

# THE PROCESS OF OBTAINING JUSTICE AND THE TRAJECTORIES OF AMOTIVATION AMONG VICTIMS OF SEXUAL VIOLENCE IN KISANGANI: A READING THROUGH THE THEORY OF SELF-DETERMINATION

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## ABSTRACT

In the Democratic Republic of the Congo, the process of obtaining justice for survivors of sexual violence remains severely hindered by structural and institutional dysfunctions. While existing literature frequently examines these obstacles from logistical or legal angles, this study adopts an integrated approach at the crossroads of clinical, social, and health psychology to explore their internal psychological repercussions throughout the procedural stages. Drawing on Edward L. Deci and Richard M. Ryan's Self-Determination Theory (SDT), this paper analyzes how local judicial barriers (corruption, hostility, administrative delays) undermine the victim's basic need for competence, driving a shift toward amotivation and the abandonment of legal proceedings. Utilizing an in-depth qualitative design (N=30 documented clinical and legal case files from the Prince Alwaleed Reference Health Center and legal clinics in Kisangani, supplemented by semi-structured interviews), the disaggregated results demonstrate that the failure or interruption of the justice-seeking process is not a passive act of resignation, but the direct product of critical amotivation. This state is triggered by the collapse of self-efficacy in the face of systemic secondary victimization. Perceived corruption and the hostile treatment by law enforcement agents destroy the causal link between the victim's actions and the hope for justice, ultimately paralyzing their resilience mechanisms and mental health.

**Keywords:** Judicial process, Need for competence, Amotivation, Sexual violence, Secondary victimization, Psychological distress.

## 1.0 INTRODUCTION

### 1.1 Context and positioning of the problem

Sexual violence committed in post-conflict areas and urban spaces marked by state fragility represents a major complex trauma, the repercussions of which range from individual mental health to the cohesion of the social fabric. In the Democratic Republic of Congo (DRC), the city of Kisangani (capital of the Province of Tshopo) embodies a laboratory for the tragic observation of these dynamics. Marked by decades of recurrent armed conflicts and a profound breakdown of public services, the local environment confronts victims of sexual violence (VVS) with a double challenge of double trauma: overcoming the initial traumatic break-in of the assault and finding their way within a deeply deficient forensic and judicial system.

In the field of health psychology and social psychology, the process of obtaining justice by a survivor is theorized as an intrinsic component of her healing trajectory. The judicial institution, when it functions in an equitable manner, does not only fulfil a repressive or retributive function; it plays a crucial therapeutic role of social validation. It recognizes the status of victim, restores the dignity that has been violated and allows the subject to be re-inscribed in the symbolic and social order of the community.

However, in Kisangani, this process frequently turns into a deleterious experience. Local police and judicial structures, far from constituting spaces for restoration and psychological safety, are characterized by acute structural and interactional barriers: endemic corruption, contemptuous, objectifying or guilt-tripping behaviour on the part of enforcement officers, and excessive administrative delays.

Research in clinical and social psychology has focused extensively on the notion of secondary victimization, defined as the additional trauma inflicted on the victim by the institutions responsible for helping them. However, the fine cognitive and motivational mechanisms by which this secondary victimization generates psychological capitulation and the abandonment of prosecutions in the process remain insufficiently modeled in the sub-Saharan context. Too often, a victim's renunciation of the right to assert his or her rights is superficially interpreted by those working in the field as a simple "lack of means" or a "cultural choice" in favour of family arrangements. This reading ignores the deep psychological distress and negative motivational restructuring that take place in the subject exposed to an opaque and hostile system.

## 1.2 Status of the matter

The analysis of care trajectories and barriers during the process of obtaining justice in the DRC is based on several fundamental contributions, the limitations of which justify the relevance of this study:

### a. Institutional and structural barriers in the DRC

The shortcomings of the Congolese repressive system have been widely documented. The work of Lotika Malomalo et al. (2018) on the functioning of the Kisangani High Court has highlighted the opacity of the procedures and the existence of informal fees charged at each stage of the public prosecution. Recently, Mukiekie et al. (2021) systematized these obstacles within the province of Tshopo, describing the impoverishment of state agents and systemic corruption as major factors in the breakdown of trust between litigants and the state apparatus. Nevertheless, these approaches from the sociology of law and governance sciences adopt a macro-institutional perspective: they account for the dysfunctions of the process but do not analyze the way in which they are internalized, metabolized and felt by the victim's psyche.

### b. Traumatic impact and mental health of survivors in Kisangani

On the clinical side, research by Mavinga, Otita, et al. (2022) has provided crucial quantitative and clinical data on the mental health of survivors in Tshopo, objectifying massive prevalences of post-traumatic stress disorder (PTSD), generalized anxiety, and major depression. The authors emphasize that the intensity of trauma is significantly correlated with the quality of

social support received after the event. In addition, Mopongo's (2006) historical analyses have clarified the weight of cultural representations of sexuality in Kisangani, showing how shame, internalized guilt and fear of social rejection durably alter the self-esteem of victims. These clinical studies, although very essential, focus primarily on the traumatic syndrome resulting from the initial assault, leaving aside the specific and cumulative psychological impact of the justice process on the victim's resilience capacities.

### **c. The Theory of Self-Determination and the Need for Competence**

The Theory of Self-Determination (SDT), developed by Deci and Ryan (2000, 2017), offers a powerful conceptual framework, although rarely applied to the dynamics of access to law in a post-conflict context. According to DRT, psychological health and perseverance in a process depend on the satisfaction of three fundamental psychological needs: autonomy, competence and belonging.

The need for competence refers to the need to interact effectively with one's environment, to feel a sense of control over events and to perceive that one's actions produce tangible results. When the institutional framework predictably rejects, despises or sabotages an individual's efforts, the need for competence is deeply frustrated. This chronic frustration breaks the perceived link between the effort made and the effect produced, leading the subject to amotivation (Ryan & Deci, 2000), a psychological state characterized by the absence of intention to act, a feeling of learned helplessness and acute psychological distress.

### **1.3 Limitations of the literature and originality of the research**

A critical examination of the literature reveals a harmful disciplinary compartmentalization. Criminologists describe the workings of corruption; clinicians measure PTSD score; Motivational psychologists study competence in Western school or organizational settings. The fundamental originality of this article consists in making an unprecedented interdisciplinary synthesis.

By applying the concepts of DRT to the heart of the justice process and the trauma clinic in Kisangani, this study examines the institutional flaw not as a simple economic fact, but as a psychological pathogen. It seeks to demonstrate how the barriers documented by Mukiekie et al. (2021) specifically impact and destroy the need for competence theorized by Deci and Ryan (2017), transforming the path to repair into a vector of motivational and psychological collapse.

### **1.4 Research objective**

The objective of this research is to identify in a precise and systematic way the sources of secondary victimization during the process of obtaining justice in Kisangani, which alter the need for competence and efficiency of victims of sexual violence, precipitating their trajectories of amotivation.

### **1.5 Research question**

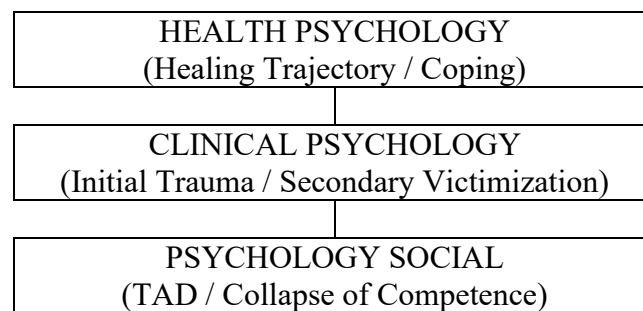
To what extent do the structural and interactional barriers encountered during the process of obtaining justice in Kisangani alter the victim's need for competence, causing him or her to gradually slide towards amotivation and the abandonment of prosecution along the way?

### 1.6 Research hypothesis

The interruption of the process of obtaining justice for victims of sexual violence in Kisangani is the product of critical amotivation. This is directly triggered by the collapse of their sense of competence and self-efficacy in the face of the perceived opacity, degrading treatment and impunity of the local state system.

## 2.0 THEORETICAL FRAMEWORK: CLINICAL, SOCIAL AND HEALTH PSYCHOLOGY

To understand the complexity of victims' decision-making trajectories, this study articulates three sub-disciplines of contemporary psychology:



### 2.1 The Prism of Health Psychology: The Model of Coping and Healing

Health psychology understands the pursuit of justice as an active coping strategy in the face of extreme stress induced by sexual assault (Lazarus & Folkman, 1984). Engaging in the process of obtaining justice is an effort at cognitive and behavioural regulation aimed at regaining control over a fractured existence (Taylor, 1983). In this light, interaction with the forensic and judicial system directly influences the victim's health trajectory: a supportive environment validates resilience, while a hostile environment depletes the subject's adaptive resources, increasing allostatic load, biological wear and tear (McEwen, 1998) and cumulative psychological stress due to chronic activation of stress response systems. In Kisangani, this cumulative biological cost is clinically reflected in victims of sexual violence in an increased prevalence of somatization, generalized exhaustion and psychological decompensation, manifestations frequently documented within care structures (Mavinga, Otita et al., 2022).

### 2.2 The contribution of Clinical Psychology: Secondary victimization as a reactivation of trauma

Clinically, sexual assault is defined as a breakdown of the protective barriers of the ego, characterized by a sense of terror, radical powerlessness, and absolute loss of control (Janoff-Bulman, 1992). The need for competence, in the clinical sense, corresponds to the reconstruction of this feeling of agency or capacity to act (Deci & Ryan, 2000).

When the victim encounters, within police stations or prosecutors' offices, guilt-inducing insinuations (contempt), bureaucratic indifference or the demand for bribes (Mukiekie et al, 2021), the institution faithfully reactivates the heart of the initial trauma: powerlessness, objectification and the denial of the status of subject. Secondary victimization is therefore not a simple administrative frustration during the procedure, it constitutes a secondary psychological aggression that once again fragments the defense mechanisms that are being consolidated (Campbell & Raja, 1999; Mavinga, Otita et al., 2022).

### **2.3 Operationalization through Social Psychology: The Continuum of Motivation (DRT)**

Interactional social psychology makes it possible to operationalize this rupture through the dynamics of the fundamental psychological needs of DRT. The need for jurisdiction requires the perception of a clear locus of causality: "My action (filing a complaint, testifying) produces a predictable effect (arrest of the perpetrator, recognition of the right)".

When the justice process introduces unpredictable, corrupt and opaque variables, the causal link is broken. The subject realizes that the rules of the game do not depend on his participation or the law, but on informal financial transactions, as described by Mukiekie et al (2021), beyond his reach. This cognitive and behavioral destructuring produces the shift on the motivational continuum, from autonomous motivation to amotivation, clinically defined by Seligman (1975) under the concept of learned helplessness: the individual integrates the belief that none of his efforts will positively influence his environment, which inevitably leads to passivity and the rupture of his approach.

## **3.0 METHODOLOGY**

### **3.1 General methodological approach**

This research adopts a qualitative methodological framework, anchored in a phenomenological and critical approach. The objective being to decipher the deep and subjective psychological processes linked to the frustration of the need for competence throughout the procedure, qualitative analysis is necessary to grasp the nuance of experiences, representations and motivational mechanisms that purely statistical tools cannot adequately reveal.

### **3.2 Sampling, saturation and disaggregated data**

#### **3.2.1 Sampling strategy and saturation**

The sample was constituted using the reasoned choice method (Patton, 2015), targeting cases of great informational richness within the archives of the Prince Alwaleed Reference Health Center and the Kisangani Legal Clinics. The total sample volume was determined by the principle of theoretical saturation (Mucchielli, 2009). Saturation was reached in the 24th case analysed, at which time the appearance of new thematic categories concerning the exhaustion of the need for skills dried up; Nevertheless, we extended the analysis to 30 cases to consolidate the comparative structure of the study.

#### **3.2.2 Inclusion criteria and constitution of trajectory segments**

To be included, the files had to date from the period 2023-2025, include detailed clinical and psychosocial follow-up, and explicitly document the outcome of the legal process. To refine the analysis, the total sample (N=30) was divided into three functional segments based on the victim's trajectory within the process:

- Segment A (n=10): VSL cases that formally interrupted the court process along the way (Critical Amotivation Trajectory).
- Segment B (n=10): Cases of VSLs who persevered in the procedure until a formal judgment was obtained (Autonomous/Identified Motivation Trajectory).
- Segment C (n=10): Cases of VVS that have branched off from the formal system towards a traditional amicable settlement following the exhaustion of their approach (External Regulation Trajectory).

### 3.2.3 Triangulation by semi-structured interviews

In order to validate and enrich the data resulting from the documentary analysis of the 30 files, we carried out 12 in-depth semi-structured interviews in the field in Kisangani:

- n=6 interviews with victims from Segment A (selected on the basis of their accessibility, stabilization of their clinical condition and after obtaining their informed consent).
- n=6 interviews with front-line providers involved in the follow-up of these cases (2 clinical psychologists from the Alwaleed Centre, 2 social workers, 2 legal counsels from the Legal Clinics).

### 3.3 Disaggregated demographic and structural data of the sample (N=30)

The following tables present the fine disaggregation of the sample data, making it possible to cross-reference the socio-demographic characteristics of the victims with their trajectory during the process.

**Table 1: Disaggregation by age group and marital status by trajectory segment**

Features	Segment A: Dropout (n=10)	Segment B: Perseverance (n=10)	Segment C: Arrangement (n=10)	Total (N=30)
<b>Age range</b>				
12 - 17 years old (Minors)	1	2	8	11(36,7 %)
18 - 25 years old (Young adults)	4	5	1	10 (33,3 %)
26 - 35 years old (Adults)	3	2	1	6 (20,0 %)
Over 35 years	2	1	0	3 (10,0 %)
<b>Marital Status</b>				
Single / Dependent	5	4	9	18 (60,0 %)
Bride / Couple	2	5	0	7 (23,3 %)

<b>Widow / Divorced / Single</b>	3	1	1	<b>5 (16,7 %)</b>
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**Table 2: Disaggregation by level of education and Commune of residence in Kisangani**

Features	Segment A: Dropout (n=10)	Segment B: Perseverance (n=10)	Segment C: Arrangement (n=10)	Total (N=30)
<b>Level of education</b>				
<b>Illiterate / None</b>	1	0	5	<b>6 (20,0 %)</b>
<b>Incomplete or completed primary</b>	4	1	4	<b>9 (30,0 %)</b>
<b>Secondary Humanities (Partial/Full)</b>	4	5	1	<b>10 (33,3 %)</b>
<b>Higher / University</b>	1	4	0	<b>5 (16,7 %)</b>
<b>Municipality of Residence</b>				
<b>Makiso (Downtown)</b>	2	6	1	<b>9 (30,0 %)</b>
<b>Mangobo (Popular North Zone)</b>	3	2	3	<b>8 (26,7 %)</b>
<b>Tshopo / Kabondo</b>	3	1	4	<b>8 (26,7 %)</b>
<b>Lubunga (Isolated Left Bank)</b>	2	1	2	<b>5 (16,7 %)</b>

#### 4.0 RESULTS

Thematic content analysis of interview files and transcripts reveals a direct correlation between exposure to process barriers and the collapse of the psychological need for competence, mainly within Segment A.

##### 4.1 Disaggregated mapping of sources of secondary victimization during the procedure

The qualitative analysis of the 10 victim files whose trajectories were interrupted (Segment A) made it possible to isolate the frequency and exact nature of the barriers experienced during the key stages of the process.

Traumatic Event → Judicial Process → Institutional Barriers (Corruption/Contempt)



Dropping Prosecution ← Amotivation Critical ← Collapse of the Need for Competence

**Table 3: Prevalence of Barrier Types Documented in Segment A Files (n=10)**

Type of Institutional Barrier	Associated clinical/social indicator	Number of files concerned	Percentage within Segment A
Illegal Fee Claims (Corruption)	Ransom for PV, fuel, ink	9	90 %
Attitudes of contempt / Blame (guilt)	Suspicion about morality, dress	8	80 %
Delays and unjustified postponements	Loss of traceability of the file, referrals	7	70 %
Hostile confrontation with the perpetrator	Verbal threats within the police station	5	50 %

#### 4.2. The Alteration of the Need for Competence: From Powerlessness to the Collapse of Agency

The data reveal that the need for competence is being attacked head-on by the semantic and financial asymmetry of the legal pathway. The victim quickly realizes that his cognitive skills (his ability to tell the truth of the facts, to provide medical evidence transmitted by the Alwaleed Center) are invalidated in favor of transactional and informal skills that he does not possess (networks of influence, money to bribe).

##### File V04 (Interview, 22 years, Commune of Mangobo - Segment A):

"I gathered all my energy to tell my ordeal three times in a row to the secretary. But in the end, the head of the police station told me: "That's good, your story is clear, but the perpetrator has a lawyer and his family has already deposited the costs of opening the case with the magistrate. You, what do you bring to help us move?" At that precise moment, I felt my legs give way. My word was worth nothing compared to the money they were asking for. I realized that I was totally helpless in the middle of this procedure. »

##### Clinical psychologists at the Alwaleed Centre confirm this mechanism during triangulation interviews:

##### P01 Provider (Clinical Psychologist):

"The motivational break doesn't happen because of the pain of rape itself, which is already immense. It occurs when the victim realizes during the proceedings that the state structure, which symbolizes law and protection, validates the impunity of the aggressor if the victim is poor. This breaks his belief system in a just world. His sense of competence collapses; it incorporates the idea that no action on its part can influence the course of justice. »

#### 4.3. Trajectories of critical amotivation within the judicial system

When the frustration of the need for competence is total, the continuum of motivation undergoes a radical involution. Victims of Segment A engage in a trajectory of critical amotivation, which clinically translates into selective mutism, major social withdrawal, a sense of existential uselessness, and the permanent cessation of the process.

**Table 4: Thematic Coding Matrix of Amotivation Trajectories (Segment A)**

Extractable Meaning Units (Verbatim)	Main Topic Code	Concept TAD sous-jacent	Clinical impact observed
"What is the point of continuing? It is energy and tears thrown into the Tshopo River. ( V08)	Perceived uselessness of the steps	Loss-of-effect amotivation	Severe depressive episode
"Human justice does not exist here. I leave everything in God's hands, He alone will judge. ( V12)	Shifting the locus of control	Radical outsourcing of control	Acquired resignation / Fatalism
"Every time I went back to the Parquet office, I felt smaller than a dust. I preferred to give up to stay alive. ( V21)	Preservation of the integrity of the ego	Avoidance of secondary victimization	Institution-phobic anxiety

This theologized fatalism ("I leave the file to God"), present in 70% of the cases in Segment A, turns out to be the clinical expression of a coping strategy of avoidance in the face of structural powerlessness. Unable to exercise his jurisdiction before the magistrates or the police, the victim delegates his agency to a divine authority to psychologically close a process that he does not have the resources to complete on earth.

## 5.0 DISCUSSION

### 5.1 Validation of the hypothesis: Critical amotivation as a product of revictimization

The results fully validate the research hypothesis. The interruption of the process of obtaining justice for survivors in Kisangani is not explained by a lack of interest in reparation or by spontaneous healing, but is the direct product of a trajectory of critical amotivation. This concept describes a state of total psychological exhaustion where the subject ceases all steps due to the absolute certainty that the system is structurally configured to reject his request.

The collapse of the need for competence makes the victim switch from controlled motivation (where he or she still tries to submit to institutional stages) to amotivation. The local state system, through its perceived opacity and impunity, behaves like an environment that destroys competences, transforming the judicial process into a secondary pathogenic space.

### 5.2 Clinical and Social Interconnectedness: The Cost of the Mental Health Justice Journey

The specificity of our clinical and social approach makes it possible to highlight the exorbitant cost of this secondary victimization on the survivor's psychic economy.

In terms of health psychology, the barriers to the process act as uncontrollable chronic stressors. Repeated exposure to contempt and ransom by law enforcement officers keeps the victim in a constant state of neurobiological alert, which delays or blocks the metabolization of the initial trauma of the assault.

Initial Trauma (Rape) → Attempted Coping (Complaint) → Secondary Victimization (Corruption)



PTSD Chronicization ← Energy Depletion ← Skill Collapse

Abandonment is therefore a strategy for protecting and psychic survival: faced with a process that threatens to annihilate his last intimate strength, the victim chooses to capitulate judicially to preserve his mental integrity.

### 5.3 Discussion

Putting our data into perspective with previous research allows us to identify clear analytical convergences while highlighting the added value and originality of our psychological modeling of the justice process.

**Table 5: Comparative matrix of results with reference literature**

Analysis dimensions	Previous Literature (Law / Sociology / Clinical)	Results of the present study (Prisme TAD / Clinique de la santé)	Nature of the contribution / Nuance
Structural & Economic Barriers	Lotika Malomalo et al. (2018); Mukiekie et al. (2021): Document ransom and corruption in judicial bodies as objective financial barriers to the procedure.	Informal costs are not simply material brakes: they break the causal link between action and result throughout the process, causing the feeling of competence to collapse.	Psychological semantization: The transition from an economic obstacle to an agent of cognitive destruction of agency along the way.
Traumatic Symptoms	Mavinga, and Otita al. (2022): Establish high prevalences of PTSD and anxiety directly related to the violence of initial sexual assault.	The intensity and chronicization of PTSD is critically fueled by the interactional distress and contempt experienced during the various judicial stages.	Etiological extension: Integration of the institutional injury as an active co-factor in the maintenance of post-traumatic syndrome throughout the procedure.
Weight of Cultural Factors	Mopongo (2006): Interprets the abandonment of lawsuits in favor of amicable family settlements as the weight of tradition and social shame.	Recourse to traditional rules or theologized abandonment ("Leave to God") turn out to be strategies of coping with avoidance in the face of the powerlessness acquired in the formal system.	Motivational reframing: The traditional arrangement is not a spontaneous first cultural choice, but a fallback solution following the perceived failure of the formal system.

process of obtaining  
justice.

Comparing our results to local legal sociology (Lotika Malomalo et al., 2018; Mukiekie et al, 2021), a conceptual divergence occurs on the qualification of the interruption of the procedures. Where legal approaches see it as a "renunciation of rights for lack of means", our approach reveals that stopping the process for Segment A is an act of psychic self-preservation. Faced with a state apparatus perceived as hostile and unpredictable, the continuation of legal action would consume psychological resources that the victim imperatively needs to avoid depressive decompensation.

In addition, with regard to the classical applications of the Theory of Self-Determination (Deci & Ryan, 2017), generally limited to the fields of education, sports or management in the Global North, our data enrich the model in the context of victimology during the penal process in post-conflict situations. We demonstrate that the need for competence is not only articulated around performance, but represents a pillar of the legal identity and mental health of the subject. When the state structure refuses to honor this need throughout the procedural process, it keeps the survivor in a space of anomie that permanently fragments her therapeutic pathway.

## 6.0 CONCLUSION AND RECOMMENDATIONS

### 6.1 Conclusion

This research highlighted the direct causal link between institutional secondary victimization and the psychological collapse of victims of sexual violence during the process of obtaining justice in Kisangani. The interruption of legal proceedings (Segment A) is not a passive renunciation, but the culmination of a trajectory of critical amotivation triggered by the systematic frustration of the need for competence.

In the face of a system marked by corruption, contempt and opacity, survivors' sense of self-efficacy is annihilated, complicating their trajectory of clinical healing and overall health. The path to local formal justice thus too often behaves as a path of revictimization that aggravates the trauma instead of repairing it.

### 6.2 Recommendations

In order to restore the need for competence and preserve the mental health of victims throughout the process of obtaining justice in Kisangani, the following recommendations are made through the lens of clinical, social and health psychology:

- Creation of integrated medico-psychological police units: Install specialized hearing cells within the Kisangani police stations, jointly managed by trained officers and clinical psychologists seconded by reference structures such as the Alwaleed Center, in order to neutralize degrading interactional treatment and contempt during the initiation of the process.
- Systematic administrative sanction of secondary victimization during the procedure: Establish an independent control mechanism at the Tshopo Public Prosecutor's Office, allowing legal clinics to report and administratively sanction any enforcement officer

or magistrate demanding illegal fees or making guilt-inducing remarks towards a victim.

- Implementation of psychological preparation protocols for the justice process: Systematize, at the level of support structures, clinical interventions focused on the restoration of agency and the feeling of self-efficacy (cognitive coping techniques), in order to psychologically immunize patients against the opacity and slowness of the system before their entry into the criminal arena.

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