

**RELATIONSHIP BETWEEN SOCIAL CULTURAL FACTORS, SEXUAL AND
GENDER VIOLENCE AMONG CONGOLESE MALE REFUGEES IN KAKUMA
CAMP, TURKANA WEST COUNTY, KENYA**

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**A Thesis Submitted to the Graduate School in Partial Fulfillment of the Requirements for
the Degree of Master of Arts in Gender and Development Studies of Egerton University**

EGERTON UNIVERSITY

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DECLARATION AND RECOMMENDATION

Declaration

This thesis is my original work and has not been presented for an award of a degree in this or any other university.

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DEDICATION

I dedicate this study to my parents Mr. & Mrs. Paul Manyanya, my Husband Geoffrey Mogeni, my sisters Agatha, Stella, my brothers Evans, Boniface and Benjamin for always believing in me in every step I took.

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ABSTRACT

Sexual violence is a significant public health and human rights issue worldwide. Refugees and asylum seekers affected by armed conflict are particularly vulnerable. In Kenya, the extent of sexual violence in humanitarian settings remains underexplored. Although many organizations address gender-based violence, little is known about male refugees who are victims of sexual violence. The study established the relationship between social cultural factors, sexual and gender-based violence among Congolese's male refugees. It also established, the different types of SGBV, cultural norms and values, dominant notions of masculinity, gender identities and their relationship to SGBV among Congolese male refugees. The study adopted trauma theory and employed the mixed cross-sectional survey research design, employing both quantitative and qualitative. The target population 17,848 registered Congolese male refugees, in Turkana West-sub- County. A sample size of 382 male refugees and 6 key informants were selected. Data were collected using structured questionnaires, semi-structured interviews, and key informant interviews. A total of 382 male refugees and 6 key informants were interviewed. Quantitative data were analyzed using descriptive statistics, including frequencies, percentages, and standard deviations, with the assistance of SPSS version 28. Qualitative data were transcribed, translated, and coded thematically. Thematic analysis identified patterns and themes related to the research questions, and verbatim quotes were used to amplify the voices of the informants. Findings revealed that Congolese male refugees in Kakuma experience various forms of SGBV, including physical abuse (46%), sexual abuse (33%), and psychological abuse (21%). Younger males (18-29 years) reported higher incidences of SGBV compared to older age groups. Cultural norms significantly impacted the reporting and perception of SGBV, with societal stigma and the pressure to conform to traditional masculine roles discouraging many victims from seeking help. The dominant notions of masculinity, which emphasize strength, control, and heterosexuality, further compounded the issue, as male survivors often faced additional psychological trauma and societal emasculation. The study concluded that addressing SGBV among male refugees requires a multisectoral approach that includes cultural sensitivity, awareness programs, and support systems tailored to the unique needs of male survivors. Recommendations include enhancing the capacity of service providers to recognize and address SGBV against men, promoting community sensitization to reduce stigma, and implementing policies that protect and support male survivors of SGBV.

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LIST OF ABBREVIATION AND ACRONYMS

CBO:	Community-Based Organization
CEDAW:	Convention on the Elimination of All Forms of Discrimination against Women
DRC:	Democratic Republic of Congo
GBV:	Gender-Based Violence
GVRC:	Gender Violence Recovery Centre
IDP:	Internally Displaced Person
IOM:	International Organization for Migration
KII:	Key Informant Interview
NCST:	National Council of Science and Technology
NGO:	Non-Governmental Organization
PTSD:	Post-Traumatic Stress Disorder
SGBV:	Sexual and Gender-Based Violence
SPSS:	Statistical Package for the Social Sciences
SVM:	Sexual Violence against Men
UN:	United Nations
UNHCR:	United Nations High Commissioner for Refugees
UNICEF:	United Nations International Children's Emergency Fund
WHO:	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Sexual violence may be viewed as a global public health issue, a violation of human rights and, in egregious cases, may constitute a crime against humanity (Ricardo *et al.*, 2011). It comprises sexual, emotional-psychological, physical, psychological and socio-economic violence as well as harmful cultural practices. In addition to its negative effect on victims' well-being and participation in society, sexual violence may have significant consequences on sexual, reproductive, physical and psychological health at the international level, such as the reported occurrence of afflicting refugees seeking protection (Bernstein & Okello, 2007).

Although violence has been with us since time immemorial, it was only in 1996 that the World Health Assembly Resolution recognized the increasing importance of violence as a leading worldwide public health problem (Bissell & Steven, 2022). Violence is an extremely complex phenomenon that has its roots in the interaction of many factors - biological, social, cultural, economic and political and is mainly caused by unequal power relations. Gender, social inequalities and inequities are related to many of the risk factors of violence particularly at the societal level (Jewkes *et al.*, 2015). These factors can exacerbate other risk factors that create conditions in which violence can thrive. Conversely increased equality and equity can multiply the effects of protective factors to reduce the level of violence.

Male identity and masculine norms are undeniably linked with violence, with men and boys disproportionately likely both to perpetrate violent crimes and to die by homicide and suicide. While biology may play a role in shaping a tendency toward certain forms of violence, the "nature" of men and boys is not the sole predictor of their violent behaviors or experiences. Rather, boys and men are often raised, socialized, and/or encouraged to be violent, depending on their social surroundings and life conditions. The international community largely abdicates to domestic law jurisdiction over rape, sexual assault (including murder), forced prostitution and reproductive subordination. It is unclear why sexual violence abuses in most instances are left to the discretion of (often dysfunctional) domestic judicial systems while other types of human rights violations are far more commonly dealt with at the international level (McGinnise, 2020).

Numerous reports also state that the topic of sexual violence against men has been more visible in forms of violence associated with homosexuality in relation to male rape or sexual

violence in wartime. Male sexual victimization in war and even more generally seems not be a new phenomenon and has been highly gendered to the extent that men have been regarded as ‘usual victim’ (Clark, 2014). Cohen (2014) acknowledge that although adult civilian men and older boys are sometimes acknowledged as perpetrators of violence during wartime, sometimes they can also be victims of sexual violence, especially during wartime. Strangely enough war is usually taken as a male dominated arena, but armed conflicts tend to threaten traditional norms around masculinity and can emasculate most men (Harry, 2015).

The vulnerability of men and boys to sexual violence has been within camps, during military operations, in detention centres, or following abduction into primary paramilitary centres while seeking refuge. However, it noted that little is known about the prevalence rate of sexual violence against men hence the incidence is likely to be under-reported. Masculinity notions and gender discourses shapes how survivors and society make sense of sexual assault (Kaniye-Ebeku *et al.*, 2021; Wedgwood *et al.*, 2023). In research literature up until 1980, the pronoun ‘she’ was used almost exclusively when referring to sexual abuse survivors (Grey & Shepherd, 2013).

Dolan (2014) defined rape as an incident when a ‘woman chooses not to have intercourse with a specific man and that man chooses to proceed against her will’. Thus, sexual assault has been considered a direct expression of men’s nature and their dominant position in society where they desire to assert power over women and maintain patriarchal control (Javaid, 2018). For men the experience of being a victim of sexual assault conflicts with dominant notions of masculinity (Berggren & Bornäs, 2020; Wall, 2017).

To be a true or real man in the patriarchal society, there are certain rules that have to be adhered to which includes being strong, in control, and heterosexual. Consequently, a man who has been raped contradicts the ideas of males as strong, independent, powerful and in control, which are important stereotypical ideals for men within a patriarchal society. Therefore, for a man to disclose being a victim of sexual violence, he exposes himself to this contradiction and questioning, internally and externally, of his masculinity (Ariel, 2015).

Conflict – related SVM takes many disturbing forms and can manifest differently than sexual violence against women and girls (Apperley, 2015). Men and boys may be forced to perform sex acts on other people, including their family members or the dead, or forced to watch sexual violence against others, castration and sterilization, genital shocks and beatings, forced masturbation of self and others, insertion of objects into the urethra, and oral and anal rape with

objects such as rifles, sticks or broken bottles among others (Chris, 2018; Priddy, 2013), confirms that Systematic abuse involving blunt trauma to the testicles for the purpose of impairing reproductive function has also been documented in conflict.

Survivors do not speak out, being convinced that they did not measure up to their social role at that time, and on top of that they are not able to do it now. They lack the possibility to provide for their family, suffer from the physical, sexual and psychological violence they were subjected too (Dolan, 2019). Additionally, haunted by the same stereotypes, society fosters this conviction in multiple ways, failing to create a supporting environment for survivors and thus preventing them from seeking help, should they want to ‘disclose’ (Monk – Turner & Light, 2010).

Available research indicates that sexual violence in conflict-affected settings has been severely underestimated, likely due to under-reporting, poor detection, narrow legal frameworks that do not criminalize sexual violence or protect survivors, concentration on sexual violence against women and girls among others (UNHCR, 2017). During the last two decades, SVM has been documented in at least twenty-five armed conflicts throughout the world, including Syria, Peru, Iraq, Afghanistan, Colombia, Sri Lanka, Chechnya, the Central African Republic, the former Yugoslavia, the Democratic Republic of Congo, Liberia, Rwanda, Uganda, and Kenya among others (Fahlberg & Pepper, 2016).

In May 2012 the Ministry of Human Rights and Refugees released an estimate of 3,000 men raped during the 1992-1995 war (Dao, 2013). In one assessment of the 5,000 male inmates at a concentration camp in Sarajevo Canton, 80 per cent reported being raped, meaning 4,000 men in that camp only (Chris, 2018). “The cleric witnessed several public beatings and sexual torture in the camp. He said that several men had been forced to have intercourse with each other, and that guards cut off some prisoner's hands and penises as a punishment and also to frighten the other men.”

Reports by the Independent International Commission of Inquiry on Syria allege that the Syrian government and the so-called ISIL for a long time had been responsible for crimes against humanity, including murder, rape and other forms of sexual violence, torture, and other inhumane acts against Syrian women and girls (Rybarczyk *et al.*, 2021). While Syrian men and boys had also been targeted for sexual violence, less is known about their experiences and access to services (Ngebeh *et al.*, 2019).

Abu Ghraib, US military troops sexually abused Iraqi detainees, including *inter alia* keeping Muslim male detainees naked for several days, forcing them to masturbate themselves in front of others, arranging and photographing their naked bodies in sexually explicit positions and sodomizing detainees with chemical light (Ahram, 2015). Similarly, in El Salvador and Peru, testimonies from the Truth Commissions revealed that men comprised 53 per cent and 22 per cent, respectively, of the documented sexual violence victims. In 2016, UNAMA verified cases of conflict-related sexual violence against women, men, girls and boys committed by police, military commanders, former warlords, tribal leaders and non-state armed groups. In former Yugoslavia, for example, male detainees were ordered by enemy commanders to perform oral sex upon another detainee, then to hold the detainee's mouth to silence his screams while another male detainee bit off his testicles (UN, 2018).

Democratic Republic of the Congo in 2013, UNICEF coordinated with partners to provide services to 12,247 GBV survivors; 3,827 or approximately 30 per cent were children, of whom 3,748 were girls and 79 were boys (UNICEF DRC, 2013). Reports from Medicine Sans Frontiers that had long worked in conflicts areas of DRC recorded that only 6 per cent of sexually abused men sought medical attention during wartimes (Solangon & Patel, 2012). This was mostly due to cultural beliefs and gender norms that discouraged men from reporting and seeking care (Clark *et al.*, 2024).

Liberia, according to a study of 1666 adults conducted in 2008, 32.6% of the study's that is 367 male former combatants had experienced sexual violence, mostly at the hands of soldiers or rebels (Refugee Law, 2018). Similarly, Dolan and Fletcher (2013) in Uganda found that, of 447 adult male refugees from Liberia, more than one-third (38.5 per cent) had experienced sexual violence in their lifetime, including 13.4 per cent in the preceding year (Refugee Law, 2018). A survey of Sudanese refugees in Uganda by Dolan (2014) revealed that 30.4 per cent of men had experienced or witnessed the sexual abuse of a man. Additionally, 46.9 percent had experienced or witnessed the sexual abuse of a man (Chris, 2018).

In Kenya, incidents of SGBV were widespread and severe following the announcement of the 2007 election results and particularly prevalent in Nairobi, Nyanza, Rift Valley, and the Coast and Western provinces. According to the CIPEV final report of 2008, the worst cases of sexual abuse included cases of rape, gang rape, defilement, genital mutilation, sodomy, forced circumcision and insertion of objects, among other forms of sexual exploitation. Similarly,

according to Quarterly report by GVRC (2008), in Nairobi alone, a total of 443 survivors of SGBV 67% women and 33% being men were treated at the facility. The DPP acknowledged that although there was significant sexual violence during the conflict, prosecuting of SGBV was hampered by underreporting, poor investigations, lack of tools, facilities to collect and preserve evidence.

Kenya has been a home to many refugees since 1971. In recent years, Kenya has witnessed a great influx of refugees mostly triggered by protracted humanitarian crises in the neighbouring countries. The settlement design of main Kakuma camp comprises of four sections namely, Kakuma 1, 2, 3 and 4. Each section is divided into blocks and blocks divided into zones. Each zone has several households with mixed nationalities. Majority of those refugees have been absorbed into the refugee camps (Kakuma and Dadaab) and the surrounding areas. According to Kenya Statistics Package (2022), as of 31st December 2022, Kenya hosted 573,508 (Dadaab 233,661 – 40.7 %, Kakuma & Kalobeyei 248,929 – 43.4 % and Urban 90,918 – 15.9 % number of refugees from Somalia, Ethiopia, Sudan, DR Congo, Rwanda, Eritrea, Ethiopia, Burundi South Sudan, and Uganda among others. Even with these numbers' cases of SVM remain one of the under-reported incidences among Congolese male refugees and asylum seekers in Kakuma (Escrig-Pinol, 2021; UNHCR, 2021).

The study established the relationship between social cultural factors, sexual and gender violence among Congolese male refugees in Kakuma Camp - Turkana West Sub-County. This was specifically on the types of SGBV, cultural norms and values, dominant notions of masculinity and gender identities that affect social cultural factors, sexual and gender violence among Congolese male refugees. SGBV is seen as a gendered tool of war that constructs and reinforces hegemonic masculinity to empower specific groups during conflict (King *et al.*, 2021). The rape of men during war, like the rape of women was not about sexual desire but rather masculine domination. It symbolically masculinizes the perpetrator as dominant and aggressive, while symbolically constructing the enemy men, who are violated, as stereotypically feminine, weak and powerless. When men are raped, they symbolically lose their gender identity as men who are socially constructed to dominate hence are feminized and socially constructed as the female victim. The rape of men Sivakumaran (2007), Linos (2009) thus turns the male into a powerless victim, a symbolic woman who is sexually violated by the perpetrator through rape.

Socio-cultural norms of gender inequality and discrimination are rooted in SGBV. Gender norms are not just about attitudes and beliefs held by individuals but are produced and perpetuated

by political, economic, cultural and social structures. Preventing SGBV thus requires change in gender relations within the community that is, the socially prescribed roles, responsibilities, expectations, limitations, opportunities and privileges assigned to persons in the community based on their sex (Moynihan, 1998). Among the root causes of SGBV are gender inequality as a function of culture, discrimination and abuse of power (Sivakumaran, 2019). Preventing SGBV thus requires changes in gender relations and power dynamics within the family and community such as socially prescribed roles, responsibilities, expectations, limitations, and opportunities assigned to individuals based on their gender (Franklin, 2018). People are shaped by societal attitudes, beliefs, and culture. Culture also influences how gender violence is viewed, minimized by society as an accidental problem, used as a convenient explanation by communities, or linked to stereotyping by systems.

Sexual and gender-based violence refers to any act which inflict physical, mental, or sexual harm or suffering, or related deprivations of liberty perpetrated against a person will be based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It inflicts harm on women, girls, men and boys (Vikman, 2021). Sexual violence can have severe and long-lasting consequences for survivors, their families and societies. At the level of the survivor, immediate health consequences include reproductive health impacts, injury, and a myriad of other negative effects which may even lead to death (Delatolla, 2020). This study established the types of SGBV, cultural norms and values, dominant notions of masculinity and gender identities that affect the relationship between social cultural factors, sexual and gender violence among Congolese male refugees in Kakuma Camp – Turkana west sub-county.

1.2 Statement of the problem

Sexual and Gender based violence is a serious violation of human rights, a life-threatening and one of the greatest protection concerns facing emigrant's population in the world today. SGBV; whether physical, sexual or psychological can lead to various long-term psychological consequences for victims which may also expose them to further negative health outcomes. Gender inequitable norms and masculinity are related to the risk factors of violence (Clark *et al.*, 2024). In Kakuma refugee camp, like in any other patriarchal society, men are the main decision makers at the family and societal levels but the experience of being a victim of sexual assault conflicts with dominant notions of masculinity (Kahn & Malik, 2023). The risks of SGBV encountered by displaced persons living in the camp increases overtime because of the disruption of the family

system, weak protection and coping strategies combined with loss of household income and other means of social support network. The underreporting was due to lack of education and awareness on violence against men, accurate estimates or up to date statistics on the magnitude of the problem hence factors associated with this problem hindered appropriate planning for screening, interventions for refugees despite their increased vulnerability to SGBV. This study found out from a gender perspective how Congolese male refugees who are sexually abused, coped with post conflict experiences of violence.

1.3 Objective of the Study

The purpose of this study was to determine the relationship between social cultural factors, sexual and gender-based violence among the Congolese male refugees in Kakuma Camp Turkana West County Kenya

1.4 Specific Objectives of the Study

- i. To analyze the types of SGBV that Congolese male refugees face in Kakuma refugee camps.
- ii. To examine the relationship between cultural norms, values and SGBV among Congolese male refugees
- iii. To determine the relationship between dominant masculinity, gender identities and SGBV among Congolese male refugees.

1.5 Research Questions

- i. What are the types of SGBV that Congolese male refugees face in Kakuma refugee camp?
- ii. In what ways can the relationship between cultural norms, values and SGBV be examined among Congolese male refugees?
- iii. How can the relationship between dominant notions of masculinity, gender identities and SGBV among Congolese male refugee be determined?

1.6 Justification of the study

It is expected that the research findings and recommendations of this study will enable stakeholders (Government, non-government organizations, UNHCR, and intervening agencies working with refugee survivors of SGBV) to improve the uptake, implementation of SGBV programs and projects targeting male survivors based on the strength of the evidence of information from this research. Hence, develop strategies for implementing SGBV programs targeting men and boys in the entire Kakuma areas.

These recommendations will assist in restructuring of programs and activities which will form policy formulation and direction on how to institute holistic and multifaceted programs on prevention and reeducation of sexual and gender-based violence in refugee setting. Besides, the study will further add to literature and more knowledge though identified further areas of research in masculinity and culture.

1.7 Scope of the study

The study was carried out in Kakuma refugee camp - Turkana west sub -county. It focused on registered Congolese male refugees of 18 years and above since they are considered adults and independent to make their own decision concerning sexual and gender-based violence. The focus was on the relationship between social cultural factors, sexual and gender-based violence among Congolese male refugees residing in Kakuma refugee camp - Kenya.

1.8 Limitations of the Study

- i) The study findings may not be generalized to other groups or counties. Generalizations by other groups can be done only as presentations or in comparison and representation.
- ii) Congolese culture may limit male sexual survivors to provide all information to persons who don't belong to their family. Respondents were assured of confidentiality but were also psycho educated on the importance of shared confidentiality.

1.9 Assumptions of the Study

The following were the assumptions of the study:

- i. The information given by the respondents was true and accurate.
- ii. The sample size was a good representation of the whole population

1.10 Definition of terms

Conflict-related sexual violence against men: Refers to rape, sexual slavery, forced prostitution, enforced sterilization and any form of sexual violence that is directly or indirectly linked to a conflict (Cambridge University Press, 2017). In this study refers to forced act of physical or sexual intercourse perpetrated towards men in conflict situations.

Experiences: The fact or state of having been affected by or gained knowledge through direct observation or participation (Cambridge University Press, 2017). In this study refers to an event or occurrence which leaves an impression on someone.

Gender: Refers to how social practices are structured i.e., roles, behaviors, deeds and qualities in relationship to what men and women are expected of by their societies. In this study, therefore, gender is not what people are' but what they can do during their interfaces socially in other words, people usually see themselves as either women or men depending on how their societies categorize them.

Masculinity: Refers to the roles, behaviours and attributes that are considered appropriate for boys and men in a given society. The term therefore in this study will be used to refer to those values, behavioral patterns and cluster of norms which may express explicit and implicit expectations of how men should act or represent themselves to others (Cambridge University Press, 2017)

Men: Refers to an adult male human (Urban Dictionary,2017). In this study it refers to all men who are 18yrs.

Patriarchy: Is a system of society in which the father or eldest male is the head of the family and decent is reckoned through the male line (Cambridge University Press, 2017). In this study it refers to a society whereby the is the head of the family and has overwhelming power over the family member in the household.

Sexual violence: Refers to any sexual act or attempt to obtain a sexual act, or unwanted sexual comments or acts to traffic, that are directed against a person's sexuality using coercion by anyone, regardless of their relationship to the victim, in any setting, including at home and at work. In this study sexual violence will be explained in term of armed conflict situations.

Survivors: Refers to a person who can continue living their life successfully despite experiencing difficulties (Urban Dictionary,2017). In this study it refers to someone who is empowered and who is going through or has gone through the recovery process.

Trauma: Refers to series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual wellbeing (Cambridge University Press, 2017) In this study will be used to analysis the experiences of sexual violence, both physical and psychological effects to male victims and may need attention or be understood on how they can be handled.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed existing literature in relation to relationship between social cultural factors, sexual and gender violence among Congolese male refugees in Kakuma Refugee Camp. The assessment was from a global, regional and national level in relationship to the situation in Kakuma Refugee Camp. The conceptual framework and the trauma (constructivist self-developing) theory were also included in this chapter.

2.2 Categories of masculinities

There are many different types of masculinities, and each society has its categories that culturally dominate women and other masculinities.

2.2.1 Masculinity

Masculinity according to Kahn is “a hypothetical construct” because ‘it cannot be directly observed or measured’ by any one and always its definitions when given by different scholars ‘are often unclear’ thus multiple definitions (Kahn, 2019). However psychosocial recognition of the fact that the social and interpersonal experiences of different men play a crucial role in the development and negotiation of their worlds and their close relations also matters (Kahn, 2019). The term therefore in this study was used to refer to those values, behavioural patterns and cluster of norms which may express explicit and implicit expectations of how men should act or represent themselves to others (Lindsay & Miescher, 2023). These authors pointed out that the ideologies in regard to masculinity as those of femininity are historically and culturally fabricated and their meaning was challenged and renegotiated through the context of different existing power relations (Lindsay & Miescher, 2023).

Masculinity is said to be inherently relational and can’t exist except in compulsion with femininity and in the process of talking about them, gender is culturally in making (Connell, 2019). Further still all masculinity definitions are culturally guaranteed although using different meanings in describing the masculine person, but the term can signify symbolically men’s authority whereas femininity lacks in women (Connell, 2013). Connell further emphasizes that for one to understand the term masculinity, there is a need to discuss how it relates with other available things in the society generally i.e. the assignment of gender and its invention, the reigning institutions, the presented environment and the militaries in control (Connell, 2013). In this study masculinity is

viewed as not permanent and can be contestable according to the different situations that men can go through and in this regard different masculinities will be discussed.

Masculinities are also believed to be ‘produced and reproduced’ as a result of struggles between the dominant and the subordinate groups and it can also be understood as ‘a fluid’ normally socially constructed and changes after time and space (Coles, 2018). By this, its flexibility arises leading to its manipulability thus changes in the dominant modes of masculinities hence putting sense in same but contradictory between hegemonic and counter hegemonic, higher, lower and the normal or deviant (Hutchings, 2008). Masculinity is related to war in theories of gender and though they differ in many aspects they are said to have things in common i.e. signifiers what is perceived to be manly such as aggression which are usually identified during wartime or conflict situations (Hutchings, 2018).

However still gender literature puts it clear that masculinity and its meaning can be contrasted depending on war situation thus alternative masculinities can be inverted (Hutchings, 2018). Furthermore, during war there is negotiation or renegotiation of particular hegemonic masculinity which helps to give meaning and understanding of the concept that masculinity is not static to any given social reality. Much emphasis therefore should be put on the work done by the ratifying of the term masculinity rather than the relationship it has with war or its characteristics in making thus a need for analysis of its primness (Hutchings, 2018). Masculinity is also said to play an important role in which war gains legitimacy and influence within the social life and their relationship may be casual or constitutive sometimes (Hutchings, 2018). However, on the other hand it is what the society practices during war that may lead to production or reproduction of masculinities among different men.

In other words, the connection between masculinity and war is underlying in the shared gender norms but surprisingly not only between men and women but still among different men (Hutchings, 2018). Masculinity and war anchor each other in the sense that the former may be a platform through which the war may be reorganized, judged or understood and later helps in shaping meaning to its requirements (Hutchings, 2018). As Antonio Gramsci’s puts, it has to be noted though that cultures usually exalt one form of masculinity at a particular time and others can be subordinated others (Coles, 2018). Therefore, the formalizing of masculinity and femininity usually makes sexual violence a valuable device against civilian men mostly during conflicting situations (Solangon & Patel, 2012) .

2.2.2 Hegemonic masculinity

Hegemonic masculinity denotes the idealized concept of masculinity, the dominant view of what constitutes a real man in each context (Connell *et al.*, 2005). This masculinity regards other masculinities as subordinate and inadequate, pressuring men under these to achieve hegemonic status (Jacey *et al.*, 2019). Modern hegemonic masculinity is based on male authority over females and inter-male dominance, and the stigmatization of homosexuality (Poon, 2017). This, according to Moretti (2016), depicts how hegemonic masculinity encapsulates people's perception of gender relations as a societal functioning framework. Such masculinity portrays powerlessness to express feelings other than anger, reluctance to acknowledge softness or reliance, devaluation of women and other womanly characteristics in males, homophobia, and many other things (Michael *et al.*, 2019). Hegemonic masculinity is never static because cultural changes affect its dynamism by exemplifying specific behavioral patterns that underwent a major revolution (Poon, 2016). In other words, the constant change we see in our globalized world, in local and global cultures, hugely impacts hegemonic masculinities (Poon, 2017). This masculine dynamism may provide an opportunity to challenge and change inappropriate and dangerous masculinities within societies (Morell, 2019). Consequently, machismo or fearlessness refers to masculinity that emphasizes power while ignoring consequences and responsibility (Constance *et al.*, 2018). Hegemonic masculinities are fluid, but their various components vary depending on the context. They incite violence in countries and communities where cultures and traditions tolerate brutality or where local justice is dysfunctional (Constance *et al.*, 2018). Hegemonic masculinities favor men in positions of social leadership and women in subordinate roles within the same society (Yanvi & Sitawa, 2015). Furthermore, men are expected to be tough and physically strong, which includes the use of violence to control others (Wallacher *et al.*, 2012). Men with violent attitudes are more likely to use force when dealing with problems, which explains why most men abuse women and other men (Peacock, 2013). Men develop hyper-masculinity when they exhibit exaggerated male stereotyped behavior, such as focusing on physical power, anger, and sexuality (Constance, 2018). Hyper-masculinity severely violates women's rights because it views threats as sensational and dominant, resulting in cruel sexual attitudes that harm women (Mosher & Sirkin, 1984)

2.2.3 Patriarchal masculinities

Patriarchy refers to a social system in which men are the primary authority figures in social organization, political leadership, moral authority, and property control (Elliot *et al.*, 2016).

Connell and Messerschmidt (2005) state that today's globalization has introduced the world to a universally dominant and patriarchal version of masculinity. In other words, the system permits men to keep women in a state of passivity, hinders their development into actual feminists, and prevents them from inheriting property and titles in society (Ratele, 2006). Patriarchy is a global power structure that infiltrates the economy, politics, and society to allow the powerful to exclude the weak through dominance (Elliot, 2016; Oxfam, 2013). Accordingly, society develops a view of weakness as an undesirable trait, frequently leading to violence against and marginalizing women. Therefore, Richards (2006) states that patriarchy supporters use fear, violence, and prejudice to maintain the status quo when a threat occurs. Since Patriarchy has been around for a long time, and its adherents have worked tirelessly to exploit toxic masculinity, most people associate it with general masculinity (Colombini *et al.*, 2016; Cornell, 2005; Mek *et al.*, 2018). Patriarchy promotes masculinity and violence, which are a manifestation of historically unequal power relations between men and women, which have led to men's dominance over and discrimination against women, and to the prevention of women's full advancement (Barnett, 2019; Conroy *et al.*, 2017; Denham, 2017; Ditch, 2017; Mackiel, 2019).

2.2.4 Toxic masculinities

Toxic masculinities are cultural patterns that harm society via boys and men while also fostering violence, abuse of women, assault, and maintaining men's authority over other men (Debbie, 2017; Pasura & Christou, 2018; Thomas, 2017). For instance, boys and men are expected to be assertive, authoritarian, brave, active, and harsh due to these masculinities (Michael, 2019; Wilbert, 2018). Indeed, society normalizes violence through intimidation, victimization, and normalized aggressive behaviors among boys (Jacey, 2019; Maya, 2019; Thomas, 2017). Patriarchal maleness typically fosters traditional toxic masculinity attitudes to reinforce male gender identity, which can lead to violence. In other words, the masculine positions that nurture men's domination and power, control, self-reliance, and emotional restraint are encouraged during childhood. In this line, Michael (2019) and Peter (2016) acknowledge that masculinity norms are frequently disseminated via parents, other male relatives, and community members. All traditional masculine beliefs are harmful since they inevitably encourage brutality and female oppression in society (Brian & Harrison, 2017; Carlson, 2012). Nonetheless, other traditional masculine attributes, such as work dedication to work, enjoyment of competing in sports, and providing for a family, are not harmful (Debbie, 2017; Terry, 2010).

2.2.5 Military Masculinities

Military violence escalates in a male-dominated society that already reflects men's self-image and maleness, demonstrating male domination in most institutional resources by contributing to the marginalization of women (Cornell & Messerschmidt, 2001; Joe, 2017). In an armed conflict, military units are harsh as they utilize their masculinity to perpetrate violence. Violence against women in armed conflicts has been ubiquitous throughout human history because it is woven into the fabric of institutional violence that preserves patriarchal culture (Paula, 2017). Indeed, combatants enjoy communities that tolerate violence because it makes it easier to assault girls and women sexually. Gender-based violence thrives in an armed conflict setting, as military masculinities inflict harm on men, women, and persons of 71 special genders within conquered land (Anne Marie, 2014; Joe, 2017; Salter & Blodgett, 2012; Wallacher, 2012). In armed conflicts, sexual assault against men is usually overlooked in favor of rape against children and women, and law enforcement is stereotyped (Baaz & Stern, 2013; Donno *et al.*, 2022; Jelke, 2017). This means that violence against men is less reported than gender-based violence against women. This situation frequently occurs because there is no legal basis for initiating a complaint against a woman who has abused a man (Dao, 2013). Violence against males in a war maintains men's authority and masculinities by enforcing self-image through control and retaliation (Jelke, 2014; Paula, 2015; Zalewski, 2017).

Men's sexual violence in armed situations differs from that experienced by women, and international law may not recognize it (Aaron, 2012; Anne Marie, 2014; Claire, 2014; Joe, 2017). In addition, soldiers deploy psychological warfare against their opponents in armed conflicts to destabilize and terrorize them so they might abandon the battlefield. For example, Karbo and Mutisi (2011) admit that male soldiers use sexual violence against their opponents to torture or castrate them. Emasculation makes the victim lose his ability to reproduce, reducing him to an incomplete and useless man (Amanda & Tidy, 2017; Watt, 2010). Besides, international law does not regard sexual violence against men as a separate type of crime but rather as just war torture or misconduct (Donno *et al.*, 2022). This condition has frequently driven male fighters to hide their ordeal on the battlefield, resulting in a lack of support (Paula, 2015; Zalewski, 2017). There is also an absence of terminology and terms that accurately typify male sexual violence (Baaz & Stern, 2013; Claire, 2014). All these factors contribute to a lack of reliable information about male victimization, which expands the abuse and has far-reaching unrevealed consequences. Similarly,

warfare can result in the assassination of many men. Armed conflicts have erupted in almost every corner of the globe, with men being most of the victims. Boys and men are seen as a potential stumbling block in the path of combatants since they are constantly ready to defend their communities (Young, 2003). Wars are institutional forms of violence that target and murder young males. Verhoeve (2004), for example, substantiates that during the Kosovo war, male residents who were massively 72 murdered accounted for more than 90% of all civilian casualties. To put it another way, genocide and mass killings of non-combatant boys and men are war exterminations that leave communities in mourning.

Males, including mature boys, have always been slaughtered worldwide if they refused to join armed conflicts. Aaron (2012) and Weiss (2008) exemplify how males were exterminated during the Anfal Campaign, which took place in Iraqi Kurdistan in 1988, and the Armenian Genocide, which took place between 1915 and 1917. Similarly, Karbo and Mutisi (2011) and Watt (2010) specify during the Rwandan liberation war, all Tutsi households were forced to send their male children to the front lines to stop the 1994 Genocide. All these examples demonstrate that men can be victims of gender-based violence, though not in the same way as women.

2.2.6 Hybrid masculinity

Hybrid masculinity uses features of marginalized gender expressions in the gender performance or identity of privileged men (Ann & Ushma, 2018; Tristan & Pascoe, 2014). Hybrid masculinities distance themselves from traditional masculine norms while sustaining and reinforcing hegemonic masculinity (Michael, 1993). Men can negotiate masculinity with more inclusive behavior and attitudes in this category of masculinities without upsetting the institutional gender imbalance (Debbie, 2017; La Monica, 2016). Although some softer and weaker styles of masculinity are evolving among some groups of men, this does not contribute to women's emancipation, and in fact, the opposite may be true (Tristan & Pascoe, 2014). The term hybrid masculinity was coined to reflect the contemporary trend of men taking on politics and opinions viewed as emasculating in the past (La Monica, 2016).

2.2.7 Transformative masculinities

Masculinities are specific patterns of attitudes and behaviors associated with beliefs about how boys and men should act and their place in gender relations. Men and women worldwide are working to shift away from abusive and dominant masculinities toward masculinities that promote mutual esteem and sympathy. Considering this, Dworkin *et al.* (2013) concur that transformative masculinities can benefit individuals, families, and communities (Dao, 2013; Connell, 2005; Hodgson, 2011). Mabunda (2020) argues that destructive masculinity stereotypes can have a detrimental emotional impact on boys and men, which has the potential to perpetuate GBV generational cycles. That said, transformative masculinities are necessary because they counter-hegemonic traditional masculinities that promote GBV, oppression of girls and women, and unhealthy reproductive and sexual behaviors

Positive attitudes can help people internalize new mental habits through personal and societal reflection. Accordingly, Morell (2001) maintains that increased self-esteem can contribute to developing hope and optimism. Re-processing accepted cultural norms can help people build a deeper feeling of happiness by releasing unconscious tensions (Constance, 2018; Ming, 2016; Ming, 2017). Connell (2005) and Peacock (2013) argue that for transformative masculinities to be effective, religious organizations and societal institutions must work together to combat negative masculinities. Morell (2001) believes that, in this setting, male leaders of those institutions must begin socializing boys and other men for positive change since their involvement in attaining gender justice is critical.

2.3 Gender

This term was used to denote the social characteristics assigned to men and women. These social characteristics are constructed based on different factors, such as age, religion, national, ethnic and social origin. They differ both within, between cultures and define identities, status, roles, responsibilities and power relations among the members of any society or culture. Gender is learned through socialization (Ward & Szabó, 2023). It is not static or innate, but evolves to respond to changes in the social, political and cultural environment. People are born either female or male (sex); they learn how to be girls and boys, and then become women and men (gender). Gender refers to what it means to be a boy or girl, woman or man, in a particular society or culture (Connell, 2013). Society teaches expected attitudes, behavior's, roles and activities. Gender

defines the roles, responsibilities, constraints, opportunities and privileges of men and women in any context. This learned behavior is known as gender identity.

Women around the world are usually in a disadvantaged position compared to men of the same social and economic levels. Gender roles and identities usually involve inequality and power imbalance between women and men (Vann, 2020). Violence against women, and its acceptance within society and cultures, is one of the manifestations of this inequality and power imbalance. A comprehensive prevention and response plan should focus on the roles and needs of both women and men and how both can become agents of change (Hutchings, 2018). Focusing only on women when addressing sexual and gender-based violence tends to place the responsibility for prevention and response on the victims/survivors.

2.4 Sexual and Gender based violence

According to the World Health Organization's definition sexual violence refers to 'any sexual act, attempt to obtain sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work' (Solangon & Patel, 2012). Sexual and gender-based violence (SGBV) is a significant global human rights issue that has recently received greater attention in conflict and post-conflict situations, primarily as a crime against women and girls (Carpenter, 2016; Schulz, 2019). The SGBV is 'violence that is targeted at women or men because of their sex and/or their socially constructed gender roles' (Carpenter, 2016).

SGBV is a significant global human rights issue that has recently received greater attention in conflict and post-conflict situations, primarily as a crime against women and girls (Carpenter 2016, Schulz, 2019). SGBV is 'violence that is targeted at women or men because of their sex and/or their socially constructed gender roles' (Carpenter, 2016). However, in practice, SGBV is used interchangeably with violence against women and girls. Further, most research around SGBV focused on the multiple negative health, economic and social consequences of violence against women and girls. There is a dearth of research on SGBV perpetrated against men and boys in conflict and post-conflict settings which is believed to be widespread (Manjoo & McRaith, 2011).

During armed conflict, social structures are disrupted. Women and children face the additional risks of being subjected to SGBV when fleeing the fighting and seeking asylum. Family members are often dispersed during fights, leaving children separated from the rest of their families

and women as solely responsible for protecting and maintaining their households. SGBV is seen as a gendered tool of war that constructs and reinforces hegemonic masculinity as a means to empower specific groups during conflict (Sivakumaran, 2019). Rape of men during war, like rape of women, is not about sexual desire but rather masculine domination (Linos, 2018). It symbolically masculinizes the perpetrator as dominant and aggressive, while symbolically constructing the enemy men, who are violated, as stereotypically feminine, weak and powerless. When men are raped, they symbolically lose their gender identity as men who are socially constructed to dominate and are feminized and socially constructed as the female victim. The rape of men thus turns the male into a powerless victim, a symbolic woman who is sexually violated by the perpetrator through rape (Ward & Szabó, 2023).

However, in practice, SGBV is used interchangeably with violence against women and girls. Further, most research around SGBV focus on the multiple negative health, economic and social consequences of violence against women and girls. There is a dearth of research on SGBV perpetrated against men and boys in conflict and post-conflict settings, but it is believed to be widespread (Ward & Szabó, 2023).

The Democratic Republic of Congo (DRC) remains an all-too-potent reminder of how human rights violations and their related health, economic and social impacts can devastate individuals, families and communities (Truscott, 2018; Wakabi, 2019). The genocide in neighboring Rwanda, coupled with the collapse of the Mobutu government, spawned two wars and over a decade of warfare throughout the region, resulting in millions of civilian deaths what has been called the deadliest conflict since World War II (Truscott, 2018; Wakabi,2019). In these two wars, and in conflicts globally, violence against civilians was used as a strategy to destabilize individuals, families and communities. For example, in Eastern DRC, rebels and soldiers' subject women, men, boys and girls to brutalizing attacks, rape, torture, and mutilation. The survivors can then be further traumatized by disease, poverty, loss of family and friends, stigma and social isolation (Glass *et al.*, 2012).

Population based study by Lawry and colleagues, investigators reported that 64.5% (n ¼88/107) of male participants reported exposure to conflict related sexual violence of which 20.2% (n ¼18/88) reported rape (Johnson *et al.*, 2018). Another study on conflict-related violence against refugees and non-refugees in southern Sudan and northern Uganda suggested that both civilian males and females are victims of SGBV in armed conflicts. Specifically, the study found that ever

witnessing or experiencing rape or sexual abuse of a man was reported by both male Sudanese refugees (30.4%) and non-refugees (46.9%) and female Sudanese refugees (39.6%) and non-refugees (35.1%) (Nagai *et al.*, 2008).

Studies on SGBV against women show that they suffered both mentally and physically along with societal consequences such as discrimination (Bownes *et al.*, 2018; Hustache *et al.*, 2020; Zraly & Nyirazinyoye, 2019). Oosterhoff and colleagues report that male survivors experienced symptoms consistent with post-traumatic stress syndrome (PTSD) reported by females survivors, such as loss of appetite, sleeplessness, shame, guilt, anger, and intrusive thoughts of torture and rape during intimate moments with their partners (Oosterhoff *et al.*, 2004; Wachter & Heffron, 2021). As stated earlier, a paucity of research exists that explores the health effects and social consequences for male survivors of SGBV in conflict and post-conflict settings.

Specifically, there is an absence of a common definition of SGBV experienced by men and boys, limited information on the characteristics of male SGBV, a lack of resources, awareness and skills on the part of service providers to identify, care and treat male survivors and an absence of dedicated health and social services for men. The limitations are evidence likely to result in an inability of humanitarian organizations to respond effectively to male SGBV survivors in diverse settings, including conflict and post-conflict affected areas.

Further, the male victim of rape also loses one of the basic attributes of masculinity his ability to protect his family and community. If a man cannot protect himself from rape by enemy forces, then he appears powerless to protect the women and children in his family or community. Male victims are shamed and stigmatized as weak, subordinate and effeminate, unable to protect themselves from male aggression. The stigma encourages men to remain silent and not report sexual violence rather than face the consequences of stigmatization, fear of rejection, or disbelief by others (Solangon & Patel, 2012). Male survivors of sexual violence remain highly invisible within refugee communities, largely due to cultural stigma, misperceptions, and entrenched stereotypes around masculinity.

In many refugee and host communities, SGBV against men and boys was conflated with homosexuality. Hence, this was a misperception male survivor confront not only within themselves but also from others, including their family members, service providers and even medical practitioners. Perpetrators of SGBV are sometimes the very people upon whom survivors depend to assist and protect them. Many choose to remain silent about incidents of violence, lest

they be “marked” as gays. The silence comes from serious emotional and psychological costs, as survivors experience recurring trauma, feelings of depression and isolation and post-traumatic stress disorders all without receiving any structured counselling, psychosocial or medical support.

SGBV is a problem that affects individuals, communities, and institutions. Given its complexities, SGBV is best addressed when multiple sectors, organizations, and disciplines work together, identifying and designing joint strategies to address this human rights violation. UNHCR and States share the responsibility of ensuring that refugees and other displaced persons are protected. Preventing and responding to SGBV against refugees is part of the overall strategy to protect refugees. SGBV occurs in all classes, cultures, religions, races, gender and ages. Interventions to prevent or respond to SGBV should target individuals, close relationships, the community and society, in general. Understanding the causes of SGBV will assist in the development effective actions to prevent it; understanding the consequences of sexual and gender-based violence allows to develop appropriate response packages for victims/survivors.

Majority of SGBV globally is perpetrated by men, and that women and girls are the most common victims of this violence. However, the purpose of this study is to contribute to the evidence towards a definition of SGBV experienced by men and boys, to advance our understandings of the complex dynamics of SGBV in conflict and post-conflict settings such as DRC, as well as describe the health, economic and social impact on the male survivor, their families and communities living in Kakuma refugee camp.

2.5 Role of culture in SGBV

Sexual and gender-based violence are rooted in socio-cultural norms of gender inequality and discrimination. Gender norms are not just about attitudes and beliefs held by individuals but are produced and perpetuated by political, economic, cultural and social structures. Preventing sexual and gender-based violence thus requires changes in gender relations within the community that is, the socially prescribed roles, responsibilities, expectations, limitations, opportunities and privileges assigned to persons in the community based on their sex (Moynihan, 1998).

Among the root causes of SGBV are gender inequality as a function of culture, discrimination and abuse of power (Sivakumaran,2019). Preventing sexual and gender-based violence thus requires changes in gender relations and power dynamics within the family and community such as socially prescribed roles, responsibilities, expectations, limitations, and opportunities assigned to individuals based on their gender (Franklin,2018). People are shaped by

societal attitudes, beliefs, and culture. Culture also influences how gender violence is viewed, minimized by society as an accidental problem, used as a convenient explanation by communities, or linked to stereotyping by systems.

Solid gender norms around masculinity could negatively affect men and boys. For example, normative codes for men generally dictate that they control their emotion, provide financially for their families, deal with problems and be dominant. Such negative norms have negative consequences for men and boys especially when they cannot or do not want to conform to these norms (Oosterhoff *et al.*, 2004). As a result, stress, anger and even violence may result which could affect negatively families and communities. In addition, men who have sex with men or who identify as gay often face discrimination because they do not conform to conventional or traditional notions of male gender roles.

The consequences of sexual violence are both immediate and long term. They often affect all dimensions of a person's physical, psychological and social well-being. Most of the time, they also affect entire families and communities (Kahn *et al.*, 2023). Male victims/survivors of SGBV may face stigma and fear due to concerns about their masculinity and sexuality and may experience shame around the idea that they "should have been able" to prevent what happened to them. These distinct gendered stigmas associated with SGBV for male victims/survivor's compound complexity in ensuring safe and inclusive access to services, as well as engagement with men and boys on the best access points for supporting them. Similarly, little is known in humanitarian settings about the distinct challenges, in terms of access to appropriate services and support, faced by victims/survivors of SGBV (Bownes *et al.*, 2018).

In patriarchal societies the words "masculinity" and "victimization" are viewed as oxymorons; thus, failing to understand that SGBV is a male issue too. A man who is sexually abused is not called a "real man". Stigmatization, homophobia, and constant societal pressure on men to only reveal their dominating side and suppress vulnerability leads to higher rates of underreporting of sexual violence against males (Connell, 2013; Kimmel, 2000). These beliefs reinforce the idea that men need to take control and show power, hence strengthening the cycle of SGBV in refugee camps (Jensen, 2019).

International law for refugee protection and sexual violence (1993) recognizes sexual violence as a crime and even taken measures to detect and prevent instances of sexual violence. Nevertheless, it does not impose these laws on a national level hence allows countries to frame

their own decrees concerning sexual violence (Legal Aspects of Sexual Violence). The Sexual Offences Act (2006) enacted by the Kenyan government criminalized sexual violence. However, this act has vital weaknesses as it fails to recognize and outlaw all forms of sexual violence including marital rape and exploitations faced by the homosexual community. It also neglects approaches to overcome poor investigative procedures by police and relevant authorities and states no penalty for sexual violence perpetrated by these officials (Association for Women's Rights in Development, 2007). since Kakuma camp and Kalobeyei fall under the jurisdiction of Kenya's laws, shortcomings in the Sexual Offences Act (2006) increase refugee susceptibility to SGBV.

2.6 Power, dominance and emasculation

These terms are used in this study to elaborate the purpose of conducting sexual violence against women is not so different from the case of civilian men during wartimes (Clark *et al.*, 2024). Power and dominance are expressed as the crucial dynamics among the various reasons that influence sexual violence and are linked to masculinity regarding male sexual violence. During war or conflict situations, power is manifested in form of emasculation (Clark *et al.*, 2024). The author confirmed that in such incidences there is lack of law and order hence no balance of power thus more movements within the pre-existing hierarchies yet rape with other forms of sexual violence is about maintaining and restoring certain forms of power balances when there are potential imbalances (Clark *et al.*, 2024). This implies that men are considered to represent the virility, strength and power of the family and community, able to protect not just them but others. Thus, men are considered not to think of themselves as potential victims of sexual abuse as women and those who are victimized are therefore emasculated. Male rape in times of war was primarily an affirmation of power and aggression none than an expression of one's sexual desire (Shallon, 2019).

Power was understood as the capacity to make decisions. All relationships are affected by the exercise of power. When power is used to make decisions regarding one's own life, it becomes an affirmation of self-acceptance and self-respect that, in turn, fosters respect and acceptance of others as equals. When used to dominate, power imposes obligations on, restricts, prohibits and makes decisions about the lives of others (Javaid, 2015). To prevent and respond to SGBV effectively, the power relations between men and women, women and women, men and men, adults and children, and among children must be analyzed and understood (Mathews *et al.*, 2019) In humanitarian crises, affected populations depend on the protection and assistance from

institutions. Humanitarian aid workers, government, security and law enforcement officials are privileged to be in these positions hence have the power to make decisions that will affect the well-being of the persons they are assisting.

Exploitation and abuse occur when this disparity of power is misused to the detriment of those persons who cannot negotiate or make decisions on an equal basis. According to Hearn (2022), exploitation and abuse can take the form of physical and psychological force or other means of coercion (threats, inducements, deception or extortion) with the aim of gaining sexual or other favor's in exchange for services. Rape was a strategy to humiliate men by emasculating them, as raping a man changes that man to a woman in the eyes of their family and community. Shame and stigma were related to no longer being considered a man, the rape 'transforming' him into a woman in the view of self, family and village (Grey & Shepherd, 2013).

2.7 Male dominant concepts of masculinity, sexuality and gender

SGBV refers to any act which inflict physical, mental, or sexual harm or suffering, or related deprivations of liberty perpetrated against a person will be based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It inflicts harm on women, girls, men and boys. Sexual violence has severe and long-lasting consequences for survivors, their families and societies. At the level of the survivor, immediate health consequences include reproductive health impacts, injury, and a myriad of other negative effects which may even lead to death. Sexual violence against men during armed conflict is not a new phenomenon. Throughout the history of armed conflict, rape has been used by various militaries as a means of stealing a man's honor and emasculating an enemy (Delatolla, 2020). Evidence indicates that sexual violence against males occurred in ancient warfare prior to the birth of Christ (Vikman, 2021).

Male sexual violence, in the form of castration, for example, was carried out by the Chinese, Persian, Amalekite, Egyptian, and Norse armies (Clark *et al.*, 2024). In addition, Herodotus documented the Persian practice of castrating young boys and Roman soldiers raping free-born boys during their raids on Corinthian villages (Vikman, 2021). Sexual violence is widespread at all stages of the refugee journey, from displacement, transit and encampment to arrival in countries of settlement. While the pervasiveness of sexual violence in the refugee experience is well documented, particularly among women and girls, but increasingly also among men and boys, gaining an accurate measure of the scale of violence is challenging. There are

numerous barriers in assessing the scope and prevalence of sexual violence among refugee communities and in the wider population, including the variation in terminology and reporting processes, differing criminal thresholds and the enduring stigma of disclosing experiences of violence.

The consequences of rape on the male survivor are significant and long-term; also impact the health and well-being of his family and community (Sivakumaran, 2017). Sexual assault survivors are not able to work and contribute to household income because of physical and mental health issues, including not wanting to leave home because of shame and fear re-victimization (Graham, 2018). Their wives are then responsible for earning the entire household income necessary to support the family. This creates stress and conflict between husband and wife as well as other members of the family, often resulting in lack of funds to meet basic household needs such as food, medication, shelter and education for children.

McAuliffe and Ruhs (2017) identified SGBV as a key protection issue for refugees in all regions, along with other forms of exploitation, abuse and human rights violations, and it has been raised as a primary concern by refugees of all backgrounds (UNHCR, 2017). United Nations Human rights office of the high commissioner defines SGBV as;

“Sexual violence, a form of gender-based violence, includes any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts of trafficking, directed against a person's sexuality through coercion. This can be perpetrated by any individual, irrespective of their relationship to the victim, and can occur in any setting” (UN Human Rights, 2014).

Pasterny (2015) was the first international instrument explicitly addressing the issue of SGBV and it defined gender-based violence as, but not limited to: acts of physical, sexual and psychological violence perpetrated against women in the family, community, or by the state, in the private or public domain. Importantly this definition identifies sexual violence as a human rights violation and extends the location of violence to these interlinked spheres. Over the past 20 years, normative frameworks have evolved to recognize women and men’s multiple vulnerabilities and how sexual violence is used as a tool to oppression of women, men, boys and girls and the enforcement of gender roles and hierarchies through homophobic violence (UNHRC, 2011). This represents a shift from earlier definitions adopted by the Pasterny (2015) and the UN General Assembly (Estring - Pinol, 2021) among others, which focused more specifically on violence

against women. The adoption of gender-neutral language in the first part of the current UNHCR definition reflects the aim of a more inclusive approach which recognizes the impact of violence on both females and males, though (True, 2012) has argued that this can obscure the reality that women and girls are disproportionately likely to be harmed by male partners.

Today more research and literature are dedicated to navigating the field of sexually violated men in conflict areas. Along with the UN who has increased their focus on SGBV against men during the previous years and addresses the issue from an operational or technical perspective, by improving institutions regarding security and justice. Arguing that in both war and peace times it is essential to tackle structured gender inequalities and discrimination as one of the drivers and root causes of the issue of sexual violence (UN, 2019). For example, in the Security Council sexual violence resolution 2467 in 2019, where men and boys were added in article 28 as well as 32 as potential victims of sexual violence.

“Men and boys, who may have been victims of sexual violence in conflict, including in detention settings, should be acknowledged. Efforts should be made to lift the sociocultural stigma attached to this category of crime and to facilitate rehabilitation and reintegration” (Security Council, 2467-2019).

Paragraph 32 notes,

“Sexual violence in armed conflict and post-conflict situations disproportionately affects women and girls. It also recognizes that men and boys are targets of sexual violence in conflict and post-conflict settings” (Security Council, 2467-2019).

In comparison to previous resolutions from the Security Council where women are according to them the sole victims of sexual violence (Security Council, 2015, Security Council, 2013) Often in conflict-related sexual violence (SGBV) the male victim of sexual assault gets categorized differently than female victims by law or gender specific support programs or organizations. It is often treated more as “torture” because of war, rather than sexual assault or violation (Vojdik, 2013). While male sexual victims have been reported in several conflict areas in recent years, communities and organizations still fail to adequately address the issue appropriately (Fahberg *et al.*, 2018).

2.8 Theoretical Framework

A social science theory(s) can become an overarching framework for academic research. This theory may be drawn from diverse theories found in the social sciences, such as leadership, economics, political science, marketing, behavioral change, adoption or diffusion, or any number of gender and social science theories (Cresewell, 2014).

2.8.1 Trauma theory

The term trauma in this study was used to analysis the experiences of sexual violence, like in the case of women it had both physical and psychological effects, male victims may need attention or be understood on how they can be handled. Trauma can be defined as the sudden, uncontrollable disruption of afflictive bonds interpreted broadly and the effects of trauma on emotional and cognitive process underlying biological changes and resulting psychopathology are reviewed' (Van der Kolk, 2019).

It is believed that experiencing traumatic events of a certain magnitude can affect practically all those who might be exposed to it (Barre & Guarnaccio, 2024). Therefore, understanding these individuals who have undergone through traumatic experiences one has to consider 'both the individual's unique psychological development and the meaning of the traumatic experience itself in the post trauma adaptation' although still one must consider the characteristics of both the event and the person (Barre & Guarnaccio, 2024).

Using trauma theory known as the 'constructivist self-development theory' which focuses on three psychological dimensions of the individual who has experienced trauma: the self, the traumatic memories, and the psychological needs and related cognitive schemas (Isobel & Thomas, 2022). Sexual survivors are at greater risks for experiencing depression, anxiety, anger, self-esteem disturbances, guilt, shame, sexual dysfunctional and relation problems than are their non-victim peers. A fundamental construction within CSDT (constructivist self-development theory) is the notion of schemata or schemas. which explains adult trauma survivors' and basically focuses 'on the interaction between the person and the situation, with a particular focus on the self-development' (Isobel & Thomas, 2022). CSDT emphasizes that while considering adaptation after any traumatic experience one has to put into consideration the individual's personal history, the social and cultural context, specific traumatic events and the developing self of which these include ego, resources, self-capacity, psychological needs and cognitive schemas about self and the world (Barre & Guarnaccio, 2024). All these have influence on one's coping strategies and adaptation in

the post traumatic situation (Van der Kolk,2019) These are beliefs, expectations and assumptions about oneself, other people and the world.

Individuals develop schemas e, these schemas come to be associated with specific emotions or feeling states. Individuals' assumptions and experiences about themselves and the world around them can have profound implications for their emotional and interpersonal behaviour. In essence, the symptoms of post-traumatic stress disorder (PSTD) and related psychological disturbances reflect disruption to the individual's unique inner world and particularly his/her internal representations of self and world of cognitive schemas. CSDT focuses on the impact of trauma, self, the psychological needs and related schemas that are most affected by the experience of trauma. All these needs exist within all people although some are more silent than others for each individual (Ehlers & Clark, 2000)

The self is the seat of the individual identity and understanding how she/he relates to the world and how the world works. Beliefs related to the self are termed frame or reference of schemas. Psychological needs motivate behavior, and they are shaped by experience. The following six needs are particularly affected by trauma: *Safety*-The need to feel safe and reasonably invulnerably to harm. *Trust or dependency*-The need to believe in the word or promise of another and to depend upon others to meet ones need. *Esteem*-The need to be valued by others so have one's worth validated and to value others. *Independence*-The need to control one's own behavior and reward. *Power*-The need to direct or exert control over others through individual relationships and belong to a larger community (Fontana & Rosenheck, 2021).

Frame of reference schemas across all need areas to shape one's sense of identity or beliefs about who is (e.g. what it means to be a man or woman, a trauma survivor, what kind of person one feels one is) and one's world view (why things happen as they do, why people interact as they do). Schemas are the cognitive manifestations of psychological needs or beliefs, assumptions and expectations related to these needs. For example, we all need to feel safe and secure in the world. Schemas related to safety are assumption and beliefs about our personal safety (Elder *et al.*, 2019).

2.9 Conceptual Framework

The conceptual framewok shows sexualviolence against men (dependent variables) and the relationship between the drivers o the risk factors (Indipendent Variables). Both the drivers/Rislfactors relate to how sexual violence against me is experienced.

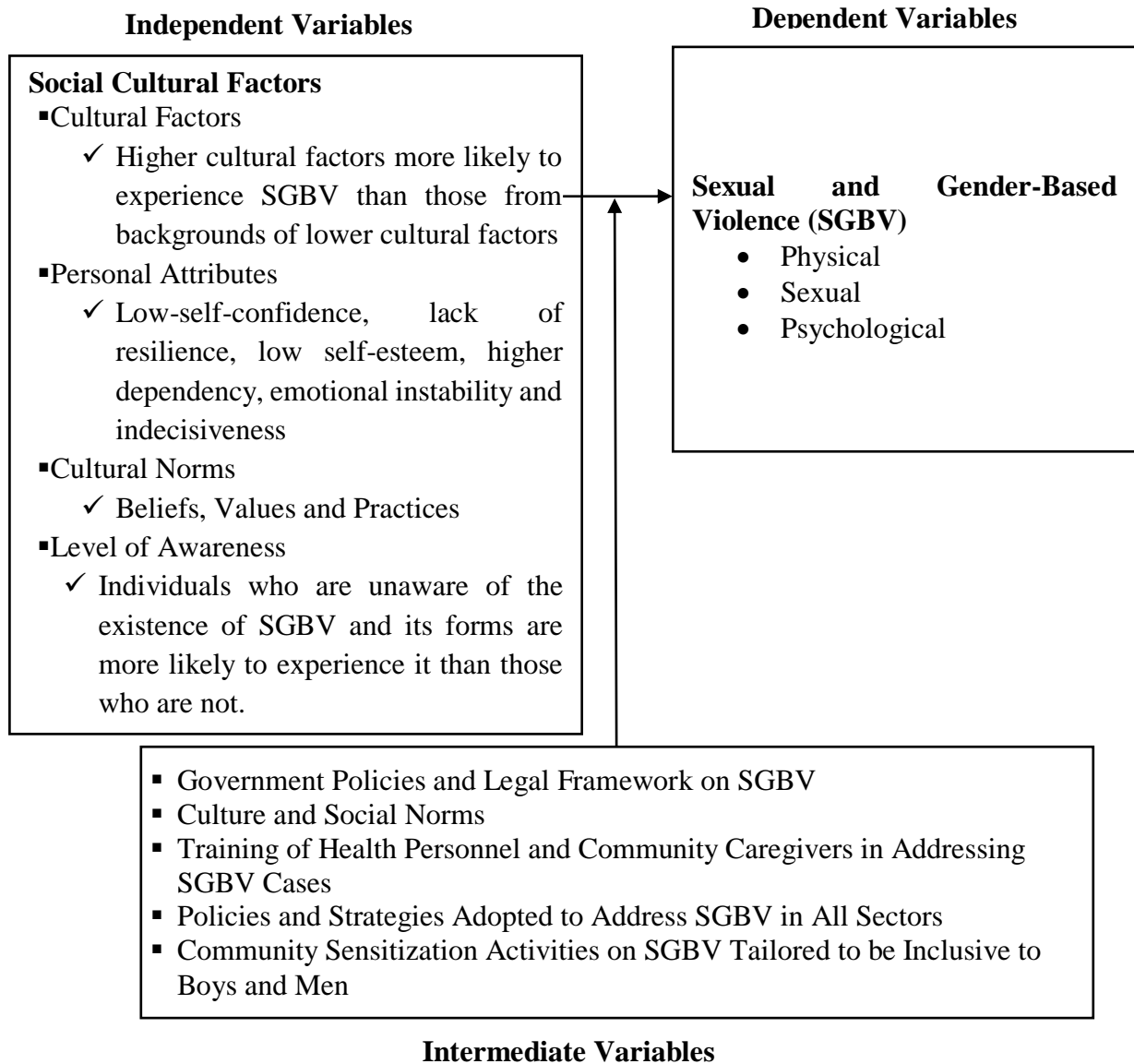


Figure 2.1: Conceptual framework

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research methodology that was applied in the study. It details various processes that were carried in the entire research period. It covers the research design, the location of the study, the population, sample and sampling procedures, the data collection instruments, data collection procedures and data analysis process.

3.2 Research Design

A research design, according to Khan and Malik (2023), constitutes the blueprint for the collection, measurement and analysis of data. The study employed the cross-sectional survey research design and applied both qualitative and quantitative methods of data collection. Survey research is a non-experimental research method that uses questionnaires or interviews to gather information (Orodho, 2004). Descriptive research is the process of collecting data to answer questions concerning the current status of the subjects in the study (Creswell, 2014). It involves observing and describing the behavior of a subject without influencing it in any way. The research design was the most appropriate because it determined and reported the way things were such as attitudes, possible behavior, values and characteristics without manipulating the variables. Hence very effective in describing and explaining the relationship between variables that is, how social cultural factors like cultural factors, personal attributes, cultural norms and SGBV is experienced among Congolese male refugees.

3.3 Study Area

The study was carried out in Kakuma Refugee Camp in Kakuma Town, Turkana West sub-county, Turkana County, in Northwestern Kenya. This the second largest county in Kenya with a land mass of 77,000 square kilometres and a population of 478,012 according to the Kenya statistics Package (2022). Total population of Kakuma camp is 193,776, while that of Kalobeyei integrated settlement is 47,702; with Somali (53%), and South Sudan (25%) among the nationalists being the majority. The other nationalities include DRC (9%), Ethiopia (5.6%), Burundi (3.5%), Sudan (1.5%), Uganda (0.6%), Eretria (0.4%), Rwanda (0.4%), and others below 0.2% (UNHCR,2018).

UNHCR Sub – Office Kakuma has two areas of operation: Kakuma Refugee Camp and Kalobeyei Integrated Settlement. Kakuma Camp is divided into four namely, Kakuma 1, 2, 3 and

4 while Kalobeyi Settlement comprises of 3 villages: Village 1,2 and 3 (UNHCR, 2022). The location was easily accessible and cost effective to the researcher. Specifically, the study focused on Congolese male refugees residing in Kakuma three. Figure 3.1 shows the map the study area.

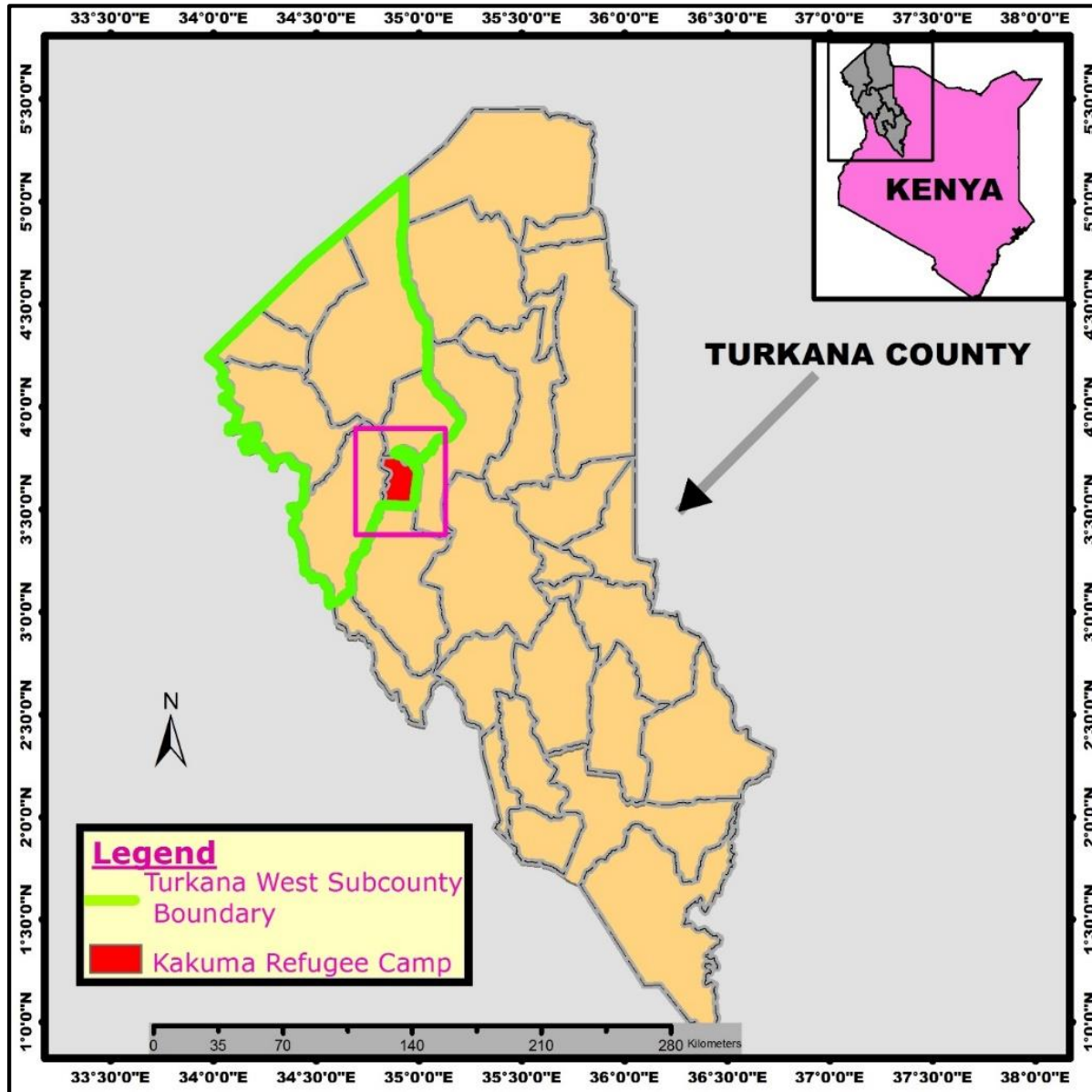


Figure 3.1: Map of the Study Area

Source: Geography Department, Egerton University (2025).

3.4 Target Population

The target population for the study included all the registered male survivors of sexual violence within Kakuma refugee camp. As at 31 October (2022), there were about 17,848 Democratic Republic of Congo Refugees and asylum seekers in Kakuma Refugee Camp (UNHCR,2022). The study sought to examine how social cultural factors influence sexual and gender violence among Congolese male refugees.

3.5 Sampling Procedure and Sample Size

The study used random sampling to select participants from Kakuma three; this ensured that the whole area was equally represented. Purposive sampling too; was used to select agencies staff from the agencies that provide services for the refugee in the area. The formulae by Slovin (2017) was used to determine the sample size. This is because the formulae is highly recommended in mixed type of research such as the one applied in the study whereby, both qualitative and quantitative methods were used.

$$n = \frac{N}{N + (d)^2}$$

Where n = Population sample size

N = Total Population of the Congolese

e = Standard error

95% - 100%

-0.05%

d = 1 – degree of confidence

For example, we have a population of 17,848 and we desire degree of confidence of 95% then;

$$n = \frac{N}{1 + Ne^2}$$
$$n = \frac{17,848}{[1 + (17848 \times 0.05^2)]}$$
$$= \frac{17,848}{45.65}$$

= 390.974

= 391

Random sampling was used to select 391 participants and 6 key informants (three opinion leaders, three refugee agency staff who works as psychosocial counsellors and one staff from GVRC). This is because these group of participants had detailed information regarding the research topic due to their roles, knowledge and vast experience within the Kakuma refugee camp. Simple random sampling was used in sampling of participants in each group (Mugenda & Mugenda, 2003). Therefore, the study used simple random sampling to select the respondents for each stratum to provide for equal representation and to avoid human judgment that would affect the results.

3.6 Research Instruments

The research used survey questionnaires and key informant interviews to collect data which was summarized to quantitative and qualitative data. Dornyei (2017) notes that, incorporating both qualitative and quantitative data brings out the best of each whereby one method can be used to overcome the weakness of the other. Additionally, this improved validity as this had a unique potential to produce evidence for the validity of research outcomes through the convergent and corroboration of the findings. Hence the questionnaires were used for respondents who have experienced and are victims of sexual violence whereas the interview schedules were administered to the key informants. The survey questionnaires and key informant interviews were developed by the researcher in line with the research objectives.

3.6.1 Survey Questionnaires for Respondents

The study used questionnaires which were administered to the selected 391 registered voters. The questionnaire was more appropriate for the respondents as it saved time and cost of administering them. According to Creswell (2014), a questionnaire is a self-report instrument used for collecting information needed. A questionnaire assures a high response rate with minimum bias, providing necessary explanations and giving the benefit of personal contact (Mugenda & Mugenda, 2003). Another advantage of the questionnaires is that data processing and analysis is cheaper. The questionnaire was structured to capture information according to sections. Section A; Demographic information, including age, marital status, source of income, and family or household head status. The second and third sections aimed to understand masculinity and

experiences of sexual violence among male refugees and asylum seekers. A semi-structured questionnaire (Appendix 2) was used to collect data.

3.6.2 Key Informants Interview Schedule

Interview schedules are key instruments in collecting qualitative data (Creswell, 2014). The purpose of the interview was to give the participants an opportunity to elaborate on some issues concerning the relationship between identified socio-cultural factors and SGBV among Congolese male refugees in Kakuma – Turkana West County. The interview schedule had 15 open ended questions that were important in gathering in-depth information. This approach helped stimulate discussions with the respondents and allowed the researcher to gather information on the community's attitudes towards male survivors of SGBV, available services for male survivors, barriers to service provision, and the best strategies to create awareness about SGBV and also encourage survivors to seek services. A key informant interview guide (Appendix 4) was used to collect this data.

3.7 Pre-Testing

Pilot testing was a small-scale trial, where a few examinees took the test and commented on the mechanics of the test (Dornyei, 2017). Pre-testing allows errors to be discovered before the actual collection of data began and 10% of the sample size was considered adequate for the pilot study (Mugenda & Mugenda, 2003). Therefore, before the actual study the researcher conducted pilot testing in neighboring Kalobeyei settlement camp. This was because just as Kakuma three, Kalobeyei settlement camp had similar characteristics. The sample was not part of the final population. The purpose of pre-testing was to assess the validity and reliability of the instrument.

3.7.1 Validity of the Instruments.

According to Bryman (2019), validity is the extent to which a test measures what it is supposed to measure. The focus was on face validity and content validity. According to Mugenda and Mugenda (2003), internal validity was concerned with the extent to which a study establishes a factor or variable that actually caused the effect that is, the extent to which extraneous variables have been controlled. External validity of the instrument indicates the appropriateness, meaningfulness and applicability of inferences to the target population (Creswell, 2014). The researcher used relevant items that captured all the objectives in order to ensure that valid data was obtained. To ensure the instruments were valid and appropriate for the research, the researcher gave the supervisors and experts from the department of Women, Gender and Development of

Egerton University who viewed them and advised the researcher appropriately. Instrument validity was carried out to enhance effectiveness of the research by ensuring that the researcher collected relevant data. Validity is established by expert judgment (Orodho, 2003).

3.7.2 Reliability of the Research.

This is the degree of consistency with which instances are assigned to the same category by different observers or by the same observer at different occasions. It indicates the extent to which measurement instruments and procedures produce consistent results in a given population in different circumstances (Dornyei, 2017). An instrument is reliable if it can measure a variable accurately and consistently and obtain the same results under the same conditions (Orodho, 2003). In addition, each response to an item reflected the true score for the intended construct and to some extent some random error (Kothari & Gaurav, 2019). A reliable measure will minimize the measurement error and the relationship between the true score and the observed score will be strong.

A pre-test was carried out which enabled the researcher to assess the test items so as to judge whether the instrument used was reliable or not. Pre-testing therefore helped to assess the reliability of the test items by measuring the adequacy or vagueness of the instruments. This enabled the researcher to modify and improve the quality of the research instruments to increase their reliability. After the pre-test, the reliability of the instruments was estimated using Cronbach's Coefficient formula. A coefficient of 0.7 and above indicated the degree to which the test items provided consistent results, thereby describing the internal consistency of the test. This threshold aligns with the standard for reliability testing and therefore considered good and were reliable measure for the research (Bryman, 2019).

3.8 Data Collection Procedure

The researcher sought for an introductory letter from the University's graduate school which facilitated the issuance of research permit from the National Council for Science, Technology and Innovation (NACOSTI). Permission to collect data from the sampled study area was then sought from the County administration, Refugee Affairs Secretariat – Kakuma, and UNHCR, before commencing the research. The researcher visited the area to familiarize herself with the study area, informed and explained to the respondents the purpose of the study. Modalities for collecting the required data was discussed and agreed before the researcher embarked on the study. A set of survey questionnaires and interviews schedules were administered to the

respondents. In order to ensure high level of response, the researcher visited all the respondents, and the instruments were administered by the researcher personally. The researcher explained how to fill the questionnaires and interview schedules to the respondents. The purpose of administering the questionnaires and the interview schedules personally was to avoid chances of misinterpretation of the items due to illiteracy, personal judgments and clarity to avoid vague answers as well as to solve problems of time and cost of travelling back to collect them. The instruments were then organized and then stored ready for analysis. Respondents were assured of confidentiality of their participation.

3.9 Ethical Considerations.

Conducting research using human subjects, requires high level of ethical consideration such as participant's protection. For this study, authorization letter was sought from Egerton University Ethical committee prior to conducting the research. This enhanced the privacy and the safety of the respondents.

The researcher encouraged voluntary participation and assured the respondents of confidentiality in all the activities of the research. The researcher also explained clearly to the respondents on their protection, minimal risk for participating in the study and the fact that all the information was to be kept in confidentiality.

To ensure privacy, the researcher did not require the participants to indicate their names on the research instruments. The raw data, information and the statistical analysis was kept in a safe custody with strict passwords on the SPSS templates was burned in a disc and kept safely by the researcher.

3.10 Data Analysis

Before data analysis, all the questionnaires were checked to determine the completeness. The instruments were coded to facilitate analysis. Different statistical analyses were applied in reference to the research objectives and questions. Quantitative data were analysed using descriptive statistics such as frequencies, percentages, and standard deviation. Qualitative data were transcribed, translated, and coded, and then analysed according to the themes and patterns that emerged. A verbatim approach was used in data presentation, where direct quotations and selected comments from informants were included to amplify their voices in the discussions. Data analysis entailed the determination of relationships between independent variables social cultural factors, which were represented by cultural factors, personal attributes, cultural norms, and level

of awareness and the dependent variable, sexual and gender-based violence, through the Chi-square. The evaluation was performed using the Statistical Packages for Social Sciences (SPSS) computer program version 28. The analysis results were presented in form of tables, charts, and figures.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

The purpose of this study was to investigate the relationship between socio-cultural factors and sexual and gender-based violence among the Congolese male refugees in Kakuma Camp - Turkana West sub -county. This chapter presents the results, interpretation and findings of the study. A total of 391 questionnaires were administered as per the sampling techniques used in the study. About 382 questionnaires were filled by the respondents making return rate of 99.4% which the study found to be significant enough in achieving its objectives. Eight key informant interviews were conducted as per the proposed sampling procedure implying a 100% response rate for the interview schedules. According to Mugenda and Mugenda (2003), a return rate of more than 70% is acceptable for data analysis in a research study.

The study findings presented and discussed in this chapter were based on the three objectives listed below:

- i. To analyze the types of SGBV that Congolese male refugees face in Kakuma refugee camps
- ii. To examine the relationship between cultural norms, values and SGBV among Congolese male refugees
- iii. To determine the relationship between dominant masculinity, gender identities and SGBV among Congolese male refugees

4.2 Socio-Demographic Characteristics of the Respondents

The characteristics of the respondents who comprised of registered Congolese male refugees in Kakuma camp – Turkana West sub-county was identified to establish the relationship between socio-cultural factors and SGBV among the Congolese male refugees in Kakuma Camp - Turkana West sub -county. The study gathered the respondents' general characteristics which included: Gender, Age, education level, marital status and occupation. The demographic and socio-economic characteristics of the interview respondents are summarized in the Table 4.1:

Table 4.1: Socio-Demographic Characteristics of the Respondents

Characteristic	Category	Frequency (n = 382)	Percent
Age	18-29 Years	93	24.3%
	30-49 Years	192	50.3%
	50-59 Years	77	20.2%
	60 and above	20	5.2%
	Total	382	100%
Marital Status	Married	208	54.5%
	Single	133	34.8%
	Separated	21	5.5%
	Divorced	12	3.1%
	Widowed	8	2.1%
	Total	382	100%
Education Level	None	57	14.9%
	Primary	113	29.6%
	Secondary	140	36.6%
	Tertiary	72	18.8%
	Total	382	100%
Occupation	Government Employee	0	0.0%
	NGO	136	35.6%
	Private Business	26	6.8%
	Unemployed	220	57.6%
	Total	382	100%

Note: In the analysis, the real names of the participants were not used. Instead, they were given codes to maintain confidentiality. The abbreviation IP was used to represent interview participant, followed by a numerical number unique for each participant.

The socio-demographic profile of the respondents reveals that the majority are between the ages of 30 and 49 years (50.3%), with a significant portion being married (54.5%). Educational attainment varies, with most respondents having completed secondary education (36.6%). In terms of employment, the respondents are evenly distributed across formal employment (26.3%),

informal employment (23.7%), self-employment (24.4%), and unemployment (25.6%). Besides the survey that involved 382 participants, the study collected data from six key informants. Their demographic details are summarized in Table 4.2.

Table 4.2: Demographic details of Key informants

Participant Code	Age	Marital Status	Education Level	Occupation
KII-1	50-59	Married	Tertiary	Private Business
KII-2	30-49	Divorced	Tertiary	NGO
KII-3	30-49	Single	Tertiary	NGO
KII-4	30-49	Married	Tertiary	NGO
KII-5	30-49	Married	Tertiary	NGO
KII-6	30-39	Married	Tertiary	CBO Member

Note: To maintain confidentiality, the real names of the participants are not used, instead they were assigned codes as in Table 2. Here, KII means Key informant Interviewee.

A thematic analysis was done on the transcripts from the semi-structured interviews and the Key informant interviews. Coding was used as a method to deconstruct and then reconstruct the data, facilitating the emergence of themes. The emergent themes were organized based on the research questions into four main dimensions, as summarized in Table 4.3.

Table 4.3: Emerging Themes organized based on the Research Questions

Theme	Representative Quote
Physical Violence	"I was severely beaten while there and that is how my anus got injured but I never told anyone that these men sodomized me." (KII-5)
Sexual Assault	"I was sodomized too when I tried to protect my wife from being raped. They tied me and took turns." (Interview Participant)
Emotional and Psychological Abuse	"I developed feelings of intense fear of losing my life, powerlessness, feeling dishonored and emasculated as well as strong feelings of shame, guilt, helplessness, anger, and anxiety." (Interview Participant)

Note: Only a few quotes from the participants have been included due to space limitation. Additional quotes are available from the researcher

Table 4.3: Emerging Themes organized based on the Research Questions (continuation)

Theme	Representative Quote
Gender Roles and Expectations	"In our culture, men are expected to be strong and protect their families. Admitting to being a victim of sexual violence is seen as a sign of weakness and failure." (Interview Participant)
Hegemonic Masculinity	"During the conflict, men were raped not because of sexual desire but to assert dominance and emasculate them. It was a way to show power and control." (Interview Participant)
Internalized Gender Norms	"I couldn't tell anyone about what happened to me. As a man, I am supposed to be strong and in control. Admitting that I was raped goes against everything I was taught about being a man." (Interview Participant)
Support mechanisms and services	<p>"We have about eight GBV response field offices where it works closely with other partner organizations in offering holistic support to GBV survivors." (KII-5, key informant)</p> <p>"Services offered include medical, psychosocial support, legal, safety, safe space, and protection." (KII-3, key informant)</p> <p>"Through community engagement meetings and advocacy meetings for sensitization." (KII-1, key informant)</p> <p>Awareness creation especially to men to encourage them to seek support when sexually violated." (KII-4, key informant)</p>

Note: *Only a few quotes from the participants have been included due to space limitation. Additional quotes are available from the researcher*

4.3 Findings

The findings section presents the analysis of data, which includes an integrated approach for both quantitative and qualitative insights. The section is organized in a format that aligns with the research questions.

4.3.1 The types of SGBV that Congolese Male Refugees Face in Kakuma Refugee Camp

The first research question was: *what are the types of SGBV that Congolese male refugees face in Kakuma refugee camp?* The respondents asserted that they have experienced various forms

of SGBV. The respondents were required to indicate the types of sexual and gender-based violence that they encountered in the refugee camps. Table 4.4 summarizes the results from the responses.

Table 4.4: Types of SGBV faced by the Respondents.

Type of SGBV	Frequency	Percentage (%)
Physical Abuse	177	46%
Sexual Abuse	125	33%
Psychological Abuse	80	21%

As shown in Table 4, physical abuse is the commonest SGBV that the entire sample of the surveyed Congolese male refugees in Kakuma Camp, Kenya face. The reason was that 46% of the SGBV related cases are physical abuse, followed by sexual abuse at 33%. Psychological abuse was the least common SGBV, as reported by the respondents. The findings that men encounter more physical abuse than other forms of SGBV which concurs with Araujo *et al.* (2019), Meyer *et al.* (2019), Chynoweth *et al.* (2022) and Tan and Kuschminder (2022) findings. Moreover, the other forms of SGBV, sexual and psychological abuse, can directly or indirectly contribute to physical abuse.

Additionally, an assessment of the prevalence of various types of SGBVs in relation to different age groups was carried out. A summary of the responses is presented in Table 4.5, Table 4.6, and Figure 4.1.

Table 4.5: Prevalence of SGBVs by Age Group.

Age Group	Frequency	Percentage (%)
18-29 Years	162	49%
30-49 Years	56	17%
50-59 Years	61	19%
60+ Years	50	15%

As per the results, male refugees aged between 18 and 29 years are the most prone to various types of SGBVs. Overall, at least 49% of the refugees in this age group who participated in the survey indicated that they had encountered either physical, sexual, or psychological abuse while at Kakuma refugee camp. The other age group that was significantly affected is the 50-59-years. About 19% of members of this category indicated that they had been subjected to SGBVs. The least affected group was that of people aged more than 60 years since only 15% of such male

refugees reported having been subjected to physical, sexual, or psychological abuse, followed by the 30-39 years old category, where the prevalence rate is 17%. The findings that male refugees aged 18-29 years old are the most prone to SGBVs, while those above 60 years of age are the least affected align with the World Bank Group’s (2023) report. Moreover, young people are subjected to an environment that makes it easier for them to be physically, sexually, and emotionally assaulted.

Table 4.6: Frequency of Different Types of SGBVs.

Type of SGBV	Frequency	Percentage (%)
Physical Abuse	144	48.81
Sexual Abuse	120	40.68
Psychological Abuse	65	22.03

Regarding the types of SGBVs frequency, physical abuse was the most common with a total of 144 cases reported by the respondents. Sexual abuse was also common with 120 incidences, while psychological abuse was the least prevalent with 65 cases. The findings concur with existing literature because the other forms of SGBVs usually involve physical assault (United Nations High Commissioner for Refugees, 2003).

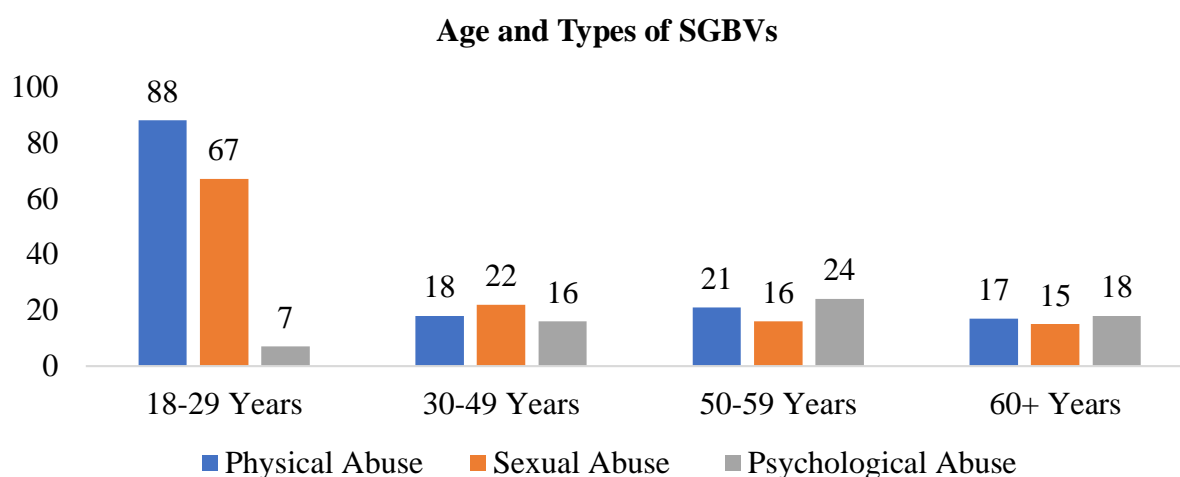


Figure 4.1: Prevalence of Different SGBVs per Age Group.

According to the findings, the 18-29-year-old male refugees are the most affected by physical abuse. About 94.6% of the respondents from this age group indicated that they are affected by this type of SGBV because of their physical activity been at the highest. Moreover, the group

is more visible and significantly involved in confrontations because they mostly get themselves into highly risky situations. Only 9.4% of the male refugees aged 30-39 years are subjected to physical abuse. The implication was that most of these adults have created effective strategies of evading conflicts or may have been assigned roles within the refugee camps that made them avoid confrontations. However, the group aged 50-59 years seemed to report more cases of physical abuse, 27.3%, probably because of their diminishing physical strength and being targeted by molesters. Also, a significant percentage (85%) of the elderly who are 60 and above years old male refugees are physically abused. The possible reason could be their perceived or actual inability to protect themselves because of their reduced energy, brought about by aging.

As for sexual abuse, the elderly, 60 and above years old, are the most affected male refugees with 75% of the respondents reporting that they had been subjected to this SGBV. It is highly probable that the vulnerability of this group was the reason why the cases are highly prevalent amongst them. The second most affected category was the group of male refugees aged between 18 and 29 years with 72% of the respondents from this group facing related challenges, probably due to higher exposure and mobility within the refugee camps. Thirdly, the group of male refugees aged between 50 and 59 years was significantly affected with 20.8% of the respondents from this category facing related challenges. The reason for this was that individuals within this age bracket are fairly exposed to challenges. The least affected group is the 30-49 years, in which case only 11.5% of the participants reported instances of sexual abuse. This could be attributed to the established self-protection mechanisms and reduced visibility within the refugee camps.

Psychological abuse is highest among the elderly, those aged more than 60 years of age. The reason was that about 90% of the individuals from this group been affected by this type of SGBV. Given that the elderly are highly likely to face significant mental issues, and when these are compounded with physical and sexual abuse, the psychological impact goes up. The group aged between 50-59 years of age falls second with 31.2% of incidences. This statistic can be attributed to the possible growing mental health challenges, supplemented with the targeted psychological torment that the individuals undergo. The least affected groups are the 18-29 and 30-49 age categories due to their ability to cope with mentally challenging situations. Generally, given that the Chi-square test's p-value is 0.0000, which is less than 0.05, there is a significant relationship between age group and the type of SGBV among Congolese male refugees in Kakuma refugee camps.

In addition to age, an assessment of how the marital status of the surveyed male refugees is related to their exposure to different types of SGBVs and the resultant prevalence. The findings are summarized in Table 4.7, Table 4.8, and Figure 4.2

Table 4.7: SGBV Prevalence by Marital Status.

Marital Status	Frequency	Percentage (%)
Single	113	35
Married	137	43
Separated	38	12
Divorced	21	7
Widowed	10	3

In terms of marital status, married male refugees are the most affected category by SGBVs with 43% of the participants being affected.

Table 4.8: Prevalence of SGBV's by Type.

Type of SGBV	Frequency	Percentage (%)
Physical Abuse	103	31.96
Sexual Abuse	75	23.27
Psychological Abuse	141	44.77

The singles group followed with 35% of the incidences. The separated male refugees also faced significant challenges, with 12% of the incidences of abuse. However, the divorced and widowed group are the least affected with 7% and 3% of the participants indicating that they are affected.

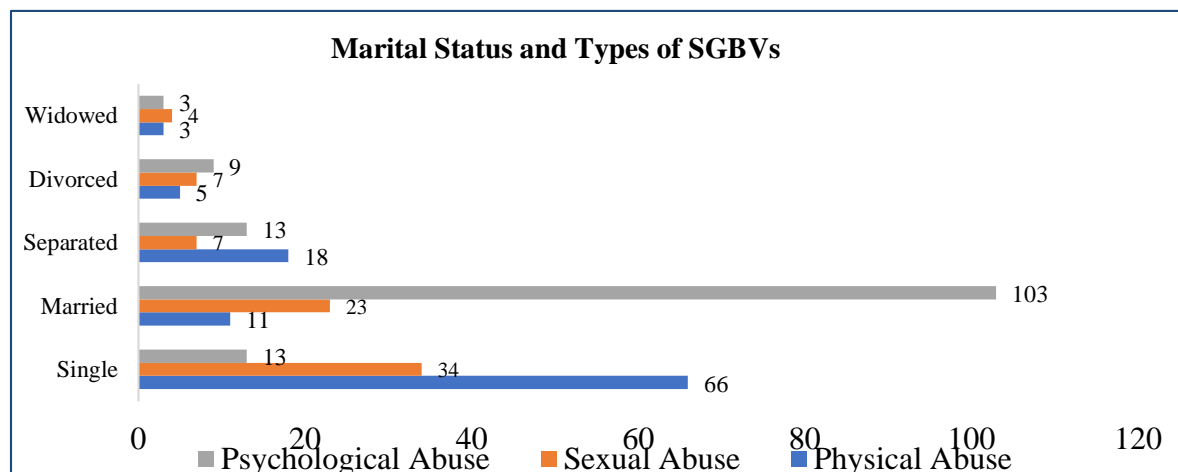


Figure 4.2: Prevalence of Different SGBVs per Marital Status.

Psychological abuse was the commonest type of SGBV that affected the surveyed refugees when their marital status was factored in. This was followed by physical abuse. Finally, sexual abuse has the least number of cases, as reported by the surveyed male refugees.

As per the results, about 49.6% of the single male refugees experience physical abuse. The results could reflect the increased vulnerability or exposure of such individuals to risky situations because they normally do not enjoy the protection that is associated with having a spouse. However, physical abuse was significantly low among married males at 5.3%. Although it may not be automatic, the results could imply that when one is married, they enjoy some level of protection or stability hence reduces the risk of physical abuse. On the other hand, the separated male refugees reported numerous cases of physical abuse since 85.7% of the respondents indicated that they had been subjected to the SGBV. The problem could be attributed to the transitional state of the individuals from this group and possible lack of support. Also, the divorced individuals indicated that they faced a considerable risk of physical abuse because the problem was evident in 41.7% of the respondents. On the other hand, widowed male refugees indicated that they experienced a moderate level of physical abuse (37.5%). The reason for this could be the individuals' solitary status and vulnerability.

As for sexual abuse, the results indicated that single males experience a significant amount of sexual abuse (25.6%), probably because they are more exposed and active. The percentage of married male refugees that report sexual molestation is relatively low (11.1%), implying that being married offered some protection against abuse. However, there were high incidences of sexual abuse among separated, divorced, and widowed males, at 33.3%, 58.3%, and 50%, respectively. The implication was that separation, divorce, and death of a spouse increased the risks of separation and exposure to abuse. Therefore, it was found that married male refugees tend to report fewer cases of sexual abuse compared to the other groups of people who are not married.

On the other hand, it was established that psychological abuse is relatively low (9.8%) among single males compared to other marital statuses. However, married males face the highest number of psychological abuse cases, probably due to the ongoing stress and psychological strain within marriages in the refugee camp context. Although the separated group has a high percentage of psychological abuse (61.9%), divorced males exhibit the highest percentage of emotional and

mental distress associated with separation. Similar incidences were exhibited among widowed male refugees, though the prevalence was quite low. These occurrences might be linked to loneliness and emotional trauma that comes with the loss a spouse.

Overall, physical and psychological abuse are most common among divorced and separated male refugees. The reason could be the significant exposure and vulnerability that come with the process of dissolving marital relationships and the mental toll associated with them. It was also noted that marriage tends to offer protection against SGBVs because men strive to sustain their masculinity. However, such individuals tend to face high levels of psychological abuse, probably due to the strain associated with being in a relationship. It was also noted that widowed males are the most exposed to high percentages of all types of abuse. The implication was that men from the group are more vulnerable and could be targeted potentially. Generally, the types and frequencies of abuse experienced by male refugees in Kakuma was influenced by their marital status. Since the Chi-square test's p-value is 0.0000, which is less than 0.05, there is a significant relationship between marital status and the type of SGBV among Congolese male refugees in Kakuma refugee camps.

In addition to age and marital status, it was also assessed whether education is associated with the type and frequency of different types of SGBVs that male refugees experienced. The findings are presented in Figures 4.3, Table 4.9, and Figure 4.4.

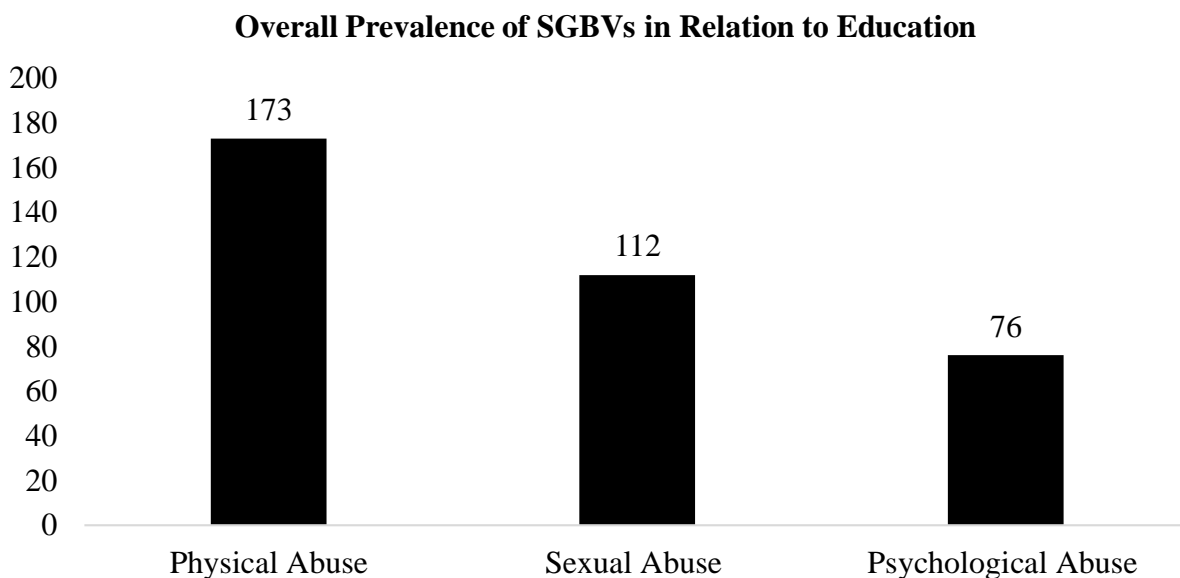


Figure 4.3: Overall Prevalence of SGBVs in Relation to Education.

The findings indicated that physical abuse was the most prevalent among male refugees in line with their education. The second most common form of SGBV was sexual abuse. Finally, psychological abuse was the least common type of SGBV among the male refugees when education is factored.

Table 4.9: SGBV among Different Educational Levels.

Educational Level	Frequency	Percentage (%)
None	79	22
Primary	144	40
Secondary	105	29
Tertiary	33	9
Total	361	100

The findings indicated that male refugees in Kakuma with primary education as their highest level are the most affected with different types of SGBVs, with 40% of them reporting that they are victims. The other group that is significantly affected by SGBV was that of male refugees with secondary school qualifications with 29% of the respondents reporting that they had been subjected to abuse. About 22% of those with no education and 9% of those with tertiary education are subjected to SGBV. Based on the findings, there are mixed assertions about the relationship between educations on male refugees' vulnerability to SGBV.

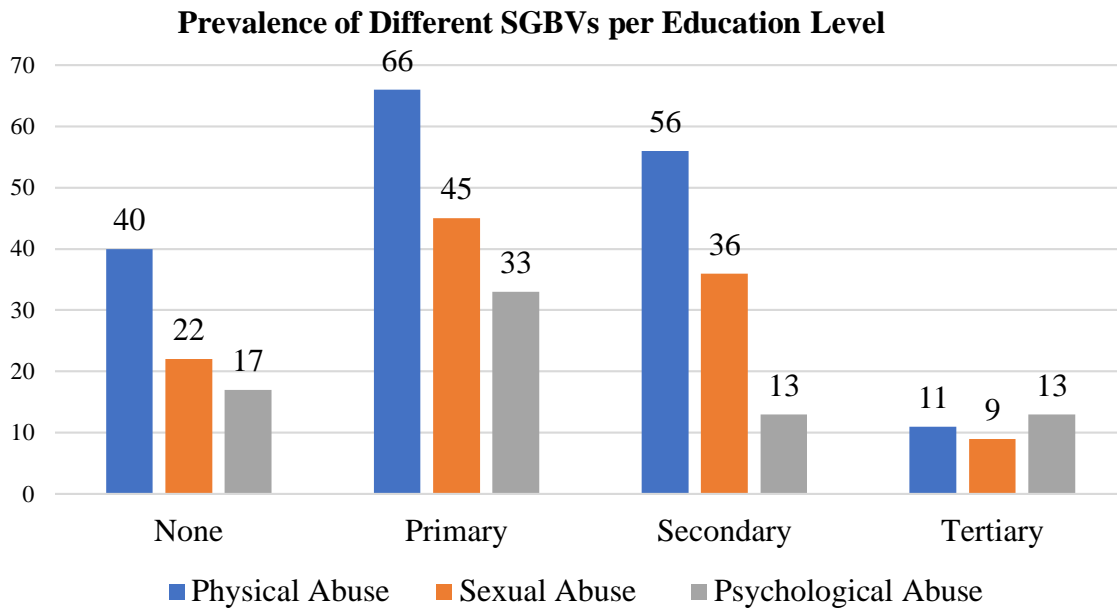


Figure 4.4: Prevalence of Different SGBVs per Education Level

A detailed analysis of the data indicated that those with formal education are the most affected by physical abuse (70.2%). It was established that physical abuse tends to decrease as education increases because only 15.3% of individuals with tertiary education reported physical abuse. On the other hand, sexual abuse seems to affect male refugees with no formal education and those with primary education equally. Generally, the magnitude of impact tends to decrease as the level of education increases, with the least affected being those with tertiary education (12.5%). On the other hand, the impact of psychological abuse was somehow similar among those with no formal education and primary education. However, this SGBV was quite low among male refugees with secondary education (9.3%). It was also noted that the impact of psychological abuse increases slightly among those with tertiary education (18.1%).

Generally, it was Individuals with no formal education experience the highest rates of physical, sexual, and psychological abuse. It was also noted that an increase in education was associated with a decline in the subjection to physical and sexual abuse among male refugees. A unique pattern was exhibited in the vulnerability of male refugees to psychological abuse because the impact was lower among refugees with secondary education level but higher at the tertiary level. In sum it can be said that education appears to be a protective factor against abuse, with higher education levels associated with lower rates of physical and sexual abuse. Therefore, an

increase in educational opportunities for refugees may help reduce instances of their vulnerability to SGBV. It should also be noted that although education seems to help reduce psychological abuse among male refugees, other factors could play a role in determining the magnitude of exposure among those with tertiary education. Generally, since the Chi-square test's p-value is 0.05, there is a significant relationship between educational level and the type of SGBV among Congolese male refugees in Kakuma refugee camps.

The quantitative findings concur with the results from interviews, which represent the qualitative aspect of the analysis. For instance, the dominant themes that emerged from the qualitative interviews include physical violence, sexual assault, and emotional and psychological abuse.

Theme 1: Physical Violence

The theme of physical violence emerged prominently from the data, reflecting the severe and often brutal experiences of the research participants. Most participants confirmed that physical violence is rampant. Majority indicated that they have been physically abused. Physical violence was in form of beatings and assaults, physical injuries, as well as witnessing of violence to others.

Beatings and Assaults

Battering and beating was the most common type of physical violence, which led to aggravated bodily harm. Some of the interview participants recounted how they endured beatings and assaults. For instance, one noted as follows:

"A stick was used to dig a small hole in the soil then I was asked to have sex with it while beating me heavily. Then they took my mother and sisters with them and since then I don't know where they are." (IP-3, a male refugee)

This illustrated the extreme physical and psychological torture that some refugees endured with violence extended even to family members. Similarly, another participant reported:

"I was beaten heavily by the soldiers while they asked me to have sex with a stick buried in the soil." (IP-25, a Congolese male refugee)

The experience of this participant shows how security personnel are often involved in the perpetration of violence, hence making the vulnerability of the refugees even worse.

Physical Injuries

Often, due to violence, some of the participants reported that they suffered physical injuries, which had dire impacts on their present life. One participant in particular gave the following account:

"Today I am jobless due to the physical injuries I sustained and currently I depend on handouts yet I used to work and could provide for my family." (IP-7, a Congolese male refugee).

This statement highlighted the long-term impact of physical violence on the refugees' economic stability and ability to support their families.

"The beatings I received have left me with injuries that make it difficult for me to move around or work, and this has severely affected my ability to provide for my family." (IP-42, a Congolese male refugee)

This quote emphasized the debilitating physical consequences of violence, which hindered refugees' daily functioning and economic productivity.

Witnessing Violence

Apart from those who suffered the violence, there are those who witnessed it perpetrated on others, often with similar impacts on their wellbeing. For instance, one participant narrated as follows;

"We had finished having supper when we had a sharp knock on our door before even opening it the gunshot did and in no time these men began undressing my wife, as her husband, I had to fight them back in defense and in the process, I was bitterly beaten, tied on our bed and was sodomized too." (IP-9, a Congolese male refugee)

This account demonstrated the traumatic experiences of witnessing violence against loved ones and the physical assault that followed when attempting to protect them.

These quotes above from the participants highlighted the physical violence faced by the refugees, often leading to severe injuries and long-term consequences that affected their livelihoods and mental health. The brutality of these acts, combined with the ongoing threat of violence, underscores the harsh reality of life in the refugee camp.

Theme 2: Sexual Assault

There was a convergence of views among the participant that sexual assault against male refugees was a huge problem. Many participants shared stories concerning various forms of sexual

assault that they endured. These included rape and sexual violence, coercion, forceful actions, and their psychological and physical impacts.

Rape and Sexual Violence

Many male Congolese refugees have experienced the horrifying horrors of rape and sexual assault. These crimes caused severe psychological damage in addition to bodily harm.

One participant recounted:

"I was raped by several men. One by one, by one man after another, unable to remember their faces" (IP-1, a Congolese male refugee).

This emphasizes the traumatizing effect of the severe and frequent sexual assaults that some migrants have endured. The trauma was considerably harder to understand and recover from because of the inability to recognize the attackers' faces exacerbates the sense of helplessness and terror.

Another participant shared:

"They made me have sex with my own hands. Every day, they would beat me and force me to do it" (IP-18, a Congolese male refugee).

This experience served as an example of the severe and dehumanizing sexual assaults that are occasionally employed as a kind of torture. In intentional acts of dehumanization and humiliation, the use of items in sexual assault attempts to rob the victim of their humanity and dignity. The daily repetition of this agony was indicative of a trauma and abuse cycle that lasts a long time and leaves severe emotional and psychological damage.

Besides, some men experienced sexual assault while trying to defend their family members from harassment. As one participant recounted:

"I was sodomized too when I tried to protect my wife from being raped. They tied me and took turns" (IP-33, a Congolese male refugee).

This emphasized the horrific sexual violence that took place in the context of attempting to defend family members as well as direct assaults. Failing to protect one's family led to additional emotional burdens and bizarre power relations, since defending loved ones might result in victimization because this type of assault combines personal violation with the failure to perform protective tasks that are expected of men, it exacerbates the trauma.

Coercion and Forced Acts

Many participants lamented that they have endured coercion and forced acts in relation to sex and rape. Those who survived these acts were subjected to threats and intimidation. One participant described the experience he endured:

"They told me they would kill me if I reported the incident. The constant threats and intimidation make it difficult to feel safe" (IP-211, a Congolese male refugee).

This statement shows how threats and compulsion silence victims and discourage them from seeking help. Terror from death and intimidation kept victims silent and abused. Insecurity exacerbates trauma and even made rehabilitation harder.

Another participant explained:

"I was forced to perform sexual acts on them. They threatened to harm my family if I refused" (IP-329, a Congolese male refugee).

This quote shows how threats against loved ones coerce victims into cooperation. Family members as a bargaining chip put the victim in an impossible scenario where compliance the only option to protect their loved ones, adding to psychological anguish. Coercion that leaves victims feeling weak and guilty leaves deep psychological wounds.

Psychological Impact of Sexual Assault

The psychological effects of sexual assault are extensive and varied, affecting a broad spectrum of feelings and mental health issues in survivors. One participant articulated:

"I developed feelings of intense fear of losing my life, powerlessness, feeling dishonored and emasculated as well as strong feelings of shame, guilt, helplessness, anger, and anxiety" (IP-4, a Congolese male refugee).

Sexual violence has a tremendous psychological and emotional impact on victims. Survivors develop PTSD, sadness, and anxiety from the complicated mix of dread, powerlessness, and shame. Emasculation and disgrace are particularly devastating because they touch on strongly rooted societal masculine ideals.

Another participant noted:

"Most survivors feel a lot of anger more than their female counterparts. Anger is more of a 'masculine' way to deal with trauma" (IP-8, a Congolese male refugee).

This quote highlighted gendered emotional responses to sexual abuse, with male survivors often coping with rage. The social expectation that men should show anger rather than vulnerability can prevent them from showing grief or anxiety, which can impede healing. This gendered trauma response reflected cultural conventions that limit men's emotional expressiveness, frequently to their cost.

Theme 3: Emotional and Psychological Abuse

When asked about the emotional and psychological abuse, participants noted that they endured these kinds of abuse, which was manifested through coercion, threats, and emotional distress, often leaving the victims with deep psychological scars. Consider the following account by one participant:

"I developed feelings of intense fear of losing my life, powerlessness, feeling dishonored and emasculated, as well as strong feelings of shame, guilt, helplessness, anger, and anxiety" (IP-16, a Congolese male refugee).

Survivors carry a huge psychological weight. Fear, powerlessness, and deep-seated humiliation show how the abuse affected their mental health and emotional well-being.

Cultural standards have a big impact on how people react emotionally, and male survivors frequently use anger as a way to communicate their sorrow. As one participant noted:

"Most survivors felt a lot of anger more than their female counterparts. Anger is more of a 'masculine' way to deal with trauma" (IP-10, a Congolese male refugee).

This shows how social norms affect male trauma's emotional outlets. Cultural standards affect how males process and express their suffering, as anger was expressed over other emotions. Shame, guilt, and self-blame are prevalent among survivors, contributing to their isolation and reluctance to seek help.

"The feelings of shame and confusion about their situation, guilt, and self-blame, and the subsequent fear of negative reactions and the resulting isolation in the community are typical symptoms of rape victims" (IP-5).

Cultural stigmatization makes survivors feel ashamed and rejected by their relatives and communities, compounding these emotions. As another participant expressed:

"The cultural norms and the stigmatization surrounding rape have left many of us humiliated and rejected by both our families and communities" (IP-2).

These survivors' emotional and psychological anguish are exacerbated by the rejection and isolation they endure, which makes it difficult for them to get help and recover. The ongoing psychological impact of abuse also affected personal relationships and self-esteem. One survivor lamented:

"I always imagined that my wife knows that I was also sexually abused; worst still was the fact that I couldn't perform very well sexually as I used to do " (IP-13).

This comment shows how survivors' intimate connections and masculine perceptions change over time. The failure to meet sexual expectations and their partner knowing about the abuse increased emotional pressure.

One of the findings of the study was that male Congolese refugees experienced physical, sexual and psychological violence at the Kakuma Refugee Camp in Kenya. These main types of SGBV are related to the findings of past studies on the experiences of SGBV by refugees worldwide and in Eastern Africa (Badurdeen2023; Lugova *et al.*, 2020; Roupetz *et al.*, 2020). Further, study by Roupetz *et al.* (2020) engaged with female Syrian refugees in Lebanon and found out that SGBV was as much of a problem for women as it was for men.

Moreover, Lugova *et al.* (2020) studied male victims of SGBV among Congolese refugees in Congo and discovered that SGBV was a weapon of war which caused victims extreme levels of psychological trauma. For its part, the study by Badurdeen on Somali refugees in the Dadaab Refugee Camp, Kenya, determined that SGBV was a continuum. Therefore, addressing the problem means that governments and NGOs ought to go back to the conditions that necessitated war in the first place. As such, addressing the problem of SGBV in the case of the male Congolese refugees requires strategies that center their conditions before they became refugees. As is evidenced in the current study, most victims of SGBV are the young adults of the 18-29 age bracket, and who have specific forms of vulnerabilities such as illiteracy (Tolonen, 2023).

4.3.2 Effect of Cultural Norms and Values on SGBV among Congolese Male Refugees

The second research question: *In what ways can the relationship between cultural norms and values on SGBV be examined among Congolese male refugees?*

Therefore, the relationship between cultural norms and values on SGBV among Congolese male refugees was analysed statistically, and the results are presented in Figure 4.5

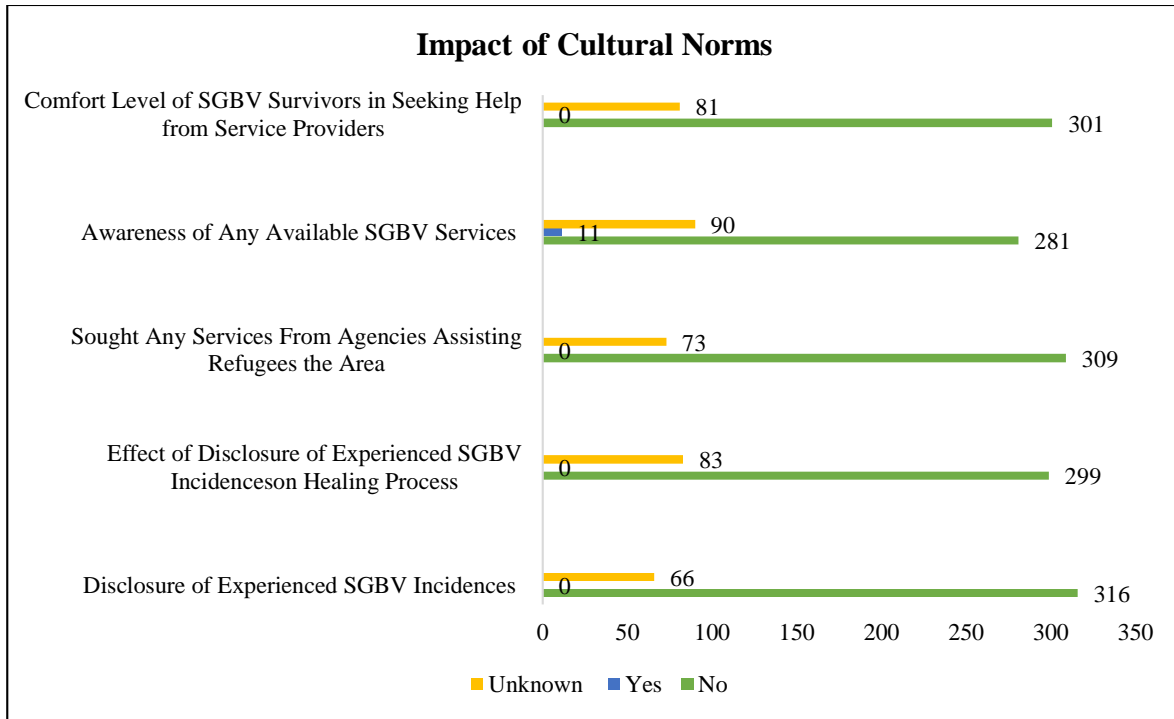


Figure 4.5: Impact of Cultural Norms

As shown in Figure 6, the male refugees’ awareness of available SGBV services within their area was critically low. The reason was that 281 individuals reported not being aware of such services, while only 11 individuals were aware of them. On the other hand, 90 individuals were unsure about the availability of SGBV services. It was also noted that there was a high level of discomfort among male refugee survivors of SGBV in seeking help from service providers. As shown by the data, 301 individuals were not comfortable seeking help. No respondents reported that they were comfortable doing so. Furthermore, 81 individuals were unsure about their comfort level when seeking help. Therefore, there was a significant trust deficit, meaning that the current system was unsupportive, while the environment was unwelcoming for survivors seeking assistance. Overall, cultural norms exacerbate the challenges that male Congolese refugees face in Kakuma camp when seeking help after being subjected to SGBV. The reason been that disclosure of abuse was very low among the survivors because the support systems for survivors were filled with loopholes. The lack of awareness and underutilization of services further complicated the issue.

The quantitative findings regarding the effect of cultural norms and values on SGBV among Congolese Male Refugees align with the qualitative results from the interviews. For

instance, two key themes emerged from the qualitative data: gender roles and expectations, stigma and shame.

Theme 4: Gender Roles and Expectations

Gender norms and expectations strongly impact Congolese male refugees' SGBV experiences. Social norms often shape people's behavior and self-image, especially in patriarchal settings. One participant noted:

"In our culture, men are expected to be strong and protect their families. Admitting to being a victim of sexual violence is seen as a sign of weakness and failure" (IP-91, a Congolese male refugee).

This shows how males are pressured to play masculine stereotypes, making it hard for them to seek help or talk about their problems. Male survivors dread being seen as weak due to the expectation of strength and protection. This social norm silences men, increasing their suffering and preventing them from seeking help. Another participant shared:

"Discussing sexuality is closed in my culture; it is seen as offensive to talk about it, especially men having sex with other men, if forceful or not, is a big taboo, so many survivors remain quiet and in denial" (IP-22).

Cultural taboos of discussing sexuality separate SGBV survivors. Sitting in quiet and denial worsens their agony. Taboos make survivors feel humiliated and unable to communicate their pain, prolonging their agony and solitude.

The pressure to conform to traditional gender roles can also lead to internalized stigmatization. As one interviewee stated:

"The community prefers to ignore any issue that could be related to homosexuality for fear that you are going to encourage homosexuality" (IP-53).

The silence and stigma surrounding male sexual violence was perpetuated by cultural standards. Fear of labeling or endorsing homosexuality isolates and marginalizes male survivors, preventing them from seeking assistance and intervention. Social denial and stigma silence victims and devalue their experiences, making it harder for them to seek help. As one participant remarked:

"The community treats survivors of sexual violence with disdain and often blames them for their predicament, leading to further emotional and psychological distress" (IP-3).

This comment shows how communal victim-blaming worsens survivors' trauma. Such beliefs reinforce the stigma of being a male sexual abuse victim and make survivors reluctant to talk about their experiences and get help.

Theme 5: Stigma and Shame

Due to the existing cultural norms, many victims of gender-based violence are subjected to stigma and shame. Cultural norms that stigmatize victims and link sexual abuse to homosexuality further marginalize them.

One participant explained:

"If the survivors confide in others, they often get blamed for what has happened to them or they are labeled as homosexuals, which is very painful for them" (IP-5).

This shows how accusing and labeling burden survivors emotionally and psychologically. Survivors are further isolated and distressed by the stigma of being homosexual. Fear of naming prevents survivors from speaking up, hampering their ability to seek justice and support. This is further supported by the following quote from another participant;

"Since the victim cannot be seen as a real man anymore, the only possibility is that this man is not a real man from the start but must be a homosexual. Thus, the community cannot accept that rape of men happens against their will and is not a choice" (IP-8).

This shows how deeply rooted societal standards deny masculine victimhood, equating it with manhood loss. Refusing to recognize male rape as a crime reinforces detrimental stereotypes. This cultural denial invalidates survivors' stories and fosters silence and unresolved trauma. The societal rejection and isolation experienced by survivors are evident in another account:

"Due to the stigmatization, they have difficulties living in the society bearing their secrets, unable to talk to anyone about it. Consequently, they feel alone and isolated" (IP-1).

This comment shows how stigma and shame may isolate survivors. They avoid seeking treatment and discussing their experiences out of fear of social rejection, worsening their isolation and helplessness. The absence of community support and understanding allows survivors to struggle with their trauma alone, delaying their healing and reintegration.

The study found out that the relationship between cultural norms and values played a considerable role in the prevalence of SGBV among Congolese refugees in Kakuma Camp, since people act according to the cultural norms and values that they were raised in; which therefore

guide their behavior towards one another in and outside their home. This important finding aligns with Robles (2022), which confirmed that cultural norms made it impossible for male refugee victims of SGBV to use official legal mechanisms when addressing the problem at camps, for eastern European refugees in many western European countries. This is because such victims are unconsciously structured to act according to the dictates of the cultures in which they grew up, such as not appearing to be weak and submissive.

The finding also confirms findings of Chynoweth *et al.* (2022) and Adebayo *et al.* (2024), which held that SGBV is common occurrence in different war-torn countries in the world such as Myanmar, Libya, Eastern Congo, and South Sudan. The cited studies showed that SGVB in these countries revolved around masculinity as a cultural norm and identity that needed to be propped up by a constant show of violence against fellow men as a way of maintaining obedience and submission in the context of sectarian conflict. In the case of Somali refugees in Adebayo *et al.* (2024) study, most female refugees choose to keep quiet to maintain their marriages in the same way that violated male Congolese refugees maintain silence to keep their fractured masculine honor. The study by Falb *et al.* (2022) on Congolese refugees also confirmed that domestic instability, conflict and displacement are risk factors for SGBV in Congo. The study noted that conflict and displacement exacerbated differences in social power hierarchies and made it easier for men to mete out violence on fellow men. As obtains in the study, such victims of SGBV often maintain a culture of silence according to their cultural norms to protect their masculine ego.

4.3.3 Effects of Notions of Masculinity and Gender Identities

Research Question 3: How can the relationship between dominant notions of masculinity and gender identities on SGBV among the Congolese male refugees be determined?

An analysis was carried out to find whether the relationship between dominance of masculinity and gender identities of Congolese male *refugee* influence SGBV. The review entailed an examination of the number of those who openly disclosed whether they had sought SGBV treatment within the Kakuma Camp facilities. The results are presented in Table 4.10.

Table 4.10: Men Survivors of SGBV Treated

Status	Frequency	Percentage (%)
Untreated	306	80
Undisclosed	76	20

As shown by Table 4.10, 80% of the respondents indicated that men survivors of SGBV are not treated in the Kakuma camp refugees' community. Undisclosed cases account for 20% of the cases of male refugee survivors whose treatment status regarding SGBV was unknown. The refugees indicated that the survivors are treated badly, terribly, and are isolated. Other challenges include humiliation, stigmatization, and discrimination. It was further indicated that the victims of SGBV use silence and suppression to cope against revictimization. Therefore, rarely do male refugees who have been subjected to SGBV seek help. Instead, they keep the secrets to themselves to maintain their masculinity. It can be asserted that dominant masculinity and gender identities of Congolese male refugees negatively influence SGBV in Kakuma camp. Similarly, in relation to this research questions, the narratives from the participants led to identification of two key themes: Hegemonic masculinity and Internalized gender norms.

Theme 6: Hegemonic Masculinity

Hegemonic masculinity refers to the dominant form of masculinity that is privileged and upheld by society. It is characterized by characteristics such as strength, courage, aggression, and the ability to provide and protect. Hegemonic masculinity is not necessarily the most common form of masculinity, but it is the one that is most valued and held up as the ideal.

Hegemonic masculinity shapes Congolese male refugees' SGBV experiences. This notion describes the cultural process by which a group takes and maintains a dominant position in social life, often marginalizing non-normative males. One participant described the societal expectations imposed on men as follows.

"Men are expected to be strong, protect their families, and never show weakness. Admitting to being a victim of sexual violence is seen as a failure of these expectations" (IP-77).

Hegemonic masculinity forces males to play masculine roles, making it hard for them to seek aid or report victimization. Men avoid displaying vulnerability and asking support because they are expected to be tough and protecting. Another participant elaborated on the power dynamics involved:

"During the conflict, men were raped not because of sexual desire but to assert dominance and emasculate them. It was a way to show power and control" (IP-9).

This quote shows how sexual assault reinforces masculine dominance by making victims feel weak and feminine. Rape as a form of dominance and control highlights power dynamics.

Another participant noted:

"Being raped made me feel less of a man. It's like they took away my identity and made me feel powerless and ashamed" (IP-4).

Sexual violence affects masculine identity and masculinity, which has a severe psychological impact. The assault hurts physically and impairs survivors' self-esteem and social role.

Theme 7: Internalized Gender Norms

Internalized gender norms among male perpetrators of SGBV" refers to the unconscious adoption of traditional, harmful masculine beliefs that contribute to the perpetration of sexual and gender-based violence (SGBV) by men, often stemming from societal expectations of male dominance, control, and a lack of emotional expression, which can justify or normalize abusive behaviors towards women and other marginalized genders.

Internalized gender norms are the beliefs and expectations that people learn about how men and women should behave, and then accept as their own. These norms are usually learned during childhood and adolescence and can have a lifelong impact.

Internalized gender norms are ingrained societal expectations about how men should behave, often leading to internal conflict and stigma when violated. One participant shared:

"I couldn't tell anyone about what happened to me. As a man, I am supposed to be strong and in control. Admitting that I was raped goes against everything I was taught about being a man" (IP-8).

Internalized masculine norms can discourage survivors from seeking support, as shown in this quote. The expectation to always be strong prevents victims from reporting abuse. Another participant reflected on the societal response:

"When a man is raped, people don't believe it or they think he must be gay. It's humiliating and makes you feel even more isolated" (IP-100).

This shows how male rape victims are commonly mislabeled due to societal stereotypes about masculinity and sexuality. Survivors feel humiliation and isolation due to the erroneous link with homosexuality. In further support of this, another participant asserted:

"The shame and guilt are overwhelming. I keep thinking, 'Why couldn't I stop it? Am I not strong enough?'" (IP-144).

Internalized gender standards that connect trauma with weakness and failure cause self-blame and mental anguish. Internal conflict and self-doubt make trauma rehabilitation difficult for survivors.

4.3.4 Support Mechanisms and Services for Male Survivors

A further theme that emerged predominantly from the KIIs was about the support mechanisms and services for the male survivors of SGBV. The data revealed several sub-themes that collectively highlight the various facets of support available to male survivors, the challenges they faced in accessing these services, and the strategies employed to improve service delivery.

Availability of Specialized Services

Male survivors in Kakuma Refugee Camp received specific care, according to key informants. These included psychosocial support, medical care, legal aid, and safe spaces.

"We have about eight GBV response field offices which works closely with other partner organizations in offering holistic support to GBV survivors" (KII-5, key informant).

This quote emphasized the broad network of response offices available to survivors, demonstrating a concerted effort to give complete help. Collaboration with other groups expanded these services' reach and efficacy assisting survivors.

"There are safe places where men and women are referred to when need be" (KII-2, key informant).

This statement emphasized the presence of designated safe areas inside the camp, which are crucial for the defense and assistance of survivors. Safe spaces are essential for establishing a setting where victims can feel safe and get the attention, they need without worrying about getting hurt again.

Comprehensive Service Offerings

According to the key informants, the services provided at SGBV centers are comprehensive, addressing multiple aspects of survivor care, including case management, counseling, economic support, and legal aid.

"Services offered include medical, psychosocial support, legal, safety, safe space, and protection" (KII-3, key informant).

The holistic approach to survivor care ensures survivors receive complete support across domains. These programs helped survivors rebuild their life, regain security and well-being by covering numerous care components.

Community Engagement and Information Dissemination

Service information must be effectively communicated. Various methods are used to inform and connect male survivors to these programs. Public address systems, SMS platforms, peer-led support groups, and community involvement sessions are examples.

"Through community engagement meetings and advocacy meetings for sensitization" (KII-1, key informant).

The participant described how community meetings promoted service awareness, eliminated stigma and increased reporting. These events educated the community about SGBV and the necessity of supporting survivors.

"DRC utilizes a range of techniques including SMS platforms, PA systems, Relay Platform, and targeted activities for men" (KII-5, key informant).

This shows how current communication systems empowered survivors about support. These methods assisted survivors obtain services and bridge the knowledge gap.

"This information is passed through peer-led men-only groups which increased their self-esteem" (KII-3, key informant).

This shows the importance of peer-led groups, which allowed men to talk and get aid. These programs assisted survivors build confidence and resilience through community and support.

Challenges in Service Provision

Despite the availability of services, several challenges hinder effective service delivery. These included lack of male-specific resources, insufficient training for service providers, and societal attitudes towards male survivors.

"Most of the items given to survivors at the center are for females; incorporating men's commodities will improve service delivery" (KII-4, key informant).

This points out the gender bias in resource allocation, suggesting the need for more male-specific support items to improve service delivery. Addressing this bias can help ensure that male survivors receive appropriate and effective support.

"Capacity-building training for the staff to be able to handle the case" (KII-6, key informant).

The participant emphasized the need for specialized training for service providers, which was critical for effectively addressing the unique needs of male survivors. Proper training could enhance the quality of care and support provided to survivors.

Suggestions for Improvement

Informants provided various suggestions to enhance the effectiveness of service delivery. These included increasing awareness, adopting a multisectoral approach, involving male case workers, and developing clear reporting mechanisms and referral pathways.

"Multisectoral approach" (KII-2, key informant).

This suggests a collaborative approach involving multiple sectors to provide comprehensive care to survivors. This approach could ensure that all aspects of a survivor's needs are addressed.

"Awareness creation especially to men to encourage them to seek support when sexually violated" (KII-4, key informant).

The participant highlights the importance of awareness campaigns targeted at men, which can help reduce stigma and encourage more men to seek help. Increasing awareness can also help change societal attitudes towards male survivors.

"Effective service delivery should be anchored on the Survivor-Centered Approach's guiding principles of safety, confidentiality, respect, and non-discrimination" (KII-5, Key informant).

The participant advocated for a survivor-centered approach, ensuring that the needs and rights of survivors are prioritized in service delivery. This approach can help build trust and ensure that survivors feel safe and respected when seeking help.

The study confirmed that gender norms impact Congolese refugees' experiences of SGBV in many ways. These include not seeking help from relevant service providers, little or no awareness of the existence of such health care providers and general readiness to disclose their victimhood to SGBV due to shame and stigma. The findings agree with those of different studies on refugee experiences in both Congo and worldwide (Christian *et al.*, 2011; Logie *et al.*, 2023; Papoutsi *et al.*, 2022). The study by Christian *et al.* (2011) noted that SGBV was a typical

characteristic of the conflict-prone eastern region of the country where different ethnic militias engaged in war to control natural resources. Male and female victims of SGBV maintained a culture of silence due to the fear of retaliation and retributive punishment by the perpetrators themselves, as well as social shame which is more serious in the case of male victims than the female ones (Kelly, 2012).

Moreover, the study by Papoutsi *et al.* (2022) on war and LGBTQ, refugees in Western Europe noted that victims of SGBV had long term symptoms of shame such as lack of self-esteem and self-confidence. The study reiterated that the symptoms of SGBV had serious effects on refugee victims' attempt to gain acceptance in the communities and societies in which they tried to settle. The study on Ugandan refugees by Logie *et al.* (2023) also confirmed that victims of SGBV resorted to hiding from the public as a strategy for coping with the effects of low self-esteem, shame and social stigma from those they used to associate with. In the case of Rohingya Muslim refugees in Bangladesh, the extent of the shame that results from constant intimidation and sexual violence on male refugees was serious to the extent that husbands abandon their families in the hands of wives (Akhter & Kusakabe, 2014). The study shows that the leading effect of gender norms on male Congolese victims of SGBV was stigma and shame that resulted in the failure to seek necessary treatment and help from non-governmental institutions that provide such services, thereby suffering from the long-term impacts of the problem. The results are shown in Table 4.11.

Table 4.11: Key Informant Interviews on Service Provision and Support Mechanisms

Question	KII-1	KII-2	KII-3	KII-4	KII-5	KII-6
Do men who are survivors of sexual violence come to you to seek assistance?	No, due to stigma	No, due to weakness	No, fear of being weak	No, fear of stigma	Yes, after awareness	No, services for women
Do norms and perceptions about masculinity affect the attitudes of the service providers?	No	Yes	Yes	No	Yes	Yes

Table 4.11: Key Informant Interviews on Service Provision and Support Mechanisms (Continuation)

Question	KII-1	KII-2	KII-3	KII-4	KII-5	KII-6
How is information on services available to SVM passed?	Community engagement	Avoid men feeling overwhelmed	Peer-led men only groups	Support groups, campaigns	SMS platform, PA systems	Case workers, community security
Do men survivors feel confused about their sexual orientation?	Yes	Yes	Yes, physiological response	No	No	Yes, most of the times
Do men allow involvement of family members in their cases?	Some, but others afraid	No	No	No, fear of being weak	No	No
How do sexual violence experiences impact men's relationships with their families?	Families traumatized	Unable to show respect	Lasting trauma	Lowers self-esteem, respect lost	Feel helpless, isolate themselves	Some love their families, others don't
How is disclosure handled within the family setup?	Family meetings	Trusted family members	React calmly, listen carefully	Case by case basis	Family often keen, but privacy breached	With care and confidentiality
Are there mechanisms in place to support family members affected by sexual violence?	Yes	Yes	Yes, GBV hotlines, safe havens	Counseling sessions	Yes	No

Table 4.11: Key Informant Interviews on Service Provision and Support Mechanisms (Continuation)

Question	KII-1	KII-2	KII-3	KII-4	KII-5	KII-6
Are there safe places where clients can be referred to?	Yes	Yes	Yes	Yes	Yes	Yes, JRS Centre
How many SGBV Centre's are there in the camp?	2	2	Not sure	2	8	1
What services are offered in these Centre's?	Counseling, referral	Psychosocial support, referral	Medical, psychosocial support, legal, safety, safe space, protection	Medical, psychosocial counseling, economic support	Case management, psychosocial support	Psychosocial support
Do doctors need the same skills to treat sexually tortured men as for women?	Yes	No	Yes	Yes	Yes	No
Do you specialize in treating sexual torture of men as well as women?	Yes	Yes	No	Yes	No	No

Table 4.11: Key Informant Interviews on Service Provision and Support Mechanisms (Continuation)

Question	KII-1	KII-2	KII-3	KII-4	KII-5	KII-6
What can be done to ensure effective service delivery?	Community structures	Multisectoral approach	Clear reporting mechanisms	Awareness creation, male case workers	Survivor-centered approach	Capacity-building training for staff
Perceptions of men reporting sexual violence	Want violence halted	Courageous, high self-esteem	Face challenges due to stereotypes	Brave, prioritize mental health	No specific perceptions	Not specified

The study identified support mechanisms for the male victims of SGBV as critical to addressing the problem at the Kakuma Refugee Camp. Some of the support mechanisms the study identified include specialized services, comprehensive service offerings, and community engagement enhanced through information dissemination. These findings align with different past studies on the relationship between SGBV and the approaches put in place to address the problem. The study by Corboz *et al.* (2023) on male refugee victims of SGBV in Afghanistan recognized that there was need for government and local actors to adopt survivor-centered approaches to health needs of survivors. This was particularly important because the study revealed that survivors were highly at risk of being sexually abused by the same health providers who were taking care of them.

Moreover, the case of male Congolese refugee victims in Uganda showed that there was need to prioritize multi-strategies that focused on trauma screening as a way of dealing with deep trauma which victims went through (Hladik *et al.*, 2023). A comparison of the experiences of male refugee victims of SGBV in Somalia and Congo stressed the importance of using multi-strategies that combined mental health, physical health and justice needs to best address the multiple challenges victims faced (Boeyink *et al.*, 2022). Lastly, a different study by Raftery *et al.* (2022) on refugee victims of sexual violence in Lebanon noted that the circulation of information

was an integral part of addressing the needs of SGBV victims, since the implementation of the GBV Information Management System had the effect of reinforcing coordination, funding allocation and service provision to victims of SGBV.

However, the study also noted the different ways through which the government and local relevant non-state actors could improve effective provision of specialized care to victims of SGBV at the Kakuma Camp. These include awareness campaigns, a multi-sectoral approach, involving male case workers, clear reporting and referral pathways for efficient communication with victims. A combination of these measures has been known to enhance addressing SGBV by ensuring that victims and caregivers communicate effectively (Asgary *et al.*, 2013; Perez-Vazquez & Bonilla-Campos, 2023).

4.4 Relationships between dependent and independent variables

The relationship between each of the four social-cultural indicators, cultural factors, personal attributes, cultural norms, level of awareness, and the experience of gender-based sexual violence experience was assessed using a chi-square test of independence. The test allowed the evaluation of whether there was a statistically significant association between the independent variables and the dependent variable, which is the experience of gender-based sexual violence. By analyzing the data from the respondents, it was determined if variations in these social-cultural factors influenced the likelihood of experiencing sexual, physical, or psychological violence.

4.4.1 Cultural factors and Gender-Based Sexual Violence experience

A chi-square test of independence was performed to evaluate the relationship between cultural factors and gender-based sexual violence experience. The results are shown in Table 4.12.

Table 4.12: Chi-Square Results - Cultural Factors and GBSV Experience

Chi-Square Tests	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	52.550	6	.000
Likelihood Ratio	43.881	6	.000
N of Valid Cases	382		

Based on the results, the relationship between cultural factors and gender-based sexual violence experience was significant, $\chi^2 (6, N = 382) = 52.55, p < .001$. Therefore, individuals who come from societies with higher cultural factors that foster beliefs of perceived male superiority

and social and cultural inferiority of women were more likely to experience gender-based sexual violence than those who come from backgrounds with lower cultural factors.

4.4.2 Cultural Norms and Gender-Based Sexual Violence Experience

A chi-square test of independence was performed to evaluate the relationship between cultural norms and gender-based sexual violence experience. The results are summarized in Table 4.13.

Table 4.13: Chi-Square Results - Cultural Norms and GBSV Experience

Chi-Square Tests	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	66.247	6	.000
Likelihood Ratio	56.274	6	.000
N of Valid Cases	382		

As shown on the Table 4.13, the relationship between these variables was significant, $\chi^2 (6, N = 382) = 66.25, p < .001$. Those with stronger cultural norms come from backgrounds that are deeply ingrained in behaviors which support widely accepted beliefs, values and practices within a society, such as patriarchy, gender roles, victim-blaming attitudes, normalized violence, and honored shame concepts. According to the results, such people are more likely to experience gender-based sexual violence than those whose societies have weaker cultural norms.

4.4.3 Personal attributes and Gender-Based Sexual violence experience

A chi-square test of independence was performed to evaluate the relationship between personal attributes and gender-based sexual violence experience. Table 4.14 summarizes the findings.

Table 4.14: Chi-Square Results – Personal Attributes and GBSV Experience

Chi-Square Tests	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	18.166	6	.005
Likelihood Ratio	18.664	6	.005
N of Valid Cases	382		

The results indicated that the relationship between personal attributes and gender-based sexual violence experience was significant, $\chi^2 (6, N = 382) = 18.17, p = .005$. Individuals with weak personal attributes, such as low self-confidence, lack of resilience, indecisiveness, low self-

esteem, high dependence and emotional instability are more likely to report experiencing gender-based sexual violence than those with moderate or strong personal attributes.

4.4.4 Level of Awareness and Gender-Based Sexual Violence experience

A chi-square test of independence was performed to evaluate the relationship between the level of awareness and gender-based sexual violence experience. The results are shown in Table 4.15.

Table 4.15: Chi-Square Results – Level of Awareness and GBSV Experience

Chi-Square Tests	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	225.759	6	.000
Likelihood Ratio	217.187	6	.000
N of Valid Cases	382		

It was established that the relationship between the level of awareness and gender-based sexual violence experience was significant, $\chi^2 (6, N = 382) = 225.76, p < .001$. Individuals who were unaware of the existence of gender-based sexual violence and its forms are more likely to experience it than those who were aware.

4.5 Implications of findings

The above findings of the study support the need for a holistic theoretical framework that informs how cases of SGBV among refugees can be addressed as noted by Papoutsis *et al.* (2022). This is in reference not only to male Congolese refugees in Kenya’s Kakuma Refugee Camp, but across different genders and worldwide in contexts that share similar characteristics as the setting of the study. The first aspect of the framework would respond to physical, sexual, and psychological violence as symptoms of the problem as seen in the findings of the current study (Logie *et al.*, 2023). The second aspect of the framework would take the contexts and histories of the victims (Adebayo *et al.*, 2024), their gender norms and the social values of the victims into consideration and identify ways of using such norms as avenues through which to address the challenge. The third aspect of the framework should include the contributions of both state and local actors in devising the best methods to respond to SGBV in refugee camps (Kelly *et al.*, 2012). A combination of these approaches would trigger the urgency required to respond to SGBV, considering that most cases go unreported as well as untreated in most refugee camps.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This section presents summary of key study findings, conclusions and recommendations. Some areas of further research from the study are suggested.

5.2 Study summary

The findings confirmed the relationship between socio-cultural factors and SGBV among Congolese male refugees in Kakuma refugee camp.

5.2.1 Types of SGBV that Congolese male refugees face in Kakuma refugee camp

The study revealed that male Congolese refugees in Kenya's Kakuma Refugee Camp face different types of SGBVs. The three most common forms are physical abuse, sexual abuse, and psychological abuse. Moreover, the study determined that in terms of prevalence by age bracket, male refugees in age bracket 18-29 experienced the most cases of SGBV in the camp while age bracket 60 years and above experienced the least. In terms of frequency of occurrence, the study found out that physical abuse was the most prevalent form of SGBV among Congolese refugees at the refugee camp. This was followed by sexual and psychological abuse respectively. The study also confirmed a relationship between age and type of SGBV faced, which showed that male Congolese in age group 18-29 faced the most cases of sexual and physical violence but the least psychological violence.

The study also revealed that marital status determined the degree to which male Congolese refugees experienced SGBV, whereby married refugees faced the most cases of SGBV followed by single refugees. For married male men, psychological abuse was the main form of SGBV experienced in the refugee camp while physical abuse was the leading type of SGBV for single men. The study also established a relationship between SGBVs and educational level, whereby the most victims had primary education followed by secondary education, while the least number of victims had tertiary education level.

The study revealed different themes when it comes to SGBVs among male Congolese refugees at the Kakuma Camp. First was physical violence with its sub-components such as beating and assault, physical injuries, and witnessing violence. Second was sexual assault with components such as rape and sexual violence, coercion and forced acts, and the psychological impact of sexual

assault. The third theme was emotional and psychological abuse with components which included coercion, threats, and emotional distress.

5.2.2 Cultural norms, values and SGBV among Congolese male refugees

The study confirmed a relationship between SGBVs and gender norms in that the latter enhanced the former. It identified high levels of lack of awareness of SGBV services and other forms of help to victims. Overall, male Congolese victims of SGBVs were unwilling to disclose their experiences because they lived in a patriarchal social setting that expected men to be strong and protective of their families. Therefore, they associated any disclosure with stigma and shame directed at them by their circles. A chi-square test of independence was performed to evaluate the relationship between cultural factors and gender-based sexual violence experience. Based on the results, the relationship between cultural factors and gender-based sexual violence experience was significant, $\chi^2 (6, N = 382) = 52.55, p < .001$. Therefore, individuals who came from societies with higher cultural factors that foster beliefs of perceived male superiority and social and cultural inferiority of women were more likely to experience gender-based sexual violence than those who come from backgrounds with lower cultural factors.

5.2.3 Role of Dominant Notions of Masculinity and Gender Identities

The study further confirmed the effects of notions of gender identities on the prevalence of SGBVs at the Kakuma Camp. It found out that the existence of a masculine gender norm led to the non-treatment of SGBV. This was because the male Congolese victims chose to keep quiet for fear of stigmatization due to a hegemonic masculinity and internalized gender norms that exist in Congolese culture. A chi-square test of independence was performed to evaluate the relationship between cultural norms and gender-based sexual violence experience. The results are summarized the relationship between these variables was significant, $\chi^2 (6, N = 382) = 66.25, p < .001$. Those with stronger cultural norms came from backgrounds that were deeply ingrained in behaviors which supported widely accepted beliefs, values and practices within a society, such as patriarchy, gender roles, victim-blaming attitudes, normalized violence and honored shame concepts. According to the results, such people were more likely to experience gender-based sexual violence than those whose societies have weaker cultural norms.

5.2.4 Role of Support Mechanisms for SGBV Victims

Lastly, the study yielded different responses to SGBV in terms of support mechanisms to survivors at the Kakuma Refugee Camp. These include specialized services such as legal aid,

service offerings such as counseling, and community engagement through information sharing using modern technology. The availability of the foregoing services also brought in different challenges that needed to be addressed in a bid to tackle SGBV, such as confronting gender bias in the allocation of resources to the refugees. A chi-square test of independence was performed to evaluate the relationship between the level of awareness and gender-based sexual violence experience. The results established that the relationship between the level of awareness and gender-based sexual violence experience was significant, $\chi^2 (6, N = 382) = 225.76, p < .001$. Individuals who were unaware of the existence of gender-based sexual violence and its forms were more likely to experience it than those who were aware.

5.3 Conclusion

In view of the findings drawn above, this study made the following conclusions: The relationship between social cultural factors and SGBV among Congolese male refugees in Kakuma – Turkana West sub-county. The three most common different forms of SGBV are physical abuse, sexual abuse, and psychological abuse. In terms of frequency of occurrence, the study found out that physical abuse was the most prevalent form of SGBV, followed by sexual and psychological abuse respectively. The study also revealed different themes of SGBV with its subcomponents such as; physical violence, sexual violence and emotional and psychological abuse.

The relationship between cultural norms, values and SGBV among Congolese male refugees in Kakuma – Turkana West sub-county. Cultural norms significantly impacted the reporting and perception of SGBV, with societal stigma, shame and the pressure to conform to tradition masculine roles discouraging many victims from seeking help. Culture influences how gender violence was viewed hence preventing SGBV thus required changes in gender relations and power dynamic within the family and community such as socially described roles, responsibilities, expectations, limitations and opportunities assigned to individuals based on their genders.

The relationship between role of dominant Notions of masculinity, gender identities and SGBV factors among Congolese male refugees in Kakuma – Turkana West sub-county. The dominant notions of masculinity, which emphasized on strength, control and heterosexuality, further compounded the issue, as male survivors often faced additional psychological trauma and societal emasculation. Sexual violence can have severe and long-lasting consequences for survivors, their families and societies.

The relationship between the role of support mechanisms for SGBV victims and SGBV factors among Congolese male refugees in Kakuma – Turkana West sub-county. Addressing SGBV among male refugees requires a multisectoral approach that includes cultural sensitivity, awareness programs and support systems tailored to the unique needs of male survivors that will enhance the capacity of service providers to recognize and address SGBV amongst men, promote community sensitization to reduce stigma and implement policies that protect and support male survivors of SGBV.

5.4 Recommendations

The study advances three main recommendations based on the above findings: It is important for organizations working in conflict and post-conflict settings to address male survivors through establishing programs with confidential strategies to identify male survivor's, mediate reintegration with families, communities and deliver timely health care services that are integrated with psychosocial support. Prioritize physical violence as the main form of violence faced by male refugees at the Camp as they address the needs of Congolese refugees at the Kakuma Camp.

The best approaches need to address the cultural norms and values that prevent SGBV victims from seeking help through community awareness and education programs that address stigma associated with SGBV for both men and women. Community meetings to promote awareness, eliminate stigma to increase reporting. These events would educate the community about SGBV and the necessity of supporting survivors. Peer-led groups, which should allow men to talk and get aid. Service information must be effectively communicated through various methods should be used to inform and connect male survivors to these programs. Public address systems, SMS platforms, peer-led support groups and community involvement sessions are examples. These programs would assist survivors build confidence and resilience.

A multi-sectoral is key response to SGBV; it represents a holistic and coordinated approach aimed at harmonizing, correlating programmes, actions developed and implemented by a variety of institutions (but not limited to these) in the areas of psychosocial welfare, law enforcement (police, prosecutors and justice departments) and health. A multi-sectoral response to SGBV is based on inter-institutional partnership and cooperation which requires a common philosophy for addressing SGBV and follows the principles and standards determined by the partners involved. A coordinated activity between relevant institutions/organizations improves the quality of services provided to SGBV victims/survivors by facilitating the access to training programmes of multi-

sectoral team members. A network of well-trained service providers, with necessary skills and adequate behaviours, will offer a sensitive and efficient support adapted to victim/survivor's needs and will reduce the risk of re-victimisation. A network of effective and qualitative services will increase the trust of victims/survivors in the capabilities of and the addressability to mandated institutions/organizations. The multi-sectoral response to SGBV brings durable and sustainable changes and help to create an institutional and community culture that's SGBV is not acceptable and tolerable.

5.5 Suggestions for further studies

This study has shed light on the relationship between social cultural factors and SGBV among the Congolese male refugees in Kakuma Camp -Turkana West County Kenya. This study recommended further research on:

- i. The relationship between socio-cultural factors on female Congolese refugees' experiences of SGBV at the same Camp.
- ii. Experiences of male refugees from the other Eastern African countries, such as Rwanda, Somalia, and Southern Sudan. on relationship between social cultural factors and sexual and gender-based violence.

These studies might yield important insights into the experiences of refugees with SGBV in Kenyan camps and trigger structural changes required to address the same.

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APPENDICES

Appendix A: Survey Questionnaire

Dear Respondent,

I am a master's student of Egerton University carrying out research on the relationship between social cultural factors, sexual and gender violence among Congolese male refugees in Kakuma Camp – Turkana West Camp. My Pilot testing was in Kalobeyei Settlement Camp – Turkana West County. The information obtained will purely be for the purpose of the research and will be treated with confidentiality.

Instructions

Kindly do not write your name

Tick where appropriate

Please answer all the questions

SECTION A: Demographic Profile of the Informants

Instructions

- Kindly do not write your name
- Give your own opinion

Please tick where appropriate.

1. Age of respondent:

18-29 30-49 50-59 60 and above

2. Marital Status:

Single Married Widowed Divorced

3. What is your highest level of education?

None Primary Secondary Tertiary

4. Occupation

Government employee NGO Private Business Unemployed

Others (specify). _____

5. Registration status (No. where applicable) _____

6. Family Composition (Current).

SECTION B: Impacts of sexual violence on male refugee's masculinity, their ability to disclose incidences of rape, traumatic experiences and the healing process.

Introduction

Hello. Am going to ask you questions regarding your experience as male survivors of SGBV. I would also like to understand your ability to disclose the incidences of SGBV and your help seeking habits.

1. How has the experience of sexual violence changed you as a man? How has it affected your masculinity?
2. Without mentioning any names, how are men survivors of SGBV treated in this community?
3. How do the sexual violence experiences impact men relationships with his families?
4. What ways have you employed to cope with the effect of SVM?

SECTION C: How have conceptions of masculinity shaped access of the existing services in form of medical, psychological, legal and social support by urban male refugee survivors of sexual violence.

1. Have you been able to disclose these incidences to any one?
2. How does ability to disclose affect your healing process?
3. Have you sought any services from agencies assisting refugees this area? What have been your experiences with service providers?
4. What do you think are the best strategies to create awareness on SMV and encourage survivors to seek services?

SECTION D: Survivors access to the existing support services

1. Are you aware of any available services that you can go to seek help?
2. How comfortable are you or survivors of sexual violence are in seeking help from those service providers?
3. What are some of the challenges you experience while seeking help from these service providers?

SECTION E: Best strategies to create awareness on SVM and encourage survivors to seek support services?

1. Currently how do you describe the medical environment in regards to male survivors of sexual violence?
2. As we have criteria on sexual violence against women, are there steps taken to include male survivors of sexual violence?
3. What policies or frameworks exist to promote appropriate responses to sexual violence in regards to male survivors?
4. How effective are existing programs at recognizing and addressing the existence and medical needs of male survivors of conflict related sexual violence?
5. What are the factors affecting access and utilization of sexual violence service by male survivors?
6. Any steps taken in act in order to bridge the gaps
7. What are the recommendations you can give to health workers, media personnel's and other stake holders in verbalizing issues related male survivors of sexual violence?

Appendix B: Interview Guide for SVM survivors

Dear Respondent,

I am a Master student conducting research as part of the academic requirement for completion of my studies. This interview schedule is meant to solicit information to highlight on the relationship between social cultural factors, sexual and gender violence among Congolese male refugees in Kakuma Camp – Turkana West Camp. The information will help the researcher to suggest ways of awareness creation especially to men to encourage them to seek support when sexually violated.

1. In your opinion, what is the barrier to disclosing the incidence of sexual violence?
2. Most times when the society thinks about abuses, men are taken to be perpetrators and not the victim. Is that the case with the sexually abused men, how are they treated?
3. What are the structures that exist in the community to assist the male survivors of SGBV?
4. In your opinion, what would be the best strategies to create awareness on SMV and encourage survivors to seek services?
5. How do the sexual violence experiences impact men relationships with their families?
5. How do survivors, family and community cope with the experiences of sexual violence among the men?
6. Do you think that sexual violence can change the sexuality of men?

Appendix C: Interview Guide - Key Informant Interview

Dear Respondent,

I am a Master student conducting research as part of the academic requirement for completion of my studies. This interview schedule is meant to solicit information to highlight on the relationship between social cultural factors, sexual and gender violence among Congolese male refugees in Kakuma Camp – Turkana West Camp. The information will help the researcher to suggest ways of awareness creation especially to men to encourage them to seek support when sexually violated.

Instructions

Please respond to the questions below as per the guide

1. Do men who are survivors of sexual violence come to you to seek assistance? If yes why, if no why?
2. In your opinion, do norms and perceptions about masculinity affect the attitudes of the service providers?
3. Given the fact that men may feel ashamed to report such incidences; is there any way you usually pass information on services available to SVM?
4. Do men survivors of sexual violence feel confused about their sexual orientation?
5. Do men who have experienced sexual abuse allow you to involve their family members?
6. How do the sexual violence experiences impact men relationships with their families?
7. How is disclosure handled within the family setup?
8. Do you have mechanisms in place to support family members who are affected?
9. Do you have safe places where clients can be referred to?
10. How many SGBV Centre's are there in the camp?
11. What services are offered in this Centre's?
12. Do doctors need the same skills to treat sexually tortured men as for women?
13. Do you specialize in treating sexual torture of men as well as women?
14. What can be done to ensure effective service delivery etc.?
15. What perceptions do you have for those men who report sexual torture and sexual violence experiences to you?

Appendix D: Ethical Clearance Approval

EGERTON

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**EGERTON UNIVERSITY INSTITUTIONAL SCIENTIFIC AND ETHICS REVIEW
COMMITTEE**

EU/RE/DIR/009

Approval No. EUISERC/APP/318/2024

27th March 2024

Margaret Kerubo Manyanya
P.O. Box 3072 - 00100
Telephone: +254722385835
E-mail manyanya73@gmail.com.

Dear Margaret,

**RE: ETHICAL APPROVAL: SOCIAL-CULTURAL FACTORS INFLUENCING SEXUAL
AND GENDER VIOLENCE AMONG CONGOLESE MALE REFUGEES IN KAKUMA
CAMP –TURKANA WEST COUNTY -KENYA**

This is to inform you that the *Egerton University Institutional Scientific and Ethics Review Committee* has reviewed and approved your above research proposal. Your application approval number is *EUISERC/APP/318/2024*. The approval period is *27th March 2024 – 28th March, 2025*. This approval is subject to compliance with the following requirements;

- i. Only approved documents including (informed consents, study instruments, MTA) will be used.
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by *Egerton University Institutional Scientific and Ethics Review Committee*.
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to *Egerton University Institutional Scientific and Ethics Review Committee* within 72 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affect safety or welfare of study participants and others or affect the integrity of the research must be reported to *Egerton University Institutional Scientific and Ethics Review Committee* within 72 hours.
- v. Clearance for Material Transfer of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.

"Transforming Lives through Quality Education"

- vii. Submission of an executive summary report within 90 days upon completion of the study to *Egerton University Institutional Scientific and Ethics Review Committee*.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://oris.nacosti.go.ke> and also obtain other clearances needed.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Raphael M. Ngure".



Prof. Raphael M. Ngure

**CHAIRMAN, EGERTON UNIVERSITY INSTITUTIONAL SCIENTIFIC AND ETHICS
REVIEW CTTEE**

RMN/BK/

Appendix F: Publication

2958-7999, Vol. 5 (1) 2024

Cultural Norms and Values on Sexual and Gender Violence Among Congolese Male Refugees in Kakuma Camp Kenya

Cultural Norms and Values on Sexual and Gender Violence Among Congolese Male Refugees in Kakuma Camp Kenya

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Abstract

Sexual violence is a significant public health and human rights issue worldwide. Refugees and asylum seekers affected by armed conflict are particularly vulnerable. In Kenya, the extent of sexual violence in humanitarian settings remains underexplored. Although many organizations address gender-based violence, little is known about male refugees who are victims of sexual violence. This paper aims to identify how cultural norms influence sexual and gender-based violence (SGBV) faced by Congolese male refugees in Kakuma Camp. The study adopted a mixed cross-sectional survey research design. The study population for this study included refugee male survivors of sexual violence within Kakuma refugee camp, Turkana West Constituency. purposive sampling was used to select male refugees who formed the sampling frame. Simple random sampling was used to select 382 male refugees and 6 key informants as the respondents. Data was collected using questionnaires and interview schedules. Data was analyzed using both qualitative and quantitative data. The key Findings revealed that Congolese male refugees in Kakuma experience various forms of SGBV, including physical abuse (46%), sexual abuse (33%), and psychological abuse (21%). Younger males (18-29 years) reported higher incidences of SGBV compared to older age groups. Cultural norms significantly impacted the reporting and perception of SGBV, with societal stigma and the pressure to conform to traditional masculine roles discouraging many victims from seeking help. The study concluded that addressing SGBV among male refugees requires a multidisciplinary approach that includes cultural sensitivity, awareness programs, and support systems tailored to the unique needs of male survivors.

Keywords: Cultural Norms and Values, Sexual and Gender Violence