

# **WORKING WITH MEN AND BOY SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE IN FORCED DISPLACEMENT**

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# objective

Refugee<sup>1</sup> men and boys can be subjected to sexual and gender-based violence (SGBV). Survivors have specific health, psychosocial, legal, and safety needs, but often find it hard to discuss their experience and access the support they need. It is important that UNHCR and its partners take steps to address these difficulties. The objectives of this note are to emphasise that programmes on sexual and gender-based violence need to include men and boys, and to provide guidance on how to access survivors, facilitate reporting, provide protection and deliver essential medical, legal and social services.<sup>2</sup>

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1 This note focuses on refugees and speaks of refugees throughout. However, its guidance is relevant also to asylum-seekers, returnees, stateless and internally displaced persons and other persons of concern to UNHCR.

2 This note focuses on how to work with survivors, rather than on prevention strategies.

# overview

Sexual violence against women and girls in conflict situations is increasingly understood to be a weapon of war.<sup>3</sup> Following long-term national and international advocacy, more countries are legislating against it, although prevention and redress remain extremely inadequate. Sexual violence against women and girls has also become a central protection concern in displacement contexts. By contrast, sexual violence against men and boys is less understood or acknowledged.<sup>4</sup> It is increasingly evident, nevertheless, that this is a recurrent protection concern in situations of conflict and displacement.<sup>5</sup> It can be a cause of flight and, for some refugee men and boys, a key source of vulnerability in the country of asylum.

Where social and cultural norms reinforce gender inequality by casting men as inherently strong and expected to protect women and children, attacks on markers of gender identity are a powerful weapon of war. Where social norms and taboos on sexuality and sexual orientation marginalise or stigmatise same-sex relations,<sup>6</sup> sexualised attacks against men serve not only to diminish

3 Key UN Security Council Resolutions that address Women, Peace and Security are 1325, 1820, 1888 and 1960.

4 See Sandesh Sivakumaran, “Lost in translation: UN responses to sexual violence against men and boys in situations of armed conflict”, *International Review of the Red Cross*, Volume 92, Number 877, March 2010.

5 At this stage it is impossible to provide general prevalence rates because sexual violence is generally under-reported and, against men and boys, it is seriously under-reported. There are also few studies of sexual violence against men during conflict. (For the Eastern Congo, however, see: <http://jama.ama-assn.org/content/304/5/553.short>.) As noted in the IASC Guidelines (2005): ‘It is important to remember that sexual violence is under-reported even in well-resourced settings worldwide, and it will be difficult if not impossible to obtain an accurate measurement of the magnitude of the problem in an emergency. All humanitarian personnel should therefore assume and believe that GBV, and in particular sexual violence, is taking place and is a serious and life-threatening protection issue, regardless of the presence or absence of concrete and reliable evidence.’

6 This is aggravated when laws prohibit same-sex relations, and particularly when they make no distinction between consensual and non-consensual acts.

their masculinity in their own eyes and the eyes of perpetrators, but can be interpreted by the survivor, perpetrators, and the wider community to be an expression of his sexual orientation or gender identity.<sup>7</sup>

Sexual violence against men and boys involves non-consensual sexual acts, including rape,<sup>8</sup> and a range of sexualised forms of torture.<sup>9</sup> Perpetrators of rape may use their own bodies, as well as weapons or objects. In addition to immediate physical harm, an act of sexual violence highlights the survivor's vulnerability and challenges his perception of masculinity, sexuality, procreative capacity and gender identity.<sup>10</sup> Male survivors of sexual and gender-based violence are therefore affected physically, psychologically and socially. As with female survivors, physical injuries are frequently accompanied by psychological distress, depression, difficulties with intimate relations, social stigma, marginalisation and isolation, inability to engage in particular livelihoods, and lack of legal redress.

Entrenched gender norms combined with cultural and religious taboos, and scarce services, make it very difficult for males to disclose that they are survivors of sexual violence, while service providers may not recognize the male experience of SGBV.<sup>11</sup> Communities are frequently reluctant to acknowledge the experience of male survivors because it may be seen, among other things, as conceding weakness and bringing shame to the community.

Left unaddressed, the effects of sexual violence magnify the risks inherent in conflict and displacement contexts and gravely harm the social and economic well-being of survivors. The effects of sexual violence on individuals, households and entire communities seriously damage

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7 This may be a particular fear for men who in the course of sexual violence experienced physiological arousal, which in these circumstances is a physical response of the body but no indication of sexual pleasure.

8 In addition to being raped themselves, men and boys may be forced to witness the rape of their wives, sisters, daughters or mothers, and at times are forced to rape persons close to them, whether male or female.

9 It is important to note that many survivors object to describing their experience of rape as torture.

10 For more information on gender identity and sexual orientation, and related vulnerabilities, see: *Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement, Need to Know Guidance 2*.

11 In some countries, medical services for survivors of sexual violence are located in gynecology departments.

social relationships, thereby undermining peace and security and the likelihood of achieving durable solutions.

Sexual violence against men is also a threat in displacement and asylum situations. Where they face serious livelihood challenges, men as well as women are at risk of sexual exploitation and abuse in return for shelter and food, or other forms of survival sex. Men who are subject to detention may be at risk of rape or demands for sexual favours in return for release. Though asylum and conflict situations are different, the essential protection needs of survivors are the same.

# key messages for staff, partners, survivors, and communities

- SGBV is a risk for men and boys as well as for women and girls. This reality must be reflected systematically in the design and delivery of all SGBV prevention and response initiatives, including initiatives to enhance survivor's access to justice.
- In many displacement contexts, men and boys are at risk of being coerced into unwanted sexual acts or may be forced by circumstances to engage in survival sex. In conflict situations, men and boys, just as women and girls, may be raped or subjected to other forms of sexual violence as a weapon of war.
- Sexual violence is inflicted on men as a means of disempowerment, dominance and undermining concepts of masculinity.
- Rape is rape, regardless of the survivor's sex, presumed or real gender identity, or sexual orientation. While not all countries have criminalized male rape,<sup>12</sup> it is always a violation of international human rights.
- No survivor of sexual violence, whether man, woman, girl or boy, should be stigmatised, marginalised or left without care.
- Whereas in consensual sexual relations there is mainly congruence between a person's sexual acts, self-acknowledged sexual orientation or gender identity, under circumstances of coercion

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<sup>12</sup> Definitions of rape in national legislation often exclude males.



these elements may be disconnected. Experience of coerced penetrative sex, for example, does not make a man or boy homosexual, or change a man into a woman or a boy into a girl.

- Stigma is one of the biggest barriers to timely treatment of survivors of SGBV as it may prevent the survivor from reporting and seeking help.
- Understanding context-specific gender norms is essential to the design of effective interventions for survivors of SGBV.
- The main triggers of survival sex for men and boys, as for women and girls, are a lack of alternative survival options/ livelihoods.
- The failure to address sexual violence against men and boys can result in some survivors resorting to negative coping mechanisms, including, in extreme cases, violence, that can have a lasting, damaging impact on their family and the broader community.

# key considerations for inclusive SGBV programming

Men and boy survivors of sexual violence often suffer silently because widely held social norms and perceptions of gender, social stigma, and cultural taboos regarding discussion of sex and sexuality make it difficult for them to come forward. Moreover, when they do speak, service-providers frequently fail to listen to or believe them. Often, they do not recognise the gravity of their experiences or the impact on their subsequent well-being and capacity for self-reliance. These failures are often based on insensitivity or lack of training on the extent to which men and boys suffer from SGBV, and its impact, or how the needs of survivors can be addressed.

Staff and partners who are involved in SGBV programming should explicitly acknowledge the experience of men and boy survivors, respect their right to confidentiality, and include them in programmes that meet their distinct needs. Observing the following points will help to promote programmes that are inclusive of men, women, boys and girls.

## **Be attentive: indicators for identification**

Male survivors rarely report SGBV incidents immediately, and frequently do so only when the physical effects of attacks require urgent intervention. Some men and boys dare only to seek assistance several years after the event.

The following behaviours are not always present; however, very frequently male survivors of sexual violence:

- Cannot sit comfortably; they will often sit on the edge of a chair or request to stand during an interview or meeting.
- Complain about lower back problems, signalling rectal problems.

- Rarely make eye contact.
- Show high levels of anger and irritability.
- Show high levels of homophobia.
- Show a strong gender preference in relation to who interviews them.<sup>13</sup>
- Repeatedly discuss an apparently unrelated protection concern, even after this has been effectively addressed.

## action

- Pay attention to these signs and respond to them.
- Provide information about urgent medical services, if appropriate, and all other available services, confidentially and sensitively.
- Convey the message that sensitive issues can be addressed confidentially when the survivor feels ready to talk about them.

Be alert to the possibility that sexual violence has occurred against a man if a woman who is counselled reports that her male partner:

- has lost sexual interest and refuses intimacy.
- is unable to relate to other persons, even their own children.
- has withdrawn from social or community activities and meeting spaces.

This behaviour may also be reported by the survivor, other family members, or friends.

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<sup>13</sup> This choice appears to be very specific to the survivor: some prefer to be interviewed by men and others prefer women.

## Understand the needs of men and boy survivors

The following needs of boy and men survivors should be identified and addressed:

**medical treatment** Physical consequences of sexual violence frequently include damage to the rectum and to the genitalia, urinary and sexually transmitted infections, and sexual dysfunction. Appropriate health services are frequently unavailable. Intrusive questioning by medical staff (or fear of it) inhibits survivors from seeking assistance.

**mental health** Psychological symptoms include loss of self-esteem, depression, hopelessness, anxiety, anger (including desire for revenge), shame, humiliation, resentment, flashbacks, nightmares, guilt, emotional numbing, aversion to being touched, withdrawal from domestic and social activities, fear of certain people (such as soldiers or police) who remind the survivor of the perpetrators, sleep and eating disorders, increased drug and alcohol consumption, and suicidal tendencies.

**social health** In addition to difficulties in domestic relations, including abandonment by spouses, survivors often experience loneliness and may be socially stigmatized or ostracized by their community if their history becomes known. They may be excluded from places of worship, recreation, and employment, in addition to losing the respect of their household. Fear that they will not be believed prevents some survivors from seeking assistance. Many survivors are afraid that they are no longer men, and young unmarried survivors may doubt their capacity to establish a family.

**livelihood support** Before, during, and after treatment, many survivors find they are not able to engage in work that requires physical strength. While they recover from treatment, particularly from surgical interventions, survivors may need income and housing support for six to twelve months. Once a survivor is sufficiently recovered, assistance to re-establish a means of livelihood will reduce the chances that he will need to resort to high risk survival strategies.

**legal protection** Legal definitions of rape are often specific to women and children, making it impossible for adult men to lay a charge of rape. Where same-sex relations are criminalised, male survivors are at risk of being interrogated about their sexual orientation and prosecuted for having engaged in same-sex activity. Many survivors do not report incidents because they lack confidence in the judicial system. Failure to prosecute could increase the risk that SGBV offences may be repeated.

## **Train all staff in inclusive understanding of sexual and gender-based violence**

The gender norms and cultural taboos of staff and service providers frequently resemble those of survivors. In-depth training on the distinctions and connections between gender, sexuality, sexual orientation and sexual violence is essential for staff and partners if they are to hear and respond sensitively to accounts of sexual violence against men and boys, or of exploitative situations affecting boys and men engaged in survival sex. It is vital to understand the difference between a person being coerced into committing specific sexual acts, and their sexual orientation and gender identity. Poor understanding of such distinctions can jeopardize a male's social standing in his family and community and perpetuate his own and his family's suffering.

### **action**

- Examine and challenge your own assumptions and stereotypes about gender, including male (in)vulnerability to SGBV and the harm it causes.
- Raise awareness through training, guided discussions, and use of awareness raising materials such as documentaries.
- Develop strategic partnerships with organizations that have relevant expertise.
- Provide training for UNHCR and partner staff, particularly on protection issues, essential services and counselling.

## **Work with individuals and build trust during interviews**

Many survivors choose not to disclose their experiences of sexual violence at initial interviews. Delayed disclosure should be taken seriously and it should not be assumed that the person is seeking additional support or resources, or resettlement. Many male survivors only report their experiences when they require urgent medical intervention. When staff recognise and respond

promptly to such medical needs, the trust they create often enables men and boys to fully disclose their experiences of sexual violence.

## action

- Be alert to the indicators (page 8 and 9).
- Where possible, let the survivor choose whether he is interviewed by a man or a woman.<sup>14</sup> In the case of young survivors, the interviewer needs to be trained in the specifics of interviewing children.
- Where interpretation is required, allow the survivor to choose the interpreter he prefers.
- Explain to the survivor that the more fully he describes his experience the easier it is to understand his case, and that follow up meetings are possible.
- Ask whether the person has immediate medical issues that require attention.
- Respect the survivor's narrative and his categorisation, and make it clear that you have done so by taking notes and reporting his account back to him. Do not try to redefine his experience (from rape to torture, for example).
- Where possible and agreed to by the survivor; extend individual counselling to include support persons such as spouses, other family members, host families, in order to maximise support to the individual directly affected.
- Acknowledge the legitimacy of feelings of anger, and explore how the survivor might channel these feelings positively.
- Clarify for survivors that coerced sexual acts are not necessarily linked to their sexual orientation.

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<sup>14</sup> Although many survivors will prefer an interviewer of the same sex, this is not always the case. Whenever possible, they should be given a choice.

## **Provide peer survivor support**

Many survivors try to cope in isolation, unaware that other survivors have similar or related experiences. Joining a group of fellow survivors can be empowering and healing because individuals are able to situate their experiences in a larger context. Groups require careful management, particularly with regard to confidentiality.

### **action**

- Provide a safe space in which groups can form and meet.
- Offer them advice and support.
- Tell survivors referred by service providers that a support group exists.
- Encourage self-help activities (enabling members to support each other through hospital visits, for example).
- Allow group members to refer survivors for counselling and legal support.

## **Signal to refugees and their communities that UNHCR and partners understand SGBV inclusively**

The whole community should be aware of and be sensitive to issues surrounding SGBV. It should understand that potential victims include males. Men and boys need to know that the threat or fact of sexual violence against them is recognised and understood. Women and girls need to know that their male relatives and friends might suffer from SGBV and that its occurrence will be taken seriously and dealt with confidentially.

## action

- Place posters and leaflets in strategic locations such as waiting rooms, counselling rooms, and meeting spaces. These should:
  - show that men and boys as well as women and girls are potential survivors of sexual violence.
  - list services and contact information for those requiring support.
- Conduct information sessions with refugee groups and their communities explaining the full range of sexual violations, the shared and specific vulnerabilities of women, men, boys and girls, and the range of support services that are available to survivors and their households.
- Assist refugee groups to provide further training in their communities.

## Establish Standard Operating Procedures (SOPs)

Establish clear and effective referral systems for providing services that both female and male survivors need. The quality and speed of referrals will improve if they apply clear protocols, in the form of Standard Operating Procedures (SOPs).<sup>15</sup>

## action

- Establish clear protocols or SOPs, agreed by all parties.
- Ensure they define and elaborate the role of each sector and the responsibilities of key actors.
- Ensure they require consultation with and involvement of the community.
- Ensure their implementation is monitored regularly.
- Ensure confidentiality.

<sup>15</sup> Some actors, for example health-care agencies, may have sector-specific SOPs or protocols to deal with particular forms of abuse. In such cases, these should be attached as an annex to the SOPs.



## Enhance protection for men and boy survivors

While the most visible impacts of sexual violence are physical and psychological, related protection concerns also need to be addressed.

### action

- Use the Age, Gender and Diversity approach<sup>16</sup> when designing all SGBV protection and response initiatives.
- Ensure that work with male survivors of SGBV is integrated in all country SGBV Standard Operating Procedures (SOPs) and related strategies.
- Ensure that SGBV budgets include funds to support survivors' medical and psychosocial costs, and their basic needs during recovery (food, shelter).
- Include sexual violence against men and boys in SGBV training of the judiciary, police, prison and detention officials, camp management, staff, partners and others.
- Identify sympathetic and competent service providers and establish specific referral pathways to them which, if necessary, should be sex-segregated.
- Ensure that protection and SGBV working groups are aware of SGBV against men and boys and that meeting agendas mainstream the issue.
- Use protection working groups to develop effective referral pathways for all survivors of SGBV, differentiated by sex and age where necessary. Engage with legislators and other relevant policy processes to encourage gender sensitive definitions of rape and sexual violence, including criminalization of male rape.
- Develop partnerships to detect and monitor cases of detention of refugees and asylum-seekers in detention centres and prisons.

<sup>16</sup> As set out in UNHCR's 2011 Age, Gender and Diversity Policy: *Working with people and communities for equality and protection*.

# key resources

- IASC, *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies*, Geneva (2005). At: [www.humanitarianinfo.org/IASC/downloadaddoc.aspx?docID=4402](http://www.humanitarianinfo.org/IASC/downloadaddoc.aspx?docID=4402).
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- WHO, *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*, Geneva (2007). At: [http://www.who.int/gender/documents/OMS\\_Ethics&Safety10Aug07.pdf](http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf).

## Websites

- <http://www.refugeelawproject.org/>
- <http://www.stoprapenow.org>
- <http://www.rhrc.org>
- <http://clinicalcare.rhrc.org/docs/facguide.pdf>

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