



**UNIVERSITY OF LEEDS**

This is a repository copy of *Researching wartime rape in Eastern Congo: why we should continue to talk to survivors?*.

White Rose Research Online URL for this paper:  
<https://eprints.whiterose.ac.uk/165390/>

Version: Accepted Version

---

**Article:**

Aroussi, S [orcid.org/0000-0002-5220-5214](https://orcid.org/0000-0002-5220-5214) (2020) Researching wartime rape in Eastern Congo: why we should continue to talk to survivors? *Qualitative Research*, 20 (5). pp. 582-597. ISSN 1468-7941

<https://doi.org/10.1177/1468794119884880>

---

© The Author(s) 2019. This is an author produced version of an article published in *Qualitative Research*. Uploaded in accordance with the publisher's self-archiving policy.

**Reuse**

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

**Takedown**

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing [eprints@whiterose.ac.uk](mailto:eprints@whiterose.ac.uk) including the URL of the record and the reason for the withdrawal request.



[eprints@whiterose.ac.uk](mailto:eprints@whiterose.ac.uk)  
<https://eprints.whiterose.ac.uk/>

## **Researching wartime rape in Eastern Congo: Why we should continue to talk to survivors**

### **Introduction**

In 2015, as a researcher about to undertake fieldwork in the east of the Democratic Republic of the Congo (DRC), I grappled with whether or not interviewing survivors of rape living in conflict settings was ethically justified. I remember feeling defensive when discussing my research with fellow feminist academics, even after funding was confirmed. Over the last few years, the DRC, a country commonly described in the Western media as “the rape capital of the world”, has almost become synonymous with rape. In stories about the DRC, Congolese women were often simply reduced to rape survivors, justifying Mohanty’s (1986) and Spivak’s (1988) criticism of the monolithic racialized and colonial ways in which “third world” women become helpless victims in the process of knowledge production. The graphic accounts of rape stories used by NGOs and the media felt voyeuristic, and the idea that women’s suffering could be exploited in the pursuit of funding, sensational stories, or academic careers deeply alarmed me. The issue of beneficence was also of great concern. In research ethics, the principle of “doing no harm”, while necessary, is insufficient to ensure ethically compliant research (Hugman *et al.*, 2011). Jacobsen and Landau (2003: 186) argued that researching human suffering can only be justified if such research contributes to the ending of that suffering. Academic social sciences research on the other hand is limited in its impact and capacity to improve the circumstances in which survivors live, particularly in the immediate term.

My research aimed to study how survivors of rape perceive justice in Eastern DRC, a highly volatile area plagued by decades of continuous conflict. Understanding what justice means to survivors and how best to deliver it is important, not only from an academic perspective but also for practitioners and policymakers working in this area.

In South Kivu, rape is committed on a massive scale by armed actors as well as by civilians (Author, 2018 details withheld for peer review). To capture how different victims articulate

justice, I needed to speak to survivors of rape by armed groups, civilians, and community members. The participants in my research have undoubtedly lived through traumatic experiences. As a researcher, although I was convinced of the importance of my research topic, I was nonetheless terrified about potentially causing harm to the participants, and I was particularly concerned with the risk of distress and re-traumatisation. Thankfully, due to carefully planned research design and methods, my fear and doubts were put to rest, and the fieldwork experience was positive for everyone involved. Given this outcome, I feel that I have a duty to write this article and share my experience with other academics and junior researchers who want to conduct research with victims of rape in conflict.

In this article, which is based on interviews with 76 victims of rape in South Kivu from the areas of Kasika, Kamanyola, and Idjwi, I argue that conducting research with survivors of rape in the context of conflict, when carefully planned and executed, is not only ethically defensible but also beneficial for survivors. Because of their feelings of isolation and stigmatisation, rape survivors would welcome the opportunity to discuss their feelings and share their pain with an empathetic listener. The research experience typically offers survivors a platform to articulate their reflections on their experiences and to offer their ideas on possible solutions, and as a result research participation can be uniquely empowering. Findings from this study should help other researchers to understand the importance of doing research on sexual violence in conflicted contexts and should also prompt them to reflect on their methods and ethical practices.

This article is divided into four sections. In the first section, I describe the methodology used in this study. In the second section, I discuss why survivors of rape in conflict-affected societies choose to participate in sexual violence research. In the third section, I discuss the impact of the research experience on the participants, and in the final section I offer some reflections on

how we should speak to survivors, focusing on the role of methods, empathy, and the need to move beyond the role of researcher.

## **Methodology**

I selected the areas of Kasika, Kamanyola, and Idjwi to capture the diversity of survivors' experiences of sexual violence. Kasika is located in the territory of Mwenga where various armed groups such as the FDLR, the Mai-Mai, the Raia Mutomboki, and the Tutsi Rwandan forces and their allies were present at varying times. Women in Kasika have suffered considerably from repeated organised mass rapes, as well as opportunistic rapes. Kamanyol, is a town located in the very fertile Ruzizi plain which borders both Rwanda and Burundi. Its proximity to these borders has allowed for the frequent presence of criminal gangs, traffickers, armed groups, and foreign armies in the area and this has resulted in additional layers of insecurity for women who live in fear of opportunistic rape both inside and outside of their homes. Idjwi is a secluded island in Lake Kivu, which was largely spared the presence of armed groups. Because of its geographical inaccessibility and its community's reclusiveness, local traditions and customary practices that involve rape, such as marriage by capture, locally known as "*rapt marital*", remain common on the island. While in Kasika and Kamanyola, rape by civilians including known community members is also very common, in Idjwi almost all rapes are committed by civilians. The participants in this study included women raped by armed groups who used rape both as a weapon of war and opportunistically; women raped by members of criminal groups; women raped by civilians including known members of their community or family; and women who experienced the customary practice of "*rapt marital*". In designing the study, I strictly followed the World Health Organisation's (2007) manual on ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies. I also followed recommendations made in other prominent literature in this area. I enrolled in a specialised training course on the ethics and meanings of conducting

research with survivors of gender-based violence in conflict, a programme offered by the London School of Health, Hygiene, and Tropical Medicine. Doing research in volatile conflict settings and with survivors of sexual violence is extremely difficult and dangerous without a local partner (Zimmerman *et al.*, 2016). In my study, I collaborated with a church-based local organisation that had in-depth knowledge of the context of South Kivu and with extensive networks across the region. I worked alongside Florence, my research assistant, who had experience of working with survivors of sexual violence in what are locally called listening houses or “Maison d’écoute”. In line with WHO (2007) guidelines in this area, I trained Florence in the ethical principles involved in conducting research and particularly the issues of informed consent and the safety and wellbeing of the participants.

Feminist researchers have highlighted the need for researchers’ reflexivity as well as change in the hierarchical relationship between interviewer and interviewee. This is particularly important when working with survivors of sexual violence (Castor-Lewis, 1988; Acker *et al.*, 1983; Sampson *et al.*, 2008; Hlavka *et al.*, 2007). To achieve these aims in this study, I have used storytelling and personal narrative methods instead of traditional interview questions. Storytelling is a very popular methodology in transitional justice research because it is perceived to be empowering and is thought to encourage survivors’ healing (Grady, 2010; Godwin Phelps, 2004). I chose private and safe locations for the interviews based on advice from my partner organisations and I offered the participants anonymity. In line with this requirement for anonymity, all the names in this article have been changed.

To help assess the impact of my research on the participants, and to understand why survivors of sexual violence in South Kivu would agree to participate in sexual violence research, I decided to include meta-research in the research design. This method, which I discuss in more detail in the third section of this article, is commonly used in studies on gender-based violence (Newman *et al.*, 2006; DePrince and Freyd, 2006; Sikweyiya and Jewkes, 2012; Campbell *et*

*al.*, 2010). In line with this approach, I systematically asked the participants at the start of our conversations why they had agreed to take part in the research and about their expectations from the researcher. At the end of our meetings, I also asked participants how they felt as a result of speaking about their experiences. Additionally, using a face chart to record responses, I asked each participant to rate, in confidence, how they felt after our conversation. This self-reflexive type of meta-research is important for researchers in order for them to continuously assess and improve their methods, data collection processes, and their way of interacting with survivors. It can also help them to consider the broader impact of their research on a study's participants.

### **Why survivors of sexual violence in South Kivu engage in justice research**

Survivors of sexual traumas in conflict generally live in a context of extreme poverty where hunger, malnutrition, and lack of access to basic needs are a daily reality. In rural South Kivu, the majority of the population lives on less than a dollar a day. Researchers, particularly from the Western world, are often perceived by the local population as relatively rich and have the ability to at least donate a few dollars, if not provide more substantial financial support. In these circumstances, a financial pull for participants cannot be under-estimated in this type of research.

The issue of whether to provide participants with compensation and material incentives has been discussed by researchers with little agreement (Daley, 2015; Fontes, 2004; Sullivan and Cain, 2004). Giving participants financial incentives in certain conditions can amount to coercion but not doing so can also be seen as exploitative. Compensation can also be a way of showing participants that you value their viewpoints and contributions (Fontes, 2004: 149).

However, many of the scholars pondering the legitimacy and necessity of payment to participants do not distinguish between financial incentives and financial compensation. As

Grant and Sugarman (2004) have pointed out, there is a significant difference between these two forms of payment. While compensation involves an effort to

render equal pay for value or service received, and making up for a loss such as time and cost of travel, an incentive on the other hand is designed as an incitement to action without which the desired research participation would probably not occur. Incentives, under certain conditions, can amount to a form of undue influence and interfere with the principle of informed consent particularly when these are used to induce someone who is vulnerable to act against his or her better judgment and to do something to which they are averse (Grant and Sugarman, 2004: 725).

When participants in sexual violence research feel coerced into telling their intimate stories due to desperation, this might have a negative impact on them in terms of the risk of re-traumatisation, as well as reinforcing feelings of anger, frustration, and low self-esteem. The offer of financial incentives may also lead to the possibility that fake survivors will want to take part in the study.

Due to the ethical qualms surrounding payment to participants, and guided by the methods and design of this study, I opted against giving financial incentives to recruit participants and instead only provided refreshments and modest compensation for transport provisions and time. I had to make sure that the participants in this study clearly understood that there was no reward for telling or not telling their stories and that their circumstances were unlikely to change as a result of their participation before they engaged in any disclosure. This information was given to the participants at least twice at the recruitment stage and then again on the day of the interview before the data collection started. Even after doing this, when survivors were asked about their expectations, I still encountered many cases where the participants stated that, as a result of taking part in the study, they were hoping to get financial support, access to

medical treatments, donations for food, school fees, clothing, starting a small business, repairing or building houses, or other benefits. In these situations, I had to reiterate my inability to intervene and I offered the participants the option of withdrawing from the study. Surprisingly, participants did not change their minds and confirmed that they still wanted to take part. Setting aside the financial pull factor, the most common reasons provided by the participants for taking part in the research were sharing one's story for emotional release, seeking advice, and, to a lesser extent, helping others in similar circumstances.

### **Telling one's story and emotional release**

The research revealed that the most common motivation for participating in the study was the need to speak about one's experiences with an interested and sympathetic listener. This is not unusual and concurs with research findings from studies that relate to survivors of sexual trauma in non-conflict contexts. Bergen (1993: 208) pointed out that, once survivors began talking about their experiences, they did not seem uncomfortable and they were grateful for the sympathetic listener, and many were anxious to speak in great depth about the intimate details of their experiences. Clinicians and counsellors operate according to the premise that talking about one's traumas might be cathartic in and of itself. The need to talk about one's traumatic experience is important for survivors of sexual violence who are often blamed, discredited, stigmatised, and rejected by their communities.

In this study, once survivors were assured of the confidentiality protocol, they felt comfortable and opened up about their experiences and feelings in a way that would not have been possible otherwise. In South Kivu, access to professional counselling is not available. Instead, community-based counselling in listening houses or "maison d'écoute" has emerged in many areas. These are places where victims of traumatic experiences, including sexual violence, meet with a volunteer psychosocial assistant who listens to them and provides them with support and advice about available medical and legal services, as well as economic assistance



(Puechguirbal, 2017: 133). However, the existence of psychosocial assistants in an area and their ability to do their work will depend on NGOs' support. Often such volunteers are overstretched and are not available for long-term counselling. For instance, Mama Therese, a volunteer psychosocial assistant in Kamanyola, told me:

The real full listening/ counselling happens on the first day that the woman comes to see me [...] After this there is no specific additional counselling session for the victims.

In areas such as Kamanyola, then, the need to share one's pain and break the silence is tremendous, as is clear in the story of Matilde, who was originally from Rwanda. She was happily living in Kamanyola with her Congolese husband whom she married following a big love story. Neither of them had family in the area and she had already found integrating into the community difficult due to a language barrier as she only spoke Kinyarwanda. Matilde's life dramatically changed following the death of her husband and her rape by his former employer who also took all her money. After this, Matilde felt isolated and could not speak about what had happened to her. Matilde explained that she came to see me because she needed to speak to someone about what had happened to her for emotional release. She stated:

I came here wanting and needing to open my heart to speak and for you to listen to me and help me find the courage to go on.... When I came back here after the rape, I could not tell people about the rape but only about the theft. I feel really bad. I am heartbroken and I have so much pain in my heart. [...] But I could not tell the people in the village here because I will be stigmatised and this would make me even more vulnerable. Other men would think that because I have been raped once that they would be able to rape me too or even rape and kill me.... I have these secrets in my heart that I could not

share with a neighbour or a friend for fear that they would go and tell everyone what happened to me, but, since you are not from here, I felt that I could trust you and speak to you about what happened to me.

Matilde's account is typical of many participants including those who were rejected and ostracised by their communities following rape and for whom the opportunity to speak about what happened to them in their own words and without being judged was extremely important. For instance, Marion was a 22-year-old woman who was raped in the fields in the Ruzizi plain while collecting corn. Marion is an orphan and has to take care of her four brothers and sisters. When telling her story, Marion got tearful. I reminded her that she did not have to go on and that she could stop or leave it for another day. Marion protested tearfully:

The rape has caused me so much suffering. I came here to tell you about what happened to me. I want to continue to speak, because I need to speak to someone about how I feel. This is why I came here.... I have no family in the village and nobody was ever interested in me.

### **Seeking advice and self-help**

Research on violence against women, particularly feminist scholarship, emphasises the role and responsibility of the interviewer in linking the participants in their research to resources, support, and other assistance (Bergen, 1993; Campbell *et al.*, 2010; WHO, 2007). Survivors of sexual violence in rural South Kivu are often illiterate and poor and have very limited knowledge of where to seek help, and they may expect advice and guidance from the researcher. This was, in fact, the case in this study, and many of the participants clearly stated that they expected me to advise them on where to seek medical help, economic support, and what to do in their circumstances. The underlying assumption is that, as a researcher, I must be

aware of services and perhaps well connected to organisations that could provide them with support.

These expectations were clear, for example, in an interview with Bahati, who was a married Muslim woman and a mother of six children. She was raped while collecting corn in a field near the Ruzizi river by an armed man in civilian clothing. Bahati did not tell anyone about what had happened. While telling her story, Bahati clearly stated her expectations:

What I am expecting from you today is to give me some advice to help me rethink my life.... Some time after the rape I started to feel ill and I had a lot of pain in my body. Then my husband as well started to feel unwell. I realise now that I must have caught an STD from the rape. I did not tell my husband or my family because I did not think that my husband would believe me or stand by me. Instead, he would just think that I willingly offered myself to this man. Here, many women who are raped, they just keep quiet and continue to suffer in silence.... My husband would beat me up. Men here often drink beer and beat up their wives very frequently and my husband does so.... I often hear him saying to other men that women today often fornicate and commit adultery and then claim that they were raped. This discourages me from ever revealing what happened to me. Until today, I have not got yet medical treatment.... If you have any advice on where to seek medical help, please let me know. I don't know what to do in my life because I am too scared and unwell to work the land. Every time I am asked why I don't go to the hospital, I don't say anything. For me, all I want is to get medical help and to continue my life as before as if nothing has happened.

Bahati was too scared to go to the hospital for fear that she would be forced by the medical staff to tell her husband about what happened to her in order to access treatment. Like many

others, she also lacked money to go to the hospital and did not want to ask her husband for money for fear of raising his suspicions. Bahati's situation is typical of many other survivors who want to access medical services but do not know how or whether it is possible to do so without being compromised.

In line with the WHO (2007) guidelines, researchers working on violence against women must do their research on what is available in the areas where they are working. However, while compiling a list of possibly useful organisations close to where the victims are located is important, this type of effort is not enough in the context of South Kivu, where survivors are located in remote areas far from internationally sponsored treatment centres and without adequate transport. Firstly, as researchers, we should take a more proactive approach, discuss referrals with these organisations, and keep them informed of the needs of survivors in the areas studied. Secondly, while doing the research, researchers should team up and work with local partners who would either be able to provide services to survivors or at least advocate for this to happen and follow up after the researcher has left the field. Finally, and ideally, academic researchers should include where possible in their funding applications a budget for referrals in line with estimated costs provided by partners on the ground.

It must be noted as well that, when working on the sensitive topic of sexual violence in rural areas in conflict and post-conflict societies where poverty and illiteracy are widespread, researchers are often asked about their opinions and advice on personal matters. In South Kivu, I was often approached by the participants for woman-to-woman advice, including advice on whether to disclose rape to potential suitors, husbands, and families. In such circumstances, researchers have to ensure that they do not step over the line, influence the participants' choices, or give them advice that may have long-lasting and devastating consequences on their lives. Instead, researchers have to emphasise that any decision on these matters is the participant's alone and they have to take their time and think carefully about their choices. To

help navigate these treacherous territories, it is important that researchers understand the cultural contexts in which they work and the implications of their words and actions for the participants.

### **Helping others**

Some of the participants indicated that they wanted to take part in the study because they wanted to help the researcher better understand the context by sharing their insights and they also wanted to help other women in similar situations. The topic of justice for victims is very important, and many would want to have a say about what this should mean for survivors who share their context. For instance, Chizoba was rejected by her husband after she was raped by a group of burglars when they raided her home one night in 2013. She was left alone to fend for herself and her children, including a mentally ill daughter named Farai. Chizoba had to work as a porter, leaving the children alone early in the morning and only returning at night. One day in 2015, a Congolese soldier came across Farai and raped her. As a result, Farai who was herself a child, gave birth to a child who was one year old at the time of the interview. Chizoba has been experiencing great financial difficulties but also huge pain and frustration caused by the injustice that she and her daughter have experienced. Neither Chizoba nor Farai have had their cases examined by the police and the perpetrators were never caught. Chizoba felt that she needed to share her story with me as a researcher in the hope of improving the lives of other women in her country. She stated:

I wanted to speak to you because I think that our discussion would eventually bring the voices and plight of women from this area, even those who were not here today, to the outside world so that perhaps one day their lives would get better.

## **The impact of taking part in rape research on survivors**

One of the concerns often raised by review boards in relation to sexual violence research is about the risk of re-traumatisation for survivors who have to recall painful and traumatic memories when participating in research. In the field of psychology, trauma researchers in the last two decades have been empirically testing the risk of re-traumatisation for rape survivors occurring due to researchers digging through their traumatic experiences (Burke Draucker, 1999; Campbell and Adams, 2009; Campbell *et al.*, 2010; Griffin *et al.*, 2003). Many of their studies have established that such risks are in fact low. For instance, Newman, Risch and Kassam Adams (2006) as well as DePrince and Freyd (2006) drew a distinction between the direct experience of a traumatic event and voluntarily reflection on that experience to argue that the risk of traumatisation in the latter case was rather minimal, often at a level typical in a survivor's daily life. In fact, trauma studies research has shown that survivors often find the opportunity to talk about their traumatic experience with an interested listener to be beneficial (Bergen, 1993; Campbell *et al.*, 2010; Campbell and Adams, 2009; Decker *et al.*, 2011; Newman and Kaloupek, 2004; Hlavka *et al.*, 2007; Newman *et al.*, 2006). However, most of the studies testing the risk of re-traumatisation on survivors of rape who take part in academic research were conducted in non-conflict societies and mostly in stable Western contexts. While these studies remain useful, they tell us very little about the impact of research on survivors of sexual violence in conflict settings. The context of conflict is considerably different, particularly in terms of increased vulnerability due to volatile security conditions and the unavailability of essential services for survivors.

In this study, the use of reflexive meta-research enabled an assessment of how I was interacting with the participants and an understanding of the impact of the research process on them. I systematically asked the participants about their motivations for and expectations of taking part in the research and discussed these with them. After each interview, I asked the participants

about how they felt as a result of speaking about their experiences. Using a face chart which included a sad, a neutral, and a happy face, I additionally asked each participant to rate anonymously and in confidence how they felt after our conversation.

The face chart data collected after each interview on how the participants felt about their experience taking part in the research showed that 63 participants had a tick against the smiley face, two had a tick against the sad face, five had a tick against the neutral face, and six of the face charts were not useable.<sup>1</sup> Qualitative data collected from the participants on how they felt as a result of taking part in the research was also in line with these findings. None of the participants reported that they found the process of taking part in the study distressing. On the contrary, most in fact revealed that they felt “relieved”, “happier”, or “better” after sharing their stories (55 participants). Participants also described the research experience as “beneficial” or “useful” to them (23 participants).

For instance, Bahati, who contracted an STD as a result of rape but was too afraid of the reaction of her alcoholic and violent husband to seek medical help, described how she felt at the end of the interview:

I think it felt good to speak with you. I feel happier because I am really suffering, and I wanted to tell you my story. Because it feels better to share your pain when you have a heavy heart. Telling you about how I feel in my heart helped me feel relieved.

Similarly, Matilde, the participant I met in Kamanyola but who was originally from Rwanda, stated:

---

<sup>1</sup> This is mostly because the participants either stated that they did not know how to use a pen; drew noses, hair, or teeth on the faces on the chart; or ticked more than one box.

This is my life and how I feel on a daily basis and so talking with you was not difficult for me. On the contrary, I feel relieved after speaking with you because keeping what happened to me as a secret has been eating me from inside and destroying my soul because I am not sharing my pain with others. But since you are here, talking to you made me feel supported and gave me hope because I feel that one day the conditions of raped women might change.

These results are not surprising considering that one of the primary motivations for taking part in the research was to speak and share experiences with an interested listener.

Many survivors also suggested that they found the experience of taking part in the research empowering, and they felt valued, respected, and understood (21 participants). Because of rigid cultural norms around female sexuality, communities in South Kivu often stigmatise, reject, and mock victims of sexual violence, causing them to feel worthless and marginalised. This stigmatisation, which marks survivors' experiences of rape, increases their isolation and aggravates their traumas. Survivors often lose the right to speak within their community. Simply, by being there to listen to survivors, a researcher can somehow promote feelings of self-worth and strengthen self-esteem among survivors. Many of the participants in this study argued that the very fact I had travelled from far away just to come and listen to them and their stories made them felt respected and valued as human beings.

This is evident in the story of Merveille, a woman from Kamanyola who was raped twice and, as a result, rejected by her husband who went on to marry a second wife. Following the second rape, her husband denied her access to the land, refused to provide support for their children, and even demolished the brick house where she lived with her children. Previously, Merveille had been well regarded within the community: she had been a successful vegetable seller and a treasurer for a village saving group. As a result of rape, Meirveille has seen her status



deteriorate. She was forced to live in a tiny hut made of straw and mud. To survive with her children, she was forced to become a porter. Merveille stated:

People in this area now mock me. They point at me with their fingers. Some of them are even saying that I offer myself to men for money.... Today, speaking to you, I feel very happy, because I feel important. When I meet someone who wants to speak with me, I feel respected. I feel that there is still someone who wants to speak to me and who would want to listen to what I have to say. This makes me happy, confident, and important.

Out of the 76 participants, six disclosed that talking about their experiences was painful or made them feel sad but they still stated that they felt better (5 participants) or ok (1 participant) afterwards. These results seem to be in line with other studies conducted with victims of sexual violence in stable societies.

### **Reflections on how we should speak to survivors**

This article highlights the fact that survivors of sexual violence in South Kivu actively seek to take part in research for a variety of reasons including financial reward but particularly for psychological relief, to ask about help and advice, and to help other women in similar situations. The article also shows that the risk of re-traumatisation and distress for wartime rape survivors taking part in carefully designed and ethically compliant sexual violence research can be low. In fact, in my research, it was clear that survivors found the research process to be cathartic and beneficial. In this section, I would like to reflect on what helped to achieve this positive outcome. Here, I am going to focus on the importance of methods, empathy, and of going beyond the constraints of the role of researcher.

## **Choosing the right method**

As Fontes (2004: 147) observed, “Researchers usually study down the power hierarchy – studying those who are poorer, less educated, more discriminated against, less healthy, and in a variety of ways less socially powerful than themselves”. Daley (2015: 436) argued that in studies of conflict-affected societies, particularly in Africa, “researchers have been reluctant to think reflexively about the power dynamics in research, especially in a global space of white privilege and power hierarchy”. Within the literature on decoloniality in research methods, there are a plethora of research tools that have been developed to conduct research with marginalised communities from a decolonised indigenous standpoint that facilitates the expression of the authentic voices of marginalised communities (Smith, 2012). However, in conducting research with survivors of sexual violence in conflicts, additional care is required from researchers in their choice of methodology because of the risks of re-traumatisation and to help the recovery process. Castor- Lewis (1988) warned that, if the research is not carefully designed, the power inequities between investigators and participants may even potentially replicate the power inequities between the abused and abuser. There is no prescribed method to be used with survivors of sexual violence, as this would largely depend on the nature of the research and the context where it is being conducted. In this study, storytelling, performed in the context of a participant-led and dialogical approach, gave survivors power over the interviewing process; this allowed for relationship building and reduced the hierarchy between the interviewer and the interviewees. Storytelling enabled the participants to have control over what they wanted to talk about, when to do so, and how much they wanted to disclose. Storytelling, as Baine and Stewart (2011: 258) argued, is, in itself, a form of justice-making because it helps a survivor to restore their voice, humanity, and individual worth in the process of reconstructing their life story. In this research, I made it clear that participants understood they were not required to discuss their experience of violence nor to disclose anything that they

were not comfortable with. When participants did not talk about their experience of rape, I did not press or ask them to do so. Instead, I just listened to what they wanted to say. This made the participants feel in control of the interview process and limited the potential for distress (Campbell *et al.*, 2010; Newman *et al.*, 2006). It was clear that some of the participants were not mentally or psychologically ready to discuss the details of what had happened to them, even though they actively sought to take part in the research. Essentially, as Clark (2017: 431) has discussed, survivors have their own personal boundaries and ways of remembering and coping with the traumas that researchers must respect. During the interviews, I avoided asking questions except for clarification purposes. As a result, personal narratives developed uninterrupted leading to participants sharing stories of pain but also formidable descriptions of resilience.

### **The role of empathy in the research process**

The second key issue when conducting research with survivors is empathy and the role of emotions. Feelings are an integral part of the research process and a fundamental aspect of our humanness (Dickson-Swift *et al.*, 2009). It is important that researchers who engage in studies of sexual violence are aware and prepared for the emotional research journey that they are about to embark on. This is not just about how researchers are affected emotionally by the stories they hear, but about how they emotionally engage and manage their emotions when interacting with the participants. Researchers should be able to feel and show empathy rather than remain rigidly within the confines of the research script when listening to participants' life tragedies. Empathy is also beneficial for the research. Echoing Clark's (2012: 833) research with survivors of sexual violence in Bosnia, in South Kivu, I found that empathy was essential for putting the participants at ease and building the trust necessary for disclosure. Empathy is important for survivors of sexual violence who typically suffer from low self-esteem and live in a context of stigmatisation and blame. Many survivors feel excluded and therefore they are

often looking for mutual solidarity and connection with the researcher to feel “normal” again and break their isolation. In this study, I have displayed interest in the participants’ feelings and emotions and discussed these with them with compassion. Throughout the research, when participants talked about feelings of worthlessness and blamed themselves for what happened to them, I tried to engage and discuss those feelings in order to minimise self-blame and to counter negative stereotypes surrounding rape and rape victims. As a result, many participants felt understood and supported, but they also often felt surprised that I was more interested in discussing their feelings than in getting a detailed account of their experience of sexual violence. Showing empathy also often involved physical contact such as holding hands, touching, or hugging where appropriate, if that is what was needed to express empathy in a particular situation.

### **Going beyond the role of researcher to what it means to be human**

Fontes (2004:143) suggested that “ethical principles do not adequately address the moral issues that arise in conducting inquiry into many sensitive areas.... [M]any ethical decisions will be based on the amount of overnight tossing-and-turning that a researcher can tolerate”. Working in countries that are experiencing or have experienced recent conflicts will often involve moving beyond research ethics to the moral realm. Researchers cannot just watch people in distress and where possible have to try and alleviate the pain and suffering of the people they have interviewed. Linking participants with available services or organisations that work in the area is important but not enough. Researchers may need to intervene in their personal capacity, and failure to do so may put undue burden on their consciences, keeping them awake at night. In my research in Eastern Congo, I often found myself in situations where I felt morally required to intervene directly or indirectly on behalf of the participants. For instance, in Kasika, Bamidele, a young mother and a survivor of rape was prevented from leaving hospital because of failure to pay the cost of her treatment. She asked whether I would consider asking the

hospital director to release her. Before leaving the area, I went to speak to the hospital director and managed to convince him to do so. I contacted and wrote to the health authorities to inform them about the situation in that area, unfortunately only to realise that this is a standard practice across the country due to the government's lack of funding for health services. While it is important that researchers are prepared to go beyond their role of observers, we also should be realistic in terms of what change we can achieve when working in a context of conflict. While I helped negotiate Bamidele's freedom, there was nothing that I could do for all the other women in similar situations. In this regard, the advice for other researchers is neither to promise what they cannot deliver nor mislead the participants but, where possible, to intervene on behalf of those who have sought their help. This obviously will take them beyond the role of the researcher and the scope of their research into what it actually means to be human. Here, the value of working with local partners who can advise on the best course of action and follow up on issues after the researchers have left the field cannot be underestimated.

## **Conclusion**

The ethical and methodological challenges of conducting research with survivors of sexual violence in contexts such as Eastern Congo are significant, yet research with victims of wartime rape remains essential if we are to develop a grounded understanding of their needs in a particular context and provide guidance to development actors and policymakers on what works. Such research, when carefully designed, can in itself be beneficial for survivors. I have argued in this article that, because of stigma and isolation, rape survivors would welcome the opportunity to share their experiences with researchers, particularly because of their need for emotional relief. The article shows that survivors generally found taking part in the research beneficial, and many felt happy, relieved, listened to, and supported, while the risk of re-traumatisation was minimal. Survivors also felt that the opportunity to take part in a research interview was empowering. In reflecting on these results, I have highlighted the importance of

choosing a methodology that allows the participants control over the research process and what is being said. I have also highlighted the importance of humanising the research process through empathy and I have emphasised the researcher's responsibility to engage with participants, beyond the confines of research roles, as human beings with a moral responsibility to care and to help those in need.

While the findings in this study are encouraging, we should be careful not to generalise that all survivors of sexual violence will want to speak about their experiences and tell their stories. As Fontes (2004: 164) has pointed out, there is a cultural element to whether or not survivors will want to speak about their experiences. While some cultures value emotional expression and disclosure, others value endurance and emotional control. Although my findings have showed that the risk of re-traumatisation in conducting research with rape survivors is minimal, further studies are still needed to determine the long-term impact of taking part in research on survivors of sexual violence. Finally, doing research with survivors living in a context of conflict is a give and take process. As researchers, when we take the decision to do fieldwork, we have to be prepared not only to listen but also to give back and engage.

## **References**

Acker J., Barry K. and Esseveld J. (1983), "Objectivity and truth: problems in doing feminist research", *Women's Studies International Forum*, Vol. 6 No. 4, pp. 423-435.

Bergen, R.K. (1993), "Interviewing survivors of marital rape: doing feminist research on a sensitive topic", Renzetti, C.M. and Lee, R.M., *Researching Sensitive Topics*, Sage, Newbury Park, CA, pp. 197-211.

Burke Draucker, C. (1999), "The emotional impact of sexual violence research on participants", *Archive of Psychiatric Nursing*, Vol. 13 No. 4, pp. 161-169.

Campbell, R. (2002), *Emotionally Involved: The Impact of Researching Rape*, Routledge, New York.

Campbell, R. and Adams A.E. (2009), “Why do rape survivors volunteer for face-to-face interviews?: A meta-study of victims’ reasons for and concerns about research participation”, *Journal of Interpersonal Violence*, Vol. 24 No. 3, pp. 395-405.

Campbell R., Adams, A.E., Wasco, S.M., Ahrens, C.E., Sefl, T. (2010), “What has it been like for you to talk with me today? The impact of participating in interview research on rape survivors”, *Violence Against Women*, Vol. 16 No. 1, pp. 60-83.

Castor-Lewis, C. (1988), “On doing research with adult incest survivors: Some initial thoughts and considerations”, *Women and Therapy*, Vol. 7 No. 1 pp. 73-80.

Clark, N.J. (2017), “Working with survivors of war rape and sexual violence: Fieldwork reflections from Bosnia-Herzegovina”, *Qualitative Research*, Vol. 17 No. 4, pp. 424-439.

Clark N.J. (2012), “Fieldwork and its ethical challenges: Reflections from research in Bosnia”, *Human Rights Quarterly*, Vol. 34 No. 1, pp. 823-839.

Daley P. (2015), “Researching sexual violence in the Eastern Democratic Republic of the Congo: Methodologies, ethics, and the production of knowledge in an African warscape”, Coles, A., Gray, L. and Momsen, J. *The Routledge Handbook of Gender and Development*, Routledge, London, pp. 429-440.

Decker S., Naugle, A.E., Carter-Visscher, R., Bell, K. and Seifert, A. (2011), “Ethical issues in research on sensitive topics: Participants’ experiences of distress and benefit”, *Journal of Empirical Research on Human Research Ethics*, Vol. 6 No.3, pp.55-64.

DePrince, A.P. and Freyd, J.J. (2006), “Costs and benefits of being asked about trauma history”, *Journal of Trauma Practice*, Vol. 3 No. 4, pp. 23-35.

Dickson-Swift, V., James, Erica L., Kippen, Sandra and Liamputtong, Pranee (2009), "Researching sensitive topics: Qualitative research as emotion work", *Qualitative Research*, Vol. 9 No. 1, pp. 61-79.

Fontes, L.A. (2004), "Ethics in violence against women research: The sensitive, the dangerous and the overlooked", *Ethics and Behaviour*, Vol. 14 No. 2, pp. 141-174.

Grant, R.W. and Sugarman J. (2004), "Ethics in human subjects research: Do incentives matter?", *Journal of Medicine and Philosophy*, Vol. 29 No. 6, pp. 717-738.

Gready, P. (2010), "Responsibility to the story", *Journal of Human Rights Practice*, Vol. 2 No. 2, pp. 177-90.

Griffin, M., Resick, P.A., Waldrop, A.E., Mechanic, L.B. (2003), "Participation in trauma research: Is there evidence of harm?", *Journal of Traumatic Stress*, Vol. 16 No. 3, pp. 221-227.

Hlavka, H.R., Kruttschnitt C. and Carborne-Lopez, K.C. (2007), "Revictimizing the victims? Interviewing women about interpersonal violence", *Journal of Interpersonal Violence*, Vol. 22 No. 7, pp. 895-920.

Hugman R., Pittaway, E., and Bartolomei, L. (2011), "When 'do no harm' is not enough: The ethics of research with refugees and other vulnerable groups", *British Journal of Social Work*, Vol. 41 No. 1, pp. 1271-1287.

Jacobsen, K. and Landau, L.B. (2003), "The dual imperative in refugee research: Some methodological and ethical considerations in research on forced migration", *Disasters*, Vol. 27 No. 3, pp. 185-206.

Newman, E. and Kaloupek, D.G. (2004), "The risks and benefits of participating in trauma-focused research studies", *Journal of Traumatic Stress*, Vol. 17 No. 5, pp. 383-394.

Newman, E., Risch, E. and Kassam-Adams, N. (2006), "Ethical issues in trauma-related research: a review", *Journal of Empirical Research on Human Research Ethics*, Vol. 1 No. 3, pp. 29-46.



Puechguirbal, N. (2017), "Breaking the silence: new approaches to the consequences of rape in some African conflicts 1994-2008", Raphaëlle, B. and Fabrice, V. *Rape in Wartime*, Palgrave Macmillan, London, pp. 140-152.

Sampson, H., Bloor, M. and Fincham, B. (2008), "A price worth paying? considering the cost of reflexive research methods and the influence of feminist ways of doing", *Sociology*, Vol. 42 No. 5, pp. 919-933.

Sikweyiya, Y. and Jewkes, R. (2012), "Perceptions and experiences of research participants on gender-based violence community based survey: Implications for ethical guidelines", *PlosOne*, Vol. 7 No. 4, pp. 1-9.

Smith, L.T. (2012), *Decolonizing Methodologies: Research and Indigenous Peoples*, 2nd ed., London, Zed Books.

Spivak, G.C. (1988), "Can the subaltern speak?", Nelson, C. and Grossberg, L., *Marxism and the Interpretation of Culture*, University of Illinois Press, Urbana, IL, pp. 271-313.

Sullivan, C.M. and Cain, D. (2004), "Ethical and safety considerations when obtaining information from or about battered women for research purposes", *Journal of Interpersonal Violence*, Vol. 19 No. 5, pp. 603-618.

World Health Organisation (2007), *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*, available at [https://www.who.int/gender/documents/OMS\\_Ethics&Safety10Aug07.pdf](https://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf) (accessed 11 June 2019).

Zimmerman, C., Michau, L., Hossain, M., Kiss, L., Borland, R. and Watts, C. (2016), "Rigged or rigorous? Partnerships for research and evaluation of complex social problems: Lessons from the field of violence against women and girls", *Journal of Public Health Policy*, Vol. 37, pp. 95-109.