Time of attack: Day ☐ Night ☐

How long did the perpetrators keep you? (specify the number) Hours.....

Days..... Weeks..... Months..... Years.....

If they transferred you to another location, where were you
 detained?.....

How did you escape/survive from their
 capture?.....

Where did the perpetrators attack you? Home ☐ Along the way ☐ Public place ☐
 Forest ☐

Any other place

(specify).....

Appendix 2: Interview Schedule

Statement of Consent

I consent to participate in this activity that forms part of an academic research study. It is meant for submission in partial fulfillment of the requirements for the award of *Master of Governance, Peace, and Security degree* in the Department of Governance, Peace, and Security Studies, School of Humanities and Social Sciences of Africa Nazarene University, Kenya. I understand that this interview schedule has been designed to gather information about the “*Effects of Sexual Violence On the Psychosocial Well-Being of Male Refugee Survivors in Kyegegwa District: A Case of Kyaka II Refugee Settlement, Uganda.*”

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I consent that this activity's results may be published in a journal or University repository. There are no risks involved in participating in this activity beyond those risks experienced in everyday life. By signing below, I am consenting to participate in this study.

Participant Signature/initials/mark:

Date: _____

INTERVIEW SCHEDULE

Key informant: Profile

Years of
service/experience.....

Occupation.....

Organization.....

Victimization Impacts/Prevalence

How prevalent is the issue of CRSV on males in the settlement (how many survivors from DRC have disclosed their victimization)
.....?

Are there others who are in the camp and have not disclosed? Yes ☐ No. ☐ yes, why and what is your estimation?.....

What are the effects of CRSV on the male victims' psychosocial welfare?

Emotionally.....

Psychological effects

.....

Relationship with their families and community

.....

Perpetrator Characteristics

What are the major perpetrator characteristics that you note while interviewing or providing care for the victims?

Gender.....

Perpetrator Groups: Rebels ☐ (please provide group names) Government
 forces Individual attacks Any
 other.. ☐ ☐

In your experience with the victims, what are the familiar places that they get attacked?
 Homes ☐ Along the way ☐ Public places ☐ Forest ☐

What barriers/fears do the victims tell you they have during your service
 provision/reasons why they fail to report? Please list
 them.....

.....

What are the common types/forms of sexual violence against males that you come across during the care provision?

.....

.....

Psychosocial Programs

Does the NGO have any *specific care* for the male victims at the reception centers (at the border)? **YES** ☐ **NO**

If you answered **YES** to the above, please name them?.....

Is there any targeted care (*Mental Health Providers*) specific to the male victims at the settlement? **YES** ☐ **NO** ☐

If **YES**, please list them.....

If **NO**, what might be the reasons?.....

Are there any *regulations, policies, or laws/legal institutions* that protect the male victims (Either from UNHCR or the government)? **YES** ☐ **None that I know** ☐

If **YES**, which ones.....

Is the *local community* supportive of the victims? **YES** ☐ **NO** ☐

If **YES**, how.....

If **NO**, why.....

Have the survivors formed any *individual groups* for care? Yes ☐ No ☐

If yes, please list
them.....

.....

If No, what might be the
barriers?.....

.....

Are there any *community awareness /anti-stigma campaigns* at the settlement or locally
to inform the community about male victimhood? YES ☐ NO ☐

If yes, what kind of programs (partner organizations)

.....
.....
.....

Are there any *capacity-building programs* in the community? YES ☐ NO ☐

If yes, what kind of programs (provider names)

.....
.....
.....

Are there any *donor programs* that specifically support the male victims? YES ☐ NO ☐

If yes, what kind of
programs.....

.....
.....

In your opinion, what more can the duty bearers (UNHCR, Government and other NGOs)
play in terms of;

Legal/legislative
support.....

Psychosocial
support.....

.....
.....
.....

Appendix 3: Research Approvals and Letters



15th April, 2021

RE: TO WHOM IT MAY CONCERN


Tyson Otieno Apindi (19M03DMGP050) is a bonafide student at Africa Nazarene University, in the Governance, Peace and Conflict Studies Department. He has finished his course work and has defended his thesis proposal entitled: - *"Effects of Sexual Violence On the Psychosocial Well-Being of Male Refugee Survivors in Kyegegwa District: A Case of Kyaka II Refugee Settlement, Uganda "*.

Any assistance accorded to him to facilitate data collection and finish his thesis is highly welcomed.

Regards,

Dr. Titus Mwanthi.
Ag. Deputy Vice Chancellor, Academics.


Appendix 4: Research Permit



THE REPUBLIC OF UGANDA

OFFICE OF THE PRIME MINISTER

PLOT 9-11 APOLLO KAGGWA ROAD, P.O. BOX 341, KAMPALA, UGANDA
 TELEPHONES: General Line 0417 770500, Web: www.opm.go.ug, E-mail: ps@opm.go.ug



Uganda
Vision 2040

In any correspondence on this subject, please quote No: **OPM/R/107**

April 20, 2021

Mr. Tyson Otieno Apindi
CWS RSC AFRICA.


RE: PERMISSION TO CONDUCT RESEARCH IN KYAKA II REFUGEE SETTLEMENT

Reference is made to your letter dated April 19, 2021 in regard to the above subject matter.

This is to authorize you to conduct research on ***"Effects of Sexual Violence on the Psychosocial well-being of Male Refugee Survivors in Kyegegwa District: A Case of Kyaka II Refugee Settlement"***, from April 26th to May 3rd 2021.

You are requested to observe the rules and regulations governing the settlement. Office of the Prime Minister authorities in the settlement are hereby requested to accord you the necessary assistance as they observe the COVID 19 guidelines.

You are required to share your findings with OPM by uploading the report onto the Uganda Refugee Response Monitoring System. Access the system from OPM website (www.opm.go.ug) by clicking Refugees Department; Refugee Partner Engagement; Publications/studies.



David Apollo Kazungu.....
FOR: PERMANENT SECRETARY

C.C. Refugee Desk Officer
Mbarara

C.C. Settlement Commandant
Kyaka II Refugee Settlement

OPM Vision: A Public Sector that is responsive and accountable in steering Uganda towards rapid economic growth and development.



THE REPUBLIC OF UGANDA



OFFICE OF THE PRIME MINISTER

Kyaka II Refugee Settlement P.O. Box 15 Kyegegwa District.

TELEPHONES: General Line 0417 770500, Web: www.opm.go.ug, E-mail: ps@opm.go.ug, info.dor@opm.go.ug

Our Ref: Kya II/21/18

Your Ref:

Date: 16th April, 2021.

Mr. Tyson Otieno Apindi,
Email. 19M03GMGP050@anu.ac.ke,
African Nazarene University,
Nairobi, Kenya.

Dear Sir,

SUB: PERMISSION TO CONDUCT RESEARCH IN KYAKA II REFUGEE SETTLEMENT.

Reference is made to your letter regarding the above subject matter. This is to inform you that permission has been granted to you for a period of 07 days (week) from Monday 26th April to Monday 3rd May, 2021.

By copy of this letter, the responsible officers are requested to accord you the necessary assistance.

While with us, you are expected to observe the rules and regulations governing the Refugee Settlement and Standard Operating Procedures given by Ministry of Health.

Thank you

OFFICE OF THE PRIME MINISTER

16 APR 2021

P.O. Box 15, KYEGEWA
KYAKA II REFUGEE SETTLEMENT
Mutaawe Waka
SETTLEMENT COMMANDANT
KYAKA II REFUGEE SETTLEMENT.

Appendix 5: Map of the Study Area

