

**Qualitative Study to Identify Indicators of Psychosocial Problems and Functional Impairment among Residents of Sange District, South Kivu, Eastern DRC**

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**Table of Contents**

Introduction.....	3
Purpose of the Current Study .....	4
Study Methodology.....	5
Investigating Functionality .....	7
Results.....	8
Overview of Problems .....	8
Discussion.....	15
Limitations .....	15
Conclusions.....	15
Recommendations.....	16
Appendix A: Data Tables.....	18
Table 1: Frequency Table of Free List Problems from 34 Community Informants .....	19
Table 2: Frequency Table of Women’s Tasks by Functional Domain from 21 Respondents.	20
Table 3: Frequency Table of Men’s Tasks by Functional Domain from 13 Respondents .....	21
Table 4: Signs and Symptoms for the Problem Categories (> 1 informant)**.....	22
Table 5: Key Informant Descriptions of the Causes of the Problems.....	24
Table 6: What People in the Community do to Help Themselves.....	25
Appendix B: Instruments .....	26
Psychosocial Indicators.....	27
Functionality Indicators by Gender .....	28
Appendix C: Focus Group results.....	29
Men’s Focus Group.....	29
Women’s Focus Group .....	32

## **Introduction**

This report describes a qualitative assessment conducted by the International Rescue Committee and Boston University in Sange District, in Eastern Democratic Republic of Congo (DRC) in February 2005. The intent of the study was to better understand the issues facing local people with respect to violence. The purpose was to inform IRC's programs in the region that currently focus on gender-based violence (GBV).

The qualitative methods used in the assessment explore violence-related issues from the local perspective rather than the perspective of outside experts. Data from this type of assessment consist of how local people view their problems in terms of the nature of these problems, their severity, their causes, how they deal with them, and what effective programs to address these problems might look like. Program implementers can use this information to select problems to address that match local priorities, and to adapt and design interventions that are likely to be effective in terms of local feasibility and cooperation. The information is also useful in designing indicators and assessment tools to assess both the need for, and the impact of, programs and to monitor their implementation.

## **Background**

### IRC Gender-Based Violence Programming in DRC

Women and girls have been adversely affected by the protracted conflict in eastern DRC from the mid-1990s to the present. Armed parties have targeted them for acts of sexual violence, the extent and brutality of which have gained the region a reputation as one of the cruelest conflict zones for women and girls in recent history. Even as the general political situation shows signs of improvement in eastern DRC, women and girls continue to be disproportionately exposed to and affected by conflict and violence where they persist.

As in many other contexts of political, social, and economic transition, chronic malfunction of state institutions and extreme hardship for and displacement of the population are ongoing. In addition to the continuing attacks and acts of torture (including abduction and sexual slavery), other forms of violence against women and girls are becoming more common in eastern DRC, in both the public and private spheres. These include sexual violence within families and between community members (reportedly affecting younger and younger girls), other domestic violence, sexual exploitation, and prostitution.

The vulnerability of women and girls has significantly increased as a result of their taking on more responsibility for the care of children and families, especially as opportunities become scarcer and overall poverty increases. The burden of this responsibility requires women and girls to undertake further risks to provide for themselves and their families, sending them into the fields, forests, and markets to piece together the basic essentials for survival. It also exposes them to exploitation and abuse by those with more power, including humanitarian workers and peace-keepers. The vulnerability subsequent to this responsibility will continue as long as

women and girls remain the primary providers, poverty persists or worsens, family members remain missing, and medical and other essential services remain inadequate.<sup>1</sup>

Should peace be achieved in eastern DRC, its fruits will take time to reach those who continue to be most affected by the long-standing conflict - women and girls.

### IRC's Gender-Based Violence Program in eastern DRC

Since 2002, IRC has responded to the escalating problem of sexual violence in eastern DRC by focusing on building the capacity of, and providing essential inputs to, pre-existing local established non-governmental organizations and community-based organizations at the grassroots level. The IRC works with partner organizations to provide essential holistic services to survivors of sexual violence and other forms of gender-based violence (GBV) and to improve the general protection of women and girls.

The program focuses on:

- Providing technical, material, and financial support to service providers to provide access to quality specialized health, psychosocial and legal services for survivors of sexual violence and torture;
- Supporting grassroots women's projects geared towards the psychosocial support, integration, and empowerment of survivors of sexual violence by increasing educational, socio-economic, and leadership opportunities for women and girls, and encouraging community mechanisms for psychosocial support;
- Strengthening inter-agency mechanisms to develop more comprehensive and effective service delivery and referral systems that respond to the security and protection needs of women and girls;
- Advocacy as a cross-cutting theme in all GBV programs, locally with Congolese ministries and institutions, United Nations (UN) agencies and international NGOs; internationally, through channels such as the IRC's advocacy department in Washington, D.C.; the Women's Commission for Refugee Women and Children; and contributions to international news media on the topic of violence against women and girls in the DRC.

### **Purpose of the Current Study**

This study forms part of a wider ongoing collaboration between IRC and BU to assist in the design, monitoring and evaluation of IRC's current GBV programs in eastern DRC. The objectives of this collaboration were developed during an initial visit in December of 2005 between IRC, USAID and BU faculty. They are:

- 1. Assist IRC and local partners in identifying the major psychosocial problems of populations in Eastern DRC, and in understanding local conceptions of normal functioning in order to inform IRC programs.*

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<sup>1</sup> Marie Vlachová and Lea BIASON, eds., *Women in an Insecure World: Violence Against Women - Facts, Figures and Analysis* (Geneva Centre for the Democratic Control of Armed Forces, 2005).

*2. Assist IRC and local partners to use this information to design, monitor, and evaluate the impact of programs to address these issues.*

The first objective was the focus of the qualitative study described in this report. The second objective will be achieved by using the data from the qualitative study to develop and utilize quantitative assessment instruments and indicators to design, monitor and evaluate the GBV programs. The instruments will be used to assess need in the form of current severity of the major problems and current level of functioning in the populations served by IRC's programming. Comparison of pre and post intervention results will provide a measure of the impact of interventions. Indicators will be used to monitor the conduct of the interventions to determine whether they are being implemented as planned.

Data collection from this assessment focused on three areas of interest:

*A. How local people (women and men) perceive the problems affecting adults in their area.*

*B. How local people (women and men) affected by violence perceive the current problems resulting from these experiences, in particular:*

1. The variety of problems currently experienced by people affected by violence
2. Their perceived importance and severity
3. Their nature (in terms of characteristics or symptoms)
4. Local terminology used to describe these problems
5. The cause of these problems and what people do when they have them.
6. What resources exist that could be used to address the problems.

*C. Understanding what constitutes the most important aspects of normal functioning for local people.*

These refer to the tasks and activities that constitute the roles and tasks of men and women in the local population. Information on this topic can be used to design locally appropriate measures of function for men and women by creating questions that ask about regular tasks or activities said to be important locally. The resulting instrument can be used to assess, in terms of functioning, the impact of the programs being provided.

## **Study Methodology**

In February 2006 a team of IRC and BU investigators and interviewers went to the Sange area (an area adjacent to the town of Uvira) in South Kivu province to conduct a qualitative study of the problems experienced by the local population. Two types of qualitative interviewing techniques were used to understand local psychosocial problems from the local community's point of view. These two methods were free listing and key informant interviewing.

## **Investigating Problems**

### *Free Listing*

An initial 2-day training in qualitative methods occurred in Bukavu in mid-February at which 11 interviewers were trained in free listing methods. They were trained to ask a primary question as part of this exercise to members of the Sange community: “What are the problems of women/men in the community?” The interviewers were also trained to probe the informants for descriptions and explanations for each of the mentioned problems and for any problem that might be psychosocial in nature, to ask if there was someone in the community who was knowledgeable about that problem. Psychosocial problems were defined as those associated with thinking, feeling or relationships with others.

By design the question is stated broadly to encourage a wide variety of responses, which were to be listed item by item according to the order in which they were mentioned. This primary question was designed to elicit all of the problems that local people think are relevant to adults in their community. Under careful supervision the interviewers conducted free list interviews with adults in Sange center and the surrounding areas. Interviewers worked in teams of two, with one group of three. Two teams were male and interviewed male respondents; three teams were female and interviewed female respondents. Nearly all interviews were completed in Swahili, with a few completed in Kifulero, a local language. The local language was used when the respondent indicated that either they did not know Swahili or preferred to answer the questions in Kifulero. When the interviewers returned to Uvira at the end of each day, they worked with translators to translate into English all of the information provided by the local respondents.

The free listing respondents were a convenience sample of 34 adults (ages 18 and over) who were available and willing to speak with the interviewers when they were approached. Of the 34 respondents, 21 were female and 13 were male.

At the end of the two days of free list data collection the information was consolidated into one summary list that included how many respondents reported each problem (Table 1). IRC and BU staff reviewed the list to identify the major psychosocial problem(s) and major forms of violence reported by the community, in accordance with the current programming priorities of IRC and the funding organization (VTF: USAID). The problem of fear was the psychosocial problem most often mentioned while rape/sexual violence, killings and beatings were the most frequently mentioned types of violence. These three topics – fear, sexual violence, and killings and beatings - were then investigated in more detail using the second qualitative method: the Key Informant Interviews.

### *Key Informant Interviews*

Following the free listing exercise, the interviewers were provided with a 1-day training on key informant interviewing techniques, with time provided for practicing interviewing on the three problem categories selected from the free lists: fear, sexual violence, and killings/beatings. The purpose of the key informant interviews was to provide additional detailed information about these three problem categories. Questioning and probing was done to learn about how local people who have experienced or witnessed killings, beatings, sexual violence and fear think, feel and behave; the perceived causes and consequences of these problems; what people do to help themselves when they experience these problems; and what other problems might co-occur. Key informants were local people said by free list respondents to be knowledgeable about at least one

of these problem categories, with many of the key informants identified as being knowledgeable about more than one.

The day the key informant interviewing was to begin, security issues in the area forced the entire research team to return to Bukavu and postpone the process until a later date. The interviewing teams had time to start and partially complete three key informant interviews before we all returned to Bukavu. BU faculty used additional time in Bukavu to provide supplementary training to both the interviewers and senior IRC staff. Interviewers participated in a mock analysis of the three preliminary key informant interviews, being trained in what types of questions they might ask in a second interview. With senior IRC staff, BU faculty reviewed the steps of leading a qualitative study and created extensive written documents and databases so that they could complete this when the security situation permitted. As such, the key informant interviewing was completed approximately 1-month later, in mid-March, with daily phone consultation provided by BU faculty to the IRC staff in the field.

When the study was continued, the key informants that were interviewed were identified both from the initial free lists and by asking the first set of key informants themselves to recommend other knowledgeable people in the community. A total of 17 key informants were interviewed, 8 were interviewed once and 9 were interviewed twice. When key informants were identified as being knowledgeable about more than one of the problem categories, they were first interviewed about one problem (e.g. fear) and at the second visit were interviewed about the other problem (e.g. rape). Thus, some respondents provided information on more than one of the problem categories. Overall, 3 informants provided information on killings and beatings, 9 on fear and 11 on rape and sexual violence. **Only data on fear and sexual violence will be analyzed and presented in this report because of the very small number (n=3) of key informants on the topic of killings and beatings making it difficult to come to any conclusions about the issues associated with these problems.** Of those who were interviewed about sexual violence, probing was expanded to include information on those who experienced, witnessed and heard about rape and sexual violence as it was clear from the initial free list interviews that persons who had witnessed or heard about rape were also affected by it. The informants included pastors and their wives, chief of villages, teachers, local organization staff (from PSVS and CEPAC), nurses, and community elders.

### Investigating Functionality

As part of the free list activity, in addition to gathering information on the major problems people in Sange experience, interviewers also collected information about the major tasks and activities that constitute normal adult functioning in their day-to-day lives. Each respondent was asked a series of three questions (men were asked about tasks of men; women were asked about tasks of women):

- 1) tell me about the tasks and activities that men/women do to take care of themselves
- 2) tell me about the tasks and activities that men/women do to take care of their families
- 3) tell me about the tasks and activities that men/women do to take care of their community.

The free listing exercise revealed a wide range of tasks and activities that adults do in this area as a part of their daily lives, with an emphasis on cultivating, farming, trading and selling. As in other populations we have studied in sub-Saharan Africa, there were significant gender differences. However, there was little distinction made between the different categories of tasks (ie, tasks done for self, family, and community). Hence cultivating and trading were the most commonly reported tasks among women for all three categories and similarly cultivating, farming, breeding and trading were the most common responses for all three categories among men (though for community, several men also mentioned the activity of building various structures for the community). Tables 2 and 3 present the frequency of the different tasks by gender and question.

In addition to the free listing exercise, two focus groups were conducted in Sange to gather additional information. Each focus group was made up of a single gender (men, women), included adults from the city center and more rural areas, and included a variety of ages. Eleven men and twelve women participated in the groups. The participants were told that they were going to be asked questions about tasks and activities that adults normally do in their communities to take care of themselves, their families and their communities. They were also told that we had already gathered a lot of information on activities related to earning money, like cultivating, farming, trading and selling, and we wanted to know if there were other types of activities or tasks that they could tell us about. The groups were then asked each of the same questions as were asked during the free listing exercise (see above) and responses were recorded. The English translation of the list of focus group responses is included in Appendix C.

## **Results**

Tables 1-3 summarize the results of the free lists: Table 1 contains the results for problems and Tables 2 and 3 refer to functioning of women and men respectively.

Table 4 presents the signs and symptoms associated with the problem categories that were mentioned by at least two different key informants. The first three columns refer to data collected specifically from the discussions about rape and sexual violence from a total of 11 key informants. Eleven of the key informants were asked to describe the problems of people who experienced rape, 7 also provided information on people who witnessed rape (including husbands and children), and 4 also provided information about the problems of people who heard about rape in their community. Not all informants were probed about the effects on witnesses and on those who heard about rapes, due to time constraints during the field phase of the study. The last column presents the data from the key informants who were interviewed about fear. Data from those key informants only interviewed about killings and beatings is not presented due to the small number of respondents.

### Overview of Problems

A review of the tabulation of the problem free lists (Table 1) shows that the most commonly mentioned problems affecting the people in Sange refer to poverty (particularly lack of food and

income), insecurity and resulting criminal activity, and diseases (Table 1). Violence, in particular sexual violence and killings and beatings, is among the major problems from the community's perspective. Informants described sexual violence as a problem both for those who have experienced it and for those who have witnessed it. They spoke of sexual violence as being perpetrated by a number of different groups including the local military and rebel militia groups. Sexual violence was most often identified as rape but many of the descriptions of this type of violence included an element of torture such as forcing individuals to rape or steal from others, forcing individuals to witness an act of sexual violence, or threatening an individual at gunpoint prior to or during the rape itself.

Fear was also described as an important problem of people in the community. It was commonly described as the result of violence and the threat of violence (i.e., insecurity) but could also be caused by poverty. Poverty produces fear of not having enough to survive, as well as fear of theft by others who also do not have enough. Fear was described as a problem in its own right because of its effects on people's behavior (making them fearful to carry out their normal activities) as well as how it makes people feel.

In the following subsections, we discuss the data that is summarized in the Appendix tables. Table 1 has the free list results on problems overall. Tables 4-6 refer to the key informant interviews which focused on sexual violence and fear: Table 4 refers to the signs and symptoms associated with these problem categories, Table 5 to the perceived causes, and Table 6 to what people do about these problems. Despite this categorization of the data we note that reference to signs, symptoms, causes and actions, and even separation of the problem categories themselves is somewhat artificial. It was clear from the interviews that in the minds of local people the problems of sexual violence and fear are highly interrelated. One early indication of this was that many KIs were identified as knowledgeable about multiple problems. During the interviews many of the KIs would discuss all the problem categories even if directly asked about only one. For example, when speaking about fear, many KIs would refer to sexual violence as its cause.

### Consequences of Violence

The problems of a person affected by sexual violence can be grouped into three main areas: 1) Physical, 2) Material, and 3) Psychosocial.

#### *Physical*

There was a clear sense and awareness that sexual violence leads to physical or health-related problems that need medical attention. The most frequently mentioned problem was "diseases" or "illnesses", most often explained as the possibility of contracting HIV or another sexually transmitted disease. Other common descriptions were "people having pains", "a person now in need of health care", "bleeding from vagina", "pain in abdomen", "pain while urinating or having sex" and "always being sick". A few KIs mentioned the need for fistula repair, indicating an acknowledgement of the severity of the sexual violence. A few nurses mentioned that they often checked for hypertension, as this was a common problem.

#### *Material*

Throughout the interviews, most of the KIs indicated that there were also material consequences of the sexual violence and resulting fear. They discussed how the military and rebel forces took houses away, stole possessions and left people with nothing. This often led to discussions about the economic consequences of the war in terms of increase in local poverty and its associated problems. These problems were then discussed as in turn being the causes of increased violence in the home and community. For example, hunger was described as a result of these violent events, either directly due to poverty or due to the fact that many of the people who had experienced or witnessed sexual violence feared going back to their fields. KIs spoke about material losses leading to more instability and violence in the homes, with a “husband chasing his wife”, or women being abandoned and left with their children and no means to support them.

### *Psychosocial*

As with the physical and material problems, there was a *high degree of* overlap in the psychosocial signs and symptoms that were associated with sexual violence and fear. Those signs and symptoms presented below (in alphabetical order) are those that were described as being associated with sexual violence and as the result of fear; both fear resulting from violence and potentially fear due to other causes. The English term for each local sign or symptom represents one (or a few) of the ways this sign or symptom was described. Further descriptions are presented below each term.

#### Behavior changes/problems:

The KIs described people who had experienced or witnessed rape or experienced fear as having problematic, bad or changed behavior, and doing involuntary acts.

#### Eating/appetite problems:

Not eating much, doesn't feel hungry, and grows thin.

#### Fear:

Here the term fear refers to a specific symptom or problem (in contrast to its use elsewhere in this document where it was used by respondents to describe a group or category of problems). The words used to describe fear include: frightened, afraid, timid, and life becomes fearful. Fear was discussed as being afraid that “it” would happen again – with “it” referring to all types of violence. Fear was also associated with physical health problems, particularly the risk of HIV. Several KIs also spoke about people having a fear of other people, particularly soldiers when they come into town. Fear was often described as being manifest as trembling, shuddering, or being agitated.

#### Fleeing:

The KIs spoke about people running away and leaving the village and going and sleeping in the forest. Many of the KIs talked about people fleeing the village because of fear after they had been raped or beaten, after they had witnessed a violent event, or after hearing about a rape.

#### Hiding/avoiding:

The KIs spoke about people who avoid the places that remind them of the violent event and people who hide away. Specifically, they described women who find different ways of walking to avoid the place they were raped and those who don't go to the fields any more or just leave their fields. They talked about people who hide themselves for fear of being seen or just hide themselves in their homes.

#### Hopelessness:

When talking about women who experienced rape, KIs described them as being desperate of life, walking hopelessly, living in despair and having lost hope. They also spoke about witnesses who lost courage.

No interest in things/indifferent/loss of desires:

The words used to describe these symptoms included: indifferent to things, doesn't care no matter what may come, not interested anymore, and doesn't do activities. The KIs spoke about how people who had experienced sexual violence lost interest in things, including sexual activity/pleasure, seeing/visiting others, going to the fields, being with neighbors, and even in living life at all.

Rejection by husband/husband abandons/marriage destroyed:

In KI interviews about people who experienced rape and people who witnessed rape, the issue of abandonment and rejection by the husband came up, which led also to marriages being destroyed and divorce. Specifically, KIs noted that husbands chase away wives who were raped, do not love them any more, behave harshly to them and do not support them (e.g. doesn't give them daily rations). It was also mentioned that husbands whose wives were raped take other wives and women who were engaged prior to being raped were often rejected by their fiancées.

Sadness/crying/not happy:

The words and ideas used to describe sadness include: sorrow, sadness, thinking of the consequences, tears, weeping, cries a lot, puts hand on cheeks, sad too much, sad all the time, heart has sadness, and sadness beyond limits. Sadness was discussed directly as a consequence of experiencing sexual violence and using terms such as depression and “no happiness.” Sadness was described as coming from things such as “having too many thoughts”, “because she didn't enjoy that action [the rape]”, and “thinking of consequences of the actions [rape] (AIDS, illness, pregnancy, others knowing, husband rejecting)”.

Shame:

The words used to describe shame include: feeling ashamed, shameful, ashamed in the family, feeling shamed to speak, having behavior of shame. In addition to the shame experienced by the person who experienced the sexual violence, shame was also a symptom associated with children who witnessed rape. A person felt shame about what had happened to her/him. Shame was also discussed as being associated with the feeling that others in the community were talking and laughing about the person who had experienced sexual violence. A person who felt shame feared gossip, or not being able to marry. For some of the women, they felt shame that their husband had left them, or the husband left them because he felt shame.

Stigma:

The KIs described the stigma that a person who was raped feels and experiences directly from the community. They specified that: she will think that the community ‘will boo at her’ or ‘point at her,’ that they won't talk to her or will laugh at her, and she will feel that people despise her, have doubts about her, and underestimate her. The stigma is in part associated with the judgment about HIV, as one KI stated that the ‘community puts a question mark on her – sees her as a source of infection/disease’.

Suicidal thoughts:

Several KIs described people who had no hope left in life, would find it better to die and who spoke specifically about suicide.

Thinking too much/confusion/mind not stable or right:

The words used to describe this grouping of symptoms includes: thoughts are somewhere else, life of many thoughts, loses herself in thought, something in his mind, many thoughts/thinking too much, confused, thoughts about the problems, lost mind, mind surpassed, thoughts not stable, and ideas not founded. This ‘thinking too much’ or ‘having too many thoughts’ was explained as thinking too much about what happened, thinking that she or he was not normal, having doubts, or thinking too much about all consequences. The description of someone who ‘thought too much’ included things such as “looks like she is losing herself in her thoughts” or “if asked something she won’t even answer”.

Withdrawn:

The words and ideas used to describe withdrawn include: isolates herself, dissocial, doesn’t talk/get close with others, doesn’t associated with others, stays only inside, and reserve in any aspect of life. The KIs described how people just want to be by themselves and “withdraw into themselves”. This was often discussed in the context of shame and fear of others gossiping or laughing at them.

These symptoms were reported consistently across the KI interviews as the consequences of sexual violence as well as of fear. Individual symptoms were also discussed as being both a cause and a result of other symptoms, such as fear causing someone to think too much, and vice versa. To demonstrate the complexity of the issues, one KI described that experiencing sexual violence can cause anxiety which leads to fear and too much thinking; yet too much thinking can also cause fear and anxiety, which can all lead to not sleeping, not eating and withdrawing from other people.

Causes of problems

The psychosocial signs and symptoms described by the KIs were seen as resulting from one or more of three different experiences that cause psychological distress:

- 1) Direct exposure to sexual violence.
- 2) The medical and physical health problems that resulted from the sexual violence.
- 3) The material/social losses that resulted from the sexual violence.

The key informants (KIs) were asked to talk about the causes of the different problem categories and of any other types of violent events or problems. Not all of the KIs provided information about the causes for the problems. A summary of the responses of the respondents who were probed on causes is presented in Table 5. The KIs emphasized that the major cause of all the problems was the war between DRC and her neighbors Rwanda and Burundi. The local military and the rebel militias were almost always described as the perpetrators of the sexual violence that occurred in the local communities. For example, one KI reported, “This situation was brought by war. War caused rape.” The KIs frequently made reference to the extreme differences in the community before the war as compared to during and after the war, stating that the war brought these problems of violence while exacerbating the existing problems of poverty. It is difficult to understand whether the local people think the war is over or whether the ongoing rebel movements and periodic attacks (including ongoing problems with rape) lead the local population to think the war is still going on. People in the community directly related the fear

that they experienced to the traumas of war, specifically sexual violence and lootings that occurred when the military and rebel militias came into the villages or found the villagers working in their fields.

The key informants spoke about how sexual violence led to people fleeing from their homes and the destruction of family units. For example, when a woman was raped the husband often abandoned her. When queried about the reason for the abandonment, the fear of disease, specifically HIV, was often cited along with the shame and stigma associated with the rape. The dissolution of the communities due to individuals and families fleeing because of security fears and the break up of families were also discussed as causes of increased poverty in the area, which itself was identified as a cause of local instability and other problems, such as fear and anxiety.

A cause of the fear that was discussed by many of the informants had to do with the possibility of infection with HIV and other sexually transmitted diseases, which were commonly assumed to be automatic if a woman was raped. More than one informant indicated that rape was synonymous with HIV. The women who were raped experienced the fear of being ill and their husbands experienced the fear that their wives were infected and would infect them. A few KIs also linked this fear to increases problems between husbands and wives, for example one KI indicated that husbands get ‘harsh’ with their wives. Though several informants also indicated that if the woman got tested for HIV and they believed that she was not infected, then the husband would take her back as his wife.

#### *What people do to help themselves*

The KIs were also asked to discuss what people do or to whom they turn to for help when they have experienced sexual violence. The results of these probes are presented in Table 6. The KIs reported that people go to pastors to pray and receive advice, nurses to receive HIV testing and learn about diseases, elders and chief of villages to receive general advice and also specific advice about how to deal with domestic issues (e.g., telling a husband, or deciding whether to leave a wife who was raped). The KIs also spoke about how some people go to traditional healers and local NGOs and associations, such as PSVS, to get help. A few KIs said that people talk with others in the community for advice, but this was not common due, in part, to the intense negative stigma attached with many of these experiences, especially sexual violence.

There was a clear acknowledgement that often there is an immediate need for medical attention to address the injuries, pains and diseases that may have resulted from the sexual violence. The KI interviews suggest that some people who experienced fear and sexual violence are not able to work and socialize as a direct result of their medical problems. However, KIs also indicated that receiving medical attention and getting the results of HIV testing can result in many of the psychosocial symptoms associated with the sexual violent events. For example, some KIs indicated that a positive HIV test could result in many psychosocial problems including problems with the husbands.

## Function

Overall, the primary tasks and activities of adults in this area focused on those that brought income and/or food to the family. These were the central activities of both men and women in caring for themselves and their families. More variety was presented for the tasks associated with helping the community, with the focus there on being involved with community projects and associations.

Results from the focus groups corroborated what had already been learned from the free listing exercises (Appendix C). Other than direct economic development activities, the men spoke about uniting together to talk about their lives, tackle their problems and give and receive advice, particularly around issues of personal economic development. They also spoke about working together with others for general community development (economic and social), developing leisure activities for youth (e.g. games) and providing security. Results from the women's focus group indicated that for all three questions, the focus was on the tasks and activities that women do to get money and/or food, other than farming and cultivating. They listed a wide-range of activities, including brewing, working in the market, cleaning houses, washing clothes, weaving hair, collecting wood, etc, all for the purpose of earning income for themselves and their families. To take care of their families, the women also mentioned their role in preparing food for the children. To help their communities, the women described their role in giving one another advice for living peacefully, advocating for women to help them get their needs met, helping others to get reconciled with their husbands, and exchanging ideas. A few specific activities were also mentioned, including health sensitization programs (sanitation and hygiene) and helping to build a health center owned by CEPAC (a church organization).

### *Developing Indicators to Assess Ability to Function*

With the goal of identifying function indicators across all three domains (caring for self, family and community), we reviewed the results of all the free lists and the focus groups. We first identified the tasks and activities that were mentioned most often (e.g. cultivating/farming, trading, cooking, breeding). We then prioritized tasks and activities that required active participation and had components of community involvement (e.g. uniting to plan to do activities). Our objective was to identify at least 10 tasks and activities for men and women each. Appendix B presents the 11 tasks and activities identified for women and the 10 for men in questionnaire format that can be used to evaluate changes in functioning in populations receiving intervention programs.

## Discussion

### Limitations

This was the first time the DRC IRC team had used these methods and, due to unforeseen security problems which interrupted the study, BU faculty were unable to provide on-site assistance and supervision for the entire process. Given that limitation, the data provide a serviceable picture of the major problems experienced by the local population, the nature of these problems and some of the causes and consequences of these problems. However, there remain gaps in the overall picture due to the interruptions and difficulties caused by the evacuation of the study team at a critical time and the inability of the BU team to be in place when interviewing resumed.

The major gap in the data is the limited information on killings and beatings. While the free list data suggest that rape and sexual violence are important problems in this community, the free list data also suggest that beatings and killings are high priority problems in the community. Yet **only 3 key informants were found and interviewed on this topic. The limited key informant data on beatings and killings provided insufficient data to analyze and reach any conclusions with confidence.**

An additional limitation is the lack of information on local terms and idioms used to describe the psychosocial problems identified in the key informant interviews. While interviewers gathered information on the names and terms used to describe people who were raped (e.g. ‘wife of the interhamwe’) they did not ask about terms used to describe the signs and symptoms. Thus, there remains a gap in our knowledge about the local terms for the fear syndrome described among this population.

### Conclusions

#### *Problems*

From the free listing exercise it is clear that the major problems affecting the population in the Sange district of South Kivu province can be broadly categorized as problems resulting from poverty, violence/crime, disease and war. Of these a fear syndrome was the major psychosocial problem identified. Using key informant interviews, we investigated the causes of this syndrome, focusing on violence (rape, killings and beatings). The decision to focus on violence, rather than other potential causes of fear and psychosocial problems, was based on the results of the free listing and early key informant interviews (which suggested violence as a major cause) and because violence is the major focus of IRC’s programming.

In reviewing the key informant interviews rape was identified as an important cause of fear. Killings and beatings may also be important causes but we cannot state this conclusively due to the limited data on these latter problems. The key informants identified psychosocial problems not just among those who directly experienced the rape or beatings, but also among those who witnessed these events (specifically for rape), and less frequently, among those who heard about

rapes happening in their community. It is clear that it is not just those who have experienced these events directly that are affected, but also a much wider population, particularly families.

### *Function*

The activities people do to care for themselves when they have experienced or witnessed rape or when they experience fear are similar. The primary actions are to seek help and services from health centers, local associations and NGOs, and from the church. Stigma appears to limit organized action by those affected, including open discussions or meetings.

Across the domains of caring for self, family and community, both men and women indicated that their primary tasks revolved around financial obligations and caring for the family. The activities and tasks that were identified as important for functioning were often gender specific, although there were some similarities across the sexes (e.g. cultivating/farming and trading). Apart from the financial tasks, there are important roles that men and women are expected to fulfill as members of the community including participating in community projects and planning for the future of the community.

### Recommendations

#### *Investigate further the psychosocial effects of beatings and killings*

With the limited data available from the free lists and key informant interviews, the problems of beatings and killings appear to be important to this community and deserve further investigation. In particular, the limited data begins to suggest that the syndrome of fear identified in this study may be consistent across different types of violent experiences but needs to be further explored. If so, this would support providing services by the nature of the resulting problems rather than by based on the type of violence experienced (whether gender- based or not). Similar interventions might be provided to women who have experienced rape or nonsexual violence or both, and the same interventions may be made available for men.

#### *Investigate further the local conception of fear*

Additional interviews are needed to more fully develop our understanding of the local fear syndrome that came out of the key informant data. Specifically, more information is needed on local terminology used to describe the syndrome of fear, or specific groupings of symptoms associated with this syndrome, as well as how the symptoms inter-relate and are associated with different traumatic events (e.g. are different symptoms associated with rape as opposed to beatings and killings). This information would assist in developing appropriate and accurate indicators to assess the severity of this syndrome among those affected by violence.

#### *Modify/develop programs to address the syndrome of fear*

Given that the syndrome of fear appears to be the most important psychosocial problem in the community, programming should be modified, and where necessary newly developed, to address the needs of people with these symptoms. The evidence from this study indicates that survivors of rape and other types of violence (killings and beatings) are particularly vulnerable to this syndrome. It is important to acknowledge also, though that people who witness these acts of

violence are also at risk and should be considered as appropriate recipients of programming as well.

*Use the fear syndrome symptoms and functionality indicators to monitor and evaluate programs*

With the consistency in results across the free lists, key informant interviews and focus groups, we have been able to develop draft tools to assess the occurrence of the problems resulting from violence, and to assess functionality (see Appendix B). These tools can be used to assess baseline symptoms for the purpose of prevalence studies and for screening people into interventions. They can also be used to monitor the impact of interventions and programs recommended above.

*Use the indicators to evaluate the psychosocial and functionality impacts of other programs*

There is a clear pattern of concern and attention to the medical issues that may arise out of situations like sexual violence and beatings (e.g., HIV, fistula repair and hypertension). An evaluation tool may be useful within medical facilities to assess those that may be more or less in need of psychosocial programs. Incorporating these tools into ongoing evaluations of medical and economic aid programs may provide indication of whether these interventions improve the well being and functioning of the participants.

A cause of the fear that was discussed by many of the informants had to do with the possibility of infection with HIV and other sexually transmitted diseases, which were commonly assumed to be automatic if a woman was raped. More than one informant indicated that rape was synonymous with HIV. The women who were raped experienced the fear of being ill and their husbands experienced the fear that their wives were infected and would infect them. A few KIs also linked this fear to increases problems between husbands and wives, for example one KI indicated that husbands get ‘harsh’ with their wives. Though several informants also indicated that if the woman got tested for HIV and they believed that she was not infected, then the husband would take her back as his wife.

**Appendix A: Data Tables**

Table 1: Frequency Table of Free List Problems from 34 Community Informants

Table 2: Frequency Table of Women’s Tasks by Functional Domain from 21 Respondents

Table 3: Frequency Table of Men’s Tasks by Functional Domain from 13 Respondents

Table 4: Signs and Symptoms for the Problem Categories (> 1 respondent)

Table 5: Key Informant Descriptions of the Causes of the Problems

Table 6: Key Informant Descriptions of What People in the Community do to Help Themselves

Table 1: Frequency Table of Free List Problems from 34 Community Informants (>1 respondent)

<b>Description</b>	<b>N*</b>
Hunger/malnutrition/lack of food	29
Theft/lootings (by soldiers/rebels)	25
Rape/sexual violence (soldiers, in the fields, young children)	20
Diseases	16
Lack of schools/destroyed schools/children suffering from no education	14
Money - lack of/looking for	12
Housing - destroyed/lack of	11
Lack of farming/cultivating/fields not producing	11
Medicines/dispensaries - lack of	9
Killings/murder	9
Jobs/unemployment/work - lack of	9
Lack of water/lack of drinking water	8
Lack of rain/drought	8
Fear – general/going to fields	8
Lack of energy/electricity	5
War	4
Fleeing/running away from the war	4
Death during war/needlessly	4
Lack of clothes	4
Beatings in the home, by soldiers	4
Violence/military violence	3
Poverty	3
Food - lack of/shortage	3
Eating badly	3
Abductions - by soldiers/rebels	3
Sleeping (bad places, can't)	2
Loss of/lack of peace	2
Insecurity	2
Illiteracy	2
Hospital/health center - lack of	2
Buildings (uncomfortable/can't build them)	2

\* N represents the number of respondents who mentioned this problem

Table 2: Frequency Table of Women’s Tasks by Functional Domain from 21 Respondents (>1 respondent)

<b>TASKS FOR CARING FOR ONESELF</b>	
<b>Task/Activity</b>	<b>N*</b>
Cultivating	15
Trading	15
Farming	6
trading/selling	4
Studying	3
working in association	3
church tasks	2
Selling	2
Shopping	2
working - manual labor	2

\* N represents the number of respondents who mentioned this task

<b>TASKS FOR CARING FOR ONES FAMILY</b>	
<b>Task/Activity</b>	<b>N*</b>
trading	19
cultivating	12
cooking	8
farming	8
selling	4
pounding casava	3
working for others	3
getting school fees	2
teaching	2
working - generally	2
brewing beer	2

<b>TASKS FOR CARING FOR ONES COMMUNITY</b>	
<b>Task/Activity</b>	<b>N*</b>
trading	7
cultivating	6
farming	5
teaching	4
breeding	2
selling	2
working with associations	2
working with others	2

Table 3: Frequency Table of Men’s Tasks by Functional Domain from 13 Respondents (>1 respondent)

<b>TASKS FOR CARING FOR ONESELF</b>	
<b>Task/Activity</b>	<b>N*</b>
cultivating	8
Breeding	6
Farming	6
Trading	6
Teaching	5
making beer	2
making coal	2

\* N represents the number of respondents who mentioned this task

<b>TASKS FOR CARING FOR ONES FAMILY</b>	
<b>Task/Activity</b>	<b>N*</b>
cultivating	7
trading	7
farming	6
healing	3
schooling children	3
teaching	3
caring for children	2
getting clothes	2
getting food	2
looking for money	2
making coal	2
trading/selling	2
transport (by bike)	2

<b>TASKS FOR CARING FOR ONES COMMUNITY</b>	
<b>Task/Activity</b>	<b>N*</b>
building - churches/houses/schools	6
breeding	5
cultivating	5
farming	3
advising	2
masonry	2
tailoring	2
teaching	2

Table 4: Signs and Symptoms for the Problem Categories (> 1 informant)\*\*.

	<b>Experienced Rape (n=11)</b>	<b>Witnessed Rape (n=7)</b>	<b>Heard about Rape (n=4)</b>	<b>Experienced Fear (n=9)</b>
<b>Sign/Symptom</b>	<b>N*</b>	<b>N*</b>	<b>N*</b>	<b>N*</b>
Physical health – hypertension/HIV	10	3		3
Stigma from others/underestimated by others	9	2		
Thoughts/ideas not founded/confused	8	1		4
Fear (general, disease, event...etc.)	7	5	4	8
Withdrawn- (from others)	7			2
Indifferent, no desire, doesn't do things	6	1	2	4
Sad/heart has sadness/depressed	5	3		2
Rejected by husband/husband abandons	5	3		
Appetite loss/gets thin	4	2		4
Behavior change/problems	4	2		2
Hides/Avoids	4	1		2
Weak	4	1		2
Shame	3	3		3
Anxious	3	1		2
Not happy-Cries	3	1		2
Hopeless	3	1		
Suicidal/no desire to live/can't go on	3			
Pregnancy	3			
Marriage destroyed/not possible/household dies	3	1		

N represents the number of informants who mentioned this sign or symptoms

\*\* The first three columns refer to data collected specifically from the discussions about rape and sexual violence. Eleven of the key informants were asked to describe the problems of people who experienced rape, 7 also provided information on people who witnessed rape (including husbands and children), and 4 provided information about the problems of people who heard about rape in their community. Not all informants were probed about the effects on witnesses and on those who heard about rapes, due to time constraints during the field phase of the study. The last column presents the data from the key informants who were interviewed about fear. For example, 10/11 key informants who were interviewed about people who experienced rape mentioned physical health problems (e.g. HIV), 3/7 key informants who were also asked about witnessing rape mentioned physical health problem and 0/4 of the key informants who were also asked about those who heard about rape mentioned physical health problems. Of those key informants who were interviewed about the problem of fear, 3/9 mentioned physical health problems.

Table 4: Continued

	<b>Experienced Rape (n=11)</b>	<b>Witnessed Rape (n=7)</b>	<b>Heard about Rape (n=4)</b>	<b>Experienced Fear (n=9)</b>
<b>Sign/Symptom</b>	<b>N*</b>	<b>N*</b>	<b>N*</b>	<b>N*</b>
Paranoid/Insecure	2			2
Flees/runs away/leaves the house	2	1	3	3
Re-living/remembering/flashbacks	2			
Traumatized/Unstable	2	1		1
Stressed/agitated/trembles	2	1		1
Doesn't feel like woman/person	2			
Doubt	2			
Disappointed	2			
Misfortune	2			
No one helps her	2			
Tired	2			
Anger/nasty (mean)	1	2		2
Doesn't speak with others/doesn't talk				2
Insecure				2
Isolated				2
Puts others in trouble				2
Scared				2
Suffering		2	2	2
Walking changes/fails				2
Shocked		2		
Revengeful/condemn		2		

\* N represents the number of informants who mentioned this sign or symptom.

Table 5: Key Informant Descriptions of the Causes of the Problems (>1 respondent)

	<b>Rape (n=4)</b>	<b>Fear (n=4)</b>
<b>Causes</b>	<b>N*</b>	<b>N*</b>
Military/rebels	4	1
War	3	3
Rape	0	4
Disease	0	2
Killings	0	2
General causes (when something happens)	0	2

\* N represents the number of informants who mentioned this sign or symptoms

Table 6: What People in the Community do to Help Themselves (>1 respondent)

	<b>Rape (n=9)</b>	<b>Fear (n=5)</b>
<b>What people do to help themselves</b>	<b>N*</b>	<b>N*</b>
Health centers/nurses/doctors	5	4
Go to associations/NGOs	4	3
Church/Pastor/Pray	4	3
Go to chief/leaders/local authorities	2	0
Unite with others/coming together	2	1
Counseling	2	0
Work/business to make money	2	0
Husband comes back/husband marries new woman	2	0
Go to elders	0	2

\* N represents the number of informants who mentioned this sign or symptoms

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**Appendix B: Instruments**

Psychosocial Indicators

Functionality Indicators by Gender

Psychosocial Indicators

How often have you experienced this in the past week (or can be evaluated for past 2 weeks)?

<b>Symptoms</b>	<b>Not at all</b>	<b>A little bit</b>	<b>A moderate amount</b>	<b>All the time</b>
Behavior changes/problems				
Eating/appetite problems				
Fear				
Fleeing				
Hiding/avoiding				
Loss of interest/indifference				
Sadness/crying				
Shame				
Thinking too much				
Physical health problems				
Withdrawn				
Hopeless				
Pregnancies				
Rejected by husband				
Stigma				
Thoughts of dying				

Functionality Indicators by Gender

How much difficulty do you have doing the task/activity compared with other men/women your age?

	<b>Amount of difficulty doing the task/activity</b>				
<b>Female Tasks/Activities</b>	<b>None</b>	<b>Little</b>	<b>Moderate</b>	<b>A Lot</b>	<b>Cannot do</b>
Cultivate/Farm					
Trade					
Cook					
Look after children					
Give advice for living peacefully					
Exchange ideas					
Domestic work					
Working – manual labor					
Pounding cassava					
Unite to do common tasks for community development					
Unite to do work for families					

	<b>Amount of difficulty doing the task/activities</b>				
<b>Male Tasks/Activities</b>	<b>None</b>	<b>Little</b>	<b>Moderate</b>	<b>A Lot</b>	<b>Cannot do</b>
Cultivate/Farm					
Trade					
Breed					
Clothe and feed the family					
Unite and mutually provide pieces of advice					
Think of projects to help themselves					
Plan projects					
Plan for clothing and feeding the family					
Unite to work for the community					
Learn tasks for others to develop their lives					

## **Appendix C: Focus Group results**

### Men's Focus Group

#### **Tell us what the men do here in Sange (normally) to take care of themselves.**

The men of Sange unite together to discuss and talk about life.

They develop, create different programs for their development.

They have courage of doing small activities/tasks and also unite to t??

They sometimes meet to tackle their problems.

They prepare their children to school, they expect to get something from the children.

Some think of projects to help themselves.

Some others breed.

Others create local NGOs to help themselves.

Some other men breed: fish, hens, guinea pig and so on. Duck, rabbit, cows pigeons.

Other men plant/grow trees of fruits.

Some others dig or canalize channels to bring water where there isn't to easier agriculture the season where there is no water.

Others mutually give small loans.

#### **What do men do to help (take care of) their families?**

The men of Sange gather their families give them pieces of advice about preparing their tomorrow's life (lives).

They think of to know how (do what) to feed their families.

They teach other people manual labour.

They learn tasks from other to develop their lives.

They travel to foreign countries to bring new initiatives to help their families.

They urge their children to go to school, for the children to help their relatives in future.

Other men to help their families, they school children, relatives' s children to prepare them for some jobs, tasks.

Others ask for advice from neighbors to develop their way of life.

They unite to work hand in hand (group) and this allows them to fulfill their achievements yet it could be difficult for one person to do.

They plan projects

- Borrow fields
- School children
- Build houses

They save stuffs such as food and money.

They sensitize family people for work.

They plan to clothe and feed the family.

### **What do men do here in Sange to help or take care of the community?**

They unite and mutually provide pieces of advice.

They unite to work.

They unite to look at the security of their city and also think of its development.

They set up or create associations of development.

They unite to make associations of health go forwards.

They unite to make associations of agriculture go forwards. eg. Of ADASA: Association for the Development of Farmers of Sange.

They cope [work with/collaborate] with the local government representatives to bring peace of the city or of the citizens.

Young people organized games as leisure activities to fight against banditism in the city.

They build houses to facilitate trade.

They preach the Gospel (Good News) word of God to try to fight against paganism.

They bring machines (mills) to help women grind.

They school their children.

They unite together to set up electricity in the city.

They do set up private health centers and private schools.

They devote themselves to teach and give pieces of advice about strong infecting/contaminating diseases such as cholera, HIV/AIDS, and other sexually transmitted diseases.

They sensitate others in planting or growing trees.

They teach women to make clothes (tailors).

They also do alphabetization of adults (literacy).

They manage to help others know how politics is (about elections, presidential).

They also unite (have once united) to set up a radio station to let Sange people informed. The information should reach everybody.

They unite to repair roads.

Women's Focus Group

**What do women do to help themselves?**

They first task is “cultivate.”

Little trade

Cook or make cognac/brandy

Cook lemonade

Brass local beer (of banana)

B/c of hunger women and even girls spend their days in market

Sweep the market

Others sweep the market

Other work or cultivate on others farm

Other women port [carry?] for others some burdens

They pound the stuffs for cooking cognac/brandy to get paid.

Others pound maize for others to make lemonade.

Others go begging in the market and on the road.

Others deal with unpacking excreta from water closers.

Other women's task is to clean up houses (to get payment)

Others cut banana leaves to pack cassava bread.

They sell banana leaves to get food.

Others cut down grasses to brass banana jus [juice?].

Others wash clothes for other people.

Others cut down stuffs they use to make mats.

Others ruin their own bodies to help themselves (prostitution).

Other women's task is to weave hair.

Girls apply the same way of ruining their own bodies to help themselves (prostitution).

Some women help themselves, they practice adultery.

They others cut down grasses to build houses.

Some other women leave their houses, accompanied by their children (young) go to some people to do some job in houses and go back home in the evening. There they eat, after they go to sleep in their houses.

And many take care or look after their fields, but when they go, they go to steal other people's fields.

And the others survive in collecting fire woods in the forest.

Others work/cultivate on other people's farm.

The others survive on weaving hair.

Other women cut down trees to make embers (charcoal).

The others pass their days home to steal because of hunger.

The other women, when they spend their days at home, they urge their children to go and steal in other people's houses because of hunger.

Other women help themselves by asking food where it's available.

### **What do women do to help the community?**

Nowadays we are doing sensibilisation on sanitation/hygiene of channels and we put medicament (treatment?) in the water of Sange river (water that people collect) in order to escape diseases such as cholera.

The women do security.

*The women, how do they do security?*

We make peace for women where there's misunderstanding among women.

We go there, we provide pieces of advice about how women should live peacefully. Also we deal with hygiene of women.

We advocate for them to get what the rest of the community can't want them to get.

We advocate for women to get peace with other people.

We provide advice to population or the community.

We help them getting treated (when they are ill).

We help them to get reconciled with their husbands.

We help them by giving them cassava to be able to build Muse--- (nursery??)/primary school/Sange.

The women have brought their help on building a health center owned by CEPAC/church by bringing baskets of sand, bricks with stones.

They teach women on how to live in the community.

We unite and do common tasks to see if our city can get developed.

We exchange ideas.

### **What do women do to help their families?**

The help their families, women here in Sange apply different ways according to each person.

Women unite in some tasks in order to help their families: eg. We work on one's farm one day and finish at once to help the families.

In a week we finish working on six farms for six families ? six farms

We transport sand for our families to survive.

We, women, we cook brandy to help our families.

We cut down grasses to build houses to help families.

We weave mats.

We weave mats. (written twice)

We cut down trees, palm trees, to make broom.

We look for soil to make traditional pans and pots to help the families survive.

We women we steal cassava leaves on other's farms to help our families.

Some others happen to loose their lives b/c of that theft of cassava leaves to help their families survive.

We women go through the city pounding to help our families survive.

Pound the bark of cassava to have our families survive.

Others pound cassava for them to get remnants to make porridge for the children.

And others go to cut down trees/woods in the forest to help the families to survive.

[I thank you for your welcoming me.]