

DECAY OR RESILIENCE?

The Long-Term Social Consequences of Conflict-Related Sexual Violence in Sierra Leone

By CARLO KOOS*

INTRODUCTION

HISTORY has been witness to plenty of civil wars in which large-scale rape of civilians by soldiers, rebels, and militias occurred either as part of a strategy for opportunistic reasons or because rape became an established practice.¹ Yet little is known about the social consequences of wartime sexual violence.² This article examines the long-term consequences of widespread conflict-related sexual violence (CRSV) in Sierra Leone. Does CRSV destroy the social fabric of communities as is often claimed, or are victims, families, and communities able to overcome such traumatic events and demonstrate resilience? What do CRSV victims and their families do to remain part of their communities? These questions are significant, particularly in postconflict societies where the state is often absent and people must rely on and cooperate with each other.

The feminist literature provides the most established and developed ideas on these questions and suggests that CRSV, most often rape by armed groups, is associated with stigma and results in social exclusion.³ This notion is the dominant view of feminist scholarship and within the development community, and in this article I refer to it as the *decay* mechanism.

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¹ Wood 2015; Brownmiller 1975.

² Koos 2017.

³ Diken and Laustsen 2005; Buss 2009.

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Although the decay argument is convincing, two shortcomings must be noted. First, the empirical evidence for this mechanism is based solely on small convenience samples and therefore potentially suffers from selection bias and a lack of representativeness.⁴ Second, the theoretical mechanism that sees exposure to CRSV result in stigma and exclusion relies on two key implicit assumptions. For one, it assumes that victims and their families do not make increased efforts to avoid social exclusion stemming from stigma. For the other, it assumes communities rigidly shun and exclude anyone associated with CRSV, as if CRSV suddenly becomes the sole feature of a victim and his or her family, replacing all previous identities and relationships. But whether these two assumptions hold is far from certain.

This article addresses both of these problems. First, I develop a theoretical argument that builds on the decay mechanism. I suggest taking into account the adaptive capabilities of individuals, families, and communities when dealing with shocks or trauma such as CRSV.⁵ I do not deny that stigmatization occurs, but I argue that a sense of belonging and being part of a community is such a fundamental human need that CRSV victims and their families engage in high levels of prosocial behavior—investing time and resources into community affairs—to avert the negative effects of stigma and thus avoid social exclusion.⁶ Further, I argue that communities generally are not as heartless and value-rigid as the decay mechanism suggests simply because most communities have reconciliation mechanisms in place that help to address and resolve the disruption of values caused by CRSV.⁷ I refer to this argument as the *resilience* mechanism.

Second, I aim to overcome the methodological constraints of previous studies. Empirically, the analysis focuses on Sierra Leone, which is well-suited to studying the consequences of CRSV. During the civil war (1999–2002), rape by armed groups, particularly the Revolutionary United Front (RUF), was rampant and affected all parts of the country and all levels of society. I use representative household-level data from the 2011 Sierra Leone Integrated Household Survey (SLIHS) to test both the decay and the resilience arguments.⁸ The analysis shows that households whose members were raped during the war engage more in prosocial behavior. They are more likely to be members of commu-

⁴ Cohen and Hoover Green 2012; Hoover Green 2012.

⁵ Winter et al. 2016.

⁶ Molden and Maner 2013; Schroeder and Graziano 2015b; DeWall 2013; Shih 2004.

⁷ Utas 2009; Stark 2006; Theidon 2006.

⁸ Statistics Sierra Leone 2011.

nity organizations and more likely to contribute to social events, such as weddings and funerals, and they donate more often. In addition, the analysis shows that CRSV-affected households are as likely as unaffected households to receive the community's help in times of need, which speaks against the idea of social exclusion. These effects of CRSV are independent of other forms of violence, including killings, mutilation, and displacement, and are robust to an instrumental variable estimation, which uses the exogenous distance to mining areas as an instrument for CRSV exposure perpetrated by the RUF.

Ultimately, I find unbiased evidence for the resilience argument. To illuminate the underlying mechanisms, I provide qualitative accounts that community acceptance of CRSV survivors and their families in Sierra Leone has been facilitated through immense peacebuilding efforts, women's rights campaigns, and in particular, local-level reconciliation and cleansing rituals. In terms of policy relevance, the article provides new insights into communities' adaptive capabilities when dealing with traumatic events like widespread CRSV and adds to the growing discourse on resilience by providing evidence that individuals, households, and communities in postconflict settings are able to absorb certain shocks and distress. Using these local abilities will benefit the efficacy of humanitarian and development programs tremendously.

CONCEPTS, MECHANISMS, AND HYPOTHESES

How does CRSV affect victims' and their families' behavior and acceptance in their community? Before turning to the proposed mechanisms, I define the two key concepts used in this article: prosocial behavior and CRSV.

PROSOCIAL BEHAVIOR: DEFINITIONS AND ITS USEFULNESS IN POSTCONFLICT SOCIETIES

The notions of prosocial behavior, altruism, and cooperative norms have recently received much attention in social psychology⁹ and in empirical peace and conflict research, particularly in microlevel studies on the consequences of violence.¹⁰ Broadly speaking, people, households, or groups act prosocially when their actions benefit other people. Essentially, prosocial behavior is the underlying individual element of widely used terms such as social cohesion, social fabric, and social capital.¹¹ It

⁹ Schroeder and Graziano 2015b; DeWall 2013.

¹⁰ Bauer et al. 2016; Bellows and Miguel 2009; Gilligan et al. 2013; Voors et al. 2012.

¹¹ Bourdieu 1986; Durkheim [1893] 1984; Portes 1998; Putnam 1993.

is therefore a well-suited conceptual tool with which to study the social consequences of CRSV.

Prosocial behavior comes in various forms, including providing assistance to people in need, sharing information and working with others, volunteering time and resources to nonprofit organizations, cooperating to achieve shared goals, and donating to social causes. At their core, prosocial acts are interactions between at least two people that involve a benefactor and a beneficiary. From a measurement point of view, prosocial behavior can be observed at the individual level. Common categories of prosocial behavior include cooperation, helping, and altruism.¹²

Cooperation is understood as people participating in interdependent relationships (for example, an association or committee) and coordinating their actions to achieve a shared goal that produces mutual benefits.¹³ For instance, in the context of a village, cooperation could manifest in the form of local farmers' associations aiming to share machinery or labor, or health and education committees aiming to launch awareness campaigns. *Helping* refers to a broader range of actions that includes favors and gifts for friends or acquaintances, and also to emergency help in dangerous situations. *Altruism* is closely related to helping, but assumes that the helper does not expect any external reward for providing assistance. It is conceived of as an act that is driven by the desire to serve others, whereas helping assumes reciprocity.¹⁴ An example of helping would be a financial contribution to a neighbor whose house was destroyed, to a young couple who married or had a child, or to funeral expenses. In essence, the helper would expect a similar favor from the beneficiary if the situation were reversed. Altruism is best illustrated by donations from a helper with no presumption of reciprocity on the part of the (perhaps anonymous) beneficiary.

Although there are myriad causes of prosocial behavior, dozens of recent empirical studies show that the experience of nonsexual violence in wars contributes to positive changes in cooperation and community participation.¹⁵ Because this article examines the social consequences of CRSV, these findings are of particular relevance. Possible explanations for the positive effects of violence on prosocial attitudes and behavior range from economic payoffs to shifts in norms toward one's in-group, as well as to general changes in social preferences and psychology.¹⁶

¹² Schroeder and Graziano 2015a.

¹³ Dovidio et al. 2006.

¹⁴ Batson et al. 2015.

¹⁵ Bauer et al. 2016.

¹⁶ Bowles 2008; Bauer et al. 2016; Gilligan, Pasquale, and Samii 2013.

As noted, prosocial behavior does not solely entail selfless attitudes and actions, but also can be instrumental in generating individual benefits, collective action, and public goods provision. As such, social engagement is highly relevant in postconflict societies where the state is often not capable of providing public goods and services. In such situations, cohesive communities with high levels of prosocial behavior are better able to leverage resources to achieve common goals. Several studies show that higher levels of social cohesion are associated with increased economic development.¹⁷

CONFLICT-RELATED SEXUAL VIOLENCE

Conceptualizing CRSV is rather straightforward in a technical sense, but highly complex and contested in terms of its meanings and symbolic manifestations. Leading scholars largely agree on practical definitions of CRSV. I follow Elisabeth Wood,¹⁸ who defines conflict-related sexual violence as “sexual violence by armed organizations during armed conflict.” Armed organizations include state forces (military, police, government-sponsored militias) as well as nonstate actors (rebels and militias). Sexual violence refers to “[r]ape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity.”¹⁹ Dara Cohen suggests differentiating between several aspects of CRSV, for example, whether the sexual violence occurred in public or private, whether there was a single perpetrator or there were multiple ones, and whether an object was used to mutilate the victims.²⁰ These variations have implications for the victims, their families, the community, and the perpetrators themselves.

The question this article seeks to answer is whether CRSV affects prosocial behavior, and if so, how? What theories, mechanisms, and empirical results does the existing literature offer on this particular relationship, and on the broader social consequences of CRSV?

THE DECAY MECHANISM

The contemporary mainstream discourse on the consequences of CRSV holds that “in many conflicts, women’s bodies become battlegrounds, with rape used as a weapon of war to humiliate, dominate, or disrupt social ties.”²¹ Although there is a continuum of sexual and gender-

¹⁷ Woolcock and Narayan 2000; Aldrich 2012; van Rijn, Bulte, and Adekunle 2012.

¹⁸ Wood 2015, 458.

¹⁹ International Criminal Court, cited in Wood 2015, 459.

²⁰ Cohen 2013a; Cohen 2013b.

²¹ UNFPA 2012, 7.

related violence between times of peace and war and in postwar periods, the level of brutality (for example, public rape, gang rape, object rape) is distinctly higher during war.²²

A defining feature of CRSV is that it carries a message of domination from the perpetrators—soldiers, rebels, or police—not only to the victim, but also to the family and the community. In this sense CRSV exploits emotionally charged values about sexuality, virtue, shame, and honor. CRSV thereby stigmatizes victims, their families, and even communities, and leaves a lasting reminder of humiliation and defeat.²³ These negative sentiments are further fueled by physical consequences, such as the risk of HIV/AIDS and pregnancies. The following statement by a man whose wife was raped by an armed group in the Democratic Republic of the Congo partially expresses this:

... I am as traumatized as my wife. Why? Because I saw my wife being raped and I was powerless despite the fact that I am her husband. How they can play with the body of my wife and I was there powerless and I could not defend my wife ...²⁴

Jonathan Gottschall and Inger Skjelsbaek argue that the cultural values and taboos related to sexuality and the view of the female body as a symbol of a group's culture give patriarchal communities little room to integrate victims and their families.²⁵ Kristin Hagen and Sophie Yohani add that societies end up in a collective state of shock not only because they have witnessed acts of CRSV and death, but also because of the familial and communal rejection of their loved ones.²⁶ This idea is echoed by Jill Trenholm and colleagues:

This residual "damage" to the fabric of society consists of the disintegration of communities and families, ostracism with subsequent homelessness, damaged reproductive abilities, unwanted children and its sequelae, all while living in a persistent state of fear.²⁷

The empirical evidence for these arguments has largely been limited to survivors' narratives from various conflict zones. Although the evidence is not suited to generalizations, two important overall observations can be made. First, significant self-shaming and self-blaming

²² Card 1996; Buss 2009; Diken and Laustsen 2005; Hagen and Yohani 2010.

²³ Brownmiller 1975.

²⁴ Trenholm, Olsson, and Ahlberg 2011, 144.

²⁵ Gottschall 2004; Skjelsbaek 2006.

²⁶ Hagen and Yohani 2010.

²⁷ Trenholm, Olsson, and Ahlberg 2011, 148.

appear to occur. Victims and their families do indeed anticipate stigma and are ashamed of what happened to them despite the fact that it was not their fault. They are well aware, acknowledge, and expect that being identified as a rape victim damages one's social reputation. Tina Sideris quotes a woman who expresses that fear:

I am worried that people will speak and point at me and say, "that woman has been raped." I am afraid that people might shout at me, talk bad about me, send me away.²⁸

Dozens of accounts such as this one that express fear of shunning and rejection can be found in the literature. In addition, many narratives show that stigmatization and gossip are not solely an illusion of the victim, but in fact are practiced in the community. They often manifest in the mocking of the victim or the family²⁹ and eventually result in rejection.³⁰ In addition, there is increasing awareness that men as well as women are victims of CRSV. Although women are the main victims of such violence, recent research shows that CRSV against men is more common than previously assumed.³¹ Subjecting men to rape, forced sterilization, genital mutilation, and other acts can be understood as another extreme form of emasculation driven by the perpetrators' motivation to demonstrate power and dominance over victims and communities.³² Although this line of research is still in its infancy, the stigmatization of male CRSV victims and their families is likely to be similar to or even more severe than that of female CRSV victims.

Overall, the notion that CRSV damages community cohesion through stigma is convincing, but the existing empirical analyses suffer from methodological shortcomings that limit their potential to draw general conclusions. First, the empirical material relies exclusively on convenience samples, often with fewer than twenty respondents.³³ Relatedly, researchers often depend on local psychosocial support facilities to recruit interviewees, and thereby incorporate selection bias toward victims seeking help and a systematic exclusion of those who, for whatever reasons, were not.³⁴ This critique does not suggest that the data

²⁸ Sideris 2003, 721.

²⁹ Sideris 2003; Denov 2006; Mukamana and Brysiewicz 2008.

³⁰ Human Rights Watch 2003, 52.

³¹ Carpenter 2006; Cohen 2013b.

³² Sivakumaran 2007.

³³ For instance, Denov 2006 relies on three interviews. Skjelsbaek 2006 presents narratives from five CRSV survivors. Trenholm, Olsson, and Ahlberg 2011 rely on interviews with ten traditional leaders. Christian et al. 2011 draw on fifteen interviews with survivors, and Mukamana and Brysiewicz 2008 draw on seven.

³⁴ Skjelsbaek 2006; Trenholm et al. 2011; Mukamana and Brysiewicz 2008; Denov 2006.

presented are untrue, but rather that they are potentially misleading because there is no comparison to those who have dealt with the consequences of CRSV within their communities.³⁵

Independent of the methodological concerns, the conceptual work of this literature provides key insights into the trauma of victims and their families and the theoretical underpinnings for the decay mechanism. Sexual violence in war terrorizes victims, families, and their communities. CRSV damages sensitive norms of sexuality, honor, and virtue, and gives traditional communities little opportunity to integrate victims and their families without altering critical cultural values. Victims and their families are stigmatized and face rejection. Consequently, they are not part of community life and do not participate in social events that bind members together. This results in low levels of prosocial behavior by CRSV victims and their families. The observable implications of this mechanism can be formulated in the following hypothesis:

—H1 (Decay). The exposure to CRSV inflicts stigma and shame on CRSV victims and their families and therefore decreases their level of prosocial behavior.

THE RESILIENCE MECHANISM

Another body of research examines the consequences of nonsexual violence in armed conflicts and looks at social outcomes such as social cohesion, trust, altruism, cooperative behavior, and political participation. In contrast to the decay literature, this work is empirical and quantitative. Dozens of studies find that different types of exposure to violence have either no effect or a positive effect on social outcomes. Although this strand of research has neglected sexual violence as a distinct type of violence, it is informative regarding how individuals and groups deal with exposure to mass violence and distress in civil wars.

Many of these studies use household survey data. For Sierra Leone, John Bellows and Edward Miguel show that displacement and the death of family members increased political participation after the war.³⁶ Similarly, Christopher Blattman finds that abducted child soldiers in northern Uganda were more likely to vote and become community leaders after returning to their communities.³⁷ Giacomo De Luca

³⁵ See, e.g., Human Security Report Project 2012. Empirical research can be highly beneficial for such research gaps. The growing empirical scholarship on the causes of sexual violence in war has overturned long-held assertions. Several scholars have shown that there is much variance in the prevalence of CRSV across countries, and even within conflicts and armed groups (Cohen 2013a; Leiby 2009; Wood 2009). This has challenged the idea that sexual violence is an inevitable by-product of war as Brownmiller 1975 and others assert.

³⁶ Bellows and Miguel 2006; Bellows and Miguel 2009.

³⁷ Blattman 2009.

and Marijke Verpoorten analyze several Afrobarometer waves from Uganda and find that self-reported trust levels drop among victimized respondents, but tend to recover quickly.³⁸

Maarten Voors and colleagues and Michael Gilligan, Benjamin Pasquale, and Cyrus Samii use behavioral games to study the impact of exposure to violence on social outcomes in Burundi and Nepal, and also find a positive relationship.³⁹ By contrast, a working paper by Leonardo Becchetti, Peirluigi Conzo, and Alessandro Romeo finds that people exposed to electoral violence in Nairobi exhibited lower levels of trust.⁴⁰

Other studies explicitly explore in- and out-group biases and find that violence increases in-group bonding norms but decreases out-group bridging norms.⁴¹ Michal Bauer and colleagues come to comparable results in a study of children in Georgia and Sierra Leone.⁴² Similarly, Alexandra Hartman and Benjamin Morse find that the experience of war-related trauma among Liberians predicts empathy toward and support for Ivorian refugees.⁴³ They argue that the experience of trauma increases empathy and altruism toward both in- and out-groups.

To summarize, there is growing evidence that exposure to violence in civil wars increases prosocial attitudes and behavior toward the in-group, but not always toward the out-group.⁴⁴ The causal mechanisms behind this relationship are less clear but potentially rely on a combination of economic payoffs, psychological processes, collective coping, community empathy, and survivors' willingness to remain socially included.⁴⁵ This ability to absorb and withstand such shocks is often referred to as resilience.

The existing empirical studies have neglected CRSV as a distinct type of violence. As discussed above, CRSV is special, and therefore requires an empirical distinction from other forms of violence such as homicide, mutilation, and displacement.⁴⁶ CRSV, and rape in particular, leaves a lasting imprint on the victim, their family, and their community for numerous reasons. CRSV can result in pregnancy and children born from war rape, infection with sexually transmitted diseases such as HIV/AIDS, and physical injuries. Importantly, CRSV victims and their families are

³⁸ De Luca and Verpoorten 2015.

³⁹ Voors et al. 2012; Gilligan, Pasquale, and Samii 2013.

⁴⁰ Becchetti, Conzo, and Romeo 2011.

⁴¹ Voors and Bulte 2014; Rohner, Thoenig, and Zilibotti 2013; Beber, Roeser, and Scacco 2014.

⁴² Bauer et al. 2014.

⁴³ Hartman and Morse 2015.

⁴⁴ See also Bauer et al. 2016.

⁴⁵ Molden and Maner 2013; Schroeder and Graziano 2015b; DeWall 2013; Shih 2004.

⁴⁶ Gutiérrez-Sanín and Wood 2017.

often stigmatized and, as asserted with regard to the decay mechanism, socially excluded.

I propose to build on the decay mechanism (H1). Although the decay argument is convincing in suggesting that exposed individuals and households are stigmatized, there are strong reasons to believe that social exclusion is not the most common result. I posit that in postconflict contexts, CRSV victims and their families have strong incentives to remain part of their community, since doing so entails significant advantages, such as better information, collective burden sharing and, not least, a sense of belonging.⁴⁷

We can further expect that victims and exposed households know the social norms and are aware of the potential stigma and the lingering threat of social exclusion. Thus, we should expect CRSV victims and their families to take countermeasures to reduce stigma and avert exclusion. These efforts can include an increased investment of time and resources into communal affairs, financial contributions, obeying traditional reconciliation mechanisms, and reintegration and cleansing rituals. Margaret Shih emphasizes that stigmatized people often develop the ability to ward off the negative consequences of stigma through compensation strategies.⁴⁸ For instance, they act more persistently and assertively to achieve what nonstigmatized people may obtain with less effort. Furthermore, they often advance their social skills to adjust for potential stigma and to be more socially likable. Several experimental studies find support for these assertions.⁴⁹

As a premise for these countermeasures, CRSV survivors and their families assume that their increased efforts to reconnect with their community will result in reduced stigma and social acceptance. An experimental study supports the idea that stigmatized people only engage in prosocial behavior when these efforts are likely to result in acceptance.⁵⁰

Psychological studies suggest that both those individually affected and their social environment respond to trauma, for example, natural disasters, fatal illness, war, and peacetime rape, with adaptive responses, such as post-traumatic growth or resilience, more often than previously assumed. Post-traumatic growth describes a process through which people who have experienced traumatic events undergo reflec-

⁴⁷ Bowlby 1969.

⁴⁸ Shih 2004.

⁴⁹ Carter-Sowell, Cheng, and Williams 2008; Kerr et al. 2009.

⁵⁰ Maner et al. 2007. Another possible way to avoid stigma is for the household to eject or kill the victim. This will keep the household free of any communal rejection based on CRSV-related stigma. However, according to qualitative studies in Sierra Leone, familial rejection of CRSV victims was rare (Human Rights Watch 2003; Utas 2009; Stark 2006).

tive processes that make them more appreciative of social relationships, spirituality, and the value of life in general.⁵¹

Although most of these studies were administered in Western societies, there is some suggestive support from previous studies in Africa. Jeannie Annan and colleagues find that abducted and potentially raped women in northern Uganda reintegrated well into their home communities.⁵² They note that “[s]upport from families, not rejection, is the norm.” More generally, this suggests that these adaptive responses depend on a combination of compensation efforts on the part of victims and their families and on empathy from the community.⁵³ The observable implications of this resilience mechanism can be formulated in the following hypothesis:

—H2 (Resilience). The exposure to CRSV potentially inflicts stigma and shame on CRSV victims and their families. To reduce stigma and avert social exclusion, they will use countermeasures that manifest in higher levels of prosocial behavior.

Before turning to the empirical analysis, I briefly discuss the civil war in Sierra Leone to shed additional light on the context of this analysis. In particular, I outline how and why the RUF, the main perpetrator of CRSV, turned against civilians and used sexual violence to demonstrate its domination, and the consequences of this choice.

THE CIVIL WAR IN SIERRA LEONE, THE RUF, AND SEXUAL VIOLENCE AGAINST CIVILIANS

Between 1991 and 2002 Sierra Leone experienced a major civil war in which more than 50,000 people were killed⁵⁴ and approximately 1.5 million were displaced.⁵⁵ In 1991 the RUF, the main rebel movement, entered Sierra Leone with support from Liberian special forces allied with Charles Taylor; its aim was to overthrow the government of President Joseph Momoh. The RUF’s goal of changing the political and social system enjoyed considerable popular support at the start, but its efforts quickly deteriorated into a campaign of violence, the main victims of which were the civilian population.⁵⁶

⁵¹ Calhoun and Tedeschi 2014; Bonanno, Westphal, and Mancini 2011.

⁵² Annan et al. 2011.

⁵³ Hartman and Morse 2015, 903.

⁵⁴ Bellows and Miguel 2006, 394.

⁵⁵ Guberek et al. 2006, 5.

⁵⁶ Zack-Williams 1999; Human Rights Watch 2003.

The RUF was not dominated by a single ethnic group. It transcended ethnic categories and was instead a product of the politically and economically marginalized Sierra Leonean youth. Paul Richards argues that the RUF and the war were consequences of the dissolving Sierra Leonean state, whose resources for patrimonialism were drying up under IMF- and World Bank-imposed structural adjustment programs.⁵⁷ These programs contributed to the country's political and economic collapse, and the RUF's membership and support base especially comprised those who were excluded from the patronage networks that ensured access to government resources and jobs.⁵⁸

Although the RUF fought against the government, gaining control of the diamond production areas and diamond revenues was integral to the group's strategy. For this reason, several scholars and commentators deny that the RUF had any political agenda, ascribing its prime *raison d'être* to the looting of diamond resources. David Keen emphasizes that the RUF did not necessarily aim to win the war or to control diamond production, but rather to demonstrate power and domination by the powerless, the marginalized, and the excluded. The ruling elite's ignorance of the younger generation's problems, social marginalization, and lack of prospects was the main driver causing people to support the RUF.⁵⁹

The question remains as to why the RUF exerted so much brutality and violence against the rural civilian peasantry whose agent it claimed to be. Keen argues that the RUF's struggle targeted not only the government, but also the overall deficiency of the social order in Sierra Leone.⁶⁰ The traditional chief structures have long been enmeshed in the practices of the shadow state.⁶¹ From a practical perspective, Keen argues, villagers were the easiest target.

The RUF's use of child soldiers and drugs contributed to the brutality. Kieran Mitton adds that the level of violence against civilians was more modest at the start of the war, but as the conflict progressed, it increased massively because the combatants themselves became increasingly traumatized and brutalized.⁶² Krijn Peters emphasizes that in the beginning the RUF adhered to its own codes of conduct, particularly to-

⁵⁷ Richards 1996.

⁵⁸ See also Keen 2005.

⁵⁹ Richards 1996.

⁶⁰ Keen 2005.

⁶¹ Zack-Williams 1999.

⁶² Mitton 2015.

ward civilians,⁶³ but that Liberian and Burkinabe mercenaries within the ranks of the RUF were more ruthless with civilians.⁶⁴ Later, the RUF's (correct) suspicion of civilian support for the Civil Defense Forces (*Kamajors*) prompted it to use more violence.⁶⁵

Furthermore, toward the end of the war the RUF was compromised by a taste for power after collaborating with the Armed Forces Revolutionary Council, a breakaway faction of the Sierra Leone Army. At the same time, a combination of ideological decline and a drift toward more brutal and less educated leadership led to extreme outbursts of violence against civilians.⁶⁶ According to the Truth and Reconciliation Commission (TRC) records, the RUF and associated rebels were responsible for approximately 75 percent of the reported human rights violations, including killings, property destruction, and displacement.⁶⁷

During the course of the conflict, women and girls of all ethnic groups and social classes were victims of sexual violence, and the RUF was the main perpetrator.⁶⁸ An analysis of TRC data estimates that between 23,000 and 56,000 conflict-related instances of sexual violence occurred during the war,⁶⁹ while a population-based survey in three displacement camps conducted by Physicians for Human Rights estimates that 50,000 to 65,000 displaced women suffered war-related rape.⁷⁰ The latter report estimates the total number of instances of sexual violence during the war at 215,000 to 257,000. The RUF's practices in terms of sexual violence have been documented by a number of scholars who have addressed not only the suffering of women and girls, but also their active participation as fighters and their role in perpetrating sexual violence.⁷¹ As Human Rights Watch notes, the function of rape was to demonstrate power and domination over communities:

The rebels sought to dominate women and their communities by deliberately undermining cultural values and community relationships, destroying the ties that hold society together. Child combatants raped women who were old enough to be their grandmothers, rebels raped pregnant and breastfeeding mothers, and fathers were forced to watch their daughters being raped.⁷²

⁶³ For instance, rape was sanctioned with death, according to one RUF combatant.

⁶⁴ Peters 2011, chpt. 5.

⁶⁵ See also Hoffman 2011.

⁶⁶ Peters 2011.

⁶⁷ Guberek et al. 2006, 12.

⁶⁸ Human Rights Watch 2003; Guberek et al. 2006.

⁶⁹ Guberek et al. 2006, 5.

⁷⁰ Physicians for Human Rights 2002, 3, 59.

⁷¹ Cohen 2013b; MacKenzie 2012; Coulter 2009.

⁷² Human Rights Watch 2003, 4.

These violent outbursts have been viewed by many scholars as the RUF's expression of complete disregard for the societal values and norms.⁷³ Cohen views the violence from a different angle and argues that rape served as an instrument of bonding between RUF combatants and was not primarily used to shock and terrorize the population.⁷⁴

In January 2002, the war was officially declared to be over and with that came the need to rebuild the country. The government, the international community, and civil-society actors placed significant emphasis on peacebuilding and reconciliation. Alongside the two main institutions for addressing war crimes, the TRC and the Special Court for Sierra Leone, local organizations funded by international donors sprang up in communities and campaigned for women's and human rights and for reconciliation. Together with these newly established organizations, existing conflict-resolution mechanisms contributed to a generally supportive climate of peacebuilding.⁷⁵

Sierra Leone's postconflict path of reconciliation provided fruitful conditions for communities to rebuild their social networks. But the accounts referenced here reflect only the grand narratives. To understand what happens on the ground in the aftermath of such conflicts, I turn to the empirical analysis.

DATA AND VARIABLES

To examine the hypothesized relationship between CRSV and prosocial behavior in Sierra Leone, I use data from the SLIHS, which was collected by the Statistics Office of Sierra Leone in cooperation with the World Bank.⁷⁶ The SLIHS is nationally representative, with a sample size of 6,767 households.⁷⁷ The survey is unique in that it provides a module on war experiences that includes questions on CRSV, killings, mutilation, and displacement, as well as on different measures of social cohesion.

OUTCOME VARIABLE: PROSOCIAL BEHAVIOR

The outcome of interest is prosocial behavior, the core element of social cohesion, social fabric, and related concepts. I use different survey ques-

⁷³ Richards 1996; Keen 2005.

⁷⁴ Cohen 2013a.

⁷⁵ Millar 2012.

⁷⁶ See <http://catalog.ihnsn.org/index.php/catalog/4799/study-description>, accessed December 30, 2017.

⁷⁷ Households were selected in a two-stage sampling procedure. In the first stage, the sample was allocated proportionally to nineteen local councils (i.e., fourteen districts and five city councils) as the primary study domain. In the second stage, 684 of 9,671 so-called enumeration areas (EAs, created for the 2004 census) were selected as the primary sampling unit.

tions to measure three aspects of prosocial behavior as discussed above: cooperation, helping, and altruism.⁷⁸ Cooperation is the main outcome of interest and refers to whether the household is actively engaged in the institutional structures of the community. The variable *association* is a binary variable and measures whether someone from the household is a member of a community-based association, such as a school or a health or development committee. Helping relates to the notion that people provide assistance to one another in situations of need and social obligation. I use the dummy variable *contributions* to measure whether families contribute financially to social events like funerals, weddings, and *Osusu*.⁷⁹ These contributions are usually nonanonymous and therefore involve an element of reciprocity. Altruism is often described as selflessness and is generally viewed as a virtue. To proxy the notion of altruism, I use the dummy variable *donations*, which measures whether a household donates to various social or religious causes. Donations are commonly anonymous, and the recipient may be unknown to the contributor. Undoubtedly, helping and altruism are closely related, and they are in essence beneficial to communities. These two measures are likely confounded by social and economic factors, such as household size and poverty, which need to be accounted for in the analysis. Table 1 provides the summary statistics.

EXPLANATORY VARIABLE: EXPOSURE TO CRSV

The primary explanatory variable, *CRSV in HH*, is a binary measure indicating whether at least one member of a household experienced conflict-related sexual violence during the Sierra Leone civil war (CRSV-affected household versus unaffected household). The SLIHS includes a battery of questions on war-related experiences, for example, whether household members were killed or mutilated or whether the household was displaced; one question asks whether “household member(s) [were] molested or raped.”⁸⁰ Admittedly, this household dummy variable is a crude indicator because it captures the bundle of CRSV-related experiences rather than the circumstances of CRSV (once or repeated, private or public, the affiliation of the perpetrator), but it is a first cut with

⁷⁸ Schroeder and Graziano 2015a.

⁷⁹ *Osusu* is a microsavings scheme in Sierra Leone and elsewhere in Africa. The idea is that a contributor must believe that the others in the *Osusu* group, usually around ten people, will play according to the rules and keep paying their contributions.

⁸⁰ Note that the question wording used both “molested” and “raped.” Although term rape is quite clear, molestation could theoretically also be understood as nonsexual molestation. If exposed family members do not live in the households anymore for whatever reason (e.g., ejection, migration, death), the household is assumed not to report that a member was raped and is thus considered an unaffected household.

TABLE 1
SUMMARY STATISTICS

	<i>Mean</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>	<i>Obs.</i>
Association	0.615	0.487	0	1	5475
Contributions	0.770	0.421	0	1	5475
Donations	0.484	0.500	0	1	5475
CRSV in HH	0.390	0.488	0	1	5475
Humanitarian aid	0.287	0.453	0	1	5475
Homicide in HH	0.317	0.465	0	1	5475
Mutilation in HH	0.067	0.250	0	1	5475
HH ever displaced	0.543	0.498	0	1	5475
RUF camps	2.046	2.218	0	14	5475
Urban	0.287	0.452	0	1	5475
Household size	5.582	2.213	1	23	5475
Poverty index	2.773	0.923	1	5	5475
Muslim	0.808	0.394	0	1	5475
Female	0.252	0.434	0	1	5475
Age	45.816	14.237	18	99	5475
Age ²	2301.721	1470.036	324	9801	5475

which to analyze the extent of CRSV. Furthermore, since details remain undisclosed, the measure is less susceptible to retraumatization and social desirability bias. Most important, this information is rare and has not been available in previous surveys on postwar outcomes.⁸¹

The summary statistics in Table 1 show that overall, 39 percent of households were affected by CRSV. Note that this 39 percent relates to the household. The structure of the data does not allow for the calculation of the prevalence rate for individuals. But for illustrative purposes, considering the mean household size of 5.6 (see the variable *household size* in Table 1) and further assuming that only one member per CRSV-affected household experienced CRSV, we can infer a national prevalence of 7 percent at the individual level. This is lower than Lynn Amowitz and colleagues' survey in three displacement camps in Sierra Leone, which reports a prevalence rate of 9 percent.⁸² Alternatively, drawing on the TRC data, Tamy Guberek and associates report 65,000 incidents of CRSV, which, assuming Sierra Leone's population of 4 million in 2001,⁸³ translates into a prevalence rate of 1.6 percent.⁸⁴ Since the TRC data are

⁸¹ Bellows and Miguel 2009; Blattman 2009; Voors et al. 2012; Gilligan, Pasquale, and Samii 2013.

⁸² Amowitz et al. 2002, 513.

⁸³ See <http://data.worldbank.org/indicator/SP.POP.TOTL?locations=SL>, accessed December 30, 2017.

⁸⁴ Guberek et al. 2006, 5.

based on individuals speaking in front of a public commission, underreporting is a massive concern, and the real prevalence is probably much higher. The overall measure of the SLIHS therefore seems reasonable. It is lower than the level reported in displacement camps, but higher than the level estimated through the public statements given to the TRC.

Figure 1 shows the geographical distribution of violence; graph (a) indicates the particularly high prevalence of CRSV in the north and south of Sierra Leone.⁸⁵ One important methodological concern is that CRSV may be highly correlated with other types of human rights abuses, such as homicide, mutilation, and displacement. Graphs (b), (c), and (d) show the spatial distribution of killings, mutilation, and displacement, respectively. At least visually, the geographical distribution patterns differ substantively between the different types of violence. The statistical analysis includes measures for killings, mutilation, and displacement. The variance inflation factors are very modest at approximately 1.1. Multicollinearity between different types of violence therefore does not affect the estimation. This corresponds to Wood and Cohen, who argue that wartime sexual violence follows different patterns than homicide and forced displacement.⁸⁶

The concentration of CRSV in the north, as shown in panel (a), resonates with Guberek and colleagues' analysis of testimonials from the TRC. They show that the level of human rights abuses peaked in the last years of the war, and that the north was hit hardest in this period.⁸⁷ To further illustrate, I use the Sierra Leone Local Location Event Dataset (SLL-LED) to plot the number of violent events per chiefdom over three distinct phases of the war.⁸⁸ The three panels in Figure 2 show that violence against civilians started in the southeast then spread to large parts of the territory before becoming concentrated in the northern half of the country toward the end of the war. The SLL-LED data do not provide information on the distinct form of violence against civilians, but they complement the SLIHS data in the sense that they show temporal and geographic variation and indicate that the north was most affected toward the end of the war.

⁸⁵ The percentage levels in the legend relate to the household, meaning, for instance, that in some chiefdoms 81 to 100 percent of households include a household member who has experienced CRSV. Assuming a 5.6-person household, this would result in a prevalence rate between 14.5 and 17.9 percent among individuals in such high-prevalence chiefdoms. These values should not be interpreted as a reliable measure, but merely as a general trend of magnitude, because the SLIHS was representative only at the national level and not at the chiefdom level.

⁸⁶ Wood 2009; Cohen 2013a.

⁸⁷ Guberek et al. 2006, 6, 14.

⁸⁸ Raleigh and Bruijne 2015.

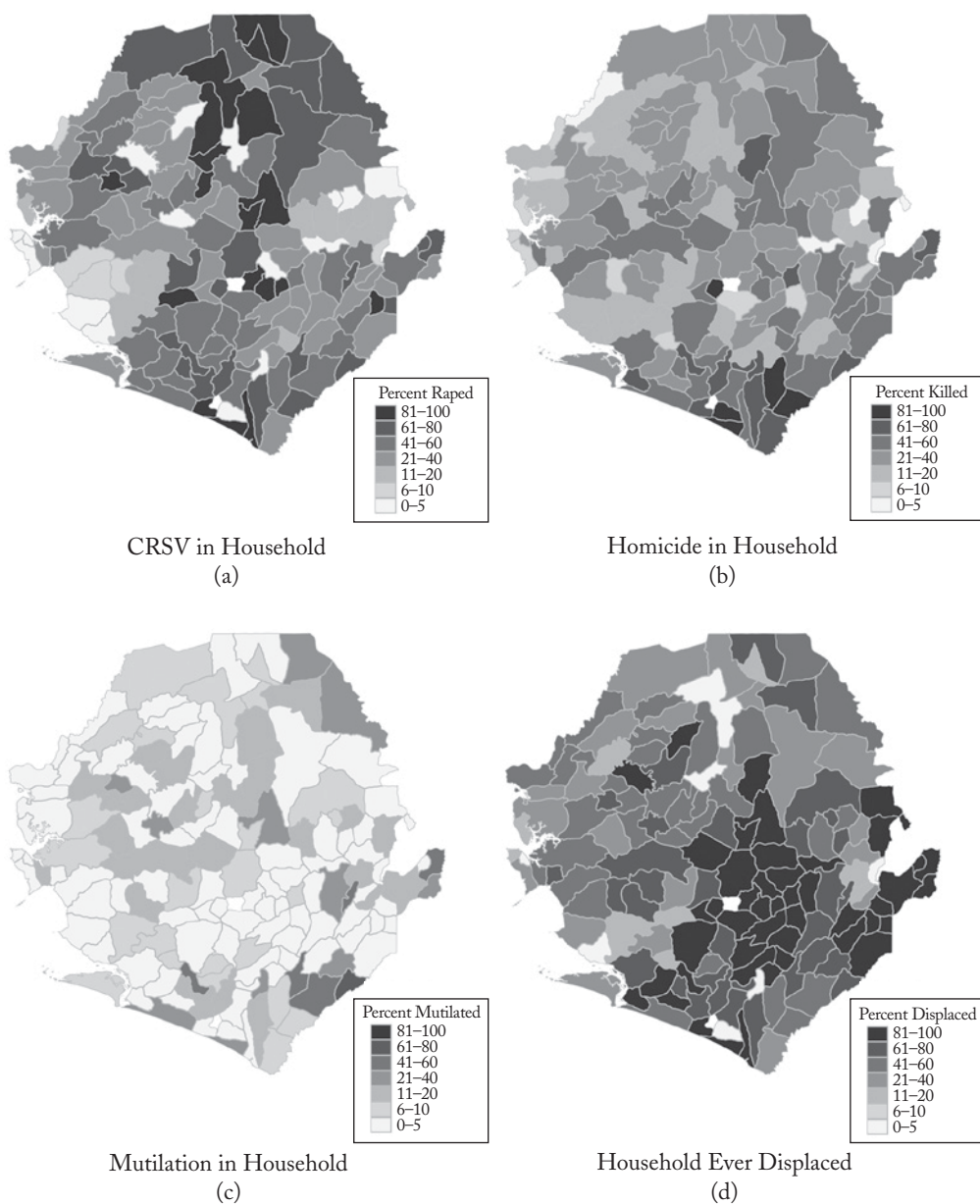


FIGURE 1
GEOGRAPHICAL DISTRIBUTION OF VIOLENCE ^a

^aPanels (a) through (d) show the intensity of different forms of reported violence per chiefdom. These figures are based on SLIHS data. Darker areas indicate higher levels of violence. For instance, panel (a) shows that the northern and southern parts reported the highest levels of CRSV. The spatial patterns for homicide (b), mutilation (c), and displacement (d) are distinctively different.

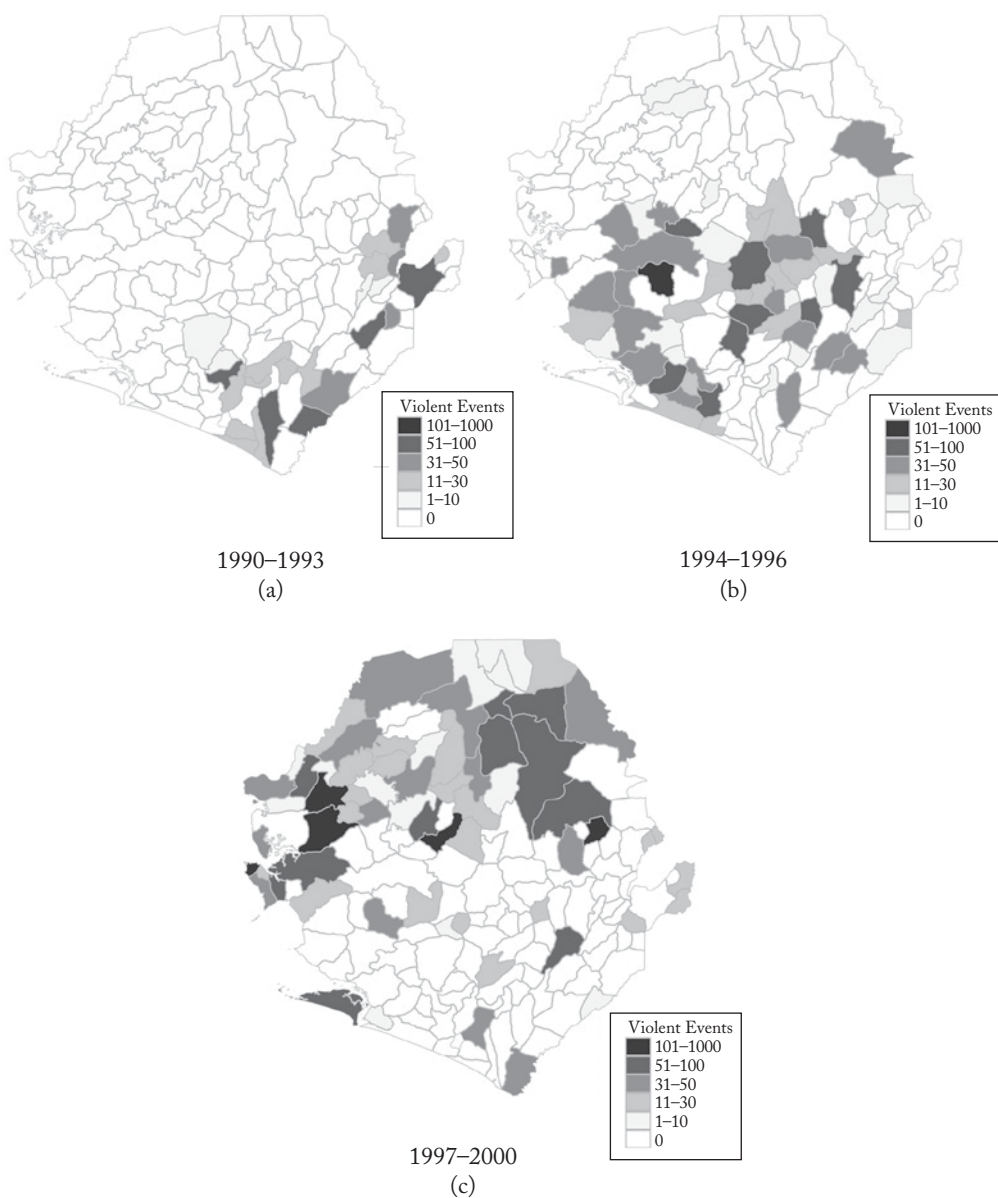


FIGURE 2
VIOLENCE AGAINST CIVILIANS OVER TIME^a

^aPanels (a) through (c) show how the spatial patterns of violence against civilians changed over time. The figures are based on violent event data from the SLL-LED.

CONTROL VARIABLES

I include some important covariates to isolate the effect of *CRSV in HH* and to control for potential confounders that may influence the effect of *CRSV in HH* on measures of prosocial behavior. Humanitarian assistance is provided in places hit by violence and could therefore operate parallel to the resilience mechanism. Access to medical, psychological, social, and financial assistance can alter the capacity and motivation to act prosocially. For instance, those households with access to psychosocial support groups may develop more agency and score higher for prosocial indicators. It is important to control for humanitarian support to avoid overestimating the effect of the social resilience mechanism. To capture humanitarian support, I construct a variable that measures self-reported reception of *humanitarian aid* from humanitarian agencies (for example, NGOs, UNICEF, and the World Health Organization) and faith-based institutions. Such support has been reported to influence community integration for victims of war in general and for CRSV survivors in particular.⁸⁹

To separate the impact of other types of violence, I include a number of violence controls that measure whether someone in the household has been killed (*homicide in HH*) or mutilated (*mutilation in HH*), or whether the household has ever been displaced (*HH ever displaced*).⁹⁰ The number of *RUF camps* that were present in the chiefdom may further affect prosocial behavior, since the RUF's raids were likely to affect community life.⁹¹

Furthermore, I use several household controls that have been implemented in related studies on nonsexual violence.⁹² The size of a household (*household size*) is likely to have an effect on the outcome. Larger households are more likely to be better connected to the communities they live in and may therefore have a higher likelihood of scoring on prosocial behavior measures. Poverty (*poverty index*) is associated with lower social status, which may result in decreased levels of social inclusion, spending on social events, and donations. Last, a dummy for *urban* households is included, since one would expect community cohesion to be lower in urban areas.

In addition, I include four standard individual controls for respon-

⁸⁹ Winter et al. 2016; Stark 2006.

⁹⁰ Within the matched sample (more details below), 2,973 (54 percent) of 5,475 households had been displaced. Of these 2,973 households, 2,771 (94 percent) had returned to their home community at the time of the SLIHS.

⁹¹ A comparison of the SLIHS data and the two surveys used by Bellows and Miguel's 2009 paper on Sierra Leone is available in Section 1 of the supplementary material; Koos 2018b.

⁹² E.g., Bauer et al. 2016; Bellows and Miguel 2009; Gilligan, Pasquale, and Samii 2013.

dents' characteristics: *Muslim* accounts for religious and cultural differences between Muslims and Christians; and *female*, *age*, and *age*² account for gender and age effects.

ANALYSIS AND RESULTS

Before analyzing the data, I employ coarsened exact matching (CEM) to create more balanced data between CRSV-affected ($CRSV = 1$) and unaffected ($CRSV = 0$) households. CEM drops those observations for which there is no common empirical support. Through this procedure the distribution of the covariates in both CRSV-affected and unaffected households is more alike, and thus minimizes model dependence and statistical bias.⁹³

Table 2 presents the main findings. In all four logistic regression models the main outcome variable *association*, which measures whether a household member is a member of a community-based association, is regressed on the explanatory variable *CRSV in HH* and the other covariates. All four models include household controls and individual controls (as described above), as well as district-level fixed effects, to account for unobserved location factors.⁹⁴ Because it is not possible to calculate standard statistics of model fit (for example, Bayesian and Akaike information criterion, Pseudo R^2) when using Stata's survey module and nonlinear models, I rely on an F-adjusted mean residual goodness-of-fit test. The insignificant p-values across all four models indicate that the model fits the data. Turning to the results, model 1 shows that exposure to conflict-related sexual violence (*CRSV in HH*) has a positive and statistically significant effect (1 percent) on the likelihood that households are members of community-based associations.

Model 2 adds the other violence-related variables. They show diverse effects. The killing of household members (*homicide in HH*), displacement (*HH ever displaced*), and the number of *RUF camps* have no significant effect on (*association*) membership. *Mutilation in HH* has a positive effect on *association*. Importantly, even with the inclusion of the

⁹³ Iacus, King, and Porro 2012. I use the CEM package for Stata (Blackwell et al. 2009). Applying CEM reduces the total observations from 6,727 to 5,475. This reduction of the sample sizes improves the L1 statistic as an overall measure of balance from .68 to .57. The estimation results with unmatched data are available in tables A4 and A5 in the supplementary material; Koos 2018b. The results are robust to the matched data. In addition, since the data were collected through a two-stage sampling process, I use Stata's survey module to account for the first stage (district level) and the second stage, i.e., the primary sampling unit (PSU), meaning that all models use standard errors clustered at the PSU. The probability weights are calculated by multiplying the household-level survey weights by the weight computed through the CEM procedure.

⁹⁴ The expanded models are available in tables A1 and A2 in the supplementary material; Koos 2018b.

TABLE 2
EFFECT OF CRSV ON MEMBERSHIP IN ASSOCIATIONS^a

	(1) <i>Association</i>	(2) <i>Association</i>	(3) <i>Association</i>	(4) <i>Association</i>
CRSV in HH	0.347** (0.122)	0.343** (0.121)	0.321* (0.124)	0.390** (0.139)
Humanitarian aid			1.189*** (0.157)	1.314*** (0.206)
CRSV in HH*Humanitarian aid				-0.314 (0.262)
Homicide in HH		-0.224 (0.146)	-0.186 (0.148)	-0.189 (0.148)
Mutilation in HH		0.755** (0.242)	0.528* (0.228)	0.559* (0.230)
HH ever displaced		-0.151 (0.150)	-0.165 (0.152)	-0.154 (0.152)
RUF camps		-0.028 (0.035)	-0.016 (0.035)	-0.016 (0.034)
Household controls	yes	yes	yes	yes
Individual controls	yes	yes	yes	yes
District dummies	yes	yes	yes	yes
F-stat	1.221	1.437	0.292	0.339
p-value	0.278	0.168	0.977	0.962
Model	logit	logit	logit	logit
Observations	5475	5475	5475	5475

Robust standard errors clustered by primary sampling unit in parentheses; * $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

^a Outcome variable *association* measures whether someone in the household is member of a community-based association.

violence-related variables, the coefficient and the significance level of *CRSV in HH* barely changes. This result supports the idea that CRSV is independent of other types of violence. In addition, low variance inflation factors at 1.1 speak against multicollinearity.

In model 3 of Table 2, the variable *humanitarian aid* is added and is indeed strongly linked with a higher likelihood of membership in associations. This finding lends evidence to the fact that humanitarian actors' engagement contributes to the integration of CRSV-affected households. Again, the variable *CRSV in HH* remains largely robust. In model 4, I include an interaction term *CRSV in HH*Humanitarian aid* to test a conditional effect of humanitarian support on association membership. The interaction term is not statistically significant and

there is no support for the notion that the effect of *CRSV in HH* depends on *humanitarian aid*.⁹⁵

Table 3 shows the results for the other outcome variables, with *contributions* as a measure of helping and *donations* as an indicator of altruism. Because both variables are dummies, I again use logistic regression models. Model 1 equals model 4 from Table 2, and is included to provide a better comparison. Model 2 shows the effect of *CRSV in HH* on social *contributions*. The effect is positive and statistically significant at the 1 percent level even when other violence-related variables are accounted for. The *humanitarian aid* variable has a negative effect. Model 3 shows a positive effect of *CRSV in HH* on *donations* as a proxy indicator for altruism, but it is only significant at the 10 percent level.

To interpret the substantive effects of the explanatory variable *CRSV in HH*, Figure 3 shows the average predicted probabilities with a 90 percent confidence interval. When a household has been exposed to *CRSV in HH*, such exposure results in a 5 percent greater chance of it being a member of a community *association* (left plot), an 8 percent greater chance of it paying social *contributions* (center plot), and also increases the odds that it will donate by 5 percent (right plot). When households receive *humanitarian aid* from NGOs or religious institutions, it increases the odds of them being members of an association by 20 percent. But *humanitarian aid* has a negative effect on contributions and no effect on donations. Although these effect sizes should not be taken literally, they indicate that the effect of CRSV is not only statistically significant, but also substantively meaningful.

The analyses above show that CRSV-affected households engage in more prosocial activities, arguably to avert or reduce stigmatization and to increase their acceptance within their communities. But this result reflects only the behavior of a household and not whether a household is accepted by other households in the community. The socio-psychological literature suggests that stigmatized people engage in prosocial behavior only when they anticipate subsequent social acceptance.⁹⁶

Unfortunately, the SLIHS does not include specific questions on the acceptance of CRSV victims, but there is a question that asks respondents whether their household can rely on the community to provide assistance during difficult periods, for example, when there is a shortage of money or food. Although this question does not measure whether other

⁹⁵ A graph of the interaction effects is available in Figure A1 in the supplementary material; Koos 2018b. Overall, the effect of *humanitarian aid* is not conditional on exposure to CRSV.

⁹⁶ Maner et al. 2007.

TABLE 3
EFFECT OF CRSV ON PROSOCIAL BEHAVIOR^a

	(1) <i>Association</i>	(2) <i>Contributions</i>	(3) <i>Donations</i>
CRSV in HH	0.390** (0.139)	0.483** (0.158)	0.231+ (0.140)
Humanitarian aid	1.314*** (0.206)	-0.427* (0.196)	0.184 (0.145)
CRSV in HH*humanitarian aid	-0.314 (0.262)	0.150 (0.264)	-0.088 (0.213)
Homicide in HH	-0.189 (0.148)	-0.052 (0.145)	0.112 (0.118)
Mutilation in HH	0.559* (0.230)	0.120 (0.278)	-0.622*** (0.184)
HH ever displaced	-0.154 (0.152)	0.160 (0.142)	0.221+ (0.127)
RUF camps	-0.016 (0.034)	0.011 (0.037)	0.034 (0.033)
Household controls	yes	yes	yes
Individual controls	yes	yes	yes
District dummies	yes	yes	yes
F-stat	0.339	0.564	0.246
p-value	0.962	0.827	0.987
Model	logit	logit	logit
Observations	5475	5475	5475

Robust standard errors clustered by primary sampling unit in parentheses; + $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

^a Outcome variable *association* measures whether someone in the household is member of a community-based association. Outcome variable *contributions* indicates that a household has contributed financially to social events such as weddings and funerals. Outcome variable *donations* specifies whether a household has donated to social causes.

community members stigmatize, accept, or exclude CRSV victims and their families, it does express how CRSV-affected households themselves evaluate the degree of community support they can rely on. This indication is in principle at least as important as acceptance by other community members, because CRSV-affected households are—as I show in the qualitative section below—very sensitive about how other community members treat and talk to them. Therefore, if CRSV-affected households perceive themselves to be as likely to receive assistance from the community as unaffected households, that is, if the *CRSV in HH* variable is insignificant, we can interpret this result as an absence of explicit social exclusion of CRSV-affected households.

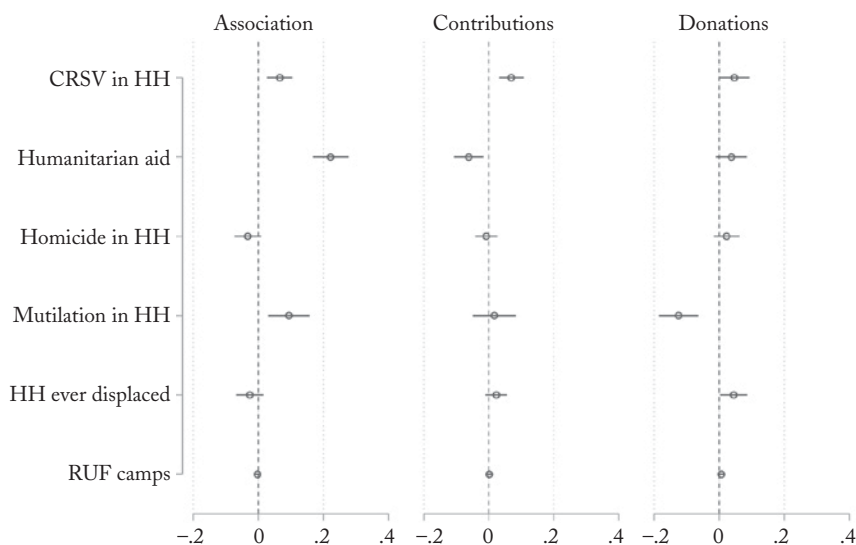


FIGURE 3
PREDICTED PROBABILITIES^a

^aEach plot shows the predicted probabilities for one of the three outcome variables with 90 percent confidence intervals. The computation is based on the models presented in Table 3. Across all three outcome variables, *association*, *contributions*, and *donations*, the effect of exposure to CRSV (*CRSV in HH*) is not only positive and statistically significant, but also substantively meaningful. The effect of the control variables is mixed or insignificant.

In the matched sample, 43 percent of respondents answer that they can rely on the community during difficult times and 57 percent report that they cannot. Figure 4 shows the result of using the variable *community reliance* as the outcome.⁹⁷ The plot shows the predicted probabilities for reliance on the community. Unaffected households (left side) report a probability of 46 percent of relying on the community during difficult times; CRSV-affected households report 47 percent. The difference is marginal and not significant (the confidence intervals overlap). This result indicates that CRSV-affected households are as likely as unaffected households to receive community support, which speaks against social exclusion and ultimately lends further credit to the resilience hypothesis.

In sum, the results of the empirical analysis provide no support for the decay mechanism (H1). Quite to the contrary, there is substantial support for the resilience mechanism (H2). CRSV-affected households

⁹⁷The underlying specification is similar to model 2 in Table 2, and is presented in Table A3 in the supplementary material; Koos 2018b.

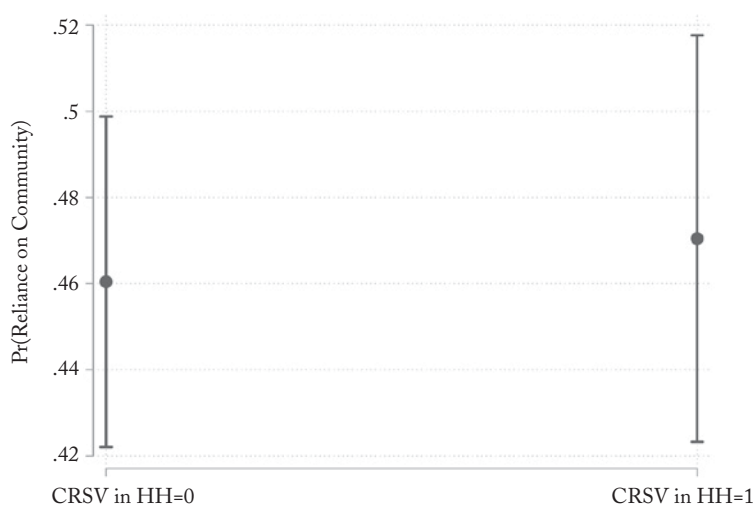


FIGURE 4
EFFECT OF CRSV ON COMMUNITY RELIANCE^a

^a To what degree do people believe they can rely on their community during difficult times? This plot shows that the predicted probabilities for self-perceived reliance on the community barely differ for unaffected (left bar) and CRSV-affected households (right bar). The underlying regression model, including all control variables, is available in Table A3 in the supplementary material (Koos 2018b).

are more likely to be members of community-based associations and to contribute to social events, and to donate more often. These overall findings are striking and support the idea that CRSV-affected households employ prosocial behavior as a means to remain part of their community. The results regarding community reliance also suggest that there is no perceived exclusion among CRSV-affected households.

CAUSAL IDENTIFICATION

As with most observational data, endogeneity remains a concern. We cannot rule out the possibility that certain prewar characteristics influenced the joint probability of being exposed to CRSV, prosocial behavior, and social inclusion. Not accounting for such characteristics would result in biased estimates. The most obvious concern is reverse causality, which would be the case if prosocial households in particular were more likely to experience CRSV or other forms of violence. Since there are no baseline data that reflect prosocial behavior before the war, I apply four strategies to examine the possibility of reverse causality: (1) qualitative evidence of targeting practices by the RUF, (2) an analysis of

household characteristics explaining exposure to CRSV, (3) a matching procedure, and (4) an instrumental variable approach. None of these strategies rules out problems of endogeneity completely. But overall, they increase our confidence that the results are not driven by omitted variable bias or reverse causality.⁹⁸

First, a key question is whether the RUF and associated rebels targeted villages, households, and individual household members selectively or indiscriminately. At the chiefdom level, the geographical and temporal distribution of violence as shown in figures 1 and 2 does not support the idea that the spread of violence followed a random pattern, but instead supports that there were both spatial and temporal concentrations of violence. The statistical analysis accounts for this with district fixed effects and clustered standard errors. At the household level, however, previous representative and qualitative studies have not found any evidence of selective targeting in Sierra Leone according to major categories like social class, ethnic identity, or religion.⁹⁹

The TRC's report on women also emphasizes this notion of random sexual violence toward civilians in several paragraphs.¹⁰⁰ In addition, massive substance abuse among RUF fighters, particularly before they raided villages, contributed to a quasi-random pattern of victimization of villagers. RUF combatants explained that civilians appeared "like insects," indicating a distorted perception and raising doubts about their ability to selectively target those civilians who might not have been supportive of the RUF or particularly active in community affairs.¹⁰¹ Overall, the qualitative evidence suggests that selection into conflict-related sexual violence was not caused by any particular factors (apart from age) at the household or individual level. We can thus conceptualize the exposure to CRSV as a type of near-random treatment. Assuming a quasi-random pattern of CRSV is a critical assumption and one that has received extensive support in the previous literature on Sierra Leone and similar contexts.¹⁰²

Second, Table 4 provides further evidence that exposure to CRSV was

⁹⁸ Notably, a certain degree of selection bias in the form of attrition is inevitable in postwar survey research, for various reasons. An unknown number of women (and families) died or emigrated during or after the war or stayed with their "rebel husbands" even after the war ended. Especially since the SLIHS was conducted in 2011, almost ten years after the war ended, this analysis can only consider long-term survivors of the war.

⁹⁹ See, e.g., Bellows and Miguel 2009, 1146; Humphreys and Weinstein 2006; Peters 2011, 89; Gberie 2005, 137.

¹⁰⁰ Sierra Leone Truth and Reconciliation Commission 2004, para. 262, 282, 365, 460.

¹⁰¹ Keen 2005, 76.

¹⁰² Bellows and Miguel 2009; Voors and Bulte 2014; Voors et al. 2012; Gilligan, Pasquale, and Samii 2013.

TABLE 4
FACTORS ASSOCIATED WITH CRSV

	(1) <i>CRSV in HH</i>
Household size	0.011 (0.020)
Girls ratio in HH	0.017 (0.110)
Father's education	-0.007 (0.038)
Poverty index	0.040 (0.068)
Urban	0.110 (0.151)
Muslim	-0.154 (0.123)
RUF camps	0.013 (0.031)
Observations	5475

Robust standard errors clustered by primary sampling in parentheses; *p<0.10, *p<0.05, **p<0.01, ***p<0.001

independent of household characteristics.¹⁰³ The explanatory variable *CRSV in HH* is regressed on a number of household characteristics that might have affected the probability of a household member experiencing CRSV. Larger households (*household size*) should generally have a higher risk of rape. The same holds for households with more girls (*girls ratio in HH*). In households with at least two children, the mean *girls ratio in HH* amounts to 47 percent. Because the RUF was revolting against the established order, community leaders, chiefs, and people with authority were reportedly specifically targeted.¹⁰⁴ Since there are no questions on leadership positions in the data, I use the *father's education* as a proxy. *Poverty* might have decreased people's ability to preemptively send their children to a safe haven (for example, the nearest town, the capital Freetown, or even abroad). Households in remote areas and villages were less prepared for raids than larger towns and the variable *urban* captures this possibility. Also, religion may have played a role in targeting. Some accounts argue that women's status in the southern

¹⁰³ See also Cohen 2016. Since these household characteristics (apart from *RUF camps*) were collected in 2011, they only imperfectly approximate pre-CRSV characteristics, but assuming a certain degree of continuity of household features, they provide a reasonable approximation.

¹⁰⁴ Bellows and Miguel 2009.

Christian areas was slightly advantageous since women could become chiefs, whereas women in the predominantly Muslim north had lower status. This could be captured by the binary variable *Muslim*. Last, the number of times the RUF established headquarters (*RUF camps*) within an area may have influenced the risk of rape since encounters with RUF combatants were more likely. As Table 4 shows, none of these factors are statistically significant predictors of the explanatory variable *CRSV in HH*. These results further indicate that CRSV-affected and unaffected households did not differ systematically before being exposed or not exposed to CRSV.

Third, as described above, to further increase my ability to make a causal statement, I have matched the data using the CEM algorithm.¹⁰⁵ Although matching does not solve problems of omitted variable bias, it balances the data and thereby reduces model dependence and misspecification bias.

Fourth and finally, I employ an instrumental variable (IV) approach whereby I exploit the exogenous distance of a chiefdom from the next diamond or gold mine. The idea behind this IV is that the RUF, as the main perpetrator of sexual violence during the war, sought to control these mining areas. These areas therefore attracted what Jeremy Weinstein refers to as opportunistic joiners, that is, combatants who were drawn to the RUF not because of its initial ideological mission to transform the marauding political and social system,¹⁰⁶ but rather for private and materialistic benefits.¹⁰⁷ Relating to this key aspect, Cohen argues that opportunistic groups—abductees and “greedy” joiners—suffer from lower levels of group cohesion than groups consisting of ideologically motivated joiners.¹⁰⁸ Among such low-cohesion, opportunity-driven groups, sexual violence, and particularly gang rape, commonly has been used to increase bonding among combatants and thereby increase unit strength.¹⁰⁹ Households in chiefdoms closer to mines should therefore have had a higher risk of experiencing CRSV. The distance from mines should therefore negatively affect the risk of conflict-related sexual violence (*CRSV in HH*).

All further details, including the construction of the two IVs, the theoretical assumptions, the exclusion restriction, and IV regression tables, are presented in Section 3 in the supplementary material.¹¹⁰ Briefly, the

¹⁰⁵ Iacus, King, and Porro 2012.

¹⁰⁶ Richards 1996; Peters 2011.

¹⁰⁷ Weinstein 2005.

¹⁰⁸ Cohen 2013a.

¹⁰⁹ See also Coulter 2009, 127.

¹¹⁰ Koos 2018b.

first stage of the IV estimation finds that as expected, households closer to diamond and gold mines were more likely to be affected by CRSV (*CRSV in HH*).¹¹¹ The second-stage results largely confirm the main results presented above. The effect of *CRSV in HH* on membership in *associations* remains highly significant (below 0.1 percent) and the effect on *donations* gains more significance (below 0.1 percent). But the effect on *contributions* disappears. These slightly deviant results may come from the fact that the IV approach only estimates the local average treatment effect (LATE), that is, those households that comply with the assumption that proximity to mines increases the risk of CRSV. The LATE cannot be estimated for so-called defiers, never-takers, and always-takers (more details on the assumptions can be found in Section 3.1 of the supplementary material).¹¹² The F-statistic of 40 suggests that the instrument is sufficiently correlated with the explanatory variable *CRSV in HH*. Furthermore, the significant p-value of the underidentification test allows rejecting the null hypothesis that the instruments are irrelevant. In total, the IV results further support the resilience argument (H2) and show no evidence of social decay (H1).

QUALITATIVE EVIDENCE ON MECHANISMS

Although the statistical analysis provides robust evidence for the resilience hypothesis that CRSV-affected households engage in more prosocial behavior, it does not tell us much about the underlying mechanisms of this relationship.¹¹³ In this section, I present qualitative evidence on how and why CRSV survivors and their families have engaged in prosocial behavior and what prosocial behavior can mean in the context of a Sierra Leonean village. Prosocial behavior, as I will show, is strongly embedded in traditional rituals and is a precondition for reconciliation, reintegration, and social acceptance. I also point out some general, national-level conditions that further contribute to a climate of forgiveness, integration, and peacebuilding in postwar Sierra Leone.

A few anthropological studies examine the process of how CRSV victims are received, treated, and integrated by their families and communities.¹¹⁴ Broadly speaking, one can distinguish between CRSV victims, for example, those raped on one occasion, such as a village raid, and bush wives, those abducted and abused by the RUF, often for years.

¹¹¹ See Table A7 in the supplementary material; Koos 2018b.

¹¹² Koos 2018b.

¹¹³ Hoover Green 2012, 297.

¹¹⁴ Coulter 2009; Utas 2009; Stark 2006.

CRSV victims and bush wives alike faced at least initial stigmatization and were seen as unclean, but the perception of former bush wives was much more negative since they were often not viewed as abductees but as rebels who killed, abused drugs, had children born of rape, and who showed other nontraditional female behavior. Villagers often feared bush wives for their aggressive conduct.¹¹⁵

Upon return to their villages, most bush wives faced initial rejection by either the family or the community. Often, due to fear of stigma being inflicted on the family, there were differing views within families on how to deal with returning wives, daughters, and sisters. The following account exemplifies this:

When I came back from the bush, my parents hugged me, but other people weren't happy. They mocked my parents and me.¹¹⁶

Another CRSV survivor shared a similar experience:

My bad luck affected my family because I slept in the same bed as my mother. Her business was also not going well and she was stigmatized for sharing a bed with a rebel.¹¹⁷

These accounts provide partial evidence for the decay mechanism (H1). But as theorized in the resilience hypothesis (H2), there are ways to overcome this stigma, as I show below.

Stigma and rejection were less pronounced if CRSV victims had been raped during village raids by combatants because these victims were not viewed as RUF members. Yet to get rid of the stigma, CRSV survivors and bush wives alike had to go through cleansing rituals that are widely practiced in Sierra Leone. These rituals were performed by local healers (herbalists, *Mori-man*, and *Karamoko*) and the women's secret society (*Bundu*), and took place outside the community. They involved physical cleansing, prayers, and donations. Upon returning to the community, the cleansed CRSV victim was reintroduced as a member of the community and food was shared—an act that is an important symbol of acceptance and integration in Sierra Leone.¹¹⁸ Lindsay Stark notes that in approximately two-thirds of the cases the family decided that the girl should be cleansed, and in one-third the girl herself made the decision and was supported by her family.¹¹⁹ Stark further notes that the

¹¹⁵ Coulter 2009.

¹¹⁶ Stark 2006, 211.

¹¹⁷ Stark 2006, 212.

¹¹⁸ Utas 2009.

¹¹⁹ Stark 2006.

stigma inflicted on the girls and their families was the main reason for undergoing the cleansing rituals. These accounts show that victims and families—anticipating social norms and sanctions—successfully used countermeasures in the form of prosocial behavior to avert exclusion. This provides direct evidence of the resilience mechanism (H2).

In his study, Mats Utas notes that 83 percent of his interviewees who had been raped were treated by traditional healers and accepted by their home communities.¹²⁰ Stark finds that ritual cleansing led to a positive self-perception among CRSV victims and contributed to community acceptance. For instance, one of her respondents said, “I see my family now. After the cleansing, they welcomed me. My family is more interested in me. I feel happy because we are one with the rest of the community.”¹²¹

Importantly, these cleansing rituals were a collective effort involving the CRSV victim, the family, and the community. Stark notes that in some instances the community financed and organized the rituals as a sign of caring. Families themselves also contributed their share, not least by agreeing to have their family members cleansed.¹²²

All these accounts show that the extended family of the victim plays a key role as the initial group for the victim to go to, and from then on as supporters of the cleansing process. If the family rejects a victim, access to cleansing and subsequent reintegration is much harder. Indeed, rejection sometimes drove bush wives back to their former RUF husbands.¹²³ According to these studies, the family is understood as the victim’s agent within the community. The family establishes contacts with elders and healers, helps prepare the ceremony, and donates money when necessary.

Although there are no representative data on the existence of cleansing rituals across Sierra Leone, the anthropological studies cited describe it as a rather common custom, and one that enjoys widespread respect and popularity among villagers as an alternative to Western approaches to justice.¹²⁴

Apart from the social institutions of reconciliation at the village level, Chris Coulter and Utas argue that the sheer magnitude of CRSV (39 percent, see Table 1) made it easier for survivors and families to share their ordeals and talk openly about it, and thereby reduce severe stigma and

¹²⁰ Utas 2009, 29.

¹²¹ Stark 2006, 214.

¹²² Stark 2006, 213.

¹²³ Coulter 2009.

¹²⁴ Stark 2006, 206.

social exclusion.¹²⁵ Because all social classes and regions and many families were affected, CRSV was to a degree a collective experience, making it less likely that stigma and exclusion would arise. A report by Human Rights Watch notes,

Given that rape has been committed on such a systematic and widespread scale and was witnessed by many people, it seems that rape survivors, particularly in urban centers, are generally not stigmatized by society. Survivors interviewed have expressed fear of rejection by their families and communities, but in practice it seems that their fears are unfounded. Most survivors are accepted back into their communities, with their families simply overjoyed to find that they are still alive.¹²⁶

Evidently, CRSV-affected families' engagement in cleansing rituals and the high prevalence of CRSV reduced sustained stigmatization and fostered social acceptance. This qualitative evidence not only supports the findings of the statistical analysis, but also enriches these findings by adding a contextualized understanding of what the concept of pro-social behavior entails on the ground. The fact that CRSV-affected families obey the traditional norms of reintegration can be understood as a contribution to communal peace and harmony. Although the participation in cleansing ceremonies promises social reintegration for victims and families, it also incurs costs as they must pay for healers and materials, and donate or pay for food shared with the community. For rural households these costs can be significant. Nevertheless, withstanding the public attention the ceremonies focus on them takes courage and commitment on the part of the victims and their families.

The fact that stigmatization occurs and is reportedly a reason to engage in these reconciliatory practices also supports the notion that the resilience mechanism functions as a means to overcome stigmatization and exclusion following CRSV, which is an important aspect of the proposed theory.

Moving from the analytical microlevel to the national level, it is worth noting that the general scope conditions and the role of authorities in Sierra Leone were favorable for peacebuilding and reconciliation relative to many other African postconflict contexts. Authorities including President Ahmad Kabbah, the Inter-Religious Council of Sierra Leone, and the Council of Churches, continuously called for forgiveness as a precondition for peace in Sierra Leone. The lack of severe divisions along ethnic and religious lines in Sierra Leonean soci-

¹²⁵ Coulter, 2009, 131; Utas 2009, 18.

¹²⁶ Human Rights Watch 2003, 52.

ety must be mentioned in this regard as well.¹²⁷ Evangelical churches particularly attracted CRSV survivors because the process of being born again and accepting the gospel provided victims with a chance to leave behind their old identity. As such, churches played a key role in healing and social inclusion among and between communities.¹²⁸ This idea of forgiveness was echoed by the population, which reconciled with former rebels despite the atrocities they had committed.¹²⁹

In addition, the silence about rape was broken because of the heavy presence of international NGOs and because many women demanded peace and participated in postconflict recovery.¹³⁰ The TRC was initiated to create a forum where experiences of war could be shared.¹³¹ Similarly, international organizations funded human rights campaigns across the country and thereby supported women's causes and gender equality. Over time, these efforts contributed to a change in the public discourse on gender relations and sexual and gender-based violence, and created supportive conditions for the acceptance of CRSV victims and their families.¹³² The supportive role of churches and NGOs is reflected in the *humanitarian aid* variable in the statistical analysis.

Apart from international support, there are enlightening examples of grassroots movements for gender equality among refugees themselves. Elizabeth Mills and colleagues report that the constant threat of violence—in particular against women—in Guinean refugee camps was a key motive for the creation and expansion of the Men's Association for Gender Equality (MAGE). According to Mills' research, Sierra Leonean rebels infiltrated refugee camps in Guinea and were responsible for rising levels of sexual violence. Among female refugees, this contributed to a growing perception that *all* men were perpetrators. MAGE started organizing small meetings among fellow refugees to allow them to share their frustration over the ubiquity of violence in the camps and the worsening gender relations among refugees. Structural violence against women had been entrenched in Sierra Leone, and the extreme brutality that many witnessed or experienced during the war contributed to critical reflections among men on gender relations.¹³³ What makes MAGE such an illuminating example is that it emerged organically from within a group of vulnerable refugees without external

¹²⁷ Richards 1996.

¹²⁸ Utas 2009, 42–43.

¹²⁹ Millar 2012.

¹³⁰ Bambrick 2004, 10.

¹³¹ Winter et al. 2016, chpt. 13.

¹³² Mills et al. 2015, 6.

¹³³ Mills et al. 2015, 17.

support from international humanitarian agencies, and thereby reflects the notion of resilience very compellingly.

PARTICULARITIES, LIMITATIONS, AND ADDITIONAL TESTS

Although the statistical and the qualitative analyses support the resilience hypothesis, some particularities and limitations must be noted. First, time matters. There is likely to be a difference between the short-term and long-term social consequences of CRSV. The immediate shock for individuals and families may cause more distress than what remains of those feelings ten years after the end of the war (when the SLIHS was conducted) following immense reconciliation efforts and peace-building.¹³⁴ Hence, the analysis is limited to the long-term effects of CRSV.

Second, although the SLIHS is representative of the Sierra Leonean population in 2011, some people and households were systematically excluded because they had been killed, died, or remained outside of Sierra Leone.¹³⁵ In addition, one could argue that CRSV-affected families returning from exile or displacement camps may not have gone back to their home communities, but moved to a new location in Sierra Leone to avoid stigmatization and to have better chances of being socially included. But the SLIHS data speak against that notion. On average, 49 percent of displaced households were affected by CRSV, as compared to only 27 percent of nondisplaced households. The CRSV prevalence rate among displaced households returning to their home communities was 49 percent, and among those households moving to places other than their home communities it was 42 percent, and hence substantially lower. According to the data, it appears that CRSV exposure is not correlated with a preference not to return to one's home community.

Third, when it comes to social inclusion, inclusion *among* CRSV victims themselves and inclusion *between* victims and other members of the community should be distinguished. One could argue that survivors of CRSV (and also amputees) are perhaps more likely to participate in NGO-supported activities and organizations, such as women's rights organizations (or soccer leagues for amputees). This notion refers to inclusion *among* victims, but it may not necessarily mean that survivors of CRSV (or amputees) are included in broader community-based associa-

¹³⁴ See, e.g., Millar 2012.

¹³⁵ But the number of refugees in neighboring countries was likely to be low in 2011. Although at the height of the civil war approximately 500,000 Sierra Leoneans had fled abroad, in 2008 only 43,000 were still living in exile. Large-scale UN-supported repatriation of Sierra Leonean refugees ended in 2004 (UNHCR 2008).

tions, such as committees on health, education, water, or development (inclusion *between* CRSV survivors and other community members). Unfortunately, the data do not provide more detailed information on the kind of community organizations respondents are members of. But the SLIHS includes a question on whether respondents are members of a professional association (for example, a local farmers' or fishermen's association), which is less likely to be initiated by an NGO, and reflects the notion of inclusion *between* CRSV-affected and unaffected households. Table A6 in the supplementary material shows the results of a regression model that uses the binary variable *professional association* as an alternative outcome.¹³⁶ Interestingly, CRSV-affected households are still more likely to be members of professional organizations, while households with amputees (*mutilation in HH*) are not. This result supports the idea that elevated prosocial behavior on the part of CRSV-affected households is independent of potential NGO-supported activities and associations. Ultimately, this finding strengthens the notion of resilience and inclusion *between* CRSV-affected households and the rest of the community.

Fourth, although quantitative data are immensely valuable for this type of analysis, they fall short in providing in-depth knowledge about the particular circumstances of CRSV. Additionally, the data do not allow us to distinguish between the actions taken by the family and the CRSV victim. Future data collection efforts should pay attention to the types of CRSV, the nature of the event, and the type of exposure (personal victimization or witness) to account for effect heterogeneity.

CONCLUSION

The purpose of this article was to examine the social consequences of wartime sexual violence, and in particular whether CRSV victims and their families are stigmatized and socially excluded (decay mechanisms) or whether they engage in compensatory prosocial behavior to ensure social inclusion (resilience mechanism). Using representative household-level data from Sierra Leone, I demonstrate that CRSV-affected households are more likely to be members of local associations, more likely to allocate money to communal events, and more likely to donate than unaffected households. Several robustness checks, including an instrumental variable approach, validate the results. The qualitative evidence further supports the findings and sheds some light on the un-

¹³⁶ Koos 2018b.

derlying mechanism, emphasizing the importance of community-level reconciliation processes and cleansing rituals for CRSV victims.

This study's contribution to the literature on sexual violence in armed conflicts is twofold. First, it is—to the best of my knowledge—the first systematic comparative analysis of the social consequences of wartime sexual violence.¹³⁷ It thus complements the qualitative literature on CRSV by addressing the nagging issues of selection bias and the lack of representativeness. Second, by drawing on recent findings from social psychology, it provides a new, extended theoretical argument on how CRSV victims and their families use countermeasures to remain members of their community. In that sense, it challenges the dominant notion in the feminist literature and the development community that CRSV destroys the social fabric of communities.¹³⁸ CRSV victims, their families, and the communities they live in, it appears, are far more resilient than previously assumed.

Additionally, the article enriches the literature on the sociopolitical legacy of violence by being the first to consider sexual violence as a distinct form of violence.¹³⁹ Information on CRSV exposure at the household level is typically not available, which makes the present article particularly valuable. The analysis shows that CRSV and the mechanisms that follow exposure to it have far more significant social outcomes than homicide or displacement, at least in the context of Sierra Leone.

Although the results are representative of Sierra Leone, the question remains as to what degree the resilience mechanism is generalizable to other contexts where CRSV has been widespread—for instance, to post-conflict zones such as the eastern Congo, Darfur, South Sudan, Nepal, and Colombia. Several conditions have been raised throughout the article, and these appear to be critical in enabling the operation of the resilience mechanism. Here I summarize these conditions to allow an evaluation of the extent to which other contexts share them.

First, the magnitude and frequency with which CRSV was perpetrated in Sierra Leone was a defining feature of the war and of the RUF's practices in particular. CRSV was so widespread that most people knew someone among their family or friends who had been raped. Therefore, everyone had to deal with CRSV in some sense, and people talked openly about it. Furthermore, gang rape and public rape were frequent. These forms of CRSV may create collective experiences of suffering and therefore reduce victim-blaming and stigmatization. These conditions ulti-

¹³⁷ Koos 2017.

¹³⁸ Card 1996; Buss 2009; Diken and Laustsen 2005.

¹³⁹ Blattman 2009; Gilligan, Pasquale, and Samii 2013; Voors et al. 2012.

mately provided fertile conditions for CRSV victims and their families to be accepted by their communities.¹⁴⁰

Second, the RUF targeted all social classes and all ethnic and religious groups with its repertoire of violence, and thereby created a collective, cross-cutting traumatic experience that, ironically, prevented massive social divisions after the war.¹⁴¹ Francisco Gutiérrez-Sanín and Wood conceptualize these first two factors, *frequency* and *targeting*, as key dimensions of their concept of “patterns of political violence.”¹⁴² The lack of ethnic targeting and the minor ethnic divisions in Sierra Leone further facilitated reconciliation.

Third, as the qualitative section shows exhaustively, the cultural resources available to CRSV victims and their families to redress stigma by adhering to local forms of reconciliation and cleansing played a major role inside communities. We find similar traditions of reconciliatory practices throughout Africa and elsewhere. In Peru, for instance, Kimberley Theidon documents how deeply divided communities used such ceremonies to transform and integrate former wrongdoers back into the community.¹⁴³

Fourth and last, as both the statistical and qualitative sections show, humanitarian assistance matters not only to CRSV victims, but also to all respondents. Apart from providing medical, psychological, and social assistance, advocacy campaigns and women’s rights associations enabled women to become involved in the peace process and thereby shed light on the gendered consequences of war. These four conditions make intuitive sense as facilitating factors, but to what degree they are necessary or sufficient for the resilience mechanism to operate needs to be tested in a comparative cross-country framework.

To conclude, these findings raise new and more general questions about how individuals, families, and communities develop and exercise the resilience to withstand shocks and traumatic events. Policymakers and practitioners in the humanitarian and development communities can use these results to recalibrate their working relationships with local communities. The example of the Men’s Association for Gender Equality presented in the qualitative section illustrates how resilience develops under harsh conditions and distress. Granting the people who should benefit from humanitarian responses more decision-making power in the design of gender-related programs would harness resilience capacities

¹⁴⁰ Coulter 2009; Utas 2009; Human Rights Watch 2003.

¹⁴¹ Richards 1996.

¹⁴² Gutiérrez-Sanín and Wood 2017.

¹⁴³ Theidon 2012.

much better, positioning them as active agents rather than passive beneficiaries.

SUPPLEMENTARY MATERIAL

Supplementary material for this article can be found at <https://doi.org/10.1017/S0043887117000351>.

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