

Guidance Note:

Responding to Sexual Violence Against Males

And

Engaging Men and Boys in Preventing Sexual and Gender-Based Violence



**Developed by UNHCR and the
National Child/Sexual and Gender-based Violence Protection
Sub Working Group
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Introduction

Men and boys may experience sexual violence during humanitarian crises—particularly when a crisis includes armed conflict, detention, and/or torture. Sexual violence perpetrated against males is used to cause harm to men or boys, and may be used as a means to demonstrate male dominance and to diminish the masculinity of the victim.¹

This guidance note raises awareness on violence that is perpetrated against men and boys as well as offers direction for UNHCR and partner protection staff, gender and GBV focal persons, community representatives, and other concerned parties working in the Ethiopia context, on how to engage men and boys in SGVB prevention efforts. Secondly, the meaningful engagement of men and boys in community discussions, meetings, awareness-raising interventions, and mass and mini campaigns are key components for achieving real change. Effective interventions should address power imbalances between genders and harmful attitudes that accept, normalize, and perpetuate patterns of violence against women and girls, as well as men and boys.

Recommendations are based on global guidance documents and local best practices contributed by CP/SGBV Sub Working Group members.

Section 1: Responding to sexual violence against males

1. What is sexual violence against males?

Gender based violence refers to any violence that occurs as a result of normative role expectations and unequal power relations, and may be physical, emotional, psychological, or sexual. Sexual violence can be defined as any physical or mental violence that is carried out through sexual means or that targets the victim's sexuality or sexual and reproductive wellbeing.

In the context of crisis, displacement, and disruption of protective social structures, men and boys may be victims of sexual violence, abuse and exploitation. In some cases sexual violence is used as a war tactic to intimidate and humiliate and destroy the masculine identity of male enemies at both the personal and social level.² As with women and girls, sexual violence against males involves non-consensual sexual acts including rape and other sexualized forms of torture using their own bodies, weapons, or other objects. This includes acts such as rape, sexual torture and mutilation, castration, sexual humiliation, forced incest and forced rape, and sexual enslavement. Sexual violence against males may also have the intent of ultimately causing death—for instance through heavy bleeding.³ The threat of such violence may occur in any form of conflict—from interstate wars to civil wars to localized conflicts—and in any cultural context.⁴ Furthermore, the fact that men are nearly always the perpetrator of all forms

¹ IASC (2015) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, p.5. Available from: https://gbvguidelines.org/wp/wp-content/uploads/2016/10/2015_IASC_Gender-based_Violence_Guidelines_full-res.pdf

² Sivakumaran 2007, Russell 2007.

³ Lewis 2009, p.29

⁴ Russell, 2007.

of sexual violence underscores the need to engage men in interventions aiming to prevent sexual violence against women, girls, men, and boys.

2. Consequences of sexual violence against males

Sexual violence against males generally falls into one of three patterns:

- Forcing a man or boy to take part in humiliating sexual acts;
- Inflicting pain and/or damage to the genitals with the overt or covert threat of debilitating future sexual pleasure; and/or
- Inflicting damage to the genitals intended to prevent future reproduction.⁵

In addition to the immediate physical consequences of sexual violence against men and boys such as debilitating physical traumas, such acts of violence may result in social shaming and ostracizing, psychological destabilization, and educational and economic marginalization.⁶

Physical consequences

Physical consequences of sexual violence in males may include the following:

- Ruptures of the rectum
- Damage to the penis and testicles
- Penile/testicular/anal/rectal pain
- HIV/AIDS or other sexually transmitted infections
- Abscesses
- Reproductive issues
- Sexual dysfunction

Like females, male survivors of sexual violence may somatise the emotional trauma in their bodies, experiencing very real physical manifestations of trauma they endured. Such somatic manifestations may include:

- Chronic pain in the head, back, stomach, joints, pelvis, or heart
- Problems urinating or defecating
- High blood pressure
- General malaise
- Loss of appetite/weight
- Compulsive sexual behaviour
- Exhaustion
- Palpitations
- Sleeplessness
- Sexual dysfunction, such as impotence or premature ejaculation

Psychological consequences

⁵ Agger 1989, Sivakumaran 2007, Russell 2007, Lewis 2009.

⁶ Sexual Violence Against Men and Boys in the Syria Crisis, UNHCR, October 2017, p.36. Available from: <https://data2.unhcr.org/en/documents/download/60864>

Experiencing trauma may diminish the male survivor's perception of his own masculinity, sexuality, procreative capacity, and gender identity.⁷ As with female survivors of sexual violence, male survivors may also experience immediate and/or long-term psychological consequences, which may include:

- Shame
- Guilt
- Humiliation
- Anger/angry outbursts
- Fear
- Powerlessness
- Anxiety
- Destruction of gender identity
- Confusion over sexual orientation
- Depression
- Loss of concentration
- Withdrawal
- Self-harm or suicide attempts
- Alcohol/drug abuse

Social

In light of the above physical and psychological effects, male survivors may experience:

- Marital/family issues
- Social withdrawal
- Delinquency
- Rejection by their community

3. Barriers to accessing response services

Sexual violence against men and boys may not be acknowledged or detected in a society, and men and boys may be even less likely than women and girls to disclose assaults.⁸ SVM may be “vastly under-represented” in official statistics.⁹ In the humanitarian context, male survivors may not be aware of response services or believe that services are for women only.

Individual barriers to reporting and accessing services may include:

Gender constructions/misconceptions: Common myths include ideas that men and boys cannot be sexually assaulted or raped by another man; that men and boys are strong and capable of defending themselves and therefore must have accepted the sexual attempt; that perpetrators are gay, and; that males who seek services are weak.

⁷ Working with Men and Boys Survivors of SGBV in Forced Displacement, UNHCR.

⁸ Callender and Dartnall 2011.

⁹ WHO 2002: p.154.

Shame: Men and boys may find it difficult to talk about being victimized, which they consider incompatible with “being a man”—either in terms of the attack (“a man should have been able to protect himself”) or its aftermath (“a man should be able to cope”). Men may feel particularly ashamed by an involuntary physical response to an assault such as having an erection or ejaculation.¹⁰

Low awareness: Men and boys may lack the words to describe their experiences, and/or information about whom to approach and the process through which to report the incident. Limited awareness about SVM in the community and/or by professionals may further silence male survivors.¹¹ Service providers (doctors, social workers, and humanitarian workers) may not see men and boys as being susceptible to sexual violence, and may not be trained to identify signs of sexual abuse in males.¹²

Guilt: Men and boys who have experienced sexual violence or been forced, manipulated, or coerced into a sexual relation with a male, or who have been forced to commit sexual violence against others, may experience guilt about their actions due to social taboos.¹³

Fear: Male survivors of sexual violence may fear that they will not be believed; their wives will leave them; they will be ostracised by their family and/or community; they will be considered a potential child abuser; they may face criminal penalties; or that disclosure may lead to other unanticipated consequences.¹⁴ They may also fear continued violence or other repercussions from the perpetrator. They may also fear being labelled as gay, since many societies consider sexual contact between two males as indicative of homosexuality—regardless of whether there was any element of coercion or force involved.¹⁵ This may be a significant barrier to reporting SVM in Ethiopia, where social stigma against homosexuality is high, and it is considered illegal and carries significant penalties.

Isolation: Due to the silence surrounding SVM, men and boys may believe that their experiences are unique, and/or that no one will believe or understand them.¹⁶

Institutional barriers may include communication gaps regarding services and referral pathways, limited awareness and skills of service providers to respond to SVM, and legislative barriers and lack of information for seeking justice.

4. Providing response services for male survivors of sexual violence

Following an October 2017 exploratory study examining sexual violence against men and boys in the Syrian context, UNHCR recommends that:

To address sexual violence against males, humanitarian actors must first raise awareness among and build the capacity of providers and responders, implement services, and establish or expand functioning referral pathways before awareness-raising among the community is initiated. It is critical to comply with “do no harm”

¹⁰ Peel, 2004.

¹¹ Peel 2004; Hilton 2008.

¹² Burnett and Peel, 2001: 608.

¹³ Hilton, 2008.

¹⁴ Peel, 2004.

¹⁵ Sivakumaran, 2005.

¹⁶ Peel 2004; Hilton 2008.

*principles and strengthen confidentiality in order to protect male survivors from potential reprisals for disclosing sexual violence or seeking services, which can in turn facilitate improved identification and reporting. Involvement of men and boys, in particular male survivors, male service providers, and LGBTI persons, in program design, implementation, and evaluation is essential for success.*¹⁷

Lack of awareness amongst response service staff protects perpetrators and pushes male survivors further into shame and silence. As with women and girls, men and boys should have access to life-saving SGBV response services including counselling and psychosocial support, medical care, protection, and access to justice. Consequently, raising awareness about all forms of sexual and gender based violence against all persons, producing IEC materials on available services and share in areas frequented by men, improving the accessibility to response services for all survivors and taking a survivor centred approach whereby the individual is treated as a whole person and not solely a victim. Furthermore, through adhering to the Guiding Principles of safety, respect, non-discrimination, and confidentiality for all reporting survivors, service providers will strengthen their protection platform.

Multi-sectorial service providers should consider the following:

Medical response services

- Ensure trainings on clinical care for sexual assault survivors (CCSAS) includes service provision for male survivors, so that both medical and non-medical service providers are equipped to provide informed and quality services.
- Ensure the survivor gets a physical examination to mitigate physical consequences of sexual violence. This is particularly important if a client is suffering from sexual dysfunction.¹⁸
- Update referral pathways and Standard Operating Procedures to include services available to male survivors and translate into local languages.

Psychosocial response services

- Build the capacity of Social Workers and Case Managers to provide counselling for male survivors through trainings on CCSAS, caring for child survivors (CCS), advanced case management, and the IASC Guidelines.
- Ensure counselling and case management services are accessible to men and boys and that information campaigns include where male survivors may access services.
- It is important to have both male and female service providers and interpreters as males from some cultural contexts may be highly reluctant to speak of any sexual issue in front of female service providers or interpreter; other males may be completely unwilling to discuss sexual violence in front of another man of their own religion.¹⁹
- Support male survivors to let go of masculine forms of self-blame resulting from narratives of male invulnerability and/or taboo sexual relations.²⁰

¹⁷ Sexual Violence Against Men and Boys in the Syria Crisis, UNHCR, October 2017, p.9. Available from: <https://data2.unhcr.org/en/documents/download/60864>

¹⁸ (Peel 1994: 67).

¹⁹ (Peel 1994: 61, 65).

²⁰ (Peel 1994: 67).

- Discuss issues surrounding masculinity, sexual and moral identity such as self-blame, physiological responses to stress and physical stimulation that are not related to an individual's sexuality.²¹

Legal and protection response services

- Legal redress should be available for survivors, and confidentiality must be strictly held as same sex relations are criminalised in Ethiopia thus men and boys may be at risk of prosecution.
- Increase the knowledge of protection and legal actors about the causes and consequences of sexual violence perpetrated against males

Livelihood response services

- Before, during, and after treatment, male survivors may find that they are not able to engage in work that requires physical strength. Livelihood activities should be available to help the survivor reengage meaningfully, and should be tailored on a case by case basis. Assistance in re-establishing a livelihood can also mitigate resorting to high-risk survival strategies.

Finally, as organizations consider strategies for providing response services for male survivors of sexual violence, care should be taken to ensure that response services and safe spaces for women and girls are not reduced or in any other way compromised.

5. Sexual and gender-based violence response services for child survivors

In Ethiopia, the National Secretariat Committee, under the Ministry of Justice, conducted a rapid assessment that indicated sexual assault was the most prevalent forms of violence against women and children. Moreover, children in certain situations, such as younger children, children with disabilities, street children, child labourers, especially child domestic workers are more vulnerable to violence.

In December 2008 the Government of Ethiopia established a National Coordinating Body (NBC) consisting of several key governmental and non-governmental stakeholders with potential roles in prevention, response and support services related to sexual assault. The NBC established One-Stop Centres for victims of sexual assault to provide them with access to comprehensive and immediate care, minimize secondary victimization, encourage utilization of available services, facilitate investigation, and increase the rates of prosecution and conviction.²² Vast majority of the cases handled in One-Stop are rape cases and service users are largely women and children. Services are delivered in one space to encourage reporting cases, increase the chances to prosecute and convict and most importantly to minimise secondary victimization to the survivors.

Services include:

- **Medical support** such as pregnancy testing, emergency contraception, abortion services (as per MoH Guidelines), treatment for sexually transmitted infections, treatment for injuries, post-exposure prophylaxis (PEP)

²¹ Ibid.

²² Operational Plan for One-Stop Centres Providing Services to Survivors of Sexual Assault, National Secretariat Committee, Ministry of Justice. 2011.

- **Psycho-social counselling** such as crisis intervention, accompaniment to medical and legal services and ongoing counselling
- **Legal assistance** such as collection and documentation of the forensic evidence, and support investigation and prosecution if desired
- **Referral point** for other services, such as temporary shelter, legal aid, longer term counselling, financial assistance, etc.

One Stop Centres in Ethiopia

- ***Gandhi OSC- Gandhi Hospital- Addis Ababa***
- Harar OSC- Jogla Hospital- Harar
- Diredawa OSC- Dilchora Hospital
- Adama OSC- Adama Hospital – Oromia region
- Jimma OSC- Jimma University- Oromia region
- ***Jijiga OSC- Karamara Hospital- Somali region***
- ***Gambella OSC- Gambella Region***

Coming soon:

- ***St Paul OSC- St Paul Hospital- Addis Ababa***
- ***Abet OSC- Abet Hospital- Addis Ababa***
- ***Asossa OSC- BG Hospital – BG region***
- ***Menelik OSC- Menelik Hospital- Addis Ababa***
- ***Tirunesh Bejing OSC- Tirunesh Bejing Hospital- Addis Ababa***
- Shashamane OSC- Shashamane Referral Hospital

In addition to the One-Stop Centres, Referral Pathways, which are formal agreements between all relevant sectors (i.e police, BoWCA, BoH, BoE, BoJ, BoLSA and the courts) on how to handle cases of violence, should be in place.

Section 2: Engaging Men and Boys in Prevention

For lasting change, we need to engage men at the individual, relational, community, and societal level.

1. Why we must engage men and boys

- GBV prevention programs that engage men as individuals, partners and family and community members **will have a longer-term impact.**
- There is a need to **shift from a “deficit” model of programming**, in which boys and men are seen as problems that needed to be addressed; **to an “asset based” model** whereby men and boys are considered more holistically and their engagement is encouraged.
- Men commit most of the violence against women and girls, men and boys – and as such, it is **their responsibility to help prevent it.**
- Most men do not agree with men's violence, yet are silent about the violence that other men commit. **Men need to examine their silence and understand its impact.**
- Working with men can allow for changes in from beliefs, attitudes, and norms about what it means to be a man and the **development of new, non-violent ideas of manhood and masculinities.**
- **Men have the capacity to prevent violence** – and to help create safer communities by choosing to not perpetrate acts of violence themselves, as well as challenge the beliefs and norms that support violence against women and girls in their community and society.

2. How to engage men and boys

There are many challenges and barriers for men who involve in SGBV prevention and response work. Men who work to end violence against women are challenging the dominant culture and the understandings of masculinity that maintain it. Thus, male activists are often met with suspicion, homophobia and are being questioned about their “masculinity.” Furthermore, it is essential for SGBV programmes that involve men and women to acknowledge the potential for men to feel disempowered as programmes that involve women empowerment may lead to them feeling excluded.²³ Men may also feel their power is challenged by programs that seek to give women and girls a greater voice and power over their lives and within the family, community, and society, which may lead to greater levels of violence by men as a strategy to hold on to their power.

Consequently, special attention should be paid to the nuances of involving men and boys in SGBV programmes with women. For example:

- Emphasize that violence is a choice, and men can make the decision to avoid violence.
- Language that blames or accuses men should be avoided since it easily creates defence mechanisms.
- Avoid providing financial incentives in recruiting and sustaining men's participation in violence prevention programs.

²³ Flood, 2003; Stillerman, 1998

- Strengthen the community based protection approach and ensure men and boys are involved in the existing SGBV prevention and response structures
- Encourage personal action plans because accountable practice requires a commitment to self-reflection and action.

3. Guiding principles for safe, effective, and accountable engagement of men and boys

- **Focus on Goal:** Interventions with men must focus on the safety of women and girls and on the improvement of their lives, which ultimately will benefit the entire community.
- **Voice of women and Girls:** Women and girls must have ways to provide input and opinions about the work that is happening with men in their community.
- **Support change and challenge harm:** It is important that men are able to openly discuss their opinions and feelings, as well as to reflect on how these norms affect their lives. However, service providers must be prepared to challenge participants on negative statements or ideas about women—without shutting them down or insulting them. Instead, they must strive to educate men about harmful notions and actions, and offer new ways of behaving that are respectful of women and girls.
- **Develop mechanisms and strategies for ensuring women’s safety:** Challenging traditional gender norms can increase the risk of violence toward women. The safety of women participating in the intervention should be the main priority in implementing male engagement activities.
- **Understand the gendered nature of conflict:** During times of conflict and crisis, the power inequalities and harmful gender norms that lead to violence against women and girls can become even more severe. Conflict can weaken or erase social structures, which in turn mean less protection for women and girls. On the other hand, conflict and crisis can open up opportunities for new ways of thinking and behaving. It is important that program staff recognize how communities are affected by violence, and how this impacts gender socialization and power dynamics.
- **Develop male allies:** allies are men who want women to be safe and achieve their full potential—and who actively work to help create a world where this is possible. Prevention programming with men should provide a framework and tools for men to begin to hold themselves and other men accountable to end violence against women and girls.
- **Seek gender transformation, beginning with service providers:** aim to transform gender and power inequality. Change must begin with service providers and practitioners and prepare model of accountability during programming and in the community. If service providers reinforce negative ways of thinking about or interacting with women, this can be harmful to the community.

4. Integrating women and girls’ voices

Women and girls need to be comfortable and in support of ways how men and boys engage in SGBV interventions in their communities, thus they must be able to provide their feedback about interventions with men in their communities. Without regular input from women and girls,

SGBV prevention and response work with men will likely not be effective in preventing violence against women and girls.

Programming with men must recognize that male power and privilege will show up in activities. Some of male power is subtle and not immediately obvious; men can be more confident in speaking first, for example, and may not understand that they need to either wait, or invite women to speak by asking a question.

The goal of engaging men and boys in violence prevention strategies is to create male allies to women and girls, and allies in the prevention of sexual violence against any female or male within the society. An ally is a member of a dominant social group who recognizes his own power and privilege and is committed to creating an equitable world. A male ally actively works to make women feel safe and meet their full potential. Being a strong ally means continually identifying and addressing harmful ideas and behaviors within oneself and the world around us. This means standing up and taking on the challenge to end all forms of violence.

Resources

IASC GBV Guiding Principles: https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

IRC: *Engaging Men through Accountable Practice (EMAP)*:

<https://gbvresponders.org/prevention/emap-approach/>

IRC: Clinical Care for Survivors of Sexual Assault (CCSAS):

<https://gbvresponders.org/response/clinical-care-sexual-assault-survivors/>

IRC: Caring for Child Survivors (CCS): <https://gbvresponders.org/response/caring-child-survivors/>

IRC 'Transforming Gender Biases to Reduce Violence against Women'

Care International: Workshop module on *Engaging Boys and Men in GBV Prevention and Reproductive Health in Conflict and Emergency Response Settings*

UNHCR: *Need to Know Guidance on Working with Men and Boys SGBV Survivors in Forced Displacement*

UN High Commissioner for Refugees (UNHCR), *Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement*, July 2012, available at: <http://www.refworld.org/docid/5006aa262.html>

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Flood, 2003; Stillerman, 1998

Annex 1

Key areas of Interventions for Men and Boys as SGBV Survivors and their involvement in SGBV Prevention and Response

Endorsed by the National Sub-Working Group of Child Protection and Sexual and Gender based Violence (September 2017)

- Expand the reach out programme and tailor the existing outreach materials to include male survivors of SGBV
- Update the SGBV referral pathways and SoPs in the local languages to include the available services targeting men and boys survivors of SGBV
- Strengthen the community based protection approach and ensure men and boys are involved in SGBV Prevention and Response in the different already existing structures
- Build the capacity of the community based structures to be aware of the referral pathways and different available SGBV services for men and boys
- Develop ways to increase the understanding and acceptance among refugee communities and services providers that men and boys can also be survivors of SGBV
- Build the capacity of Social Workers and Case Managers on counselling men and boys survivors of SGBV
- Capacity building for medical practitioners to provide adequate post-sexual violence care for male survivors
- Ensure that male survivors have access to the exiting spaces in health centres, sexual and reproductive health centres and counselling rooms, and are able to develop a protective peer network among each other and receive the needed support.

Annex 2: IRC Engaging Men in Accountable Practice

EMAP is a one-year primary prevention intervention created by the International Rescue Committee. It provides staff in humanitarian settings with an evidence-based curriculum and field-tested approach for engaging men in transformative individual behaviour change, guided by the voices of women. The EMAP framework, Accountable Practice, provides a method and structure for honouring women's leadership and developing male engagement in a way that improves, rather than endangers, the lives of women and girls.

EMAP is a one-year primary prevention strategy, informed by women's voices and priorities, for engaging men in transformative individual behaviour change. EMAP offers an innovative model for working constructively with men to examine the gendered impact of conflict and how they have been socialized, which are crucial steps in creating a world where women and girls are valued, equal and free from violence.

EMAP promotes women's leadership while giving men tools and knowledge to rethink belief systems that support GBV. Furthermore, it provides women with opportunities to reflect on VAWG in their lives and community.