Article

Exploring Cultural Factors in the "Systemic Revictimization" of Rape Survivors in Mwenga (DRC)

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Abstract: This study builds on past research noting the psychosocial challenges women face in eastern Democratic Republic of Congo as survivors of rape. There is an interpretation of rape in these communities as a sexual taboo and as a danger to the families and communities of the survivors. The participants in this study described how these social norms and beliefs lead to isolation, feelings of shame, interpersonal difficulties, and hesitancy to seek medical and psychological treatment. In this study, we used a qualitative research methodology to investigate the subjective experiences of survivors and what support they thought to be the most useful in their families and communities. Three themes emerged from the data analysis: general social practices and beliefs, social reactions and consequences of rape, and the ideal social reaction to rape. The participants shared insights into two sets of values. On the one hand, there are relationship-focused values with the potential to influence revictimizing social reactions. On the other hand, there are person-focused values with the potential to rally the community in solidarity and support for survivors. These results suggest that local communities and families are key stakeholders in creating a safe and supportive social environment necessary for the survivors' journey to recovery. Prioritizing efforts to mitigate the conflict between relationship-focused and person-focused values is recommended.

Keywords: systemic revictimization; social values; social norms; women; rape survivors

1. Introduction

The Democratic Republic of Congo (DRC) is a country in the central African region with rich mineral resources and an ethnically diverse population. The eastern region of the DRC has been severely impacted by ongoing wars since 1996 (UN Security Committee 2012). One of the main weapons of these wars has been the rape of women and girls as a tactic to destabilize families and communities. Since 1998, more than 200,000 women and girls have been raped in the DRC because of war (Kivlahan and Ewigman 2010; Human Rights Watch 2002). Rape is traditionally defined as a sexual crime of penile–vaginal insertion; however, the definition has been extended in many legal jurisdictions to include anal and oral penetration (Muehlenhard et al. 1992). Rape is considered a sexual taboo in eastern DRC (Maisha 2016). In the context of sexual taboo, this violent sexual act affects not only the survivor's personhood but also that of her family and community. This is essentially because rape is perceived as a personal attack against the survivor's husband (Babalola 2014). As a result, some husbands are encouraged by their family to divorce their wives (the survivors) (Maisha et al. 2017). Consequently, the survivor is often rejected by her family and community, which leads to experiences of isolation, shame, and mental health difficulties (Dossa et al. 2014). Sexual taboos can cause survivors to not disclose their rape and to avoid accessing important medical care. The delay to medical care is especially critical because of the high risk of HIV infection following incidents of rape (Trenholm et al. 2016).

Studies have shown that the rejection of rape survivors comes from the social norms surrounding sex and virginity in eastern DRC. Studies have found that the likelihood

that survivors are isolated and shamed following rape increases in communities with strong traditions regarding virginity, marital fidelity, and genital cleanliness (Kivlahan and Ewigman 2010; Maisha 2016; Dossa et al. 2014; Trenholm et al. 2016). Some of the social norms documented in eastern DRC include rape being seen as an extramarital affair which transgresses traditions around virginity and the importance of only having one sexual partner during a woman's lifespan, i.e., her husband (Dossa et al. 2014; Maisha et al. 2017; Albutt et al. 2017). Furthermore, rape is seen as a curse on the woman, her family, and her community. As a result, the survivor's rehabilitation depends on their participation in traditional rites, for example, a spiritually guided public dinner for which they must bear the financial cost (Maisha et al. 2017). These traditional rites are conducted by traditional healers and may consist of ethically questionable practices against the survivors, who are often blamed for the transgression and for having dishonored the family (Dossa et al. 2014).

This study builds on Maisha et al.'s (2017) qualitative research pertaining to the sexual taboos surrounding the psychosocial struggles of Mwenga women after incidents of rape. Similar to many other rural regions in eastern DRC, rape has been used as a weapon of war in Mwenga. Therefore, our previous and current studies have investigated the traumatic experience of wartime rape in eastern DRC. In this research project, we sought to perform an in-depth investigation into the following questions: What social values are there to support oppressive social norms against women in the context of taboos? What contemporary social values are there to support the actualization of social norms for a healthy community and family response to rape? In this study, therefore, we aimed to research and find socio-educative knowledge to foster social values that, in general, promote social justice for women in relation to male peers and, in particular, champion knowledge and behavior that prevent "post-rape systemic violence" against survivors.

2. Materials and Methods

A qualitative design was used in this research study based on the grounded theory approach described by Creswell and Poth (2018). Following the approval from Saint Paul University's Research Ethics Board (REB), our team proceeded with data collection using semi-directive interviews. By using purposeful sampling, the lead researcher (Dr. Buuma Maisha) and the research assistant (Mr. Timothee Mwindo) recruited 10 female adult survivors of war-related sexual violence in Mwenga, a rural region in the Democratic Republic of Congo (DRC). The recruitment of the participants was facilitated by a local psychocenter, SOSAME, which provides care for women and rape survivors. SOSAME is a psychiatric hospital whose main facilities are in the city of Bukavu. The participants were approached at the SOSAME psychocenter, where they were shielded from public view to preserve confidentiality. They were informed verbally and in writing of the research study and invited to participate with a clear emphasis on their right to refuse without any consequence to them. All 10 survivors who were approached accepted to participate. To minimize potential harm from traumatic memories resurfacing through the interviews, the participants were informed of their right to temporarily interrupt or simply put an end to the interview at any time. They were also informed of the possibility for a follow-up with a counsellor at the center. The interview team also informed the participants of their immediate availability as qualified mental health professionals should there be a need to debrief before a counsellor from the center became available. It is noteworthy to mention that despite his extensive experience conducting research and working clinically with rape survivors, the research assistant was trained on the current research interview protocol; he was also informed that he could decide to pause an interview if necessary for his wellbeing. The researchers also intended to interview traditional chiefs, but recruiting members from this group proved to be more challenging than anticipated for safety and area accessibility reasons: it required traveling further in much more rural areas with limited road access and under the control of armed groups. Conducting the interviews in a rural community provided us with a deeper understanding of the cultural meaning of rape and its effects on survivors' relational ties. The data analysis followed a rigorous, descriptive, three-step

coding process. Firstly, there was a unit of meaning-based coding, followed by category-grouping coding, then thematic coding. The lead researcher and three Saint Paul University research assistants (Carolanne Tomsine, Janelle Anglin, and Sandrine M'Bassé Florent) used NVivo software to independently code and analyze the data. Then, they compared their individual code books to create a collaborative code book, on the basis of which they identified and categorized emerging themes from the data.

3. Results

Following thematic coding, three main themes were identified from the participant interviews: general social practices and beliefs, social reactions and consequences of rape, and the ideal social reaction to rape.

3.1. Social Practices and Beliefs

3.1.1. Social Expectation

Expectations of Men

The participants were asked to describe some of the social expectations of a Murega (a member of the Warega tribe, mainly located in Mwenga and other rural territories in eastern DRC). They noted that a Murega man is expected to partake in a circumcision ritual, have good social behavior, get married (becoming a husband) and have children, partake in social rites, and work hard to provide for their family. Specifically, 8 of the 10 participants mentioned that it was required for a Murega man to get married and have children. Six of the ten participants mentioned a circumcision ritual that Murega men must go through to be considered men. Having good social behavior was explained by one participant, who stated that a Murega man must "respect his in-laws. He must be a good farmer and hunter; he takes care of his family, and he follows our customs". The Figure 1 below highlights some of the words most frequently used by participants to discuss social practices and expectations of a Murega man.

Figure 1. NVivo word cloud for social practices and expectations of a Murega man.

Expectations of Women

The participants noted that women are expected to get married and be respectful to the husband, to be with only one man, to bear male children, to be caring and welcoming, and to have good social behaviors, with 10 of the 10 participants stating that a Murega woman is required to get married and have children. In particular, the participants reported that a woman is expected to have both boys and girls, but especially boys. For example, a participant stated, "if she only gives birth to girls, people say she gave birth to worthless kids... but if you give birth to a boy, continuity of your family is assured". Additionally, 10 of the 10 participants mentioned that a Murega woman must only ever be with one man, her husband. They maintained that a Murega woman is expected to be "caring for her family, being kind" and to be "welcoming to visitors". Another expectation mentioned for Warega women was the requirement to respect her husband and her husband's family, as

well as Mwenga traditions. The Figure 2 below highlights some of the words most used by participants to discuss social practices and expectations of a Murega woman.

Figure 2. NVivo word cloud for social practices and expectations of a Murega woman.

Good Behavior and Following Social Advice

There were mentions of "good behavior" by 5 of the 10 participants. "Good behavior" was described by a participant as having a close relationship with one's mother-in-law and to "settle down". Another participant stated that a woman is "recognized by her behavior and by the way she looks after her family". Additionally, having "good behavior" seems to result in desired social outcomes such as respect. For example, a participant stated: "they will respect you because they know you have good behavior". Having "good behavior" was further highlighted by another participant who noted that it could lead to favorable marriage prospects. The participant stated, ". . . the parents of the girl will be happy to see their daughter get married to a boy of such a behavior and from a respectable family". Lastly, many participants reported that it is important for women to follow the social advice of elders and their family.

3.1.2. Women's Status

Underestimated

It is important to note that the participants painted a rather positive image of the status of women in Mwenga society. Nonetheless, one participant expressed skepticism about positive social change, attributing her doubts to the fact that women survivors are underestimated in her community. She stated, "[Effort to raise awareness in favor of rape survivors] is not worth it, because the woman is already underestimated".

Valued and Respected

Five of the ten participants mentioned that women are valued and respected in Mwenga society. A woman was described as the "base of the house" or the "rock of the house". A participant stated that "the woman has a lot of value because she unites families from two sides: from her husband's side and from her own side" and that she is like a "mother to her husband's family". A participant further explained that a woman is "a very important person that everybody respects; you should not disrespect her. She is valued".

3.1.3. Social Values

Ability to Procreate

All participants mentioned that having children is essential to being a proud Murega. The importance of having children is emphasized for both men and women. In fact, one participant stated that procreation is "the thing we respect". Another participant reported that "to be Murega is to be fertile".

Hospitality

Participants noted the importance for women to be welcoming and hospitable. Other social values included associating one's sense of identity to their social role, being married, deserving respect, showing solidarity to one's community and to strangers, as well as the purity of sex through the maintenance of virginity for girls before marriage.

3.1.4. Social Meaning of Rape
Accident When Trusted

Rape survivors are treated differently by their family and their husband. It was mentioned by one participant that a survivor's husband and family lose trust in her. She stated, "he [the husband] thinks that if you go to the fields, they will rape you; that sticks in his mind". Therefore, a survivor can be blamed for having decided to take the risk to go to the field, even if such a risk is outweighed by the responsibility to feed her family.

Contamination

Three of the ten participants reported the belief that a woman who has been raped is contaminated or dirty. One participant stated, "maybe you have been contaminated and you can also contaminate your husband". This statement illustrates the fear of contamination (referring to sexually transmitted infections and the curse—also referenced below) felt by both the survivors and their husbands. As for feeling dirty, a participant reported, "[if] a person who is not your husband did that to you, that's dirtiness".

Curse

Eight of the ten participants believed that to be raped is a curse. Being raped was also described as "bad luck". One participant stated, "being a victim is a curse, it is bad luck in life". Another participant said, "because when they rape you, it is like they mess you up". Rape is also understood as a threat to the wellbeing of the community, because it is an act of mixing blood with the enemy, an attack on sexual purity, and a marital betrayal through the act of "sleeping with another man".

3.1.5. Cultural Change and Loss of Social Guidance

Three of the ten participants mentioned that Warega women dress differently than they used to. One expressed herself in the following terms: "In time, women wore long clothes, but today they wear short skirts in front of parents". Additionally, there was mention that the modern Murega woman lacks respect for her husband and other people, and that she is less welcoming to visitors than before. Two of the ten participants stated that there is no longer advice and counseling for brides to be. These participants praised the old Mwenga customs of having elders dispense advice on how to be a good wife to engaged women. Another participant mentioned that there seems to be a loss of the Lega language in the community, as most of its members now speak Swahili and French, which are two languages that represent modernity.

3.2. Social Reaction and Consequences of Rape

The social reactions and consequences that were mentioned the most by the survivors interviewed were grouped into two major categories: psychological effects and relational issues. The most named psychological effects by the participants were a loss of worthiness, emotional distress, and somatic symptoms. The most named social reactions and consequences of rape included loss of respect, loss of marital worthiness, and separation from their husband and family. The Figure 3 below presents the different psychological and relational consequences of rape as reported by the participants.
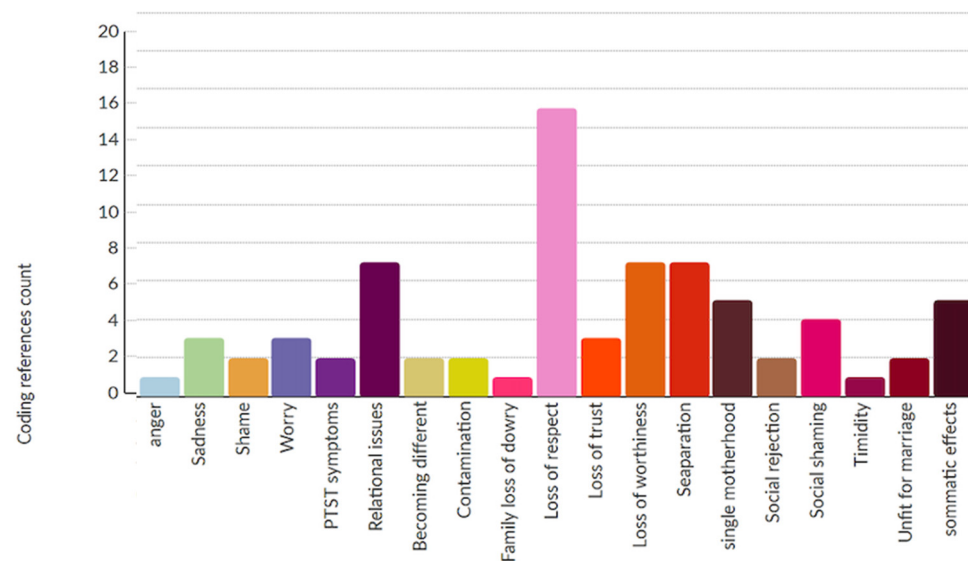
Figure 3. Consequences of Rape.

3.2.1. Relational Consequences

Loss of Respect

Eight out of the ten participants mentioned a loss of respect after they were raped. This loss of respect was perpetuated by their community as a whole, including their husband, their husband's family, and their family of origin. The word respect was mentioned 65 times in all interviews.

Loss of Worthiness for Marriage

Some of the keywords that were used to analyze this code included purity, virginity, dowry, curse, and contamination. All 10 participants mentioned being raped as a type of contamination that brings bad luck or a curse to themselves and their family. It is reported that the woman loses her worth as a potential wife or as a current wife and that it becomes difficult for her to get married. A participant also stated, "the family will no longer have the dowry it would have liked". This loss of worthiness is attributed to the loss of virginity and purity that has been found to be of great importance in Lega tradition. This is illustrated in a participant's description of the survivor: "she becomes a wild bird; she is no longer fit for marriage".

Separation/Rejection

Five of the ten participants mentioned the social norm of women being left by their husbands or kicked out of their home in the aftermath of rape. One participant stated, "people will advise her husband to leave her". Another participant affirmed, "people will tell the husband that this woman is no longer a woman who deserves to be with him". It is important to note that none of the participants openly mentioned that their own husband had left them after the assault. However, only two participants stated that their husbands had stayed with them. This rejection or separation is attributed to the reported Mwenga belief that survivors are contaminated and cursed.

3.2.2. Psychological Effects

Emotional Distress

Some of the emotional consequences of being raped mentioned by the participants were anger, sadness, fear, and shame, with shame being the most mentioned. Eight of the ten participants mentioned feelings of shame, six mentioned feelings of sadness, and three mentioned feelings of fear. For example, a participant stated, "a woman who was raped worries a lot. To be victim of that act brings lots of mind affliction, and she is sad

everyday". At times, some participants' tone of voice suggested feelings of frustration and anger. However, they would decline to label them as those emotions, even when probed. Their apprehension was probably due to the fear of judgment. The participants reported that their feelings of shame were elicited by the reactions of their community and their interpretation of those reactions. One participant mentioned, "wherever I went and whenever I saw people laugh, I thought they were making fun of me, and I was ashamed".

Loss of Worthiness

Seven of the ten participants believed that rape survivors lose their worthiness as a woman and as a person. The keywords that were used for this code included ghost, nothing, and no value. One participant described a raped Murega woman as someone who "does not matter anymore, she has no value, it is like she is a ghost".

Somatic Symptoms

Five participants mentioned somatic symptoms, including losing weight, feeling sick, sleep disturbances, and changes in the body. These somatic symptoms were associated with feeling sad and rejected. One participant mentioned, "You'll dream of that when you sleep". Another participant mentioned, "[the survivor] changes, she doesn't feel well... she loses weight, and you notice some changes in her".

3.3. Ideal Social Reaction to Rape
3.3.1. Justice

Justice for survivors and their family was identified as one of the main ideal social reactions to rape. It was mentioned by one participant that it could be beneficial for the survivors and their families if justice was advocated for, and actions were taken against the perpetrators of sexual assault. This participant stated, "yes, this can bring a small change. If we stop the rapist, if he is beaten, if he receives a sentence, then the others will be afraid, and they will change".

3.3.2. Supporting the Survivor
Acceptance from Husband

Two of the ten women mentioned the importance of the survivors being accepted by their husband. One participant declared that the man should not throw out his wife. Another participant described the suffering that comes from not being accepted by one's husband after being raped: "she is left alone suffering with children". This same participant suggested that a husband should stand by his wife: "The husband must forgive her". While none of the participants in this study reported being separated from their husband following the experience of rape, three expressed their concern over the lack of support for those who are rejected by the husband and forced to raise their children alone. One survivor said: "[i]n some cases, there is divorce; she is left alone suffering with children. Nobody is helping her raise the kids". Another said: "[t]here should be an opportunity to help children, even if the husband has left; this help will be beneficial". The third added: "Warega should find ways of helping [survivor] women like doing crafts. They will learn how to do things [...] That will help [them] raise well [their] children".

Changes

Some participants mentioned that husbands are staying with their wives after incidents of rape more often than before. They also noted that there is more support from family members. Another helpful change has been the access to medical care in their region. Four of the ten participants mentioned having access to medical care and being encouraged to get treatment. One participant stated, "the good change is that if a woman is raped, she receives the treatment; she feels well". Another stated, "now people are getting medical care, advice, they are encouraged". Additionally, survivors are approached and encouraged by members of the community more often. One participant attributed these changes to the

increased awareness about sexual assault as a result of the ongoing radio campaigns. These awareness and sexual violence prevention campaigns are often run by local human rights activists with the support of international NGOs, including the United Nations through ONU FEMME and MONUSCO (Radio Okapi 2022; MONUSCO 2022). Another participant noted, "now we are helped, back then, people were not taken care of". It was mentioned that participants felt comforted by the support and advice received from members of their community and family. Three of the ten participants stated that their family members and husbands are refraining from perpetuating the rejection of sexual assault survivors. They reported that survivors have increasingly been accepted to stay in their family, which participants have found to be comforting and helpful.

Comforting Relationships and Connections

Six of the ten participants mentioned the importance of having comforting relationships with others. One participant revealed, "you may feel sad from time to time, but when you are among people you feel fine". Another participant explained that it helps the person who was raped to know that people still care about her. One participant had a recommendation for her community: "Warega should be tolerant. They should continue to help women who were raped, and keep them within the family, they give her advice. The man should not expel his wife".

Economic Support

Three of the ten participants mentioned the importance of providing economic support to the survivors of rape, especially to those who have been rejected by their family and husband. One participant made this plea: "help [them] so that they can feed the children". Another participant suggested that members of the community help survivors of sexual assault find employment: "it helps to have money, it will help us, it will allow us to be respected as well, we are worthwhile because we will have studied and learned a job", she said.

Empathy for Survivors

Nine of the ten participants mentioned that they would like to see members of their community have empathy for survivors of rape and provide them with help. One participant stated, "people must help these women; accept that what happened to them is an accident; encourage them. we should care about a woman who has been raped instead of criticizing her". Survivors insist on the need to continue to help women who were raped and keep them within the family". The community needs to find ways to help survivors earn a living: "they [need to] learn how to do things and they will have a better life; it will help us raise well our children". Additionally, a participant denounced the fact that members of their community mock survivors: "people should stop laughing at women who were raped. They should approach them, advise them; not laugh at them".

Ending the Rape Culture

Three of the ten participants expressed their desire to end rape, its associated attitudes, and related social norms. Here is what one participant said: "First, I would like it to end. Secondly, we should care about a woman who has been raped instead of criticizing her; people should not take her for a rebel, as if she is nothing". Another participant insisted that accepting survivor women will help them to keep hope, find energy, know that things like this happen; [they] will feel good.

Finding Help/Advice in the Community

Seven of the ten participants stated that it is important for Warega women and/or survivors of rape to receive advice from others in the community. One participant suggested that the community should reinstate the habit of women's meetings where people receive advice: "Let women receive guidance", she recommended.

4. Discussion

In this study, we examined the social norms and values that normalize the oppression of Mwenga women who are survivors of rape. This study goes further than others, as it explores how Murega social norms and values can contribute to social change and to the aid of women who have been raped in the community. This was performed by inquiring into the subjective experiences of rape survivors in eastern DRC and how these participants wish women who are raped in their community to be treated and viewed. Among the 10 participants, there seemed to be a consensus around the typical expectations and values of the Lega community. In contrast, less consensus was observed during the discussion of what should change or be improved to better help survivors of rape.

Research has shown that women are more likely to be blamed and discriminated against after experiencing sexual assault in societies and communities where there are strict norms and values around virginity and marital fidelity (Maisha 2016; Dossa et al. 2014; Trenholm et al. 2016). The participants of this study named some social norms in eastern DRC that seem to support this theory, namely, sexual purity maintained through women's virginity and lifelong loyalty to the husband. Therefore, it seems that social values such as these and perceiving rape as an extramarital affair support oppressive social norms. Additionally, there was mention by the participants that being raped leads to the loss of trust of one's family and husband, due to fear of contamination. Particularly, there is fear of sexually transmitted diseases being passed on to the survivor's husband, and there is a suspicion about the survivor being willfully assaulted again. This in turn places the blame and responsibility on the survivor. Consequently, survivors can be reluctant to disclose the assault. This is significant, as it can delay or prevent survivors from receiving the medical and social support needed for recovery.

Notwithstanding, in this study, we also explored social norms in eastern DRC that can support a healthy community and family response to rape. The participants mentioned some of the ways they would like the survivors of rape to be treated. One participant said, "They [community members] can help as needed, get close to them, and ask because many hide it, they don't want to be seen as crazy if they go for treatment". Another added, "[Family can] check if this is true, they will help the person seek medical treatment". Others shared testimonies of community and professional support as reported in the following quotes: "She [the mother-in-law] accompanied me to the medical care; the drugs helped me. I had pain in my body, I was sick. Today the teachings given on the radio help, they bring change in the way of helping women who have been raped; people are approaching them. It is helping people get mobilized. Before people seemed to not care, but they realized that acting like that makes these women's situation worse. So now people sit together and look for places where the woman can get treatment. "I would like Warega to continue relating to a raped person and love her, visit her, [and] help her get her treatment. They should not start saying bad things about her. They [should] advise the husband of the woman who was raped, this will help him too, so they live well together". "Here, the idea of helping women who were raped [is] there but there are no means to do it. According to me, Warega should find ways of helping women, like doing crafts. They will learn how to do things, and they will have a better life".

The participants also shared some of the changes they have noticed in their communities, changes that promote the acceptance of survivors. For example, the participants noticed that more husbands are deciding to keep their wives, survivors of rape, and that the social attitude is more and more accepting and supporting of survivors in their journey to recovery. This aligns with past research showing that social support from a survivor's family and husband lessens the impact of discrimination and mistreatment in communities such as Mwenga (Scott et al. 2017; Maisha 2016; Kelly et al. 2012). Furthermore, the participants suggested implementing awareness campaigns to promote the support of survivors and the demotion of certain social norms. Other forms of support mentioned by participants as being helpful were financial and medical support (Dossa et al. 2014; Kelly et al. 2012).

Echoing the results from the above-mentioned studies, many participants identified familial, medical, and financial support as being the most important aspects of acceptance and recovery. The participants in this study especially reported that the support from their husband was the key to acceptance in the community and to not feeling alone and isolated. They also mentioned that financial support and helping survivors find work is important for their recovery and for feeling less oppressed in their community. Furthermore, the participants expressed their disdain for the discrimination and judgment of women who have been raped and called for it to end. Nevertheless, they recognized that there have been some changes in social norms and in their communities that allow for more acceptance of and care for survivors of rape. As stated above, the participants observed that husbands are staying with their wives more often after incidents of rape and that there has been more support from the survivor's family. The participants stated that this has been helpful for their own health and healing. Notably, some participants mentioned receiving good medical support after the incident of rape and viewing it as a positive step in their recovery. As stated by one of the participants, "[t]o approach and encourage the woman who was raped is connected to Warega's values. Warega used to help each other in the past, they did not turn their back to those in need or hurting".

4.1. Addressing Post-Rape Social Values and Relationships

Rape and sexual violence constitute an attack on the social fabric, jeopardizing the harmonious relationships of the survivors and their communities. The participants informed us on values that are foundational to their social relationships and norms, and on how the experience of rape puts them at odds with the same values. Readers will notice that most of these values are relational, while some others are person-focused. The relational ones are the ability to be married and honor one's parents with a dowry, procreate, parent responsibly, maintain sexual purity through virginity or loyalty in marriage, be worthy of relationships (as opposed to engaging in behaviors that will warrant social rejection), offer a hospitable home for members of one's community, and maintain a good social image through one's appearances/attire and partaking in social rites. The person-focused ones are solidarity (with the survivor), justice for (versus blaming of) the survivor, social counselling and guidance for the survivor, community support for the survivor, and being empathetic and helping the survivor. Both sets of values are relevant in Mwenga, but it appears from this study that expectations informed by the relational values create grave challenges for survivors' ability to create and maintain safe and healthy relationships or for the family and community to engage with survivors for that purpose. These challenges often lead to the revictimization of survivors through negative social reactions such as blaming and rejection (Warner 2024). On the contrary, the person-focused set of values can mobilize those around the survivors. Relationships are indeed important, especially in a collective society such as in Mwenga. It can also be argued that good relationships are created and maintained by healthy individuals. Therefore, the community response to rape cannot alienate either set of values. Previous research has documented a lack of preparedness for a proper response to rape by the communities affected in the DRC, with rape being viewed as "an imported culture from outside" (Maisha et al. 2017). The reaction informed by relationship-focused values appears to be an attempt to preserve the social fabric which has been under attack due to the use of rape as a weapon of war, but this poses tremendous challenges to survivors' livelihood and sense of belonging. On the contrary, it is important to raise awareness of the interdependence between individual and communal wellbeing (Raeff 1997). Exploring both relationship-focused and person-focused values can be a more adaptable approach for protecting both social relationships and the wellbeing of those who form them, including survivors. Showing solidarity to and caring for survivors is also caring for and rebuilding the communities affected by war-related rape; it is restoring their respect by strengthening the ties among its members for collective healing.

4.2. Policy Implications

This research study encourages a context-based approach to responding to sexual violence. It highlights the importance of identifying local social values and norms and understanding how they inform social reactions which have a defining impact on survivors' journey to recovery. In Mwenga and similar contexts across Africa and the world, local authorities, non-governmental organizations, and government programs can find useful insights shared by participants in this project, particularly concerning efforts towards supporting survivors. Partnering with the communities seems imperative in restoring a safe and supportive social environment for the survivors' journey to recovery, which depends a lot on their social circle's attitude and reaction to rape.

4.3. Limitations and Future Research

This research study was designed to hear from rape survivors, as well as traditional chiefs, regarding cultural factors that encourage the revictimization of survivors in their communities and cultural values that would support positive change in the way survivors ought to be treated. While recruiting survivors was made possible and easier by a local service provider (SOSAME), reaching traditional chiefs posed a higher safety risk to the research team. As a result, the team decided to focus on working solely with survivors. We believe that future research with traditional chiefs could deepen the answers to the questions explored in this research study. Future research could also document and take into consideration demographic differences among the participants and the implications on survivors' attachment to social values and norms. It should be noted that all participants in this research study were married and appeared to be within the reproductive age range.

5. Conclusions

Three themes emerged from the data of this research study: (1) general social practices and beliefs, (2) the social reactions and consequences of rape, and (3) the ideal or desired social reaction to rape. These themes shed light on the two research questions: What social values are there to support oppressive social norms against women in the context of taboos? What contemporary social values are there to support the actualization of social norms for a healthy community and family response to rape? When answering the question of social values that create an oppressive social environment for survivors, the participants discussed elements of beliefs related to the expectations of family, men, and women in the studied society, Warega. The expectations of a woman are mostly relational, placing her at the foundation of dignity for herself, her husband, her family, and her community. This is a crucial role described by participants as respectful, yet at odds with the disclosed rape survivorhood in the context of sexual taboo. Additionally, there was an emphasis on relationship-focused values such as sexual purity, requiring girls to remain a virgin until marriage and women to uphold lifelong loyalty to their husband, being shattered when women are raped, causing negative/revictimizing reactions such as the mocking and rejection of survivors. Such emphasis presents challenges to person-centered values such as solidarity with and help for survivors. When answering the question of values that would support the actualization of social norms in favor of survivors, the participants stressed the importance of justice, support for the survivors, and support for the survivors' families. For the survivors, the most crucial support is relational, particularly acceptance by the husband and the family, as well as the community rallying to find treatment and financial help for the survivors. Solidarity in the form of helping each other is one of the key values among the Warega that the participants believed justifies a positive change in social attitudes towards the survivors in their communities. While the findings in this study alert readers on harmful beliefs and practices towards women survivors and related consequences—mainly psychological and relational—they also suggest that years-long efforts by local and international organizations to raise awareness of the importance of caring for survivors are starting to yield results. Lastly, the participants discussed ideal social reactions to rape, including a shift in the way community members related to survivors: acceptance,

comfort, and providing different forms of support, both economic and medical. These results suggest that there is a shift from perceiving the survivor as a person to run away from to identifying and mobilizing accessible resources that will support the survivor's healing and that of their families and communities.

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